

5-15-2016

## Developing Therapeutic Communication Skills: Integration of Standardized Client Simulation in an Associate Degree Nursing Program

Kristine Weber

University of Nevada, Las Vegas, mkweber@twcny.rr.com

Timothy Farrell

University of Nevada, Las Vegas, farret3@unlv.nevada.edu

Follow this and additional works at: <https://digitalscholarship.unlv.edu/thesesdissertations>



Part of the [Medical Education Commons](#), and the [Nursing Commons](#)

---

### Repository Citation

Weber, Kristine and Farrell, Timothy, "Developing Therapeutic Communication Skills: Integration of Standardized Client Simulation in an Associate Degree Nursing Program" (2016). *UNLV Theses, Dissertations, Professional Papers, and Capstones*. 2833.

<https://digitalscholarship.unlv.edu/thesesdissertations/2833>

This Dissertation is protected by copyright and/or related rights. It has been brought to you by Digital Scholarship@UNLV with permission from the rights-holder(s). You are free to use this Dissertation in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s) directly, unless additional rights are indicated by a Creative Commons license in the record and/or on the work itself.

This Dissertation has been accepted for inclusion in UNLV Theses, Dissertations, Professional Papers, and Capstones by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact [digitalscholarship@unlv.edu](mailto:digitalscholarship@unlv.edu).

DEVELOPING THERAPEUTIC COMMUNICATION SKILLS:

INTEGRATION OF STANDARDIZED CLIENT

SIMULATION IN AN ASSOCIATE

DEGREE NURSING

PROGRAM

By

Timothy J. Farrell

Kristine M. Weber

A doctoral document submitted in partial fulfillment  
of the requirements for the

Doctor of Nursing Practice

School of Nursing  
Division of Health Sciences  
The Graduate College

University of Nevada, Las Vegas  
May 2016

Copyright by Timothy J. Farrell & Kristine M. Weber, 2016

All Rights Reserved

March 10, 2016

This doctoral project prepared by

Timothy Farrell &  
Kristine Weber

entitled

Developing Therapeutic Communication Skills: Integration of Standardized Client  
Simulation in an Associate Degree Nursing Program

is approved in partial fulfillment of the requirements for the degree of

Doctor of Nursing Practice  
School of Nursing

Carolyn Sabo, Ed.D.  
*Examination Committee Chair*

Kathryn Hausbeck Korgan, Ph.D.  
*Graduate College Interim Dean*

Susan VanBeuge, D.N.P.  
*Examination Committee Member*

Merrill Landers, Ph.D.  
*Graduate College Faculty Representative*

## **ABSTRACT**

By the year 2020, it is projected that there will be a shortage of 300,000 to one million registered nurses in the United States (Juraschek, Zhang, Ranganathan & Lin, 2012). Therapeutic communication skills are a fundamental and integral part of any registered nurse's practice. Despite the importance of therapeutic communication, evidence suggests that the lack of skill development in nursing programs is having an adverse effect on the NCLEX-RN pass rate of graduating registered nurses. Identifying and addressing shortfalls in effective communication offers an opportunity to improve this pass rate. Learning to effectively communicate in a simulated situation will provide students an opportunity to apply their knowledge and skills of therapeutic communication. This doctoral project will provide the students an opportunity to practice their therapeutic communication skills as a clinical simulation integrated into the nursing curriculum. Two standardized client simulation scenarios were developed for this project. It is anticipated that having the opportunity to practice therapeutic communication skills and apply these skills to clinical situations, will ultimately improve the students' confidence and the first-time pass rate for the NCLEX-RN exam.

## ACKNOWLEDGEMENTS

Timothy J. Farrell

I would like to thank Dr. Carolyn Sabo for her wisdom and knowledge that she has shared with me on this journey and project. I would also like to thank my committee members, Dr. Susan VanBeuge and Dr. Merrill Landers, for their guidance and support. Dr. Debra Backus thank you for opening your program to our project. I would also like to thank my friend and classmate, Kristine Weber, on completing this doctoral project jointly. Your ability to see the finish line was instrumental in our journey. Teamwork was an important factor in our success; Kristine Broger and Elizabeth Ortiz, thank you for your emotional support and sense of humor. Lastly, I have to thank my wife, Dot, you are my angel, my source of stability, and my sanity. I love you .

Kristine M. Weber

The last three years have been a struggle of will against a seemingly insurmountable task. Several people have been instrumental to my success and their contributions deserve my acknowledgement: to committee chair, Dr. Carolyn Sabo, thank you for sharing your knowledge, offering sound guidance, and your never ending support; committee members Dr. Susan VanBeuge and Dr. Merrill Landers, your thoughts, insights, and support helped to improve this project and for that I am grateful; to my friend and classmate Tim Farrell, there is no one else that I would have wanted to take this journey with. Thank you for your humor, support, and constant attention to detail; Dr. Debra Backus, thank you for your sage advice and for taking a chance with the project. To my classmates Krisitne Broger and Elizabeth Ortiz, thank you for always being just a text message away.

## **DEDICATION**

Timothy J. Farrell

Dedicated to my grandson, William Timothy Myers – Our future, seek greatness.

Kristine M. Weber

To my parents, J. Robert and Davalene Layng, for your unwavering support and unconditional love.

To my husband, Matthew, for your love and encouragement, and for so competently filling the role of “Mr. Mom” for the last few years.

To my daughters, Katherine and Hailey, who have patiently endured far too many “Mommy’s doing school work, come back later” moments in their lifetime – I thank you and I love you. The world is yours - go forth and seek knowledge.

## Table of Contents

ABSTRACT .....	iii
ACKNOWLEDGEMENTS .....	iv
DEDICATION .....	v
CHAPTER 1 .....	1
Introduction .....	1
CHAPTER 2 .....	5
Review of literature .....	5
CHAPTER 3 .....	15
Theoretical Framework.....	15
CHAPTER 4 .....	19
Project Plan .....	19
CHAPTER 5 .....	22
Implementation and Results.....	22
APPENDIX 1 .....	33
Basic therapeutic communication scenario.....	33
APPENDIX 2.....	45
Advanced therapeutic communication scenario .....	45
REFERENCES .....	57
CURRICULUM VITAE.....	61



# CHAPTER 1

## Introduction

Nurses comprise the largest group of healthcare professionals in the workforce in the United States. The nurse is the frontline caregiver who influences a client's health outcome. An adequate number of nurses is critical to the provision of care and is inversely related to client deaths (Gallagher, 2010). The United States is experiencing a continued shortage of registered nurses (RNs), and this deficit is estimated to increase to approximately 300,000 to 1 million RNs by 2020. Data shows that in New York State there is anticipated to be a shortage of nearly 40,000 RNs by the year 2030 (Juraschek, et al., 2012). New York State has approximately 165,640 RNs in its workforce. Over the past five years, Since 1996, there has been no substantial growth in the number of RNs that are licensed in the state (New York State Education Department, 2015). Outside of the New York City metropolitan area, New York State is comprised largely small urban and rural communities. The latest data from Health Resources and Services Administration (2013) indicates that approximately 18% of RNs working in the United States do so in a rural area.

This project focused on the northernmost region of New York State, an area that has a strong need for psychiatric/mental health nurses. A 2013 survey of the tri-county region (Jefferson, Lewis, and St. Lawrence counties) identified mental health issues being prevalent in approximately 20% of the survey sample, and behavioral health issues being prevalent in approximately 75% of the survey sample (North Country Health Compass Partners, 2013). Despite the ongoing need for mental health providers, the area continues to be designated as a Health Professional Shortage Area (HPSA) for all professions and specialties (Health Resources and Services Administration, 2015).

