Using Simulation Innovation to Facilitate Learning Nursing Concepts: Medical and Mental Health

Nursing schools are always looking for ways to stimulate and provide “real” hands-on and innovative strategies for the new generation of nursing students. The American Association of Colleges of Nursing (AACN) promotes educational approaches that actively engage learners. Further, the AACN (2009) specifically identifies simulation and role-play as ways to engage students. These are strategies that not only will reinforce concepts taught in the classroom, but also will facilitate learning among students.

Innovative clinical simulation models provide a unique modality to implement classroom-to-clinical use of concepts and decision-making skills of nursing students (Shoemaker, 2009). The Human Patient Simulator (HPS) marketed by Medical Education Technologies is a computer-driven and gas-driven high-fidelity simulator programmed to physiologically respond in the same manner that a patient would respond to a given treatment (Shoemaker, 2009). The HPS was used in a scenario with junior-level nursing students in a clinical scenario combining both medical-surgical and mental health components. The simulated clinical scenario (SCE) successfully facilitated students’ learning and utilization of the nursing concepts.

Although nurses often find themselves handling mental health issues in a medical-surgical environment, the authors found no literature that combines these two concepts in a learning modality using simulation. Thus, it appears that mental health diagnoses are treated as comorbidities or secondary diagnoses to primary medical-surgical diagnoses. However, a patient’s physical illness often may require admission to a medical-surgical unit, rather than a psychiatric floor. Nurses must be knowledgeable about how to keep the patient safe, requiring care focused on both medical care and implementation of appropriate psychiatric interventions and care.

The faculty of both the Adult Health and Mental Health courses agreed to combine the clinical scenario of the courses by including a mental health component to the preprogrammed medical-surgical scenario as an effort to add a more realistic and unexpected component to the “clinical” experience. The original scenario focused on a 35-year-old patient who underwent a laparoscopic gastric banding procedure for treatment of morbid obesity and included the treatment of chest pain. The mental health faculty added the component of suicidal depression, a concept that had been recently taught in the classroom setting. Groups of 3 to 4 students were asked to approach the scenario as though they were walking into their patient’s room in a hospital setting. Each student was given a nursing role (e.g., charge nurse, medication nurse) but all were asked to collaborate as a team to accomplish the goal of providing care to their patient.

Three clinical simulation rooms were supervised by Adult Health faculty and at least one Mental Health faculty member. Although faculty used the same primary scenario, each room had a slightly different focus to stimulate critical thinking among the students and to decrease the potential for sharing of scenario responses: one focused on hypertension and suicidal depression; a second on atrial fibrillation and suicidal depression; and the third on deep vein thrombosis or chest pain and suicidal depression. Students were anonymously surveyed immediately after their SCE; 92% thought they developed a better understanding of the pathophysiology. Further, 91% thought the SCE helped them to understand the classroom information better. This clinical simulation experience provided a holistic and realistic approach through which students were able to utilize their knowledge and skills to assess, communicate, intervene, evaluate, and collaborate while making “real” clinical decisions in their role as a nurse.

References

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