Merging Simulation & Standardized Patients: A Model for Teaching Cultural Competence in Mental Health Nursing

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Background

During the next 20 years, the composition of the U.S. is projected to shift and the majority of Americans will be people of color.

Background

- Families who are members of minority groups have difficulty accessing mental health services due to the stigmas related to mental illness.
- These stigmas include discrimination, fear, mistrust, and stereotyping.
The purpose of this project was to reduce differences in health and mental health care outcomes by providing future nurses a greater cultural awareness.
Educational Considerations

- Transform a classroom only assignment to a open, unbound activity.

- Expand the classroom experience
  - From knowledge & comprehension to an encounter experience.

- Increase exposure to materials, activities, & experiences
  - From a one-time exposure to an anytime exposure
Project Concept

“Safe Place” for student practice

Paper and pencil vignettes and exercises “about” the patient

Evolution

Virtual vignettes and exercises to see and interact “with” the patient
Student Clinical Challenges

Content, knowledge and psycho-motor skills

Applied in diverse settings with diverse patients

= Increased patient acuity
= Increased student fear

ANXIETY!
Repetitive practice with MGH virtual patients

Integrated with the classroom activities and the Standardized Patient provides a ‘safe’ environment for students to learn.
Model of Cultural Competency

- Project based on Capinha-Bacote’s Model of Cultural Competency
  - Describes a process for preparing culturally competent providers
  - Includes possession of cultural awareness, knowledge, skills, and desire achieved through cultural encounters
Monarch General Hospital

- Virtual learning platform housed on the Web
- Four story full service acute care facility with
  - Ambulatory Clinics
  - Psychiatric unit
- Secure entrance requiring user name and password
- Navigated through an interactive series of floor plans or hospital directory
Monarch General Virtual Hospital

• Culture Encounters added to the Learning Environment
Virtual Cultural Encounter

- Standardized Patients from Theresa A. Thomas Professional Skills Teaching and Assessment Center at Eastern Virginia Medical School are used as actors in the recorded video clips.
Virtual Cultural Encounter

- The patient responds verbally to a typed student question.
- Lexicon for activating video response is developed by Old Dominion School of Nursing
- Each virtual cultural encounter is designed for a particular learning experience
Virtual Cultural Encounter

Student types

“Do you feel like you want to hurt yourself or anyone else?”

John Tall Chief’s oral response in an actual video clip: “I don’t want to hurt anyone! I sometimes think it might be better if I am not here anymore.”
Virtual Cultural Encounter

- Student records their question and John Tall Chief’s responses.
- Student analyzes the interaction and provides their feedback—similar to an interpersonal process recording.
- Faculty are able to view student’s communication techniques and analysis of the interaction.
Virtual Cultural Knowledge

Cultural Cameos

- Actor steps out of role
- Discusses cultural group
- Provides student with background information
Hello. My character represents an American Indian man. I would like to take this opportunity to provide you information regarding health issues, especially mental health issues, related to the American Indian population. The information I am discussing is from the National Alliance on Mental Illness (2007).
Standardized Patient

- Actors from Theresa A. Thomas Professional Skills Teaching and Assessment Center at Eastern Virginia Medical School.
- One-on-one interaction with students
- Safe practice environment
- Builds on in class activities and virtual patient scenario.
- DVD recording with feedback
Standardized Patient

Final component in the merging of simulation and standardized patient model
- Student to perform psychiatric nursing assessment
- ‘Patients’ provided script regarding scenario
- Performed in Assessment Lab (clinic setting)
- Feedback provided to student at completion of interview from ‘patient’
- Communication between ‘patient’ and student enhanced
Instrumentation

- Mental Illness and Disorder Understanding Scale (MIDUS) by Tanaka (2003)
  - 15 item 5-point Likert scale
  - Lower score indicate better understanding of mental illness

- Negative Attitudes Scale (NAS) by the National Federation of Families of the Mentally Ill in Japan (1997)
  - 10 items 3-point Likert scale
  - Higher scores suggest a more negative attitude towards mental illness
Outcome Objective

Determine whether students demonstrate increased CULTURAL KNOWLEDGE as they progress through the baccalaureate nursing program as evidenced by:

– Increased total MIDUS score as well as increased scores on each of the following subscales:
  - Treatability of Illness
  - Efficacy of Medication
Pre & Post Survey

- MIDUS & NAS Surveys
  - First day of psychiatric/mental health nursing class
  - Last day of psychiatric/mental health nursing class

- Qualitative:
  - Students on last day of class asked to describe their experience with the simulation and standardized patients
  - Instructors provided comments regarding the preparedness & confidence of the students
## Study Population

