Nurses and Nursing Educators Experiences of Scenario-Based Simulation Training in Mental Health Nursing

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CONTENT

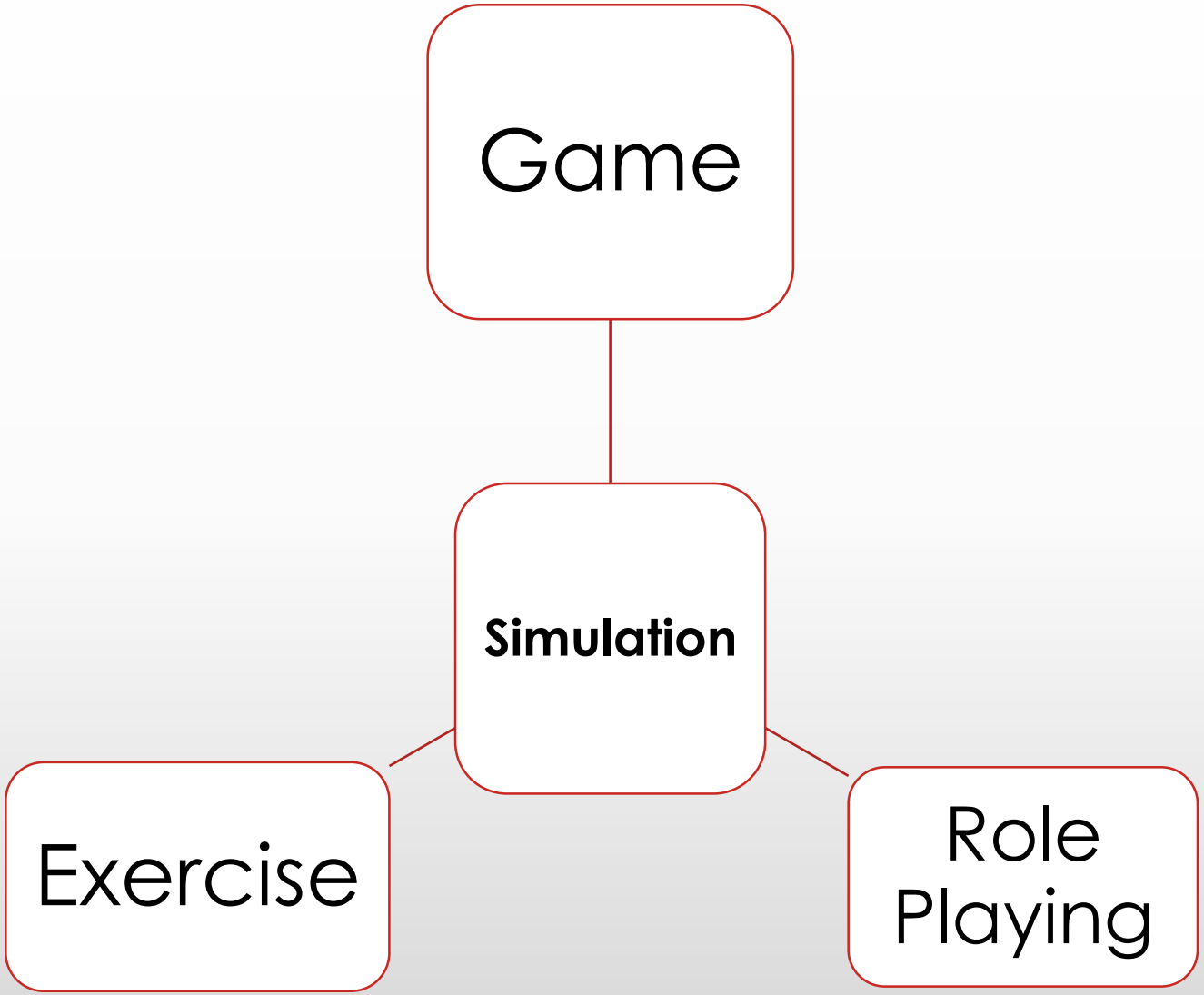
- **What we know**
  - Overview of Simulation
  - Purpose of Simulation
  - Advantages and Disadvantages
  - Background to the problem
- **What we did**
  - Anticipated Outcome
  - Teaching Style: Simulation vs Inservice
  - Planning: Session plans, Vignette
  - Implementation: self Appraisal, Learners Feedback/ Evaluation, Debrief
- **What we found**
  - Learners' view
  - Preceptors view
  - Eeducators' record
- **What we Learnt**
  - Educators view
  - Conclusion
  - Recommendation

WHAT WE KNOW

Simulation?

