

## **UTACONHI PSYCH MENTAL HEALTH SIMULATION LOGISTICS**

### **Pre-simulation**

Prior to the actual simulation a request is made to the UTACONHI Smart Hospital for: Standardized Patients (SPs); laptops for each patient and the debrief faculty; rooms that ensure a modicum of privacy for each patient and pre-brief/debrief scenario. Once approved, the collaborate rooms (virtual rooms in which the students interact with patients and debrief with faculty) are created and the links are then sent to the simulation technician who will set up the links on the laptops for each virtual room.

### **Presimulation Instructions – Standardized Patients**

The scripts for each mental disorder were written to ensure that the SPs have a history as a basis from which to develop their role (Depression, Anxiety Disorder, Schizophrenia, Dissociative Identity Disorder, Eating Disorder, Bipolar, Borderline Personality, PTSD, Addiction, OCD). Since the goal of the simulation is to provide students with an opportunity to practice establishing rapport, to initiate the nurse-client relationship and to endeavor to use a variety of therapeutic communication techniques with ‘clients’; the SPs will be required to ad-lib and respond as if they actually had that illness. Once the list of SPs’ is received, scripts are adjusted to ensure the best fit for each SP and then the scripts and detailed instructions are sent to each SP. Since SP’s are not trained actor’s, they are individually prepared for their roles ensuring that they will respond as realistically as possible in each open-ended therapeutic encounter with student groups as they rotate into their virtual room. As part of their training SPs are taught about the importance of both their ‘verbal’ and ‘nonverbal’ and coached to dress and stay completely in their assigned role during student encounters. They are also instructed to keep notes as they will give feedback to students in the final faculty debrief at the end of the simulation.

### **Presimulation Instructions - Students**

To prepare students for their simulation day, an announcement is posted with handouts they will need for the experience: *Communication Skills Checklist*; *Therapeutic Communication Tip-sheet*; *Communication Simulation Evaluation*; and *Group Starting Disorder* (the breakdown of the student groups and the specific patient rotation for each student sub-group. Students are also instructed to read specific text chapters dealing with therapeutic communication and the nurse-client relationship, to watch several recorded simulation encounters depicting both therapeutic and nontherapeutic communication and to read through the aforementioned handouts. Since the simulation is completely virtual, students are required attend a virtual ‘tech-check’ to ensure that their equipment will enable them to both see and hear their clients. This tech-check is essential as it ensures that the simulation begins and ends on time, runs smoothly and that students will be able to fully participate and gain the maximum benefit from each SP encounter, including: developing critical-thinking and clinical decision-making skills, promoting effective communication and self-confidence and encouraging teamwork within their assigned sub-group.

### **In-Simulation**

Once students are logged into the collaborate session on simulation day, they given instructions and receive a pre-brief on the upcoming scenario sessions. The parameters of the Communication Skills Checklist are reviewed, including: Professional manner and rapport; Communication, Interpersonal Skills & Questioning Skills; Information Sharing Skills; Plan for Improvement as well as the Purpose of Simulation and the Purpose of De-Briefs after each client interaction within the simulation. During the simulation, student sub-groups rotate through each scenario with their group members. Each student in the sub-group will interact with the patient, support their peers’ attempts to engage the patient in a therapeutic encounter and keep track of the time spent in each scenario, ensuring that the sessions begin and end concurrently. Students are responsible for ensuring that their communication skills checklists are completely and accurately filled out after each scenario. There is a debrief between each scenario to provide an opportunity for students to talk about their experience and discuss the obstacles they encountered.

### **Post-simulation Debriefing**

After completion of the final scenario students return to the virtual faculty debrief room where SPs give students feedback and then one last debrief enables students to destress, identify and discuss the emotions they experienced during the simulation and to discuss: what may have gone wrong and why; what went well; what should have been

done differently and lessons learned. Finally, students are asked to complete both a plan for improvement to add to their completed clinical skill's checklist and an evaluation of the overall simulation experience.