

Simulation to Practice: Developing Nursing Skills in Mental Health : An Australian Perspective

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Abstract

A variety of developments in nursing education in Australia including some innovative and exciting models, educational enterprises between education and industry, and evidence of developing strengths in research and professional alliances on a national level have been discussed recently. This paper presents Simulation to Practice as an example of an educational program that can maximise skill mastery for nurses in mental health fields as practised by Deakin University in Victoria, Australia. The program is multimodal and is under-pinned by a problem-solving approach and has an online presentation. The extension of nursing skills through this approach encourages nurses to take theoretical skills to practice during these scenarios which help student nurses to gain experience through simulated real life characters. These sessions, while challenging at the time, were highly valued by students and seen as a beneficial part of their learning as a beginning nurse and often instrumental in moving comprehensively trained students into mental health careers.

Key words: *Australia, Clinical Skills, Practice, Simulation, Mental Health, Nursing Education*

Introduction

This paper presents a simulation educational program for beginning nurse's which was held in Melbourne, Geelong and Warrnambool, Australia. The program was reviewed for quality purpose, but importantly, provided rich information that could benefit the skill mastery of undergraduate nursing students. Achievement of clinical skills is multifaceted and is most complex in certain areas of nursing, in particular when that area requires advanced clinical practices in the care of the mentally ill. The contemporary skills of nurses working in mental health field include highly developed skills in communication, negotiation, advocacy, consultation, psychological assessment and risk assessment. This expertise works toward the provision of timely interventions for clients who may be, and often are, in psychological states of urgency. Knowledge is central in building these competencies, but knowledge alone is not enough. Knowledge must be organized and utilized in systematic ways and applied to actual clinical situations to facilitate clinical decision-making and problem solving. Since nurses will be required to use advanced communication and advocacy skills with clients who are experiencing mental illness in areas of health, skill mastery is fundamental in the comprehensive nursing degree. Radwin¹ examined the attributes of what constituted *experience* in nursing and found increased ability, confidence and an enhancement of self efficacy grew with experience. Simulation to practice as a mode of education for clinical skill mastery can facilitate experiential learning for beginning nurses.

Theory to Practice in Mental Health Care

Stuhlmiller² highlighted a severe problem of qualified mental health nurse academics, mental health nurses and employers not meeting mental health practice standards, and practice not informed by evidence-based research. Additionally, there has been a notable decline of students choosing mental health as a career in Australia since the introduction of University-based comprehensive nursing education. Specialist undergraduate nursing degree programmes have ceased to exist and specialization of practice became the focus of postgraduate education. Comprehensively prepared nurses have been found to be incompetent in a mental health setting and require additional training. Curricula and qualification inconsistencies across Australia mean that even

minimum standards for practice preparation in mental health care are currently not being met.

Providing clinical interventions to individuals experiencing mental illness requires the therapeutic use of self. The therapeutic use of self involves using aspects of yourself, such as your personality, experience, knowledge of mental illness and life skills, as a way of developing and sustaining the therapeutic relationship with clients. Clients need to feel trust and safe in order to disclose sensitive information about themselves to another person. Often the client may not have spoken about this sensitive material to another before, therefore the early beginnings of the therapeutic alliance/relationship is critical. Care delivery in mental health service involves many demands and challenges for clinicians, including balancing the specific caring role with an array of other work responsibilities³⁻⁵. Being with patients in this therapeutic alliance through listening sets the stage for effective caring and for helping and understanding of the patient's life in the context of the health-illness continuum. Truly *being with* patients in this intimate dialogue requires the nurse to use many advanced skills in communication and the *self* as a therapeutic instrument.

