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Introduction

This addendum provides strategies for use of the vSim Mental Health product in nursing programs of study. It provides faculty with ideas on how to integrate vSim Mental Health into existing curricula and offers ways to develop and/or enhance current teaching strategies. The addendum is based on data collected from faculty who were early adopters or trialers of the vSim Mental Health scenarios during Spring 2018 and submitted feedback to the National League for Nursing. Faculty included those providing instruction in classroom, clinical, lab, and simulation settings. Before integrating vSim Mental Health into the curriculum, it is important for faculty to review the primary vSim Curriculum Integration Guide for specific information on practical preparation for use of vSim and on vSim pedagogical considerations.

vSim Pedagogical Considerations

Formative Assessment

vSim provides an opportunity for faculty to engage students contextually through the use of story. The problems encountered in these patient stories focus the student on achieving goals as those goals relate to an evolving patient context. Used as a means of formative assessment, the stories focus the participant’s progress toward goal attainment and provide constructive feedback for improving performance (Bourke & Ihrke, 2016; INACSL, 2016; Prion, 2016).

Faculty in the Mental Health pilot utilized vSim as a formative assessment in the following ways:

- As a means for faculty to understand student learning in the classroom. Use of vSim Mental Health during class enhanced student interaction by bringing “context” into a classroom with beginning nursing students who are more acontextual early on in their coursework.

- As a benchmark for students to work toward. Among the pilot schools who instructed students to meet a target percentage score on the vSim Mental Health scenarios, most specified a target percentage of 80%. Similar to other vSim scenarios, slightly more than half of students were likely to repeat the scenarios until achieving the target score.

- As a dose-response measure (i.e., repeating vSim attempts to enhance a student’s level of content knowledge or reasoning and decision making). Students get concrete feedback on their thinking in action through the feedback log, which provides specific rationales for the order of decision making as well as inclusion and/or omission of activities in error. vSim Mental Health faculty users reported this feature as extremely valuable for novice learners as they navigated care situations they would not have consistently seen in their clinical settings (i.e., schizophrenia, bipolar illness).

- As a way to direct student remediation. The feedback log provides students with textbook references to direct and focus their remediation activities. (For those who have the corresponding Wolters Kluwer CoursePoint+ product, these references are linked to the corresponding material in the ebook.)

Figure 1 summarizes the evaluation of the vSim scoring features by Mental Health faculty who participated in the pilot study.
Faculty involved in the Mental Health pilot viewed vSim as enhancing the classroom conversation with more emphasis on active learning teaching strategies. Students prepared for classroom discussion with vSim Mental Health scenarios. Students readily embraced the vSim activity, providing an opportunity for faculty to focus their teaching efforts in other ways (e.g., engaging students to use the content vs. lecturing to provide the content). A variety of strategies may be used to integrate vSim into curricula.

**Utility as a Teaching Tool**

vSim enables students to build and test their knowledge prior to the virtual simulation through reading assignments and pre-simulation quizzes. Engaging in the virtual simulation scenario, students integrate new knowledge as they care for the patient. Prioritization and decision making are central to the vSim design. Faculty adopting the vSim Mental Health product found that the scenarios provided a strong scaffolding component, enhancing student understanding of mental health conditions. Students readily engaged in classroom conversations, reporting better understanding of how mental status assessments are conducted across a variety of conditions. Faculty in the pilot recommended using a thoughtful approach to integrate vSim Mental Health into the curriculum by using complex mental health conditions often not readily assigned to students in real-life clinical. As shown in Figure 2, the rate of usage of individual scenarios ranged from more than 70% for the most popular scenarios—schizophrenia (David Carter, Parts 1 and 2), alcohol withdrawal (Andrew Davis); severe anxiety (Linda Waterfall), bipolar disorder (Sharon Cole), borderline personality disorder (Sandra Littlefield), and Major Depressive Disorder (Li Na Chen, Part 1)—to just below 55% for the scenario on adjustment disorder with depressed mood (George Palo).
Learning Objectives

When vSim Mental Health users were asked to identify their primary learning objective for each scenario, 41% of faculty reported improve students’ clinical reasoning skills and ability to prioritize. vSim Mental Health scenarios were used by 53% of the faculty to improve clinical reasoning skills focused on care of the patient with bipolar disorder (Sharon Cole) and by 50% of the faculty to improve clinical reasoning skills focused on care of the patient with post-traumatic stress disorder with traumatic brain injury (Randy Adams). Use of vSim Mental Health to improve students’ clinical reasoning skills and ability to prioritize falls in line with the utility of vSim for nursing as seen in other areas (Medical-Surgical, Pharmacology, Fundamentals).

