

NURS 275 Mental Health Simulation

1. Email should be sent to students 1 week prior to simulation date with student groups/times and pre-sim instructions.
 - a. 4 students from 0800-1200
 - b. 4 students from 1300-1700
2. Pre-sim writeup should be completed prior to simulation. Use this as discussion prior to simulation.
3. Objectives – read these aloud to the students
 - a. Assess level of patient’s decisional conflict and provide access to resources. (PLO 5)
 - b. Recognize the boundaries of therapeutic relationships. (PLO 5)
 - c. Value different styles of communication used by patients, families, and health care providers. (PLO 6)
 - d. Base individualized care plan on patient values, clinical expertise, and evidence. (PLO 5)
 - e. Value own and others’ contributions to outcomes of care in local care settings. (PLO 2)
 - f. Demonstrate effective use of strategies to reduce risk of harm to self or others. (PLO 1)
 - g. Practice at a basic level within the RN scope of practice as student nurses on the healthcare team. (PLO 6)
 - h. Document and plan patient care in an electronic health record. (PLO 4)
4. Timeline (we are 1:2 for simulation; 1 hour of simulation = 2 hours of clinical; simulation must be as close to 4 hours long as possible)
 - a. **Pre-sim conference – 1.5 hours**
 - i. Ensure all students have completed the pre-sim worksheet.
 - ii. Discuss pre-sim worksheet/answers (found on the Share Drive).
 1. Give time to allow all students to answer questions; encourage participation.
 2. Challenge student thinking and current statistics; offer differing perspectives of diagnoses.
 - iii. Interesting facts/statistics you can share with the students:
 1. Stigma and discrimination toward those experiencing mental illness is the greatest barrier to recovery and provision of effective care and treatment.
 2. Some studies have found that health care professionals hold more negative attitudes toward mental illness than the general public, which further restricts the recovery rates and quality of care.
 3. A Canadian study found that nurses screened positive for mental disorders at a rate of 47.9%, compared to the general population of 10%.
 4. 35-41% of American nurses have depressive symptoms.
 5. 22-24% of American nurses have PTSD symptoms.
 6. 15% of nurses will struggle with drug dependence.
 7. 10% of nurses will divert medications.
 8. 21-43% of undergraduate nursing students suffer from depression.
 9. Students seem to have less stress in higher level courses than lower level.

- iv. Go over standardized pre-conference content (laminated by all debriefing room doors)
 1. Emphasize protection of physical and emotional safety throughout the simulation. If a student needs to pause or step out, encourage them to do so.
- v. Give report on patient as follows:
 1. Sandy Berry was dropped off in the emergency department by friends/roommates concerned the patient has been more withdrawn and making unusually defensive or paranoid statements. Additionally, other classmates have expressed concern that the patient has had a dramatic decline in academic performance that seems out of character. The patient believes roommates are over-reacting and conspiring to kick the patient out of their house so better friends can live there instead. Vital signs in triage were within normal limits and the patient denies any significant medical history. The patient's pronouns are they/them. The triage nurse noted some prolonged eye contact with hesitancy when answering some questions, and a somewhat flat affect. The patient was escorted to a behavioral health room within the emergency department. The patient was reluctant to change into hospital attire but has been generally cooperative.
- vi. Have students draw roles – instruct students to not show others what role they drew.
 1. Patient
 2. Family member
 3. Primary nurse
 4. Secondary nurse (omitted if you have a group of 3 students)
 5. Charge nurse (used only if you have a group of 5 students)
- vii. Give instructions to each role independently (pull out of room)
 1. Patient – take to simulation room. Instruct the student to put on clothing provided by simulation center staff over their scrubs. There is a bag of belongings – have student go through belongings to see what is included. Remind student of scenario/report and give the student a response prompt sheet (located in Share Drive) to utilize to help answer nurse questions. Remind student to keep scene/environment safe.
 2. Family member – take to simulation control room where instructor sits. Instruct the student that the family member has a history of schizophrenia and is actively hallucinating. A Bluetooth earpiece (get from Dani) is given to student to wear, which is connected to the instructor's phone. Play the YouTube video titled "Schizophrenia Audio" by Saransh Srivastava. Don't play the audio until the student joins the patient later in the simulation. The student can adjust the volume on the earpiece to his/her comfort level or take out if feeling overstimulated. Remind student to ensure scene/environment safety.

3. Nurses - the remainder of the roles are revealed to the students (primary nurse, secondary nurse, and charge nurse dependent on the number of students). Their roles are exposed to each other, and responsibilities discussed with the students. A behavioral health intake form, blank personal patient belongings sheet, and vital signs sheet are given to the students to use if they need them. Additionally, screenings (which were also discussed with them during pre-simulation conference) are given to them via computer. Screenings include the PANSS, GAD-7/PHQ-9, and substance use screening.
4. The primary nurse is instructed to enter the patient's room first so as not to overwhelm the patient. Send the charge nurse (if used) up to the control room to wait until needed. Discuss the secondary nurse's responsibilities with him/her. The secondary nurse is educated to display signs of substance use and drug diversion. The secondary nurse is then sent into the patient room to assist the primary nurse with a reminder to keep the scene/environment safe.

b. Simulation – 30-45 minutes

- i. Students are then allowed to work through the scenario. The scenario differs slightly between groups due to varying personalities, role performance, and assessment techniques, which are all discussed during post-simulation debriefing. Typically, in the scenario, the primary nurse enters the room with the standardized patient and begins the intake process of assessment and health history, completing necessary screenings as appropriate. As this is occurring, the secondary nurse inventories the patient's belongings, finds the unknown medications, and diverts them. Occasionally the patient will notice and say something. The secondary nurse begins acting strange, frequently exits the room for various reasons, and has fluctuating mood swings. After the primary nurse has had a bit of time to do part of the intake, the family member enters the room, displaying signs of auditory hallucinations. This agitates the patient, and the primary nurse will ask the secondary nurse for assistance with the family member, often asking for the family member to be removed from the room. The secondary nurse demonstrates subpar performance, thus triggering the primary nurse to call the charge nurse for assistance with possible substance use.
- ii. The simulation ends when students complete the objectives, if the scene/environment becomes unsafe, or if students are experiencing debilitating feelings of overwhelm.

c. Post-sim conference – 1-1.5 hours

- i. Allow time in the beginning for students to decompress and vocalize their initial feelings of the scenario.
- ii. Discuss areas of strength and improvement with each student.
 1. Allow adequate time for each student to process and answer questions.
- iii. Play the YouTube video in the earpiece, with each student given the opportunity to listen to the audio throughout the debriefing discussion.

- iv. Go over standardized post-conference content (laminated by all debriefing room doors) with extra focus on certain areas depending on how the scenario played out, what happened, student concerns or difficulty with understanding.
 1. What was the experience like for you?
 2. What happened and why?
 3. What did you do and was it effective?
 4. Discuss your interventions. Were they performed appropriately and in a timely manner?
 5. How did you decide on your priorities for your care and what would you change?
 6. How did patient safety concerns influence your care? What did you overlook?
 7. In what ways did you personalize your care for this patient and family members (recognition of culture, concerns, anxiety)?
 8. Discuss your teamwork. How did you communicate and collaborate? What worked, what didn't work, and what will you do differently next time?
 9. What are you going to take away from this experience?
 - v. Students must complete simulation survey prior to leaving for day. (QR code on all simulation room tables)
 - vi. Once students are thoroughly and effectively debriefed, with all feelings, concerns, and questions addressed, students are dismissed for the day.
5. Record grades and attendance in MyWDT.