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simulated learning environments

The development of simulated learning environments involving coroner's court attendance in mental health nursing education

Rhonda Beggs, Ian McKay, Paul Linsley

Key points
- *There is a paucity of literature on mental health nursing simulation*
- *There is the need for nurse educators to share and further develop their experiences of the use of simulation in mental health nursing education*
- *Simulation is widely used in clinical education with the aims of improving learners' competence and confidence, improving patient safety and reducing errors*
- *A well-developed simulation views learning as a dynamic process, where the focus is as much on the importance of professional identity construction as attainment of skills*

Correspondence
rhonda.beggs@health.qld.gov.au

Abstract

Simulated learning environments (SLEs) provide students with the opportunity to experience complex practice elements with minimal professional risks. This article explores the development of a SLE into undergraduate mental health nursing education. The SLE focuses on events surrounding a client death and follows attendance at a coroner's court. Student learning outcomes are focused on evaluating essential components of nursing care including communication, record-keeping, risk-taking and ethical decision-making. The SLE, which is now in its fourth iteration, allows educators to review and adapt the teaching practices to achieve the curriculum learning outcomes and encapsulate the Nursing and Midwifery Council's Code. This article proposes future possibilities for the use of complex simulation dramas to enhance nursing student preparedness for registration.

Author details

Rhonda Beggs, lecturer, School of Nursing and Midwifery, Griffith University, Brisbane, Queensland, Australia; Ian McKay, MSc in mental health course director[Q1 Is this job title correct?], School of Health Sciences, University of East Anglia, Norwich, England; Paul Linsley, senior lecturer in nursing sciences, School of Health Sciences, University of East Anglia, Norwich, England

Introduction

This article explores the use of clinical simulation in pre-registration mental health nursing education. It focuses on the development of a drama-based simulated learning environment (SLE) situated in a Coroner's Court. Felton and Wright (2017) suggest that despite the increased use and proposals for further use of simulation there is a paucity of literature on mental health nursing simulation. This may in part be due to the challenges involved in re-enacting situations and representing people in a realistic and sensitive way. There is the need for nurse educators to share and further develop their experiences of the use of simulation in mental health nursing education (Guise et al 2012, Felton and Wright 2017).

Simulation in all its forms is widely used in clinical education with the aims of improving learners' competence and confidence, improving patient safety and reducing errors (Guise et al 2012, Kable et al 2018). Simulation has been defined as a 'technique, device or activity that aims to authentically recreate, imitate or amplify characteristics, processes and experiences of the real world for the purposes of teaching, acquiring and assessing knowledge, skills and attitudes' (Guise et al 2012). This requires nurse educators to work in collaboration with practice partners to provide simulated experiences that are authentic in what they portray and representative of the types of situation faced by mental health nurses in clinical practice.

While more traditional approaches to learning such as reading and discussing case studies have a place in the student's understanding of clinical practice, they often fail to capture the complexities, emotions and actual thinking that occur in the real-world setting (Guise et al 2012). Simulations can help students acquire discipline-specific knowledge and skills that can be transferred to the clinical setting through engagement with events and scenarios that allow for failure and risk-taking as part of the learning experience (Guise et al 2012). However, this needs to be managed to encourage learning from experiences in a way that helps future decision-making and skills acquisition and that demonstrates progression over time.

As an academic approach, simulation aligns well with constructivist learning theory, since simulation positions the learner in a real-world setting while guiding cognitive learning processes such as authentic inquiry and active observation (Bland et al 2011). This active learning is achieved by providing educational experiences which are rich in detail, true-to-life situations with challenges that can be resolved through applying academic knowledge and skills. A well-developed simulation views learning as a dynamic, active and reflexive process, where the focus is as much on the importance of professional identity construction as attainment of skills (Berragan 2011).

Simulation is also a valuable tool in helping to promote the knowledge and skills for ethical practice reflection and decision-making (Smith et al 2012). While the teaching of technical knowledge and skills continue to dominate nurse education, more attention is now being given to the acquisition of values, behaviours and attitudes necessary to assume the role of nurse at the point of qualification (Berragan 2011, Smith et al 2012). The aim of simulation is not to initiate the group into ways of knowing, but to encourage students to think about their own learning and experience, and transform their personal knowledge and skills through the processes of reflection, discussion and action.