Deepening student understanding of specific nursing concepts was reported as the primary learning objective by 42% of faculty in the area of borderline personality disorder (Sandra Littlefield) and by 37% for severe anxiety (Linda Waterfall). vSim Mental Health pilot faculty noted that the Mental Health scenarios provided context for students to develop both prioritization and reasoning skills along with clinical assessment skills with the ability to conduct mental status exams across a variety of patients. An important point here is vSim assisted students to develop their knowledge and ability to both conduct and interpret a patient’s mental status that informed their decision making on next steps in the care management process.

Figure 3 summarizes how the faculty in the pilot rated the primary learning objectives for utilization of the vSim Mental Health scenarios.
### vSim Mental Health Primary Learning Objective by Scenario

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Improve students' clinical reasoning and ability to prioritize</th>
<th>Deepen student understanding of specific nursing concepts</th>
<th>Evaluate students' clinical skills — such as assessment or prioritization</th>
<th>Improve students' clinical skills</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Cole: Bipolar</td>
<td>53%</td>
<td>31%</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Carter: Schizophrenia, Part 2</td>
<td>47%</td>
<td>29%</td>
<td>18%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Sandra Littlefield: Borderline Personality Disorder</td>
<td>32%</td>
<td>42%</td>
<td>5%</td>
<td>16%</td>
<td>5%</td>
</tr>
<tr>
<td>Randy Adams: Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda Waterfall: Severe Anxiety</td>
<td>42%</td>
<td>37%</td>
<td>5%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Li Na Chen: Major Depressive Disorder, Part 2</td>
<td>44%</td>
<td>25%</td>
<td>6%</td>
<td>19%</td>
<td>6%</td>
</tr>
<tr>
<td>Li Na Chen: Major Depressive Disorder, Part 1</td>
<td>43%</td>
<td>21%</td>
<td>21%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>George Palo: Adjustment Disorder with Depressed Mood</td>
<td>43%</td>
<td>21%</td>
<td>21%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>David Carter: Schizophrenia, Part 1</td>
<td>42%</td>
<td>29%</td>
<td>5%</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Andrew Davis: Alcohol Withdrawal</td>
<td>42%</td>
<td>32%</td>
<td>21%</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>

### FIGURE 3

Challenging student thinking and learning is an important component with active learning teaching strategies. Faculty using vSim Mental Health rated the challenge level of the scenarios with respect to the level of the student. In terms of clinical reasoning, the vast majority of vSim Mental Health users reported that the challenge level was “about right” for beginning and intermediate Mental Health students. See Figure 4.
Curriculum Approaches

The use of simulation in the classroom continues to grow as an effective interactive teaching strategy, engaging students in learning through the use of doing (Walters, Potetz, Fedesco, 2017). Using vSim as a classroom approach to demonstrate thinking in action provides an opportunity for immediate feedback. This helps to strengthen student thinking to enhance course learning outcomes. Like vSim in the Medical Surgical and Pharmacology areas, vSim Mental Health provides an opportunity for learners to experience complex care management situations when real-life clinical is not available. Faculty reported the use of vSim Mental Health as a valued teaching strategy to make the classroom more active in both online and face-to-face contexts.

The learning activities that accompany each vSim scenario provided numerous opportunities for students to share and discuss their scenario experiences, making for a rich in-class and asynchronous discussion board conversation. Faculty commented that students reported the scenarios reinforced their understanding of the importance of the mental status exam. Similar to vSim Health Assessment, vSim Mental Health scenarios were frequently used as preparation for classroom activities, enhancing student engagement in the classroom. Students also reported that the vSim Mental Health experience overall made them more comfortable in the real-life mental health setting. The feedback log helped them to refine their real-life practice skills. Figure 5 illustrates the primary uses of the vSim Mental Health scenarios.
**Flipping the Classroom**

vSim is used to facilitate an active classroom approach to engage in a dialogue with students on content knowledge using an interactive patient story that unfolds within context. vSim Mental Health faculty reported that novice learners struggle with the mental status examination in different contexts. Each vSim Mental Health scenario involves a mental status exam. Having the mental status exam in each scenario provides an opportunity for students to compare and contrast mental status exams across a variety of mental health conditions. vSim Mental Health provides the opportunity to use content knowledge in the context of learning.