### Demographic Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Summer 2008 n=21</th>
<th>Fall 2008 n=34</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Median Age</strong> in years</td>
<td>27 (23, 30)</td>
<td>21 (20, 22)</td>
</tr>
<tr>
<td><strong>Female, # (%)</strong></td>
<td>18 (81.8%)</td>
<td>33 (97.1%)</td>
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<tr>
<td><strong>Race, # (%)</strong></td>
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</tr>
<tr>
<td>Caucasian</td>
<td>13 (61.9%)</td>
<td>21 (63.6%)</td>
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<tr>
<td>African American</td>
<td>2 (9.5%)</td>
<td>5 (15.2%)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>4 (19.1%)</td>
<td>3 (9.1%)</td>
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<tr>
<td>Other</td>
<td>2 (9.5%)</td>
<td>2 (6.1%)</td>
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<tr>
<td>Hispanic</td>
<td>0 (0%)</td>
<td>1 (3.0%)</td>
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<tr>
<td><strong>Household Income, # (%)</strong></td>
<td></td>
<td></td>
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<tr>
<td>&lt; $10,000</td>
<td>0 (0%)</td>
<td>2 (11.8%)</td>
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<tr>
<td>$10,000 - $15,000</td>
<td>1 (5.9%)</td>
<td>5 (15.2%)</td>
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<td>$15,000 - $25,000</td>
<td>2 (11.8%)</td>
<td>1 (3.0%)</td>
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<tr>
<td>$25,000 - $40,000</td>
<td>3 (17.7%)</td>
<td>7 (21.2%)</td>
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<tr>
<td>&gt; $40,000</td>
<td>9 (52.9%)</td>
<td>15 (45.5%)</td>
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<td><strong>English as primary language, # (%)</strong></td>
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<td></td>
<td>18 (81.8%)</td>
<td>32 (94.1%)</td>
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<tr>
<td><strong>Marital Status</strong>, # (%)</td>
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<tr>
<td>Married</td>
<td>11 (55.0%)</td>
<td>3 (8.8%)</td>
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<tr>
<td>Single</td>
<td>8 (40.0%)</td>
<td>31 (91.2%)</td>
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<td>Divorced</td>
<td>1 (5.0%)</td>
<td>0 (0%)</td>
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<tr>
<td><strong>Military Affiliation</strong>, # (%)</td>
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<td></td>
<td>15 (68.2%)</td>
<td>11 (32.4%)</td>
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Change in Cultural Awareness

- Significant decrease in MIDUS Social Recognition of Illness Subscale ($p<0.001$)
- Significant decrease in NAS score ($p=0.01$)

<table>
<thead>
<tr>
<th></th>
<th>Pre Score</th>
<th>Post Score</th>
<th>$p$-value</th>
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<tbody>
<tr>
<td>Median MIDUS Social Recognition (IQR)</td>
<td>2.0 (1.0 - 4.0)</td>
<td>1.0 (0.0 - 2.0)</td>
<td>&lt;0.001</td>
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<tr>
<td>Median NAS (IQR)</td>
<td>5.0 (3.5 - 7.0)</td>
<td>4.0 (3.0 - 6.0)</td>
<td>0.01</td>
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</table>
## Change in Cultural Knowledge

- Significant decrease in MIDUS Total, Treatability of Illness and Efficacy of Medication scores ($p<0.001$)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre Score</th>
<th>Post Score</th>
<th>$p$-value</th>
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<tr>
<td>Median Total MIDUS (IQR)</td>
<td>17.0 (13.5 - 20.0)</td>
<td>11.0 (8.0 - 13.0)</td>
<td>$&lt;0.001$</td>
</tr>
<tr>
<td>Median MIDUS Treatability of Illness (IQR)</td>
<td>4.0 (2.0 - 6.0)</td>
<td>2.0 (1.5 - 3.5)</td>
<td>$&lt;0.001$</td>
</tr>
<tr>
<td>Mean MIDUS Efficacy of Medication (95% CI)</td>
<td>9.79 (9.09 - 10.48)</td>
<td>6.75 (6.10 - 7.41)</td>
<td>$&lt;0.001$</td>
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Results

MIDUS and NAS Scales indicate significant decreases in scores pre versus post intervention.

Qualitative data:

- Positive attitude to mental illness
- Increase in confidence among students
- Enhanced comfort interacting with mentally ill patients
Benefit of Simulation Experience

- Repetitive encounters
  - Patients from different cultures
- Plan culturally sensitive patient care from information gathered
- Use threaded discussion to share plan of care with colleagues
Summary

- Increase awareness of mental illness
- Decrease the stigma associated with mental illness
- Gain skill mastery through repetitive practice
- Sharpen critical thinking skills while applying clinical reasoning
- Increase level of confidence as a novice nurse
- Enhanced ability to provide culturally appropriate care to mental health patients
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MGH - Diverse Patient Population