

# **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





Rectangular Snip.









# Summary

- Changing student needs
- Enhance communication and linkages between classroom and NRL
- Pedagogical innovations
  - Flipped classroom
  - SMART Simulations

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