In this geographic area, the primary source of RN graduates is from a local college that offers both an associate degree nursing program and a baccalaureate degree-nursing program. This nursing school admits approximately 90 associate degree students annually and graduates approximately 80 students from the program per year (D. Backus, personal communication, January 15, 2015). Over the past several years, the program has experienced a significant decline in their first-time pass rate for the National Council Licensure Examination for Registered Nurses (NCLEX-RN). There has been a twenty-percent reduction in the NCLEX-RN pass rate at the college over the past two years (New York State Education Department, 2014). Specific to the area of psychiatric/mental health nursing, the program is currently performing at only the 40th-percentile on the NCLEX domain of psycho-social integrity(D. Backus, personal communication, January 15, 2015). The nursing faculty has identified a deficit in the curriculum relating to behavioral health communication skill application. Specifically, no provisions are present for the development of the students' behavioral health communication skills within the structure of a clinical lab setting.

### **Problem Statement**

As the nursing shortage expands across the United States, it is imperative that schools of nursing produce a sufficient number of successful graduates to meet the growing need for nursing personnel. Preparing nursing graduates who can pass the NCLEX-RN has proven to be a challenge to the local nursing degree program of interest for this project. The associate degree program has noted a significant decrease in the pass rate for the NCLEX-RN exam for graduates of their program. The national average for NCLEX-RN associate degree program first-time pass rate for 2014 is approximately 79% versus the program first-time NCLEX-RN pass rate of 58% (National Council of State Boards of Nursing, 2015). This 21% deficit in the first-time NCLEX-

RN pass rate in a graduating class size of 80 students equates to the delay in licensure or possible non-licensure of approximately 20 students per year. A graduate's delay or non-licensure is a significant factor in a community that is already underserved for behavioral health personnel.

NCLEX-RN test questions related to the category of psychosocial integrity comprise between six and twelve percent of the NCLEX-RN exam. Currently, the nursing program graduates are scoring in the 40th percentile in this area compared to the national population of graduates from similar programs. In an effort to better comprehend the issues that contribute to the low NCLEX-RN pass rate, the local college enlisted the services of an outside consultant. Among the recommendations made by the consultant was that the college add more opportunities for the application of critical thinking activities to the curriculum. The consultant suggested that the clinical experience be designed to provide more opportunities for the student to demonstrate skills versus simply testing the students on concepts.

Effective communication is a psycho-social skill that is integral to the success of any registered nurse. It is a fundamental process required for the practice of nursing. The success of a nursing program relies heavily on the ability of the faculty to implement a curriculum to promote the integration of knowledge and theory in the student's performance of their practice. Students must obtain not only an understanding of theoretical knowledge, but also must develop the ability to apply this knowledge successfully.

Many students enter a nursing program with only media-based caricatures and stigmatized expectations for mental health clients. In mainstream media, often the extremes of mental illness are portrayed in movies and television leading to a misrepresentation of mental health clients as imminently dangerous, crazy, or helpless. This distortion of the truth can allow a nursing student to have an incongruent expectation of mental health clients and can lead to

anticipatory fear related to any interaction with this population. The stigmatized expectation of the nursing student may serve as a barrier to learning in a mental health environment as irrational fears or biased expectations of violence impede the nursing student's ability to interact with mental health clients in a learning environment.

Research has shown that the introduction of human client simulation can provide a safe and structured forum for the student nurse to apply their knowledge and develop skills (Sleeper & Thompson, 2008; Kameg, Mitchell, Clochesy, Howard & Suresky, 2009; Doolen, Giddings, Johnson, Guizado de Nathan & Badia, 2014). The purpose of this project is to develop a simulation program that will provide the nursing students the opportunity to apply knowledge of behavioral communication skills and psycho-social theory in an interactive setting in the simulation lab. It is anticipated that this will allow the students to develop a deeper understanding of the theoretical concepts of behavioral communication. An improved understanding of the application of theoretical concepts, coupled with regular opportunity to practice communication skills, will result in improved scores in the psychosocial integrity category of the NCLEX-RN exam. Improving scores in this area of the NCLEX-RN exam will result in more registered nurses passing the NCLEX-RN exam on their first attempt and will help to alleviate the nursing shortage in northern New York.

## CHAPTER 2

### Review of literature

#### National Council Licensure Examination

An area of concern for our local community is the increasing failure rate of nursing graduates from a local college on their first attempt at the National Council Licensure Exam for registered nurses (NCLEX-RN). The local college described has historically been a major source of new RNs for local healthcare facilities. Recently their graduates' NCLEX-RN results have fallen to a pass rate of 58% for first-time test takers. There are approximately 15,000 nursing school graduates who fail the NCLEX-RN each year in the United States, which seriously impacts the workforce (Roa, Shipman, Hooten & Carter, 2011). The NCLEX-RN is the final benchmark to becoming a licensed registered nurse. The exam determines if a student has the minimum knowledge and ability to safely enter into a nursing career. To pass the NCLEX-RN exam, the student needs to be able to think critically, use reflection, and utilize effective problem-solving skills (Lavin & Rosario, 2013).

Many variables impact the graduate's ability to pass the NCLEX-RN. One such factor that comes into play for many students is test anxiety (Lavin & Rosario, 2013). Another concern that nursing students may experience is the fear and anxiety of failing the NCLEX-RN. Failure on the exam can have a very negative impact on a student. Besides the feelings of embarrassment and guilt from failing the NCLEX-RN, the student is burdened with the thought of having spent from \$5,000 to \$20,000 to earn this degree and not be able to obtain a license (Roa, et al., 2011). Failure to pass the NCLEX-RN results in the student having spent valuable time and resources to earn a degree in a profession in which they cannot be licensed to practice.

The impact on the community is another variable that needs to be considered. Healthcare organizations hire graduate nurses with the expectation that they will pass the NCLEX-RN and be eligible for licensure. The cost of hiring and training a new graduate in an organization is approximately \$27,000. The NCLEX-RN failure of one graduate nurse working for an organization is estimated at approximately \$90,000. This significant cost is due to efforts by the healthcare facility to cover the resulting vacancy through the use of overtime or temporary nursing agencies (Roa, et al., 2011).

NCLEX-RN failure also has a significant impact on both the nursing faculty and the nursing program. Nursing faculty has a responsibility to the nursing profession to graduate students from their programs that can meet at least minimal entry-level standards. Maintaining a high level of fidelity to the profession will help the faculty develop a strong curriculum that will provide the student with adequate training to pass the NCLEX-RN and join the profession. Additionally, the nursing program has a level of accountability to the students enrolled in the program to provide an educational experience that will adequately prepare the student for success on the NCLEX-RN exam (Roa, et al., 2011). Nursing schools are selling a service to their students, and the service involves the basic education and training necessary to prepare the student for successful licensure in the profession. The success of their students on the NCLEX-RN is a reflection of the success of the nursing program that prepared the students to take the NCLEX-RN. A nursing program that does not successfully prepare their students for NCLEX-RN success is at substantial risk of losing their professional accreditation and ultimately at risk of closure.