The Coroner's Court: a drama-based simulated learning environment

A case study based on the legal proceedings and running of a Coroner's Court was devised and enacted as part of a simulated exercise for final-year mental health nursing students. The simulation centred on a young man who had, by all indications, taken his own life following a period of change in behaviour and engagement with services.

A Coroner's Court is a public enquiry where a hearing is held to discuss the findings of an investigation into a death which is unexpected, violent or sudden. The coroner is a legal practitioner and will make a judgement on the circumstances of the unexpected death and the likely causes. As part of an investigation into a sudden or unexpected death, mental health nurses may be required to provide evidence to the coroner about their role and involvement in the care of a person who has died unexpectedly.

Mental healthcare systems are a point of contact for those people who are identified as experiencing symptoms indicative of high-risk factors associated with suicide (Woods 2013). Mental health nursing has a potentially high correlation with attendances at Coroner's Court in a professional capacity compared to other fields of nursing due to the nature of the client group (Burns 2014). The core skills of mental health nurses relate to the assessment and management of risk in a vulnerable group of people (Woods 2013), a proportion of these may be at risk of suicide. Suicide is a significant public health issue (World Health Organization 2018), therefore, it seems relevant to provide nursing students with the opportunity, not only to consider suicide prevention strategies, but also to prepare them for the possibility of suicide completion (Samaritans 2017). Burns (2014) suggests that mental health nurses may experience a sense of professional self-doubt in their clinical judgement following the suicide of a client.

These feelings may also be accompanied by personal grief relating to the death of a client, a fear of reprisal from colleagues or family members of the deceased (Burns 2014). Maintaining personal resilience in the face of professional scrutiny can be daunting and difficult (Burns 2014). Coping and resilience development are areas where education can play a role (McAllister and McKinnon 2009). Mental health nursing education should enable students to develop the appropriate skill and knowledge base to be able to address and recognise mental distress and associated risk factors should they occur (Nursing and Midwifery Council (NMC) 2018).

The simulated exercise required careful construction and active management as it was played out. A Coroner's Court was chosen as the situational context for the simulation because it offered an opportunity to explore the interrelated processes of clinical decision-making, risk management, professional accountability and record-keeping in accord with learning outcomes for the module. It also allowed the students to explore the consequences of the actions taken in support of the client and the position and feelings of those involved, including the family of the bereaved, the nurse, and other health and social care staff (Vandyk et al 2018).

It included scripted and non-scripted elements whereby students took on roles of the different parties involved in the life of the deceased. The education staff took on roles in the SLE but also provided guidance and support to the students before and after the SLE was completed. A local retired coroner played himself and was able to educate the students about the legal system process when out of role. In using a simulated coronial drama to emphasise areas of professional practice and responsibilities, it was anticipated that deeper learning and appreciation of professional accountability would take place (Smith et al 2012).

Valuable teaching tool

The type of simulation described in this article provided a meaningful and effective context for learning and has the potential to become a valuable teaching tool in mental health nursing student education. The effectiveness of any simulated exercise is improved with authenticity, fidelity and student preparedness (Kable et al 2018).

The simulated experience must be planned for, scheduled, and delivered in accordance with the wider curriculum and set learning outcomes for a module and not be considered a separate activity. Determining which activities and learning are enhanced using simulation is a skill that requires active management, consideration and planning.

Role play

Students played roles of various relevant healthcare professionals and family members allowing exploration of alternative perspectives (Arkelev et al 2015). Improvisation was instrumental in enabling the students to immerse themselves in the allocated roles, but also allowed elements of the unknown to filter into the drama. By playing a role, students needed to adapt concepts and arguments as defined by the changing situation. Through this process, simulation can encourage students to empathise with the position and feelings of others (Fossen and Stoeckel 2016), particularly if the student is given a role opposite to the position or viewpoint personally held. Simulation can cause conflict where it did not previously exist (Felton and Wright 2017).