- A teaching strategy in which a real life situation from practice environment is recreated in the classroom enable participants to act naturally.
- The goal is to facilitate skills development, improved skills development, application of theory to practice and improved confidence.
- Premise: Lessons learnt from simulation is transferrable to real patient settings.

WHAT WE KNOW



WHAT WE KNOW Purpose?

- Develop problem solving skills
- Practice/ develop decision-making capacity
- Contextualizing theory into practice
- Permit errors in controlled and safe setting

WHAT WE KNOW

Merits Vs. Demerits

- Encourages peer learning
- Learning from mistakes.
- All about the learners (pace, capacity, reflection and willingness)
- Recreate complex situations in simplified manner

- Resource inefficient: money, time and effort
- Non-generalizability of outcomes.
- Unpredictable process and outcomes
- Not same as real
- Not all learning areas can be simulated
- Seriousness of learning may be affected

WHAT WE KNOW

- Ongoing complain of inadequate clinical skills among new nurses
- Notable medication incidents in the first rotation of graduate program
- Persistent details in completion of Graduate Year Competencies

WHAT WE KNOW

Background to the Problem?

- **Participants:**
  - Roles: Graduate Nurses and Transition to Mental Health Nursing Practice Nurses (13 Nurses)
  - Qualifications: Bachelor or Nursing Vs. PG in Advanced MH Practice
  - Demographics: Gender, Age, Family Structure, Trauma Hx.
- **Study Program**
  - Graduate Nursing: Objectives, Structure, Components, Expectations, Benefits
  - Trend: Skills development, Completion rate, Retention
- **Feedback:**
  - Learners: Burnout, inability to reflect and contextualize learning
  - Preceptors: Impaired clinical skills, unpreparedness (Significant Incidents)
  - Educators: Late completion of competencies, Ongoing need for skills support (beyond program duration)

WHAT WE DID

Key Learning Areas?

- Cognitive Outcomes
- Affective Outcomes
- Psychomotor Outcomes

WHAT WE DID

Overall Impacts

Learners:

- Improved confidence level in clinical space
- Improved skills
- Less burnout
- Self reliant
- Improved completion time of required competencies

Patients:

- Improved psychological safety
- Improved Experience
- Better care outcomes
- Confidence in care service provided

System:

- Assurance of highly skilled staff
- Reduced risk of litigations
- Improved staff retention
- Positive image
- Reduced cost of training activities