### **Therapeutic Communication**

A nurse is responsible for more than just communicating information to the client, he or she is also responsible for recognizing, acknowledging and validating the feelings of the client. The ability to develop a therapeutic relationship and utilize therapeutic communication skills with a client is an essential skill for every nurse. Therapeutic communication skills must be taught and practiced in the nursing program in order to provide the most experience in developing them. Waiting until the psychiatric/mental health rotation, which often occurs later in the program, to introduce therapeutic communication concepts disadvantages the student by limiting their experience with the topic until later in the program (Miles, Mabey, Leggett & Stansfield, 2014).

Communication is a fundamental skill for nursing. It is not a skill that can be mastered in a lecture hall or by reading a textbook. Therapeutic communication involves an interaction between two or more people; as such, it is an active process. Quality nursing care is built upon therapeutic communication, through the therapeutic use of self and the professional's ability to communicate in an effective manner. A 2013 review by Wloszczak-Szubzda and Jarosz found that there is a decreased level of client satisfaction when there is sub-par interpersonal communication between the client and the caregiver. Despite the importance of communication, nurses were often found to be lacking in communication skills.

A 2013 study identified how a nursing student's anxiety was observable through changes in a student's voice tone as well as proxemics, a change to a subordinate location in the hospital room when a more qualified or educated staff entered the room (O'Shea, Pagano, Campbell & Caso, 2013). It is imperative that nursing educators provide opportunities for students to practice therapeutic communication skills and to gain mastery of communication techniques prior to graduation from a nursing program to diminish anxiety in these situations.

Webster, Seldomridge and Rockelli (2012) describe a study in which they combined two educational strategies to facilitate the development of therapeutic communication skills in clinical students. Using a combination of case studies and standardized patients, the students were able to learn and practice therapeutic communication skills while addressing an individual with a psychiatric diagnosis. Students rated this as a positive experience that stimulated learning. At the end of the semester, the students reported that they were more prepared to use their communication skills with mental health clients.

A literature review by Grant and Jenkins (2014) sought to identify evidence that would sustain the effectiveness of newer methodologies, such as standardized clients, as interventions to promote the teaching of therapeutic communication. The review found that there was a low level of evidence quality in this area. However, they found that methods that promote active learning were likely to be effective.

Therapeutic communication skills are essential to the success of any nurse. The skill of therapeutic communication is in the ability of the nurse to use their communication skills to develop and maintain a therapeutic relationship with the client. Although there are many methods currently in use to teach nursing students therapeutic communication skills and techniques, the authors of this project have chosen to focus on the use of standardized client simulation to promote student learning in the area of therapeutic communication.

### **Simulation in Nursing Education**

A review of the history of nursing simulation by Nehring and Lashley (2009) traces the evolution of simulation in nursing over the past 40 years. In their review, the authors relate the evolution of simulation from simple anatomical models in use in the nineteenth century, to task trainers in the mid-twentieth century, to role playing in the late twentieth century, leading to the



computer-assisted simulation models and programs of today. The article cites the use of standardized clients as an effective method for the evaluation of communication skills.

As the population of clients moves from the inpatient setting to the community setting, it is becoming more challenging for nurse educators to expose their students to clinical learning opportunities in a hospital based setting. Agencies such as the Joint Commission and the Institute of Medicine have both set goals for healthcare organizations to improve healthcare communication (O'Shea et al., 2013). Standardized client simulation offers students the opportunity to practice tasks and skills while using their knowledge and critical thinking without concern for harming a client and at a time when in-hospital setting clinical exposure may be decreasing (Rutherford-Hemming, 2012).

A 2011 report by the Institute of Medicine (IOM), *The Future of Nursing: Leading Change, Advancing Health*, suggests that nursing faculty include the use of simulation in nursing education. Simulation has been utilized as a supplement to nursing education in the acute care area for many years and may include the use of high-fidelity interactive full body mannequins that run via computer program or role playing standardized clients (White, Brannan, Long & Kruszka, 2013). Although interactive mannequins can be useful in teaching students, these machines lack the ability to give non-verbal cues or respond to the student's body language or comments, leaving the mannequins incapable of interacting through most methods of communication.

A review of recent research reveals several attempts that have been made to address the inclusion of therapeutic communication training in the undergraduate curriculum. Communicating in a clinical setting with a high-fidelity mannequin can provide opportunities for practicing some skills; however, addressing a mannequin lacks an interpersonal connection and

students can sometimes forget to communicate because they are not able to connect to the client on a human level (Mills et al., 2014). Standardized client simulation, which uses trained and scripted role players to simulate clients, is one approach that has been used. Miles, et al. (2014) studied the use of a peer mentorship program approach to standardized client simulation to develop communication skills. This study included senior nursing students mentoring junior nursing students through several simulations over the course of a semester. Results of the study identified five themes from student feedback: the impact of seeing oneself, significance of practicing, opportunity for self-evaluation, value of getting below the surface, and power of transforming insight into goal setting. The use of high-fidelity patient mannequins does not support the evaluation or interpretation of non-verbal communication. Communication related simulation scenarios provide an opportunity for students to challenge themselves and their communication knowledge and skills in a safe environment under the watchful eye of a mentor (Hammer, Fox, & Hampton, 2014).

Simulation has been proven to be a successful method of improving communication skills. Results of studies have shown that the use of simulation has had a positive impact on a student's self-efficacy resulting in improved self-confidence in the student's communication skill set (Kameg, et al., 2009). A study by Sleeper and Thompson (2008) found that simulation can be used to supplement theory and practice, provides opportunity for immediate student feedback for their performance, and allows the student to transfer theoretical knowledge into clinical practice. The use of human client simulation as a method of reinforcing communication principles in student nurses provides ready feedback to the student.

Students have reported that the simulation process has provided a satisfactory application of their skills in a non-clinical setting as well as promoted a sense of increased confidence in

their skill performance (Foronda, Liu & Bauman, 2013). The post-simulation debriefing process allows the opportunity for the student to identify both his or her strengths in communication skills and missed opportunities related to establishing and maintaining therapeutic rapport with the client in a safe, non-threatening manner. Through the use of debriefing, the student can develop reflective skills that become the foundations for developing a reflective practice (Zavertnik, Huff & Munro, 2010; O'Shea et al, 2013; Hammer, et al., 2014).

### **Needs Assessment and Description of the Project**

**Population Identification.** The target population identified in this project will be students in an associate degree nursing program at a local community college. The project will focus on the first year nursing students prior to entering their psychiatric/mental health clinical experience.

**Project Sponsor and Key Stakeholders.** The nursing student is an important stakeholder in this project, as the recipient of the nursing education. The support and involvement of nursing faculty and administration of the nursing program at the college is also crucial to the success of this project. This project will involve a change to the status quo at the college with the introduction of standardized client simulation and the inclusion of therapeutic communication skill building across the curriculum versus solely in the psychiatric/mental health course. The success of nursing education relies on both the success of the student in gaining knowledge and skill and the success of the faculty in providing this education the student. An additional stakeholder in this project is the college itself. The college has a responsibility to produce nursing graduates who can meet the minimum standards for entry into the profession of nursing. The local healthcare facilities are the final stakeholders in this project as they have a significant

stake in the success of the program as the employers of nursing graduates who are prepared to pass the NCLEX-RN exam.

The project sponsor is the Nursing Program Coordinator for the associate degree program at the local college. She will work closely with the Doctor of Nursing Practice (DNP) students, proposal co-authors, to ensure that the project plan is closely followed, and project deliverables and timelines are met. The Nursing Program Coordinator had been working with the DNP students as a mentor during a prior Residence course in the DNP program. During this time, the NPC and DNP students investigated gaps in the nursing program and identified areas of the curriculum where improvement was needed. A significant need to improve the therapeutic communication skills of the students was identified, and it was determined that a clinical simulation scenario would be an appropriate, targeted, and timely approach to meet this need.

