SMART Simulations in the Psychiatric-Mental Health Nursing Classroom

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Disclosures

• The Planning Committee and speakers do not have a conflict of interest.
Introduction

Goals of this facilitated discussion:

✓ Explain two benefits of SMART psychiatric simulations in the nursing classroom

✓ Explain how enhanced communication with the NRL can promote development of priority-setting and critical thinking skills in all levels of nursing students.

✓ Explain two techniques to integrate psychiatric care needs into the NRL setting.
Nursing Education

• Classroom (didactic)
  – Knowledge (cognitive) (affective?)

• Nursing Resource Lab (constructivist)
  – psycho-motor (skill) (affective?)

• Clinicals (socio-cultural)
  – Cognitive, psycho-motor and affective

  Knowledge + skill = ability
The Changing Face of Nursing Education

• Art vs. science of nursing
• Increased diversity
  – Men
  – Minorities
  – ESL
  – Non-traditional
• Learning needs
• Communication styles
  – Differences in narrative strategies
  – Culturally-based
Review of Literature

• Medically-focused simulations
  – Need for psychiatrically-focused simulations
    • Physical assessment vs. Mental status evaluation

• Cognitive stacking
  – Used as screening criteria by area employers

• Flipping the Classroom
  – Tegrity lectures
  – Classroom
    • Clarifying misinformation
    • Case studies
    • Meaningful dialogue through simulations
Stages of Nurse-Client Relationship

• **Introduction**
  – Establish rapport

• **Working**
  – Build/maintain trust

• **Termination**
  – Therapeutic closure

Challenges of each
The Psychiatric-Mental Health Nursing Classroom

• Introspective journey
  – Rapport
  – Therapeutic communication
  – Therapeutic closure

• Psychological needs
  – Self esteem vs self efficacy (locus of control)

• Developmental needs
  – Developmental stage (Erickson)

• Spiritual needs
SMART Simulations

• Specific
• Measurable
• Achievable
• Realistic
• Time
SMART Simulations: The Doorway Assessment

- Areas of concern
- Nursing priorities
- Nursing diagnoses
- Interventions
Scenarios 1

• Newly-admitted patient
  Admitted from Emergency Department
  <2 hours on unit
• Dx: Psychosis NOS
• Asleep in room
• Goal: enter room to introduce self and begin admissions process.
Scenario 2

- Patient admitted 7 days ago with diagnosis of Major Depression.
- Very quiet/non-violent; depressed affect.
- Remains highly seclusive to self
- Goal: Encourage client to attend psycho-educational group that is starting in 5 minutes.
3 Minutes Later
Summary

• Changing student needs
• Enhance communication and linkages between classroom and NRL
• Pedagogical innovations
  – Flipped classroom
  – SMART Simulations
Selected References