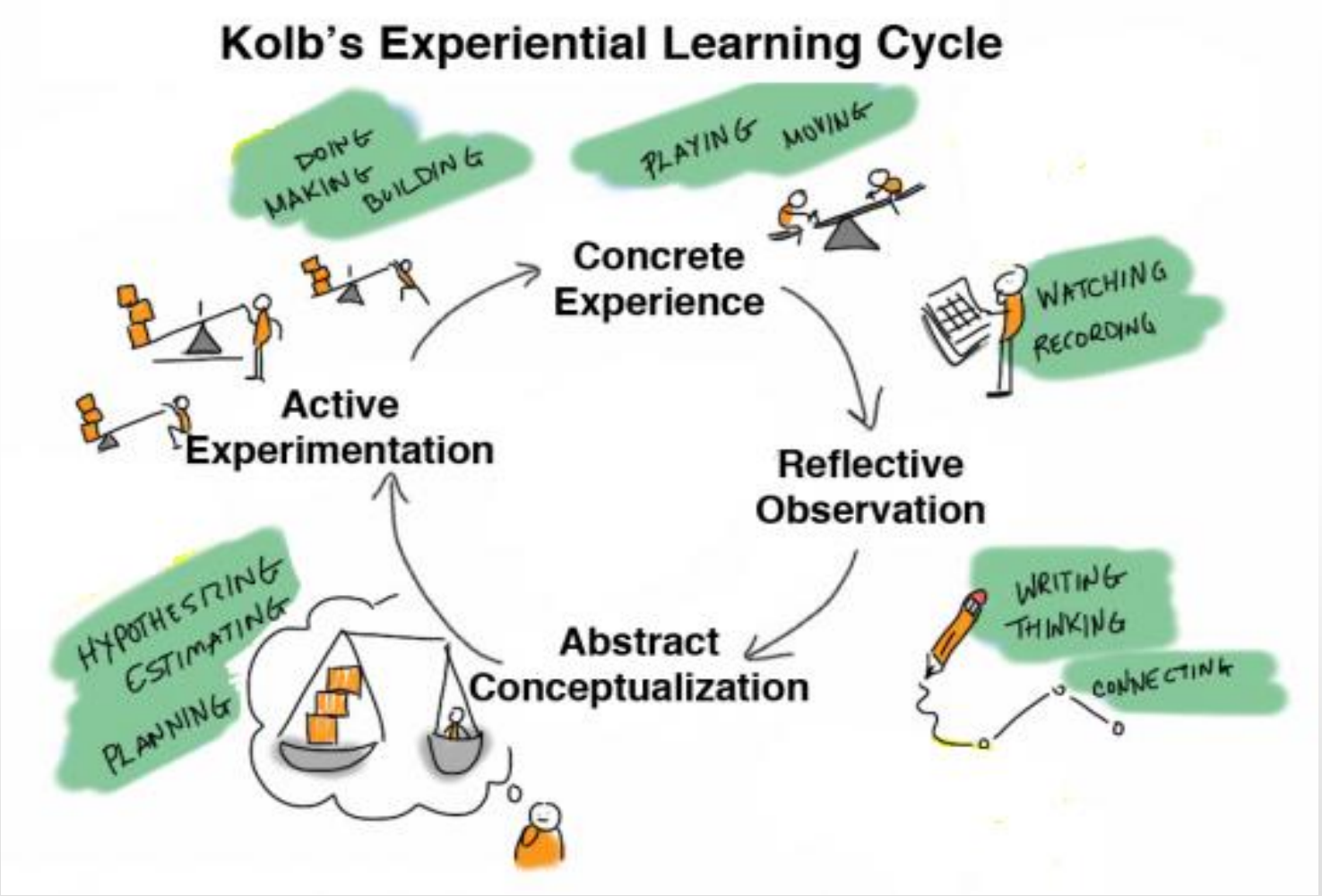
WHAT WE DID

Theoretical Underpinnings

- Constructivist Pedagogy
- Reflective Pedagogy
- Transformative Pedagogy
- Experiential Learning Pedagogy

