Simulation in Psychiatric Nursing Education

The worst economic downturn in the past 50 years has pinched the budgets for both public and private schools of nursing; loss of funds threatens to curtail traditional methods of nursing education. Other budget cuts have closed both private and state psychiatric units, further limiting clinical training sites. Some schools of nursing have compromised and integrated psychiatric nursing into adult health courses, thus diluting mental health training. On inpatient units—those that remain—patients are seriously ill, which increases anxiety for novices.

This cascade of bad news calls for innovation in the teaching of psychiatric nursing. One promising method to address these challenges is simulation; this is best described as the artificial depiction of an activity that allows students to experience a situation without the real-world risks (Larew, Lessans, Spunt, Foster, & Covington, 2006). Many institutions already use simulation in nursing curricula, with high-fidelity mannequins most often coming to mind. In the psychiatric nursing arena, however, simulation involves more than mannequins. Simulation takes the form of scenarios with human role-playing, standardized patients, and computer-driven models of patient and health care environments. The student’s level of participation can also vary. Students can actively take part in a simulation exercise or simply observe. The point is to develop clinical skills without harm to patients while allowing students to cultivate clinical skills.

This issue of JPN offers three excellent perspectives on simulation in psychiatric nursing education. Buxton acknowledges a common issue among students: the fear and anxiety related to psychiatric clinical experiences. Her method involves dramatic presentations within the classroom, exposing students to simulated patients. Volunteers play the role of the nurse while the instructor plays the character of a person with mental illness. They interact, unscripted, in front of the class; afterward, students discuss their impressions and how they might use the nursing process to plan care. Students consistently report that these presentations decrease their anxiety and boost confidence.
Keltner, Grant, and McLernon share another facet of simulation: using actors to simulate common scenarios in psychiatric nursing. The key to success is preparation of the actors (in this case, theater department faculty and their students). Actors need practice sessions, familiarization with jargon, and encouragement from nursing faculty. These activities help calibrate the significance of the clinical problems as well as common verbal and nonverbal behaviors expected in these roles. Simulation with actors who have been thoroughly prepared results in powerful learning experiences for nurses.

One criticism of simulation in nursing education is the absence of a basis in nursing theory (Larew et al., 2006). However, Crider and McNeish propose a theory-based application of clinical simulation for psychiatric nursing. They describe a three-pronged apprenticeship that integrates intellectual, practical, and ethical aspects of the professional role, a strategy called for by Benner, Sutphen, Leonard, and Day (2010). For students, clinical experiences often seem uncertain and ambiguous. The experiential model Crider and McNeish describe for simulations supports the development of critical nursing skills, ethics, and theoretical concepts.

I hope you will use some of these strategies in your classrooms. After doing so, please write to us at jpn@slackinc.com and tell us how the strategies are working and how you have adapted them to your own classrooms.

REFERENCES

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