Nichols and Freeth⁶ discussed the importance of clinical skills acquisition and noted that clinical skills lie at the heart of caring, professional practice, and mastery of fundamental nursing skills. Such skills are an important component of courses leading to registration. Little is known about the development and use of skills within functionally differentiated mental health teams. Bilsker and Goldner⁷ found that barriers must be overcome in teaching mental health practices to enact skill mastery for students. Some of these barriers were related to teaching in terms of clinical skill acquisition and included students' concern that an emphasis on research may overlook the human context of mental health problems. Other concerns generated by students' in the study undertaken by Bilsker and Goldner⁷ related to the perception of inconsistency between messages delivered by an evidence-based program and by clinical supervisors – that is, theory versus practice. The recommended responses from this inquiry involved an emphasis on the balance between research knowledge and clinical intuition. Striking the balance between theory and practice is suggested to enhance clinical skill mastery for students, in particular within mental health.

Happell's work⁸⁻¹² addressed this point when she suggested that mental health is often not selected as a

career option by nursing students because most students' tend to adopt the romanticised notions of nursing offered by the media. This suggests that undergraduate nursing students hold preconceived ideas about the most desirable areas in which to practice nursing following graduation. Mental health nursing, according to Martin and Happell^{13, p.116}, is clearly located at the least popular end of the scale as they progress through and complete their comprehensive programmes. Greaves¹⁴ believed the intention and purpose of nursing curriculum should be educationally valuable and that curriculum ought to prepare nurses on an occupational basis in addition to the educational preparation of nurses. The authors believe that programmes that incorporate these types of simulation experiences may change some of these aforementioned points and make mental health nursing a more attractive proposition. Simulation has become a popular option for training skills in other industries, including high-risk jobs such as aviation, nuclear medicine, veterinary medicine and health care.

Simulation is a powerful training tool because it allows the trainer to control practice and the presentation of feedback, within a safe, controlled learning environment, and also allows the student to put theoretical constructs into practice within a controlled and much more real environment.¹⁵ Rehmann¹⁶ suggested that fidelity of the simulation environment needs to consider the dimensions of equipment, environment and psychological in order to maximize learning potential for students. The first dimension of equipment concerns the degree to which the simulation duplicates the appearance and feel of the real system. For example, the simulation that realistically mimics the layout of a counseling area as one would experience in the health setting could be described as high in equipment fidelity. The second dimension of environment relates to the extent to which the simulation duplicates motion cues, visual cues, and other sensory information from the environment. In the simulation laboratories described in this paper the utilization of actors as patients and/or their care providers can offer appropriate sensory information related to the individual and often unpredictable nature of person-to-person interventions in the context of a person experiencing mental illness. The third dimension of psychological fidelity concerns the degree to which the student perceives the simulation to be a believable surrogate for the trained task. For example, an interview with a person demonstrating mental illness and experienced in 'real time' could be considered as high in psychological fidelity if the student interacts as they would in the real world.

Gaba¹⁷ identified how simulation can offer many benefits for the enhancement of students skills, research and performance assessment. These benefits include no risk to patients; many scenarios can be presented, including uncommon but critical situations in which a rapid response is needed; students can see the results of their decisions and actions; and identical scenarios can be presented to different students.

Students undertaking the simulation units follow a range of teaching and learning strategies. These include resource lectures; problem-based learning triggers; psychotherapeutic skills development laboratories; tutorials; and online delivery of selected information and experiential group work. Learning in these units is facilitated by using a problem-based learning framework. Problem-based learning focuses on student-centered, adult learning. Students are encouraged to learn how to think and act as beginning practitioners within the mental health care setting. Contained in the problem based learning framework is a variety of teaching and learning processes. For example, lectures, experiential group work, video recording and critique, role-plays, arts laboratories, small group tutorials, and online access to information are utilized to facilitate learning.