WHAT WE DID

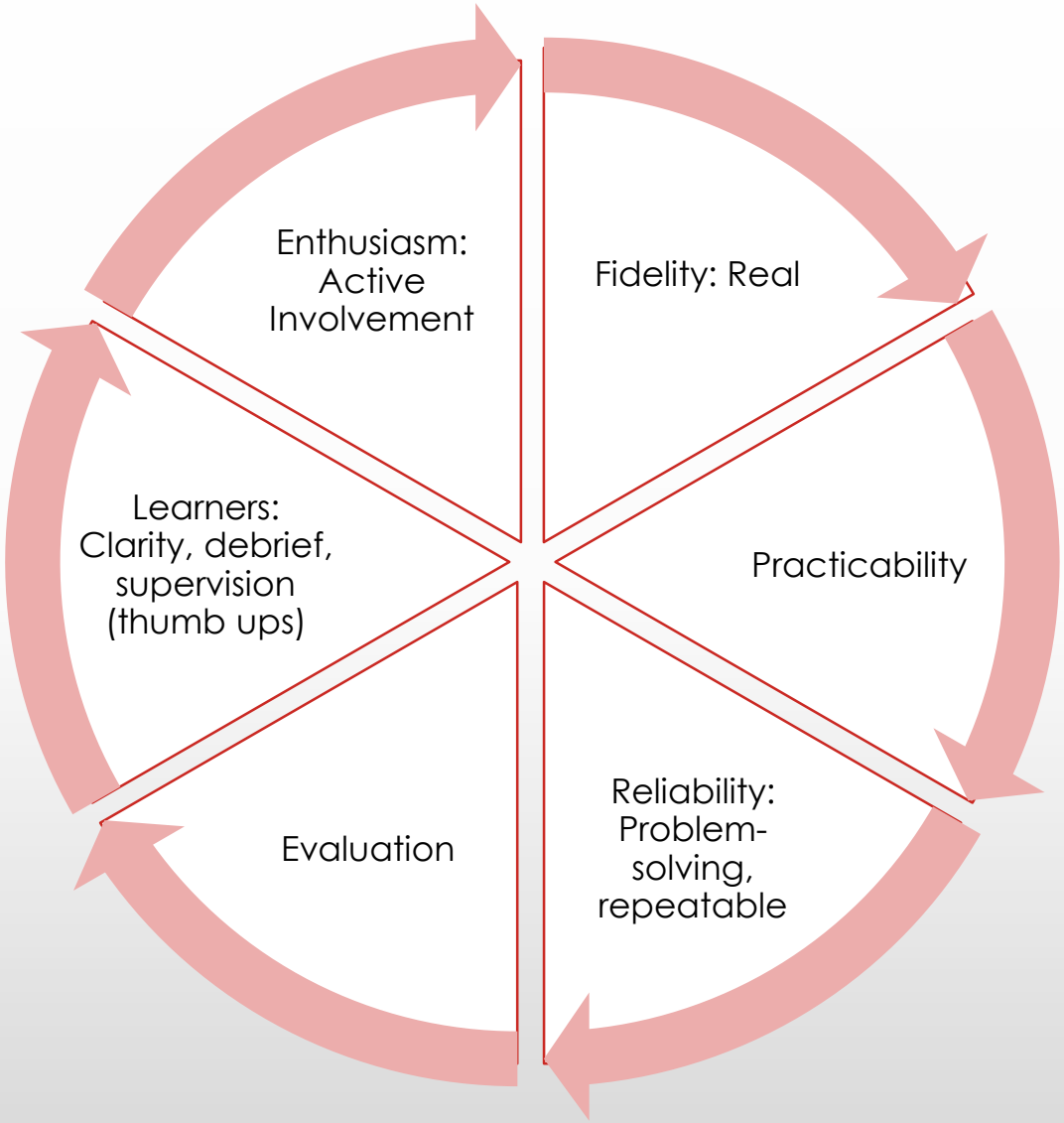
Theoretical Underpinnings



https://brocku.ca/pedagogical-innovation/resources/experiential-education/pedagogy-of-experiential-education/

WHAT WE DID

Planning:
Considerations



WHAT WE DID

Planning?

- **DESIGN:**
  - Lesson Plan Development/ considerations
  - Task structure: 5 Vignette over 3 workshops
  - Case Vignette Development
  - Required resources (Clinical and Non-Clinical items)
- **IMPLEMENTATION**
  - Structure: Volunteer actors, Group work, Tag team
  - Team briefing/ planning
  - Provision of requisite information to learners
- **EVALUATION**
  - Reflective Debrief process
  - Learners feedback
  - Learners self-appraisal

WHAT WE DID

Lesson Plan Contents?

ASSESSMENT PLAN

Simulation 5: Clozapine Management

CASE SCENARIO 5:

Jude is 35 years old single male living with medication resistant schizophrenia. He has a history of alcohol dependence and smokes up to 20 cigarettes daily. He lives with his brother on a large farmland and works as a vine dresser on the farm. His treating team has recently worked with him to be commenced on clozapine, as the nurse assigned to work with him on a morning shift, you have gone to administer his morning medications: Oxycodone and clozapine as charted. Jude is asking you to educate him about the new medication to be commenced.

Start dose of 12.5mg with error showing 125mg

NSQHSS	Standard 2: Partnering with consumers Standard 3: Preventing and Controlling Healthcare-Associated Infection Standard 4: Medication safety Standard 5: Comprehensive care Standard 6: Communicating for safety Standard 8: Recognising and responding to acute deterioration
Purpose of assessment	This assessment is to gather evidence to confirm that staff can: • Establish rapport with client • Assess client based on presentation • Create a formulation • Plan intervention with client • Implement intervention • Administer medication safely • Provide education to clients • Transfer client's care safely
Preparation	***Fortnight before the study day:*** • *Send reminder email to all participants* • *Finalise PowerPoint slide to include questions for classroom discussion* • *Send copies of classroom workbook and resources to all participants* • *Copy PowerPoint file onto PDU folder* • *Ensure simulation resources are available* ***Immediately before the simulation session:*** • *Confirm training environment is safe and clean* • *Re-arrange floor area if necessary*
Briefing	**Pre-brief:** • Purpose of assessment • Type of assessment • Rules of assessment • Overview of materials that may be needed and where they are positioned • Expectations on tasks to be completed **Post-brief:** • Participants reflection • Feedback from client

WHAT WE DID

Lesson Plan Contents?

