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Psychiatric Simulation: Improve Outcomes and Maintain Course Enrollment

Selina H. McKinney, PhD, APRN, PMHNP-BC  
College of Nursing, University of South Carolina, Columbia, SC, USA

**Background:** Only 43% of registered nurses in South Carolina hold Bachelor of Science in nursing (BSN) degrees while the national average is 55% (AACN, 2013). South Carolina’s goal is to increase the proportion of BSN nurses compared to associate’s prepared nurses to 65%. This proportion falls below the Institute of Medicine’s call for 80% BSN to increase the workforce capacities of policy, leadership, and research competencies (IOM, 2010). According to AACN (2016), 61% of BSN programs cited insufficient clinical sites as the primary reason for not accepting more qualified BSN program applicants. Problems with clinical placement availability are especially acute in specialty areas such as psychiatric/mental health (MH) nursing (Doolen et al., 2014). MH clinical site closures (Ollove, 2016) and the influx of proprietary nursing school students creates more site demands and student overcrowding (Campaign for Action, 2015). MH nursing clinical settings are particularly vulnerable to student overcrowding because imbalances in the therapeutic milieu adversely affect the healing, psychosocial dynamics of the psychiatric unit (Doolen et al., 2014). These challenges threatened the progression of BSN students through the BSN program at our College in a state significantly behind the national BSN average. The purpose of this educational evaluation project, PsychSim, is to explore outcomes related to the transition from traditional MH clinicals in the undergraduate MH nursing course to 50% simulation clinical replacement. The MH faculty members conceptualized the project using engagement theory (Australian Council for Educational Research, 2010) where engagement improves learning outcomes and is facilitated by active, collaborative learning and student-faculty interaction.

**Project Description:** The PsychSim project replaced traditional MH clinical with 50% simulation targeting critical, MH learning competencies and optimal use of dwindling clinical placement sites. The project was divided into 3 phases.  
**Phase 1: Development July-Oct 2015.** Faculty members met with the director of behavioral health and MH nurses at the largest health system in the local area. Directors, nurses and faculty collaborated to develop a comprehensive simulation plan based on expected student outcomes, population health needs and health system priorities. Therapeutic communication, assessment and evidence-based interventions such as risk identification, crisis management, screening brief intervention, referral to treatment (SBIRT), and motivational interviewing were included in the scenarios. Scenarios were reviewed by health system nurses for validity and relevancy.  
**Phase 2: Course Preparation Aug-Dec 2015.** Faculty members created schedules to rotate the first cohort of 102 students (including regional campuses) between simulation and traditional clinical settings. The rotation plan allowed for 2 student groups to utilize 1 clinical site thereby optimizing clinical placement capacity. Faculty revised clinical assignments to reflect the new rotation schedule and trained the simulation coordinator and clinical faculty members in PsychSim methods and best practices in simulation education.  
**Phase 3: Implementation Jan 2016- May 2017:** In phase 3, 102 undergraduate MH nursing students participated in PsychSim every week. The simulation team and MH faculty members met regularly to discuss needed revisions in rotation schedules, simulation processes, scenarios, or technical issues and revise the procedures appropriately. The team utilized a Plan-Do-Study-Act framework for implementation and project evaluation.

**Evaluation Approach:** The project evaluation included formative and summative quantitative and qualitative student and faculty surveys using the Client Simulation Lab Questionnaire (CSLQ-S). The CSLQ-S measures student perceptions of simulation experiences. Group-level, student performance data was compared to data from previous semesters for benchmarking. Final faculty and student evaluations included the Clinical Learning Environment Comparison Survey (CLECS) (Leighton, 2015).
Feedback and Results: Faculty leveraged expertise gained from participation in the National Council of State Boards of Nursing landmark Simulation Study (NCSBN, 2014) and expanded the proportion of simulation in the undergraduate MH clinical course from 8% to 50%. At baseline, 8-10 students per week participated in MH nursing simulation replacing 1 of 12 traditional clinical days per semester. PsychSim increased the MH nursing simulation capacity to 102 students per week, effectively replacing 6 of the 12 traditional clinical days. The strategy doubled the number of students able to use each clinical placement site through a rotation schedule, and tripled the number of simulation experiences available to students.

