

Mastery of Core Mental Health Concepts Through Simulation, Clinical Performance, and Interactive Practices with Undergraduate Nursing Students

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ABSTRACT

Does simulation, clinical performance, group projects, and other interactive learning improve students’ progression to mastery of core concepts in mental health with first year undergraduate nursing students?

Undergraduate nursing students play pivotal therapeutic roles in the care of patients suffering from mental illness. Their recognition of presenting symptoms and use of evidenced- based treatment to support optimal levels of functioning emphasize the need for best practices in preparing future ASN and BSN nurse advocates. Patients suffering from mental illness are represented in an array of clinical settings, thus undergraduate students need to develop competence, compassion, and judicial understanding of presenting symptoms. Moreover, core concepts linked to relatedness, vulnerability, and integrity are difficult to master from a lecture based teaching format.

Educators must employ a variety of teaching methods to assess and evaluate students’ competency of these core concepts.

OBJECTIVE

To improve student progression to mastery with core concepts in mental health through simulation, clinical performance, and reflective journaling with Undergraduate Nursing students in their first year of nursing school.



I do not think my [clinical] experience was very beneficial. The nursing staff did not interact with us students very much and were unavailable most of the time. I felt like if you asked a question during when we arrived, you were being a bother.” (student 1, 2016)

METHOD

A pilot project was designed for implementation for 2 consecutive semesters:

Students enrolled in NURS 1510 and NURS 3111 course are introduced to core concepts through reading materials, lecture, and presentations.

Students had the opportunity to demonstrate understanding of the core mental health concepts in a simulation day offered once both semesters, weekly clinical performances, on 4 unit exams and a final exam in the course.

Students were evaluated during clinical performance over a 10-week course during weekly debriefings and submitted weekly self- reflective journals. At the end of the 15-week semester, students complete an efficacy survey at the end of each course which measured their perceived knowledge, their commitment to use the new skills in practice, and their opinion of the value of the assignment. Written comments regarding student’s perceived learning both valued and non-valued comments were also evaluated.

Interactive learning for undergraduate comprehension of core concepts, was measured using the Likert scale. Creation of a scale of efficacy was used to determine impact of knowledge, impact to practice, and student opinion. Percentages of perceived value were aggregated and compared between the two classes to determine learning experience impact.

MENTAL HEALTH SIMULATIONS		
ASN Students	BSN Students	
0	8	1. Does not help me understand M/H concepts; Not worth my time
1	8	2. Helps me to understand M/H concepts to a small degree
0	9	3. I am neutral about this experience
4	24	4. Helps me to understand M/H concepts
11	13	5. Continue this experience; This helps me to understand M/H concepts and is very worth my time.

RESULTS

Findings presented were based on student’s Likert scale of efficacy and self- reflective journaling.

Aggregated comments of undergraduate ASN and BSN nursing students who have participated in the identified interactive and their perceived comprehension of mental health concepts were shared. Students ranked their perceived benefit of each interactive learning experience in the Likert scale. They also ranked each activity in order of effectiveness.

Students benefit from the opportunity to meet patients independently without supervision (Manninen et al, 2012

AUDITORY SIMULATION		
ASN Students	BSN Students	
0	2	1. Does not help me understand M/H concepts; Not worth my time
2	4	2. Helps me to understand M/H concepts to a small degree
1	2	3. I am neutral about this experience
5	9	4. Helps me to understand M/H concepts
8	45	5. Continue this experience; This helps me to understand M/H concepts and is very worth my time.

I feel so sorry now for patients who have to live with this...” (student 2, 2016)



<https://www.patdeegan.com/pat-deegan/training/hearing-voices-training>

CONCLUSIONS

At present, we have not found enough evidence to support competence-based clinical activities versus caring-based activities increased learning in first year MH nursing students. What we found was that each approach facilitated a type of learning. For example, as we discussed earlier, students learn caring through activities that support relationship building. Those relationships motivate them to become more clinically competent. Students seek clinical experiences that allow them to apply recently learned skills. They gain insight and confidence as they deal with complex problems and make decisions in the clinical environment (Manninen, 2012).

CLINICAL LEARNING AS RANKED BY STUDENTS
Mental Health Simulations
Auditory Simulations
Outside Group Visit Campus Lab
Guest Speaker
Group Presentations
Care Plans and Patient Assessments

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