External stakeholders have been identified because the continued success of the nursing program has both an impact on and is dependent upon these external organizations. External stakeholders for this project include the New York State Education Department, the organization that licenses the associate degree nursing program at the college, and is identified as a stakeholder due to their regulation and licensing role. Also, the Accreditation Commission for Education in Nursing (ACEN), the organization that accredits the nursing program at the college, is also considered an external stakeholder.

**Organizational Assessment.** The Associate in Applied Science (AAS) program faculty have been working to address the decreasing NCLEX-RN pass rate since 2013. The faculty worked to identify curriculum needs and make changes that they hoped would improve student performance as first-time NCLEX-RN exam takers. These curriculum changes included a

decrease in the number of required program credit hours (68 credits, reduced to 62 credits). The faculty added a requirement for students to participate in Health Education Systems Incorporated (HESI) exams for pre-licensure practice. Thus far, the proposed changes have not been viewed as successful as the program has not realized any benefit from the changes related to improving the NCLEX-RN pass rate.

In 2013, the nursing department faculty contracted with an independent nurse consultant to evaluate their program. The consultant recommended some changes to testing and the development of test questions for course exams. He identified that the majority of exam questions were concentrated on knowledge and comprehension instead of application and analysis. It was suggested that more emphasis be placed on critical thinking and group activities.

**Assessment of Available Resources.** The college operates a high-fidelity simulation lab with three mannequins which faculty have noted adequately addresses medical/surgical tasks and situations. The lab setting, with the mannequin and the student in one room and the assessor and simulation instructor in the other, does not support the practice of therapeutic communication via the mannequin. The college does not have any provisions to support the student in gaining therapeutic communication skill practice and application in the simulation lab.

**Scope of the Project.** The scope of this project included the development of two standardized client simulation scenarios for the practice and development of therapeutic communication skills in first year associate degree-nursing students. Future implementation of the scenarios will provide an opportunity for students to apply communication theory in a structured non-threatening clinical setting intended to allow for the development of self-efficacy and confidence in the application of therapeutic communication skills. The authors propose that

self-efficacy and standardized development of communication skills will have a positive impact on the psychosocial integrity component scores on the NCLEX-RN licensure exam and will increase the pass rate for first-time NCLEX-RN test takers at the college.

### **Mission, Goals, and Objectives Statements**

**Mission.** The mission of this project was to create scenarios for standardized client simulation modules for therapeutic communication related to mental health nursing. The authors believe that providing written simulation modules to the faculty will provide the faculty with additional methods to develop the student's knowledge and skill related to therapeutic communication.

**Goals.** The goal of this scholarly project was to provide the faculty with written simulation modules related to therapeutic communication with mental health clients.

**Objectives.** The outcome objective for this project was to develop two therapeutic communication simulation modules for the improvement of therapeutic communication skills in first year nursing students. Additional objectives were to:

1. Analyze evidence-based literature to identify key components of therapeutic communication techniques.
2. Provide a tool for the college to use to address therapeutic communication learning needs for the first year nursing students.
3. Provide additional resources for the college in an effort to increase student performance on the NCLEX-RN exam.

## CHAPTER 3

### Theoretical Framework

#### Lewin's change theory

Lewin's change theory was chosen to support the need for a different approach to teaching students therapeutic communication skills related to mental health client. In this theory, change can be achieved by one of two actions - increasing the driving forces of change or reducing resistance to change. Increasing the driving force to change adds incentives for change or uses position to force the change. Reducing resistance to change reduces the fear of the proposed change (Yukl, 2013).

Lewin's change theory identified three distinct phases to the change process - unfreezing, moving, and refreezing (Borkowski, 2009). The first phase, unfreezing, involves communicating the need and reason for the change. The low pass rate on the NCLEX-RN for the local college is the driving force that necessitates this change project. A low NCLEX-RN pass rate equates to a lower number of RNs in this area workforce. This community impact supports the necessity for change in the nursing program.

The second phase of Lewin's theory is moving. Moving involves implementing and applying new procedures to create new behaviors and practices (Mitchell, 2013). Adding the use of standardized client simulation to address therapeutic communication will provide a means to improve the nursing students communication skills and behaviors. The theoretical framework that will be applied to moving the change is Kolb's experiential learning theory (ELT).

The last phase of Lewin's change theory is referred to as refreezing. Refreezing is the process of implementing the changes and continuing to monitor and adjust for success

(Borkowski, 2009). The application of the standardized client simulation will provide an effective communication tool that all the students will utilize as an adjunct to their didactic and clinical experiences. The NCLEX-RN results will provide data to determine the effectiveness of the standardized client simulation both in the overall pass rate and in the area of psychosocial integrity. The desired outcome of using the standardized client simulation will be an increase in the pass rate of the NCLEX-RN.

### **Kolb's theory of experiential learning**

Kolb's experiential learning theory will provide the theoretical framework for the proposed project. This theory describes the process of learning through experience. There are four phases identified in Kolb's learning cycle including concrete experience, reflective observation, abstract conceptualization, and active experimentation. Kolb's theory serves as the theoretical foundation for the acquisition of knowledge through the student's experience with standardized client simulation (Poore, Cullen & Schaar, 2014).

The project proposal involved the development of a standardized client simulation to promote therapeutic communication skills in the first year nursing students. For this project, the simulation experience itself can serve as the concrete experience. As the student experiences the therapeutic communication simulation, he or she will have the opportunity to explore their thoughts and beliefs, as well as interact with the instructor, other students, and the environment. The concrete experience creates an opportunity for the students to practice the skills and reflect on his or her current practice. The standardized client simulation will provide a safe, non-threatening opportunity for a student to practice their skills and explore newly learned concepts and techniques.



Crucial to the success of the simulation experience will be the opportunity for the student to engage in reflective observation. A simulation debriefing will be developed that will guide the student through self-reflection on their experience. This will provide the student the opportunity to evaluate their performance in the simulation and to learn from their experience. Self-reflection is a professional skill that provides a conceptual basis for the student to become a life-long learner.

Abstract conceptualization occurs when the student processes their experience, considering, both individually and as a member of the cohort, what worked well in the simulated situation and what they would consider doing differently in the situation. A group debriefing with the students will provide them the opportunity to identify common concepts and work to assimilate these concepts into their knowledge and practice base. Additionally, the use of students in the role of the client or the role of observers will provide the student with a different perspective from which to base their practice.

The last phase of the learning cycle includes active experimentation. This occurs when the student tests new knowledge through application to new experiences. Assimilation of this new knowledge into future learning experiences allows the experiential learning cycle to begin again as the new knowledge will change the student's experiences, thoughts, and beliefs (Nunes de Oliveira et al., 2015). Many of the concepts of behavioral communication are built upon experience or other concepts. Developing an expanding simulation experience with multiple outcomes can provide the students with multiple opportunities for experiential practice of communication concepts.

Lewin's change model serves as the foundation for change in this scholarly project. The need for change in this nursing program is evident as their NCLEX-RN test scores continue to

decrease. The simulation modules through their relationship with Kolb's learning cycle serve as the theoretical framework to create the change.