The Simulation to Practice Program – Innovation in Skill Mastery for Nursing Students

The simulation to practice program outlined in this paper is multimodal in its presentation¹⁸ and in a problem-based learning educational framework. How does problem-based learning differ from other forms of group or student-centred learning? The primary difference is the focus on introducing concepts on the topic to students by challenging them to solve a real world problem.¹⁹ The program provided is an example of an educational program that can maximise skill mastery. This program has an online component where problem-solving scenarios are depicted through scenarios related to current real world mental health problems. Key points in the scenarios are time limited for students online and these time limited resources run concurrently with face-to-face delivery and facilitation of curriculum content. The online scenarios and identified clinical issues are time limited to coincide with the particular scenario to be enacted through simulation by students in the simulation process. For example, online material may depict the admission of a person who is experiencing a first episode psychosis in the emergency department of a hospital. Students are

instructed in the context of this scenario to engage the client, assess and plan potential clinical interventions, provide information to the client and their care providers regarding rights and responsibilities and to maintain a safe environment for the assessment. These processes are enacted through simulation where the students, one by one, can practice these important clinical skills with the simulated client and/or care provider. Importantly, students are provided with this unique opportunity to integrate theory with their practice through simulation - referred to as an *arts laboratory* before clinical practicum.

In the arts laboratories actors playing the roles of either care provider or client offer the student's an opportunity to integrate theory with practice in a realistic and supportive environment. Under the direction of an arts facilitator (a director for the actors), and overseen by academics, actors playing specific roles can portray key scenes from the scenarios which have been earlier depicted online for the students. The interactions are not scripted word for word but the actor who plays out a similar role may be varied based on the input from individual students. Students enter the simulation interactions as themselves (student nurses), but have been briefed both in tutorial class and online on the purpose of the clinical scene. In these simulations (art laboratories) students are given the opportunity to practice theoretical constructs.

Six major mental illnesses are represented in the arts laboratories - first presentation of psychosis, anorexia nervosa, bipolar affective disorder, major depression, chronic mental illness and borderline personality disorder. Academic staff in the mental health subject offer support and direction for students as they progress through each arts laboratory. Written feedback is provided to each student related to their contribution as a means of review and to foster learning of skills acquired throughout the process. Feedback highlighted what the student did well and what could have been performed differently. In particular, feedback relates to the aims and objectives of the mental health subject curriculum. The clients and care providers in the simulation, who are actors, also provide verbal feedback to each student when the activity is completed.

Anecdotal information provided by students undertaking the mental health subject in which they experienced the Arts Laboratories [Simulation Training] indicated the simulation laboratory reduced their fear of the mentally ill, enhanced confidence and clinical skill when students entered mental health

clinical areas. Students explained the program facilitated their confidence through simulated experience working with clients who have mental illness. Additionally, clinicians and clinical educators indicated that the nursing students were not afraid of interacting with clients with psychiatric conditions. As articulated by a clinician, 'there is a degree of reticent confidence' in the students on placement. Students reported they felt the clinical experience in mental health was better for them since undertaking the arts laboratories helped to address some significant barriers such as the stereotypical beliefs of the mentally ill and related fears prior to their clinical placement. Importantly, a number of students who had no desire to work in mental health as nurse graduates indicated that they felt better able to assist patients in non-mental health areas with a renewed sense of self-assurance.

Significance for Nurse Educators

Information on the impact of these arts laboratories, where nursing student encounter experience through simulation, has the potential to facilitate a wider higher education community in the development of programs that offer skill training in mental health care. What mental health academics in this program have discovered is students can recall the symptomatology of, for example, a depressed client by recalling their art laboratory experience. This *practice memory* allows students to capture the bigger picture by recounting all of the precipitant and participant pathology. There are limitations, which require consideration when teams are considering incorporating such a program into their curriculum. The main concern is that this involves financial considerations related to hiring the actors for the arts laboratories. In addition, more times are needed for locating appropriate actors for the roles and preparation of online material for students.

As student nurses potentially represent the greatest risk to patient safety, patients demand that students have attained a level of competence prior to their placement.²⁰ A key element to assisting student nurses integrating theory into their practice and their practice informing theory is the multimodal delivery of educational information. In the arts laboratory the simulated client comes to life before the students in the form of an actor. The arts laboratories are provided in a supportive environment where students are able to try their assessment and developing therapeutic clinical skills. Importantly, this opportunity exposes students to a variety of therapeutic styles before they enter real clinical

practice. These sessions, while challenging at the time for students, were highly valued and seen as a beneficial development for student nurses in the context of providing services for the mentally ill.

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