There is a danger that as students act out their roles, things can become heated, especially when looking at emotionally charged situations such as the right for someone to take their own life (Lilly et al 2016). However, conflict is not always undesirable: productive conflict may be an effective aid to learning (Omisore and Abiodun 2014). In the scenario described

in this article, conflict commonly occurred with student improvisation undertaking the roles of family members disagreeing or being upset by the perceived lack of care of their loved one. As a learning opportunity, staff were able to support students to unpick the feelings associated with the conflict during debrief. This provided an opportunity to reflect on the dichotomy of emotional responses: empathy for those affected by suicide and the perceptions of having your clinical judgement scrutinised (Awenat et al 2017). The latter element was further discussed by the retired coroner who explained the role of the coronial process in-depth, pre and post the simulation.

The SLE requires students to engage with the materials, with the suspension of disbelief and to take the opportunity to portray a character's role (Billings 2012). For some students this may be challenging for a variety of reasons, including lack of opportunity to take a role in larger student cohorts. However, relational learning from spectating can also be of value (Arkelev et al 2015). In the coronial SLE, anyone that was not actively taking a primary role was asked to imagine that they were interested parties in the courtroom, therefore embodying a role of active spectator. Following the first iteration of the SLE, staff developed a stop point before the coroner's decision-making to allow the students to predict a verdict.

The students were encouraged to discuss their rationale for the verdict based on the facts that they heard, not on their assumptions of the nursing practices they intuitively assumed. This strengthens the recognition of contemporaneous record-keeping and evidence of practice, enabling students to self-evaluate and correct their own practices. Students were able to explore the importance and language of legal literacy by studying examples of the witness statements prepared by the nurses called to give evidence, providing an active voice for the spectators and participants by allowing opportunity for students' reflection (Arkelev et al 2015).

Simulations are complex and challenging learning environments that pose difficulties for learners who lack fundamental understanding of related processes, relationships and problem-solving strategies (Dreifuerst 2012, McGarry and Aubeeluck 2013). Aligning the SLE with the educational maturity of the student cohort is required so as not to overwhelm them. The SLE brings together factors such as the concepts of skills to be learned, individual characteristics and the interaction experience to shape the learning process and its outcomes. The interaction between these contexts ultimately results in student experiences (Vandyk et al 2018). Hence, student experiences are always personal and subjective: everyone comprehends, organises and interprets clinical information in a unique way, reacting with a different interpretation to stimuli drawing on cultural, social and personal backgrounds (Gaylle 2015).

Record-keeping

Developing the narrative on which the Coroner's Court SLE was based was vital to the authenticity of the drama, which maximises the potential for students to actively participate and develop an understanding of their practice (Felton and Wright 2017). The narrative was supported by clinical notes and documents akin to a client record system, allowing the students to gain an understanding of the events and support systems around that client before the death. In the SLE, the student who played the role of the nurse reported on that nurse's decision-making from the fictitious notes, as if they were their own. As the drama played out, the nurse (and other practitioners) were called to answer a series of questions from the coroner and from the family of the deceased.

Using reflection the students were able to critique and evaluate the decision-making of the nurse and the translation into record-keeping, professional practices, policy and procedures. Myklebust et al (2018) found that mental health nursing records are often problem-based rather than focusing on the client-nurse relationship and the therapeutic communication that occurred. Poor documentation can affect care and clinical outcomes (Kebede et al 2017) and should be safeguarded against. The simulated records provided an opportunity to role model desired processes. The SLE highlighted the importance of good record-keeping in the context of the drama and how documentation is the nurse's main defence if decisions or assessments are scrutinised.

Risk management

Risk is a complex interaction of inter- and intrapersonal factors that can affect a person's autonomy and self-determination if healthcare staff are risk-averse (Reddington 2017). Positive risk-taking for staff can be anxiety provoking, trying to find a

balance between promoting a person's independence and trying to protect themselves professionally (Robertson and Collinson 2011, Slemon et al 2017). Safety planning is about making clinical decisions that involve the voice of the client alongside safety and treatment concerns (Woods 2013). Risk is fluid, complex and multidimensional, and can challenge the values and perspectives that underpin practice (Briner and Manser 2013). While several risk assessment tools do exist, it remains difficult to predict who will die by suicide; risk assessment is not an exact science, yet it needs to be managed and exercised as part of clinical practice (Woods 2013). Risk assessments and subsequent safety plans are considered core skills of the mental health nurse (Higgins et al 2016, NMC 2018) and translating this to record-keeping should be a competency that nursing students acquire as part of their training. Interrelating quality nursing processes with clinical decision-making and factual record-keeping are vital elements of transformative learning for the SLE.