**EXAMPLE:** Examine the difference between a mental status exam for a patient withdrawing from alcohol (Andrew Davis) and a patient with acute schizophrenia (David Carter) or severe anxiety (Linda Waterfall).

Concentrate the class conversation on the priority areas within the mental status exams associated with the mental health condition; differentiate the focus and emphasis. The virtual responses can be discussed within context as the mental status exams are incorporated into the virtual scenario activity. This approach will engage the learners and provide the opportunity to use content knowledge within the context of learning.
Small Group Conversations

Faculty reported that use of vSim in the classroom through small group conversations was an instrumental approach to enable a robust dialogue. A grouping of vSim Mental Health scenarios can be assigned to students prior to class. During class, small groups can be randomly assigned a vSim scenario for discussion, with students sharing their thinking and engaging in a dialogue with their classmates on assessment steps and rationales for action. A group setting provides an opportunity for students to think cooperatively through a mental health nursing intervention focusing on their thinking skills. Learning is incorporated through the variations in thinking and decision making, and corresponding feedback log with correct rationale.

EXAMPLE: Medical conditions compounded with mental health conditions can be complex. vSim Mental Health scenarios can be used in a variety of nursing courses outside of mental health. Pharmacology can be a focus with students preparing for class by completing vSim activities on the topics of adjustment disorder with depressed mood (George Palo) and major depressive disorder Parts 1 and 2 (Li Na Chen). Small groups share and discuss their own results as they collaboratively work through the scenarios and respond to guided questions that focus on the pharmacology and medical complexities of the mental health conditions. Small group scenario results are presented to the larger class, with further discussion on complex points.

Post-Clinical Learning

Clinical days with learners can be intentionally arranged around mental health therapeutic communication as the focus. Students are assigned patients with a communication and nursing assessment focus. Faculty can structure post-clinical conversations around vSim Mental Health activities completed prior to clinical with guided reflection questions on therapeutic communication. In this way, students can compare and contrast their vSim experience to patient care encountered in the clinical setting.

EXAMPLE: Assign vSim cases on common communication strategies for borderline personality disorder (Sandra Littlefield) and bipolar disorder (Sharon Cole). Use the post-clinical learning time to review the vSim student feedback logs to compare and contrast their results with their real-life clinical experiences.

Small Group Concept Mapping

Concept mapping for concept-based curricula can target important mental health, pharmacology, and medical intersections. These conversations can be structured to emphasize important physical assessment and history taking components highlighted through the use of an active concept map. vSim provides context that can bring the concept map to life.

EXAMPLE: Assign students the vSim scenario on alcohol withdrawal (Andrew Davis) or on schizophrenia Parts 1 and 2 (David Carter). Begin a class conversation on how the medical issues add to the complexities of treating the mental health components (e.g., CIWA scores), or use the vSim feedback logs with correct rationale and vSim resource links to latest evidence to assist in creating the concept maps. The associated vSim guided reflection questions can be used to uncover student content knowledge and rationale for thinking.
vSim as a Substitute for Other Teaching Methods

Figure 6 illustrates vSim Mental Health users’ views on the use of vSim Mental Health as a substitute for other teaching methods. Faculty in the pilot reported that it was essential to bring the scenarios into the classroom and lab settings to provide students with a beginning understanding of important Mental Health concepts and approaches to enhance thinking and learning. The more faculty were able to demonstrate effective use of the vSim in the classroom, the more readily the students used the vSim resources outside of the classroom. Faculty also reported being more likely to substitute vSim for simulation lab or use of simulated/standardized patients (SPs) because of the realism and consistency of the virtual assessment findings, which is often a challenge during simulation and when using simulated/standardized patients (SPs). Using vSim strategically as a substitute for high-acuity, low-frequency Mental Health situations can be effective when the goal is to provide every student with the same assessment experience. This goal can be more easily accommodated with a virtual platform.

![vSim Mental Health as a Substitute](image)

**FIGURE 6**
Resources

Resources

- vSim Instructor Resources—Take advantage of the materials available for faculty on the vSim product page on thePoint, including a Professional Competency Map, Scenario Overviews, and Debriefing Guides (see Instructor User’s Guide).
- Wolters Kluwer Customer Success Training
- NLN Simulation Innovation Resource Center (SIRC), http://sirc.nln.org/
  - SIRC Courses
    - Teaching and Learning Strategies
    - Curriculum Integration
    - Debriefing and Guided Reflection
    - Evaluating Simulations
  - SIRC Annotated Bibliography – Simulation literature
    http://sirc.nln.org/mod/data/view.php?id=711

References and Further Reading