	• Comments from observers • Identifying areas for improvement • Question time • Evaluation to be completed by all learners
Material requirement	**CPGs:** • Medication Administration • Comprehensive Assessment • Identifying Clinical Deterioration • Management of patients on clopine • Behaviour Management • OH&S **Completed Medication Chart (MR6)** **Clozapine titration chart** **Physical observation chart** **Withdrawal scales**
Duration	30 minutes – 60 minutes
Case Scenario	CS – 5: Clozapine Management
Context of assessment	☐ Ward environment ☐ Client's environment

Assessments Tasks (AT)	Assessment method	Assessment documents	Evidence required
AT 1 **Perform tasks safely in the workplace based on chosen case scenario**	Simulation by 2 Participants:(a Nurses and a client)	• Case scenario • Physical Observation charts • Dummy medications • Writing materials • Medication chart (MR6)	• MSE report • MR6 if used • ISBAR reporting to another nurse
AT 2 **Knowledge questions**	**Verbal questions:** • Rights of medication administration • Important information about clozapine • Vital information to be included in handover • Sources of medication errors • Incident report • Monitoring patients on clozapine	Selected reading materials to be sent to learners 4 weeks before assessment	Correct answer to questions OR Ability to locate information on the right answers
AT 3 **Critical Thinking**	Direct observation by educator during simulation	Checklist of expected outcomes of critical thinking process	**Completed observation checklist:** • Introduce self to client • Took consent from client • Double check medication • Observed 7 rights of medication administration • Perform hand hygiene • Identified errors in MR6

WHAT WE DID

Lesson Plan Contents?

			• Collaborative approach • Complete documentation • Handover using ISBAR
Other requirements			
Resource requirements	**Clinical Practice Guidelines:** • Medication administration • Management of patients on clopine • Comprehensive assessment • Identifying clinical deterioration • Behaviour management • OH&S • Escalation **Completed Medication Chart (MR6)** **Physical observation chart** **Withdrawal scales**		
Safety requirements			

