Hearing Voices: The Experience of Associate Degree Nursing Students to an Auditory Hallucinations Simulation

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The Problem for Nursing Education:

1. scarcity of acute care clinical placements
2. reduced psychiatric-mental health clinical hours in ADNS programs
3. few opportunities to interact with patients during acute episodes of illness.


“These scenarios are created for students to learn in a safe environment. Simulated clinical experience requires immersing students in a representative patient-care scenario, a setting that mimics the actual environment with sufficient realism to allow learners to suspend disbelief” (Waxman, K, 2010).

“Providing students opportunities to gain real or simulated experience with clients with schizophrenia may reduce negative perceptions. (Sedaris, McKenzie, Noone, Dieckmann, & Allen, 2015).
Presentation Outcomes:
Identify two benefits of using an Auditory Hallucinations Simulation to advance ADNS learning of adult psychiatric mental illness.

Discuss two techniques of simulation that promote student learning of essential psychiatric mental health concepts.

Describe how an Auditory Hallucinations Simulation promotes attainment of knowledge, skills, and attitudes to assess and plan care for the patient with acute psychotic symptoms.
Second semester ADN students (N=70) in NURS 126 Nursing of Special Populations I: The Geriatric and Adult Psychiatric Patient, with lecture, readings, videos, and discussion of alterations in cognition of patients with psychosis.

• Students accessed the AH Simulation in the Nursing Skills and Simulation Center, with a printed pre-briefing packet.

• Working in pairs, students alternated roles of the patient and the nurse.

• As the patient, presenting for a first post-hospitalization appointment, the student wore headphones and listened to sounds simulating auditory hallucinations.
As the nurse, the student attempted to interview and conduct a psychiatric nursing assessment.

Students switched roles and repeated the assignment.

Students submitted a written debriefing report after completing the simulation on the course Blackboard site, as a SafeAssign.

The reports included personal reflections, identification of barriers to effective communication (as the patient and as the nurse), and how the simulation altered knowledge, skills and attitudes about the patient with auditory hallucination.

Review for conceptual and thematic content using the constant comparative analysis method of Corbin and Strauss (2008) to understand how ADNS experience this starkly realistic simulation of psychosis.
• NURS 126 Auditory Hallucinations Simulation

• Debriefing Guidelines

• The assignment is a simulation experience in the nursing lab. You must attend with another student and work together. Bring your own headphones and copy of this document to the lab. Finally, bring you lab tracking form to be validated by NSSC staff. 1 point

• (Do not wait until the final days of class to complete as the NSSC resources are strained at the end of the semester).

• Write a summary of your impressions of the experience and address all prompts on this debriefing guide. Include any cognitive, emotional, physical and social challenges you encountered while participating in the simulation either as the patient or nurse. This is a reflective writing assignment; write only about how you reacted to the simulation.

• Identify 2 barriers to effective communication you experienced during the simulation. How did you try to overcome these while acting as the patient? The nurse?

• How, if at all, did this simulation experience alter your understanding of the patient experiencing auditory hallucinations?

• How will you apply this understanding in your work with patients experiencing auditory hallucinations?

• Report should be written in APA format, typed and submitted to your full-time psychiatric clinical instructor no later than (see due date on reading guide)

• Student #1_____________________        Student #2_____________________

• (Each student submits own report)
“...I felt very overwhelmed. I experienced a lack of attention. I almost started to believe what was being said about me. I could not focus because of everything going on inside my head. I also felt that there were emotional barriers and taboos.

“I was doing the very thing that frustrated me as the nurse. I often asked her to repeat her questions, and wandered off. I kept repeating what the voices were telling me and not paying attention to the question."

“I was able to understand how difficult it was for patients to even have a simple conversation. I will also remember that it is easier for patients to concentrate if you are talking most of the interview. It is less likely for them to be distracted.

“It has opened my eyes to the fears and discomfort associated with dealing with any kind of condition. Auditory hallucinations, visual hallucinations can make simple tasks such as an interview very difficult for the patient. It is important that nurses are compassionate and learn to be patient so they are better able to treat and calm the patient.”
As the nurse

“Just because they have mental illness does not make them bad people. . .I also want to make sure that I get them in a quiet place so that the voices do not get louder, and the person can try to focus on me. I can understand why they have outbursts and talk to the voices in their heads.”

“I will be very patient with them, try to talk to them more about when the voices started, what they say, does anything trigger them, are they going to act out anything the voices tell them.”

“I will stay with the patient while he is hallucinating and this will help to overcome fear and loneliness in the patient.”

“. . . I will approach the patient in a nonjudgmental manner, try to identify his feelings and then keep [the] patient focused on simple, basic, and reality based topics to avoid confusion and disorientation.”
Conclusions

Increased awareness of and empathy for persons living with serious mental illness (SMI).

Understanding challenges patients face accessing appropriate and available care in the community.

Increased awareness of the role of the nurse and the challenges they face in caring for patients with SMI.

Perceptions changed from disbelief to belief as students “heard” the symptoms as real for the first time.

Adapted nursing care to accommodate patient’s need for safety and acceptance of symptoms.
Application to nursing education

The Auditory Hallucinations Simulation assignment provided ADNS the opportunity to learn from a simulation experience about psychotic symptoms. Students demonstrated gains in knowledge, skills, and attitudes consistent with planning and providing care to patients with SMI.
References


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Thank you for your participation!
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