This special issue of the *Journal of Psychosocial Nursing and Mental Health Services (JPN)* is devoted to simulation in psychiatric nursing education. It showcases nurse educators and baccalaureate nursing students using innovative simulation approaches in the nursing curriculum. It also highlights a unique, collaborative, international perspective of simulation between faculty from a university in the United States and a university in Ireland.

Nurse educators can deliver simulation practices in various settings, such as the traditional classroom, clinical skills laboratory, or hospital environment. Simulating psychiatric nursing skills in a controlled environment is an inventive way to provide ongoing education for practicing nurses or nurses who are new to the field of psychiatric nursing.

The first article by Miles, Mabey, Leggett, and Stansfield, “Teaching Communication and Therapeutic Relationship Skills to Baccalaureate Nursing Students: A Peer Mentorship Simulation Approach” (pp. 34-41), addresses barriers that impede teaching effective communication and interpersonal competencies to nursing students. The barriers were highlighted by videorecording the simulation and then viewing it during the peer-mentored feedback session. Students reported that they had the opportunity to practice therapeutic communication in a safe, simulated setting and engage in the learning process. Faculty also had the opportunity to offer formative feedback. Themes from the authors’ data analysis included the impact of seeing oneself, significance of practicing, opportunity for self-evaluation, value of getting below the surface, and power of transforming insight to goal setting. Significant insight was gained from the students’ qualitative responses.

The second article by Wieland, Levine, and Smith, “Hearing Distressing Voices Clinical Simulation: ‘Life-Changing’ Experiences of Psychiatric-Mental Health Nursing Students” (pp. 42-51), highlights findings from their qualitative research study, which investigated the experience of baccalaureate nursing students with the clinical simulation of hearing distressing voices. Students’ reflective evaluations and participation in debriefing offered insight into their experience of the simulation; themes included negative voices frustrating me, having difficulty concentrating, feeling overwhelmed, experiencing annoying voices, and enduring physical and psychological symptoms. When students are exposed to these experiences, the opportunity to empathize with patients who hear voices is enhanced.

The third article by Rossetti et al., “Creating a Simulated Mental Health Ward: Lessons Learned” (pp. 52-58), showcases a collaborative effort with international colleagues from Ireland. The authors presented the “Mental Health Ward,” a simulated hospital environment that included the use of standardized patients and role-play scenarios to offer nursing students the opportunity to practice psychiatric nursing skills in a safe and supportive environment. The lead author learned about this innovation while on sabbatical in the Emerald Isle. The simulation was developed by colleagues at a university in Ireland. Simulation is an important element within the undergraduate psychiatric nurse education program in the university. A review by Brown (2008) concluded that simulation in psychiatric and mental health nursing has many possibilities for expanding the
implementation of simulation and called for educators and researchers to share their experiences of the use of simulation technologies within this branch of nursing to encourage and promote further use. Therefore, the Irish colleagues shared their experience and availed of the opportunity for collaboration.

The uniqueness of this experience has been the ongoing collaboration and support to its implementation in a U.S. university. The attraction of simulation exercises is that for students to take on the role of a health care professional, they must suspend disbelief. They have a duty and responsibility for the total care of the patient, as they would in the real world (Campbell & Daley, 2009). The experience of the Irish educators is that through the creation of real-life scenarios and simulated patients, the simulation exercises have been crucial for integrating theoretical knowledge and practice, as well as promoting critical reflection and decision making (Campbell & Daley, 2009). The students in the U.S. university who participated in the Mental Health Ward reported that the experience prepared them to care for patients with psychiatric illness more effectively and increased their therapeutic communication and critical thinking skills.

We hope the readers of JPN find the details of the development of the ward and lessons learned by the faculty, students, and nurses involved helpful, as they consider planning simulation experiences at their facilities. We are confident that after reading this special issue on simulation in psychiatric nursing education that nurses will be inspired to try these innovative and creative simulation practices with their own nursing students. These articles should further increase and establish the appropriateness and effectiveness of simulations as educational tools. We look forward to forthcoming articles on the innovations being used to help educate future and current psychiatric nurses!

REFERENCES


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