End of Assessment plan for Simulation 1

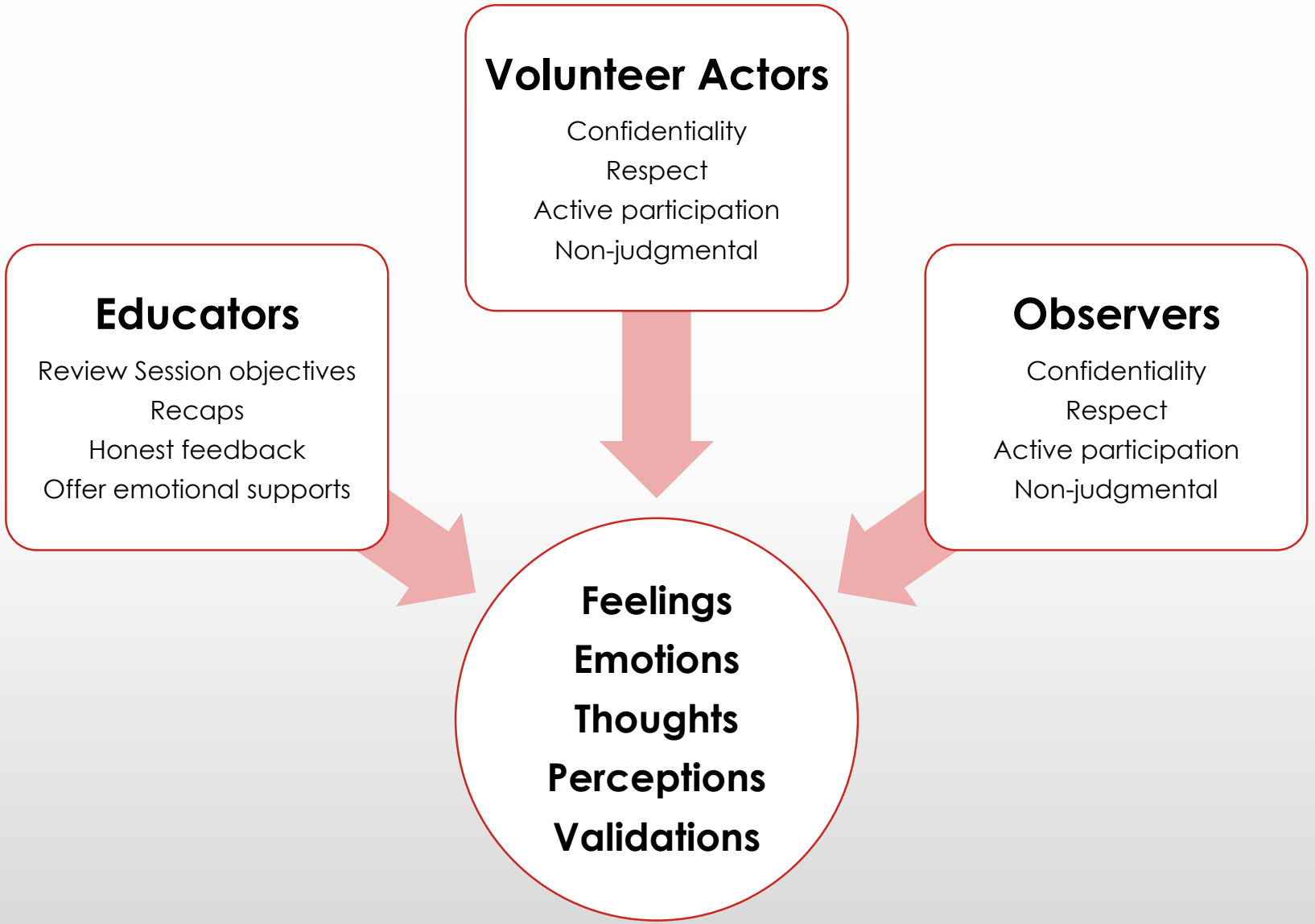
WHAT WE DID

Vignette coverage?

- Medications: Aripiprazole, Paliperidone, Chlorpromazine, Clozapine, Benzodiazepines, Lithium, Benztropine and Paracetamol
- Medication administration and management (MR6)
- Metabolic Syndrome and Monitoring
- Neuroleptic Malignant Syndrome
- Extra-Pyramidal Side Effects
- Lithium Toxicity
- Risk assessment
- Management of clinical deterioration
- Escalation process

WHAT WE DID

Debrief; Reflective?



WHAT WE DID

Self Appraisal?

	Areas for Improvement 1	Areas for Improvement 2
List two priority areas for improvement based on your evaluation		
List actions you can take to improve the two areas you have identified • What can you do? • By when?		

WHAT WE DID

Evaluation?

Very Good

Unsure

Not Good

- Comment on lessons learnt
- Suggested areas for improvement

WHAT WE FOUND

Learners View

- Training objectives were clearly described to me (85%)
- My learning needs and expectations were met (100%)
- I was provided with sufficient information prior to the exercise (100%)
- I believe the pre-session materials were of a good standard (100%)
- I was able to identify areas for improvement (100%)
- Time allocated to the simulation was adequate (85%, 15%U)
- I learnt something new from the session (92%)
- The session prompt me to reflect (100%)

WHAT WE FOUND

Preceptors View? Transcribed voice recording

Based on the views of 8 senior clinicians who are serendipitously met around the hospital.

- ***"Grads "X" is well-prepared for this role"***
- ***"These nurses are smarter"***
- ***"They pick on every little errors"***
- ***"My allocated grad is very inquisitive"***
- ***"Those chaps are very confident"***
- ***"One of the new guys want to know if restraints can be safely simulated"***

WHAT WE FOUND

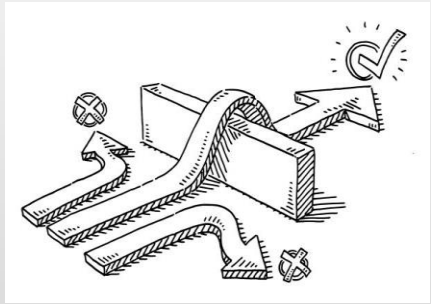
Educators Records

- No significant incident in the first half of the year
- Assessment requirements completed within 6 months
- Early detection of gaps: Learning Support Plan
- Time savings; no request for extra support on clinical skills

WHAT WE LEARNT

6 Months Implementation/ Post Implementation report

Simulation



WHAT WE LEARNT

Conclusion/ Recommendations

- Simulations can be used to improve learning experience
- It requires intensive planning
- Case scenario must reflect the real life experience
- Advisable to consider learning styles
- Facilitation must not be person-dependent
- It may trigger the need for extra support; Clinical Supervision

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