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Enrichment of Psychiatric Mental Health Clinical Rotations: A Suicide Scenario Simulation

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“Tell me and I'll forget; show me and I may remember; involve me and I'll understand.”
~Chinese Proverb

INTRODUCTION

Psychiatric emergencies are an infrequent occurrence; however, when they do occur, prompt and competent responses are critical to positive outcomes. While simulation in mental health is not as commonly used compared to other specialty areas in nursing; psychiatric mental health faculty at The University of Texas at Tyler assert that simulated experiences are appropriate learning modalities for numerous cognitive, behavioral, and affective competencies within the specialty.

PURPOSE

To showcase the implementation and evaluation of a simulated attempted hanging suicide, conducted in an inpatient setting, during an undergraduate psychiatric/mental health nursing clinical rotation.



SIMULATION

Simulated “Hanging:”

- 30-minute enactment of a psychiatric crisis - an attempted suicide

“Behind the Door”



•Socratic Method of Questioning:

- “What are some possible interpretations of the environmental cues you are perceiving”?
- Given the range of interpretations, what is the next best step for the nurse to promote safety and care of the patient”?

Debriefing	(1) Problem Solve: Discuss issues that became apparent during the simulation, including individual thoughts/feelings. (2) Could anything have prevented this hanging? (3) Within the context of the story, were there warning signs? (4) What would be your position in this case if you went to court?
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CHALLENGES OF IMPLEMENTATION

1. Ensure reliable presence of meaningful, varied student experiences in psychiatric settings.
2. Diminish learner anxiety through intentional faculty guidance and support.

DISCUSSION

“...the experience was extremely positive and informative. Anytime we can be exposed to situations in this kind of controlled setting with professionals that want to teach students, it is to our benefit.”

“... I am not sure if I would know how to react in that situation without this type of training, but I can say that having been through the training, I have a better understanding of what to do. Thank you!”

Hermanns, M., Lilly, M.L., & Crawley, B. (2010). Using clinical simulation to enhance psychiatric nursing training of baccalaureate students. *Clinical Simulation in Nursing*, 7(2).



OUTCOMES: FACULTY & STUDENT

Faculty:

- Moved faculty closer to the goal of using simulated experiences in psychiatric mental health clinical rotations.

- Maximized use of faculty clinical and relationship skills in conducting an experiential learning activity

Student:

- Increased student learning in a non-threatening, safe, caring environment.

- Underscored the complexity of psychiatric mental health when talking about heart rhythms, physiology.

- Promoted learning in the affective and psychomotor domains.

- Provided practice under the influence of adrenalin, by virtue of the novelty of the situation and the usual performance anxiety.

CONCLUSIONS

This simulation provided students an opportunity to learn in a caring, calm, and positive learning environment. By valuing and striving to provide this type of environment, students were able to refine their psychiatric and emergency medical skills which are important components of holistic care.

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