

Toolkits and Standardized Patient Experiences: Preparing Nurses to Communicate and Lead

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Abstract

Objectives

- To describe the development of toolkits for use with undergraduate nursing students
- To examine how Standardized Patient Experiences (SPEs), in conjunction with toolkits, maximize student mastery of communication and leadership skills in mental health

Introduction

New nurse graduates often struggle with leadership skills. This presents unique challenges in a mental health setting where strategies are needed to help novice nurses apply best practice to care for individuals with complex issues. Caring for individuals with mental illness requires a core set of skills: knowledge of various disorders, therapeutic communication, collaboration with the multidisciplinary team, conflict management skills, and proficiency as an advocate whether for individuals, families, groups, or populations. Shorter lengths of stay and restrictions on caring for patients deemed too unstable can lead to fewer opportunities for students to master these vitally important skills. Additionally, while students may work with individuals as part of their nursing education, they rarely experience working with families, groups, or populations.

Implementation and Design

Given the necessity for well-prepared nursing professionals to deliver mental health services, creative teaching strategies are needed as well (Zauszniewski, Bekhet, & Haberlein, 2012). Carefully designed toolkit packages with learning objectives, reading assignments, video vignettes to demonstrate skills, SPEs, reflection, and other post-activity work can be used to provide students with consistent experiences preparing them to work with individuals with mental illness. Toolkit topics included therapeutic communication in a mental health setting, managing hallucinations and delusions, interviewing strategies for those with substance-use disorders, and assessing trauma. Additionally, toolkits focused on building leadership skills: collaboration with interprofessional teams, advocacy, and conflict management. Each undergraduate student completed four toolkits and participated in three SPEs, allowing them to practice and refine communication and leadership skills. Debriefing was led by faculty. Students

also reviewed their own video recordings and completed self-reflections. Applying theoretical knowledge in a simulated environment allows students to demonstrate the integration of didactic learning to clinical application (Goh et al., 2016). SPEs allow faculty to use a consistent approach to teaching core nursing skills needed in a mental health setting (Webster, 2019). SPEs also provide faculty with opportunities to observe interactions directly and give immediate feedback, allowing students to refine skills needed to provide comprehensive care in the mental health setting (Goh et al., 2016). This includes the leadership skills necessary for later use in subsequent interactions in real-time practice. This session will provide an overview of this educational strategy.

Evaluation and Findings

Using rubrics, faculty provided formative and summative feedback to students. This consisted of observation of therapeutic communication skills, the assessment/management of patients with mental health diagnoses, and the application of leadership skills. Growth was noted in students' communication and leadership skills and ability to care for patients with complex mental health issues.

Recommendations and Implications

Use of SPEs and toolkit activities were highly effective in helping students meet a core skill set in mental health nursing and leadership. Implementing these activities with registered nurses is recommended to evaluate their utility in a different setting.