## **CHAPTER 4**

### **Project Plan**

#### **Setting**

The setting for this project is the nursing program at a local community college located in rural New York state. The nursing program is an associate degree program. The college offers the only opportunity for an initial registered nursing education within a 100 mile radius.

#### **Population of interest**

The population of interest for this project included first year Associate in Applied Science nursing students and nursing faculty at a local community college. The NCLEX-RN pass rate for the nursing program is very low, specifically in the area of psycho-social integrity, both the students and the faculty will benefit from the simulation modules developed in this project.

#### **Measures, instruments, activities**

This scholarly project involved the development of client simulation modules to address the knowledge and skills related to therapeutic communication with mental health clients. The ultimate measurement of the success of this project will be improved National Counsel Licensure Examination for registered nurses (NCLEX-RN) scores by students at the college, however, this result is outside of the time frame for this project. Activities involved in creating the simulation scenarios included a literature review and a review of evidence-based practice related to therapeutic communication techniques related to the client with mental illness. The final activity involved the assembly of modules for client simulation exercises.

#### **Timeline**

The DNP project examination committee was established in January 2015. Development of the first four chapters of the scholarly project occurred between January 2015 and March 2015. The project proposal defense occurred on March 26, 2015 at UNLV. After approval of the proposal it was determined that approval from the Institution Review Board (IRB) was not needed for this project. During the timeframe of July 2015 to December 2015, the written simulation scenarios were developed and the literature review was updated with final analysis and reporting of the results in January and February 2016.

### **Project tasks and personnel**

The major task for this project was the development of two client simulation modules regarding therapeutic communication and the mentally ill. The authors worked together to develop a standard format for the scenarios. Together, the authors identified and developed scenarios to apply therapeutic communication skills in a mental health setting.

### **Resources and supports**

This project did not rely on outside resources or supports for completion. The authors completed the majority of the work jointly and presented the completed scenarios to the faculty and administration of the AAS program. Support for the project is expected to continue from the faculty and administration.

### **Risks and threats**

The authors have not identified any significant risks or threats to this project. A minor risk may be anxiety on the part of the faculty who do not have experience with the use of standardized patients and simulation scenarios as they realize that these are intended to be implemented within the educational program for their students.

## **Evaluation Plan**

The short-term evaluation of the success of this project was the authors' meeting the timeline for delivery of the simulation module to the faculty at the college. The long-term evaluation of the success will be completed outside the scope of this project by the faculty at the college. Measures that will indicate success include improved scores on the NCLEX-RN, specifically in the area of psychosocial integrity, at the college.

## **Financial plan**

The financial cost of this project was minimal. Approximately \$50 was spent on stationary supplies (paper, post-it notes, highlighters, toner cartridge). Additional costs, estimated to be \$100, were needed for purchasing specific books on the topic of developing simulation modules.

## CHAPTER 5

### Implementation and Results

#### Summary of the project

Therapeutic communication is a fundamental skill for every registered nurse. The basic therapeutic communication scenario was developed to provide a foundation from which the students could develop an ability to initiate a therapeutic relationship with the client. Key components of therapeutic communication found in the current nursing program curriculum were incorporated into the basic scenario to provide continuity with the classroom portion of the course. Basic communication skills, such as active listening, paraphrasing, summarizing, questioning, and non-verbal communication has been reported to be the foundation for successful therapeutic interactions (Morrissey & Callaghan, 2011). The goal of this DNP project was to help a local associate degree nursing program resolve an issue with their NCLEX-RN pass rates. Analysis of the nursing program identified an ongoing decline in NCLEX-RN pass rates for first-time test takers. The nursing program is vital to the community as a major provider of graduate registered nurses for local healthcare organizations. NCLEX-RN pass rate data indicated poor student performance in the NCLEX-RN exam category of psycho-social integrity. The authors concluded that increasing experiential opportunities for the students to practice therapeutic communication skills in a safe and therapeutic environment would translate to a rise in the NCLEX-RN scores in the area of psycho-social integrity and would positively impact the overall pass rate for first-time NCLEX-RN test takers.

The purpose of this project was to develop two simulation scenarios that would provide nursing students with the opportunity to apply knowledge of therapeutic communication skills in an interactive setting. On completion of the project, the scenarios will be delivered to the local

college faculty for consideration for inclusion in the nursing curriculum. It was postulated that improved understanding of the application of theoretical concepts, coupled with the regular opportunity to practice therapeutic communication skills, will translate into improved scores on the NCLEX-RN exam in the category of psychosocial integrity. Improved scores will result in more graduates passing the NCLEX-RN on their first attempt and contribute to the goal of alleviating the nursing shortage in northern New York.

After much discussion with the Nursing Program Coordinator the decision was made to focus this project on developing two therapeutic communication scenarios based in a psychiatric/mental health setting. The authors focused on developing both basic and advanced scenarios addressing therapeutic communication skills routinely used in psychiatric/mental health settings. The premise behind the basic therapeutic communication scenario was the development of a therapeutic relationship with a client during admission to a psychiatric/mental health facility. It has been our experience that people new to the mental health system, particularly nursing students, frequently have a difficult time initiating conversations with psychiatric/mental health clients. The first scenario focused on the basic therapeutic communication skills necessary for success: listening, paraphrasing, summarizing, questioning, and non-verbal communication (Morrissey & Callaghan, 2011). The use of listening was selected as the essential skill for this scenario as learning to listen to the client is necessary to allow the client to an opportunity to tell their story. A modified nursing assessment was added to provide structure to the scenario.

The second scenario emphasized advanced therapeutic communication skills and concepts. The scenario involved a situation of escalating crisis behaviors from a client. For this scenario, a safety plan in which the patient had previously outlined what situations upset him,

how staff can tell if he is getting upset, and what preferences the client had identified that might help him regain control was completed. The scenario also provides the student with the experience of listening to the client and tailoring their reactions and responses towards the individual preferences identified by the client during the completion of their individual safety plan.

A group of local nurse educators was gathered for an expert panel for the review of the two therapeutic communication scenarios. The panel was comprised of three members of the local community: the Nursing Program Coordinator at a local associate degree community college; the Director of Education and Training from a local psychiatric center, and a staff development specialist at a local psychiatric center who is also an adjunct nursing instructor at a local community college. These members were asked to be part of the review panel based on their professional experiences and training in the area of both mental health nursing and education. The expert panel members have an average of nearly 20 years in the nursing profession, and approximately 15 years of experience in nursing education. The three members volunteered to review the therapeutic communication scenarios and offer their thoughts on the scenario format and contents based on their educational and professional experience.

The panel was provided copies of the therapeutic communication scenarios to review before the review meeting. During the panel review, the group outlined opportunities to improve the scenarios. Suggestions were made related to the terminology used in the scenarios as the scenarios used current mental health terminology, and the students, as second-semester students, may not be familiar with this terminology. A second suggestion was made to incorporate the modified nursing assessment that is familiar to the students in the associate degree program into the scenario as the students and faculty may be more confident in using the familiar form. After



evaluation of the final products, all three members of the expert panel concurred that the scenarios met both face and content validity.

The two therapeutic communication scenarios developed for this project provided opportunities for practice of these skills in a safe, non-threatening, but realistic situation. The inclusion of common psychiatric/mental health forms, the nursing assessment and the safety plan, enhanced the communication level between the students and the clients and provided the structure for more meaningful application of therapeutic communication skills. Providing the opportunity to practice therapeutic communication skills in realistic situations was intended to assist the students in gaining additional knowledge and skills, and ultimately improve performance on the NCLEX-RN examination.

