SIMULATION PLAYS A LEADING ROLE IN EDUCATION

To the Editor:

I have been a psychiatric nurse for 18 years. I began teaching psychiatric nursing in 2010, and role-playing is a huge part of my teaching style for simulation. I'll play a person with a psychiatric disorder (e.g., borderline personality, panic attack, bipolar disorder) and a student plays the psychiatric nurse. The psychiatric nurse (student) will be tasked to complete an assessment or other activities with the psychiatric patient (me), to have them interact. This has been such a wonderful tool to help alleviate fears and misconceptions and to help students learn the compassionate, appropriate action to take as a psychiatric nurse. My students have loved these exercises, and they have commented on how helpful they believe these activities will be throughout their career. My students learn that psychiatric patients will be in all settings of the health care system, so no matter where they work they will need to be able to identify and manage such patients.

I was very interested in and encouraged by the “Simulation in Psychiatric Nursing” special issue. I have been thinking of many ideas to use in the simulation labs, such as working with a patient who is suicidal or who is at risk of leaving against medical advice.

I would be very interested in reading about more ideas for simulation. I'm particularly curious how state laws and regulations influence simulation; for example, in some states it is illegal to place a patient in Fowler's position when placed in four-point restraints, whereas other states have no such law. I'm also interested in learning about problems that others have encountered with certain simulations. Thank you for this supportive article.

REFERENCE


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Editor’s Note. Thank you for the feedback! You will be happy to know that this issue features another article on simulation on pages 43-49.