Role of lecturer

The role of the nurse lecturer is to foster a safe, inclusive and respectful learning environment in which the student can take ownership for their own learning (Ross et al 2014). This is not a method, but more a value and a way of being. Students' ideas, feelings and concerns are respected to create a no-blame culture where mistakes and experiments can safely be explored (Dreifuerst 2012).

A student must trust their own thinking if they are to be motivated to learn further. When students know that the having and sharing of ideas is a sincerely respected norm in the learning environment, they will be more likely to share their thinking (Sundler et al 2015). It is one of the few ways they can come to realise that there are multiple viewpoints on any issue and to appreciate how others also use the process of construction for their own learning and grasp of truth. Ideally, students realise that they can consider different, possibly opposing, perspectives as part of their learning experience.

Debrief

Authentic learning allows students to make contextual mistakes without real-life consequences (Brookes and Moseley 2012). What is important is that the learning situation requires students to employ similar cognitive processes and behaviours as they would in the real-world context, while being supported in understanding and imprinting the right behaviour under realistic conditions (Herrington et al 2010). Such learning environments should preserve the full context of the situation and allow for the natural complexity of the real world. The changing clinical picture of people who experience mental health difficulties is acknowledged to be challenging and requires not only clinical decision-making skills but the ability to make those decisions in a calm, considered way (Ennis et al 2015).

Giving evidence in a Coroner's Court puts the professionals' decisions under the spotlight (Burns 2014). While not apportioning blame, the coroner and families are seeking to understand the finer points of the interactions and interventions that occurred before the suicide. Irrespective of the likelihood of Coroner's Court attendance by nursing staff, the simulated Coroner's Court allowed for the exploration of the complexities of suicide encompassing philosophical, ethical, legal and practical dilemmas. Enabling students to explore the emotions surrounding an unexpected and unexplained client death in a relatively safe environment supports the student to develop empathy for family members, other colleagues and potentially be forgiving to themselves (Burns 2014). These feelings were acknowledged and explored during debrief.

Debriefing the students includes the human elements of relating to and experiencing a powerful connection with the simulation (Billings 2012). While the SLE is fictional, it is developed to replicate a clinical situation and therefore has an emotional effect. It is the responsibility of education staff to recognise the need to manage and support the feelings invoked by the drama (Dreifuerst 2012, Kable et al 2018). Enabling students to recognise their own capacity for developing physical and cognitive coping strategies can build longer-term resilience (Jenkins and Germaine 2018).

Experiential learning may develop schemas of foundational knowledge which can be used to build resilience in the face of adversity to help mental health nurses cope with the stressors of their profession (Burns 2014, Jenkins and Germaine 2018). Concepts relating to professional attributes of nursing and preparedness for nurse registration were also elicited from the group. Essential nursing skills such as listening and empathy can be developed through simulation as part of a whole case scenario. Transformative learning is the result of an activating event that challenges predisposed belief systems that are

reframed through reflection (McGonigal 2005). Providing an opportunity to reflect and debrief enables students to consider their own and others' viewpoints.

Dual diagnosis

Since the implementation of the drama with third-year undergraduate mental health nursing students, the drama now includes undergraduate learning disability nursing students. The contextual character has a dual diagnosis of a mental health disorder and a learning disability. It is possible to use drama where students may get limited exposure in their undergraduate years, for example, child protection case conferences or managing conflict in teams. Portraying non-nursing roles offers the potential to develop scenarios for interprofessional learning. Dramatic interpretation may be one way of preparing students for being potential witnesses, with an emphasis on clinical record-keeping, risk assessment and the clinical decision-making processes.

Conclusion

SLEs enable students to experience a range of roles in a healthcare setting and to experience challenging or confrontational aspects of nursing practice, as actors and spectators. Students not playing a formalised role in the drama can be encouraged to actively spectate to maximise learning potential. Drama can support students' schema development, help them to be resilient when there are poor care outcomes and explore emotional responses to circumstances to develop coping strategies. With careful planning, simulation provides authentic learning experiences and the opportunity to test knowledge and skills in a safe environment.

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