### **Threats and barriers to the project**

A potential threat was identified early in the project because that there are two authors. The potential for disagreement existed among the authors related to personal beliefs and preferences. To alleviate this threat, the authors decided to each work independently on their scenario responsibility. One author was responsible for the basic therapeutic communication scenario while the other author was responsible for the advanced therapeutic communication scenario. To maintain a cooperative project, the authors met frequently to discuss the overall plan for both scenarios and worked to keep the project on target. Additionally, once the scenarios were completed individually, the authors worked together on editing the final documents.

### **Analysis**

A local associate degree nursing program had identified a practice problem related to the poor performance of their graduates on the NCLEX-RN exam in recent years. This project was initiated in an attempt to help the nursing faculty further refine the problem and to suggest

program changes to help alleviate the poor performance on the NCLEX-RN exam. For 2014, the national average for NCLEX-RN associate degree program first-time pass rate was approximately 79%. The first-time pass rate for the local nursing program was 58% (National Council of State Boards of Nursing, 2015).

Scenario development was influenced by many factors. Primarily the NCLEX-RN exam test plan was consulted to identify factors included in the category of Psychosocial Integrity. Secondly, the nursing program curriculum was reviewed to determine how the concept of therapeutic communication is addressed. Additional components of the scenarios were developed based upon the authors experiences in both the educational and clinical settings. The concepts used to develop the scenarios are analyzed below.

The NCLEX-RN exam test plan contains four major categories of client needs, with some categories being weighted higher:

- Safe and Effective Care Environment (26-38%)
- Health Promotion and Maintenance (6-12%)
- Psychosocial Integrity (6-12%)
- Physiological Integrity (38-62%)

Topics included under the category of Psychosocial Integrity are related to assessing the graduate's ability to support the client during crises as well as providing appropriate care related to on-going or acute mental health needs (National Council of State Boards of Nursing, 2012). In 2014, in the area of Psychosocial Integrity, the program graduates performed in the thirty-third percentile when compared to the national average for all graduates (Mountain Measurement, 2014).

With the assistance of the Nursing Program Coordinator, a review was also completed on the curriculum related to therapeutic communication and how the topic is addressed in the program. It was determined that although the topic of therapeutic communication was addressed on-site in classroom sessions during the second week of the semester, opportunities to practice the skills were not included in the clinical experience (D. Backus, personal communication, January 15, 2015). The authors elected to include both a pre- and a post- briefing for the students and faculty for both scenarios. The pre-briefing provided an opportunity for the staff to reassure the students that participation in this scenario is a learning opportunity that will provide the students with the ability to practice their skills (Hammer, et al., 2014). To support this, the pre-briefing allowed for the group to review the basic therapeutic communication skills together before the simulation began to provide a knowledge base for the expectations for the scenario. The pre-briefing also allowed the students the opportunity to discuss any thoughts or feelings they may have related to the scenario. This was included as a mechanism to reduce any potential anxiety the students may be experiencing. The post-briefing was organized as a group discussion. All participants, the student, the observer, and the faculty were afforded the opportunity to answer a series of questions related to their thoughts about their performance and feedback for the student nurse. The questions for the post-briefing were designed as open-ended questions to better allow for an honest discussion of the events.

The setting and focus of each scenario was tailored to match the expectations for the student's abilities during a certain point in the clinical rotation. The basic scenario, which is to be presented at approximately week two of the clinical rotation, is set during the admission process for a new client. Although the focus is on basic therapeutic communication skills, the scenario included the completion of a modified version of the nursing assessment currently in use in the

nursing program. The aspect of completion of an evaluation was included in the scenario to provide the students with an opportunity to connect the effectiveness of their communication skills to their ability to perform a necessary assessment of the client. The advanced scenario is a culmination of all therapeutic communication skills learned in the curriculum. The scenario involves the application of competencies necessary to assist a patient in deescalating from an active crisis. The scenario focuses on the student's ability to implement an individualized safety plan. The plan includes client identified antecedents to a crisis, responses to the crisis, and strategies to help the client regain control (Lewis, Taylor, & Parks, 2009). In this scenario, the student must utilize the information on this assessment and recognize the appropriate interventions. For this scenario, the observer also has a significant role to play in that they are tasked with recognizing both non-verbal and verbal therapeutic interventions, as well as any non-therapeutic interventions that the student may portray. The inclusion of this component provides a valuable opportunity for each student to recognize appropriate and inappropriate interventions.

### **Giving meaning to the project**

#### **Discussion of results**

Recent estimates place the shortage of registered nurses in New York state to be at approximately 40,000 by the year 2030 (Juraschek, et al., 2012). This pending deficit is concerning for residents and employers throughout the state. In northern New York, a local associate degree college has noted a significant decline in the NCLEX-RN pass rates for their graduates taking the examination for the first time. The NCLEX-RN pass rate for 2014 for this group of students was only 58%, well below the national average of 82% (National Council of State Boards of Nursing, 2015). Analysis of the NCLEX-RN test data, as well as the current

nursing curriculum for the program, revealed an opportunity for the authors to assist the college in addressing this practice problem of declining NCLEX-RN pass rates in program graduates.

The primary purpose of this scholarly project was to develop a therapeutic communication simulation model for the improvement of therapeutic communication skills in first year nursing students. This was met with the creation of both a basic and an advanced simulation module. Research has shown that it is important to introduce the concept of therapeutic communication early in the curriculum for the student to have adequate opportunities to practice these skills (Miles, et al., 2014). The basic therapeutic communication module was developed to provide the student with an extended opportunity to practice their basic communication skills; this module is scheduled to coincide with the course outline which introduces therapeutic communication skills in the second week. Addressing basic therapeutic communication skills this early in the course will allow the students to practice and gain a mastery of the techniques of the course (O'Shea et al., 2013). The advanced scenario is scheduled as a culminating experience near the end of the clinical rotation, approximately week six of the course. Inclusion at this time will provide the students an opportunity to demonstrate growth, confidence, and mastery of the skills. The scenarios were developed to include other course objectives, such as completion of a nursing assessment and implementation of a safety plan. This was done to allow the students the opportunity to integrate their new skills into practice versus focus on therapeutic communication as finite bits of information learned separately from practice.

Kolb's theory of experiential learning provided the theoretical framework for the scenario development. This learning theory has four phases: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Poore, et al., 2014). The scenario

development was successful in fully integrating this learning theory into the final output. Beyond the concrete experience that the scenarios offer, the inclusion of a pre- and post-briefing for all participants provides adequate opportunity for both reflective observation and abstract conceptualization. The scenarios are constructed to provide opportunity, through the debriefings, for each student to reflect on their experience and learn from the experiences of others. The authors believe that as the scenarios are implemented into the curriculum, the experience of utilizing them will provide a regular opportunity for the students to experiment actively with their knowledge, skills, and practice. The mode of delivery, using a role-play scenario, provides an excellent opportunity to integrate therapeutic communication into the program's concept-based curriculum model.

### **Sustainability and dissemination of the project**

The introduction of therapeutic communication scenarios into the nursing curriculum at the associate degree college level will have a positive impact on both the knowledge and skill level of students entering their psychiatric-mental health clinical experiences. Many nursing students have reported an increase in their confidence level with participation in simulation experiences (Foronda, et al., 2013). When implemented, the therapeutic communication scenarios developed for this project will provide students with an opportunity to practice skills essential to success in a psychiatric-mental health setting in a safe and non-threatening environment.