Students reported that simulation scenarios prepared them to interact with mental health patients and intervene using evidence-based interventions for patient anxiety, depressive symptoms, and situational challenges. On the CLECS, students scored the simulation portion of their clinical experience as *better meeting their clinical objectives* compared to traditional clinical placement. Clinical faculty who predominantly taught in the simulation area believed that simulation better prepared students for practice, while those teaching predominantly in the traditional clinical setting preferred the traditional setting for meeting learning objectives. Both groups of clinical faculty noted that motivational interviewing and other simulation experiences increased students’ confidence and professionalism in the clinical area.

Discussion: The traditional method of educating nurses by taking a group of 8-10 students to a clinical site is unsustainable because of changes in health care delivery patterns and competition for clinical sites. Only by investing in innovative solutions including simulation expansion to compensate for clinical placement insufficiency will the IOM (2010) goals be realized. The project also represents a substantive curriculum enhancement and builds on the findings from the NCSBN simulation study (2014). PsycSim provides an individualized, innovative educational experience wherein students are systematically prepared for the care complexities they will encounter upon graduation. Such practice-ready BSN graduates are greatly needed in a state with an overall health care grade of “F” and a national rank for health of 45 (United Health Foundation, 2012).

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Abstract Summary:
Nursing programs struggle to secure clinical sites for mental health (MH) nursing courses. The purpose of this educational project, PsychSim, was to explore outcomes related to transitions from traditional MH clinicals in the undergraduate MH nursing course to 50% simulation clinical replacement. Evaluations demonstrate improved outcomes compared to prior cohorts.

Content Outline:
Background: Nursing programs are struggling to secure clinical sites for undergraduate mental health nursing courses.

- Hospital closings
- Market pressures
- Student progression
- Health system consequences

PsychSim Development, Phase one

- Importance of collaboration in development
- Engaging clinical partners

Course preparation, Phase Two

- Alignment of clinical competencies and simulation scenarios

Evaluation of student progress: immersion and competency scenarios

Logistics and schedules

Faculty training

Implementation, Phase Three
Initial lessons and revisions

Feedback and evaluations from students and faculty: fall semester

Feedback and evaluations from students and faculty: spring semester

Additional revisions

Comparisons and system outcomes

Comparison to previous cohorts

Mental Health undergraduate nursing course outcomes

BSN program outcomes

Discussion

Innovation for survival

What is next on the horizon

First Primary Presenting Author

**Primary Presenting Author**

Selina H. McKinney, PhD, APRN, PMHNP-BC
University of South Carolina
College of Nursing
Clinical Associate Professor
Columbia SC
USA

**Professional Experience:** Dr. Selina McKinney is a Clinical Associate Professor and Director of the Psychiatric/Mental Health Nurse Practitioner (PMHNP) Program at the University of South Carolina College of Nursing. She has been involved in mental health nursing education in baccalaureate and graduate programs for the past ten years. She earned a PhD from the University of South Carolina Arnold School of Public Health and completed a research fellowship at Duke University. As director of the USC PMHNP Program, Dr. McKinney’s scholarship focuses on increasing health system capacity for high quality mental health care through academic initiatives in collaboration with multiple regional and local clinical partners. She also provides leadership on grants to increase the number of rural mental health care providers and to develop telemental health education. Dr. McKinney has provided services to underserved populations in rural and inner-city communities in SC since 1993 and is the recipient of numerous awards.

**Author Summary:** Dr. Selina McKinney is a Clinical Associate Professor and Director of the Psychiatric/Mental Health Nurse Practitioner (PMHNP) Program at the University of South Carolina College of Nursing. Dr. McKinney's scholarship focuses on increasing health system capacity for high quality mental health care through academic initiatives in collaboration with multiple regional and local clinical partners. Dr. McKinney has provided services to underserved populations in rural and inner-city communities in SC since 1993.