The integration of the scenarios into the local associate degree nursing program will be conducted by the NPC. Responsibility for monitoring for the effectiveness of the scenarios will fall to the nursing program staff. For the next two years, the NPC has agreed to evaluate the impact of the scenarios on the performance of the students in the area of psycho-social integrity

and on the overall first time NCLEX-RN pass rates. The authors will have ongoing interaction with the local associate degree nursing program during both the implementation of the scenarios and the two-year monitoring, including support in ongoing revision and updating of the original scenarios. Development of new scenarios to improve nursing students' knowledge and skills in other areas of mental health nursing will also be pursued by the authors.

At the conclusion of the two-year implementation period the authors, together with the NPC, will meet to review the impact of this scholarly project on the NCLEX-RN first-time pass rate for the program. Results will be tabulated, the project output will be reviewed for any potential adjustments, and jointly, the authors and the NPC will consider publication of the results. Given the expectations for a positive impact from the introduction of therapeutic communication scenarios into the associate degree nursing program considerations will be given to expanding the scope and number of scenarios available.

In the immediate future, while awaiting the results of the implementation of the scenarios at the first college, the authors will establish meetings with the nursing program coordinators at two other local colleges. The scenarios will be offered to these programs for inclusion in their curriculum. This will be beneficial for our project in that it will provide additional opportunity for evaluation of the product and will offer options for expansion of our scenario program into other areas of need.

The value of therapeutic communication knowledge and skills also extends into the workplace. The results of this scholarly project will be shared with the director of education and training at the local psychiatric center. After a presentation at this site, the scenarios will be made available for inclusion in the education and training of new employees at the facility. The authors are currently employed by the largest mental health organization in New York State. Annually,

this organization holds a large scale nursing conference to address topics related to the field of psychiatric/mental health nursing. The authors have been in discussion with the chair of this conference regarding opportunities to present this project at the next conference. Finally, once the two-year post-implementation period has been completed it is the hope of the authors that the data gathered by the college can be integrated with the information contained in this project. Together with the college, this information can be presented as a manuscript submission to an appropriate peer-reviewed journal.

### **Summary**

Over the next several years it is anticipated that the nursing shortage currently impacting the United States will continue to worsen. It is essential that schools of nursing are able to produce graduates that are fully prepared to pass the NCLEX-RN examination on their first attempt. A significant component of the NCLEX-RN exam is the category of Psychosocial Integrity. Included in this category is the concept of therapeutic communication, an essential skill for all registered nurses. However, analysis of a local associate degree nursing program has identified that students are often found to be unprepared in this area. This project was based on the concept of introducing therapeutic communication knowledge and skills through the utilization of standardized client simulation. This scholarly project offers an opportunity to integrate therapeutic communication practice into the nursing program using standardized client simulation. This project allies research on simulation in nursing with nursing education to address an identified need.



## **APPENDIX 1**

### **Basic therapeutic communication scenario**

Basic therapeutic communication scenario  
Information for the  
**Student**

Basic Therapeutic Communication Scenario		
Concept: Therapeutic Communication		Target Group: First Year Nursing Students
Time Frame: 20-25 minutes	Equipment needed: Nursing drug reference, text book	Personnel needed: One faculty member (role of client), two students (roles of nurse, observer)
<p>Summary: The purpose of this scenario is to allow the student the opportunity to practice engaging with a client in a therapeutic manner. Ideally this is done prior to the start of the on-site psychiatric clinical rotation. The scenario involves four expectations for the student nurse: establishing a rapport, eliciting patient information, completion of a modified nursing assessment, and disengagement from the interaction.</p>		

Objectives and Outcomes		
Domain	Objectives	Outcomes
Knowledge	The student will identify therapeutic communication techniques in the scenario.	The student will apply knowledge of therapeutic communication techniques during the student briefing.
Skills	The student will consider the use of different therapeutic communication techniques during the scenario.	The student will apply appropriate therapeutic communication techniques during the simulation scenario.
Attitudes	The student will interact in a professional and therapeutic manner with the patients in the scenario.	The student will promote respect and dignity while engaging a client with mental illness.

Patient Description				
Name: Smith, Jayne		Admission date: (Today's date)		Age: 22
Gender: Female	Ethnicity: Caucasian	Religion: Catholic	Primary language: English	
Allergies: Haldol				
Current Medications				
Medication	Dose	Route	Time	Use
Lexapro	10 MG	PO	QAM	Anxiety
Ativan	0.5 MG	PO	BID	Anxiety

Core History
<p>This is the third admission for this 22-year-old female patient diagnosed with Generalized Anxiety Disorder. At the age of 18 this patient attended a local community college one hour away from home. While living on campus during her first semester the patient experienced intense feelings of anxiety, fear, and impending doom. On break from college she had a psychiatric breakdown and was removed from school by her parents. She was raised in a strict family with three older sisters, all of who are successful professionals. Per the patient, her parents set expectations “too high for me”. During the past year she has resided in a community residence with minimal interactions with her family.</p>

Events Leading to Admission
<p>Recently she accepted a position as a peer advocate at a local mental health facility. While participating in the orientation class she felt an intense wave of anxiety come upon her, “like the walls were closing in on me”. She walked out of the building and off the job, returning to the community residence crying hysterically and out of control, threatening suicide. Staff at the residence brought her to the mental health unit for a psychiatric evaluation.</p>

## NURSING ASSESSMENT

<p>Client Name: (Last, First, M.I.) _____</p> <p>Sex: _____ Date of Birth: _____</p>
<p>1. Communicating (Ability to send and receive messages)</p>
<p>2. Relating</p> <ul style="list-style-type: none"><li>• Support Systems</li> <li>• Sexuality (relationship status, safe sex practices)</li> <li>• Do you feel safe? At home? In the hospital?</li></ul>
<p>3. Choosing (Client's response to selecting and implementing alternatives)</p> <ul style="list-style-type: none"><li>• How has this hospitalization affected you?</li></ul>
<p>4. Moving</p> <ul style="list-style-type: none"><li>• Mobility (Range of Motion)</li> <li>• Sleep Patterns (Hours of sleep/Naps during day)</li></ul>
<p>5. Perceiving (Human responses related to receiving/integrating information)</p> <ul style="list-style-type: none"><li>• Hallucinations (Do you see or hear things that others do not?)</li> <li>• How do you feel about yourself?</li></ul>

6. Knowing

- Thought Content (Can you tell me about yourself?)
- Altered Thought Process (What do you think about?)
- Orientation (Time, Place, Person)

7. Feeling (Note congruency)

- Mood (state of mind)
- Affect (feelings)
- Pain or Discomfort Present-- No/Yes Pain Scale\_\_\_\_\_

8. Summary and recommendations

Nursing Diagnosis in PES:

Problems identified:

Etiology:

Signs/Symptoms:

Strengths identified:

Patient's goals for hospitalization:

Scenario information for the

**Observer**

Scenario Observation		
Elapsed time	Expectations for nurse	Comments
0-5 minutes	Introduction and establish rapport	
5-10 minutes	Conversation with the client about their past history and what led to this admission	
10-20 minutes	Nurse and client complete a modified nursing assessment.	
20-25 minutes	Nurse completes her assessment and disengages client from interaction.	



Scenario information  
for the  
**Instructor**

**Set-up for Simulation**

<p><b>Setting:</b></p> <p>Admission screening room of a mental health unit</p>	<p><b>Patient description:</b></p> <p>22-year-old female. Diagnosis 300.02 – Generalized Anxiety Disorder</p>
<p><b>Equipment needed:</b></p> <p>Clipboard, pen, paper, nursing assessment form</p>	<p><b>Room setup:</b></p> <p>Two chairs with a desk in between</p>
<p><b>Student assignments:</b></p> <p>Nurse Observer</p>	<p><b>Faculty assignment:</b></p> <p>Client</p>

**Background for role of Jayne Smith (Faculty)**

You are feeling overwhelmed with everything at this moment. You have an unrealistic belief that this job as a peer advocate was your one and only chance at every being “anyone successful”. You have never felt like you could meet your family’s expectations for you as “they think I need to be perfect, like my sisters”.

You present as tense and withdrawn with difficulty concentrating on anything. You have a “pounding headache” and are seated with your arms and legs crossed.

During your conversation with the nurse you are going to present as withdrawn, overwhelmed, and preoccupied. You start out with eyes downcast and silent to the nurse’s statements and questions. Once she introduces herself and allows 15-30 seconds of therapeutic silence you may begin to answer her questions. Your voice will be quiet (almost a whisper) and you will slowly shake your head in response to any yes or no questions (the nurse needs to ask you probing questions to get any verbal response from you). Your verbal responses are disengaged from the conversation (superficial and brief).

Frequently shake your head slowly back-and-forth in a “no” fashion, as if in disbelief of the situation in which you find yourself.

You are only going to share minimal information and only when asked direct, probing questions.

## Student Briefing

1. Orient students to the room where the scenario will take place.

Small office with a desk and chair at which the staff is sitting. The client will sit on a chair on the opposite side of the desk. Remember, staff needs to sit so that they always have a clear exit available.

2. As a group discuss the different forms of therapeutic communication to be utilized in this scenario.

Active listening  
Paraphrasing  
Summarizing  
Questioning  
Non-verbal communication

3. As a group discuss the student's thoughts and feelings related to participation in this simulation experience.

4. Discuss the medications that the scenario patient has been prescribed with the students (use, dosages, etc.).

5. Assign scenario roles to the students.

Nurse  
Observer

6. Any questions?

Scenario Debriefing	
For the student nurse	Comments
<ol style="list-style-type: none"> <li>1. How did you feel about the experience?</li> <li>2. How do you think you did?</li> <li>3. What areas do you feel you need to work on?</li> <li>4. What would you do differently next time?</li> </ol>	
For the observer	Comments
<ol style="list-style-type: none"> <li>1. What did you observe?</li> <li>2. What can the student nurse improve upon?</li> <li>3. Where did the student nurse show strengths?</li> <li>4. What other comments do you have?</li> </ol>	
For the faculty playing the role of the client	Comments
<ol style="list-style-type: none"> <li>1. Was the student nurse engaged?</li> <li>2. How did you feel?</li> <li>3. What did the student nurse do well?</li> <li>4. What does the student nurse need to work on?</li> <li>5. Any other comments?</li> </ol>	

## **APPENDIX 2**

### **Advanced therapeutic communication scenario**

Advanced therapeutic communication scenario  
Information for the  
**Student**

Advanced Therapeutic Communication Scenario		
Concept: Therapeutic Communication		Target Group: First year nursing students
Time frame: 15-20 minutes	Equipment needed: student laptop, nursing drug book, textbook	Personnel needed: Nurse (student) Patient (faculty) Observer (student)
Summary: The purpose of this scenario is to allow the student the opportunity to practice engaging in a therapeutic manner with a patient who is escalating into a crisis. The scenario is divided into four expectations for the student nurse: identification of antecedent behaviors, de-escalation techniques, crisis intervention, and documentation/reporting.		

Objectives and Outcomes		
Domain	Objectives	Outcomes
Knowledge	The student will identify therapeutic communication techniques in the scenario.	The student will identify proper application of therapeutic communication techniques.
Skills	The student will apply appropriate therapeutic communication techniques during the scenario.	The student will demonstrate the ability to de-escalate a crisis situation.
Attitudes	The student will interact in a professional and therapeutic approach to interaction with the client during the scenario.	The student will engage the client in a professional and therapeutic manner during the scenario.

Patient Description			
Name: Ken Kerwin		Admission date: (Three days ago)	Age: 21
Gender: Male	Ethnicity: Native American	Religion: Catholic	Primary language: English
Allergies: Penicillin, Codeine			

Current medications				
Medication	Dose	Route	Time	Use
Haldol	5 mg	PO	TID	Psychosis
Klonopin	0.50 mg	PO	BID	Reduce agitation
Cogentin	1 mg	PO	BID	Anticholinergic
Haldol/Ativan	5 mg/2 mg	PO	PRN Q6 hours	Extreme agitation

Core History
<p>This is the third admission this year for this 21 year old male. He carries a diagnosis of Schizoaffective disorder. History of multi-drug abuse (K2, marijuana, methamphetamine, cocaine, alcohol) from age 14. First admission was at age 16 after he was found wandering along a country road wearing only his undergarments and mumbling incoherently. He has been free of illegal drugs since age 18, but continues to exhibit psychotic symptoms such as responding to internal stimuli and internal preoccupation. He smokes 2 packs of cigarettes per day and ingests, on average, 12 energy drinks per day. He has a history of chronic medication non-compliance.</p>
Events Leading to Admission
<p>Found during a snowstorm walking aimlessly down a city street without shoes or proper clothing. Client is acutely psychotic, rambling speech, appearing to pick at unseen objects in front of him. Malnourished and unkempt. Highly agitated. Found in his possession were packets of “spice” (suspicious for K2) and four empty cans of Monster energy drink.</p> <p>Since his admission the client has been isolative, talking to himself and pacing about.</p>



<b>Safety Plan</b>	Name <u>Kerwin, Kenneth</u> Sex <u>Male</u>
Do you have a history of trauma or abuse? NO	Date of Birth <u>09/01/1994</u>
	Medical Record # <u>8675309</u>
What are things that make you scared or angry?	
<input checked="" type="checkbox"/> People talking about me	<input checked="" type="checkbox"/> People too close
<input checked="" type="checkbox"/> Feeling closed in	<input checked="" type="checkbox"/> Nighttime
<input checked="" type="checkbox"/> Being teased or picked on	<input type="checkbox"/> Being ignored
<input type="checkbox"/> Being isolated	<input checked="" type="checkbox"/> Contact with specific person _____
<input type="checkbox"/> Being stared at	<input checked="" type="checkbox"/> Lack of privacy
<input checked="" type="checkbox"/> Being touched	<input type="checkbox"/> Family trouble
<input type="checkbox"/> Not having control	<input type="checkbox"/> Feeling pressured
<input checked="" type="checkbox"/> Noisy or crowded places	<input checked="" type="checkbox"/> Yelling
<input type="checkbox"/> Large people	<input type="checkbox"/> Other _____
How would we know if you were getting upset?	
<input checked="" type="checkbox"/> Restless	<input type="checkbox"/> Laughing
<input checked="" type="checkbox"/> Pacing	<input type="checkbox"/> Sweating
<input checked="" type="checkbox"/> Rocking	<input checked="" type="checkbox"/> Angry face
<input checked="" type="checkbox"/> Clenched fists	<input type="checkbox"/> Heart pounding
<input type="checkbox"/> Wringing hands	<input type="checkbox"/> Breathing fast
<input type="checkbox"/> Shaking	<input type="checkbox"/> Eating more
<input checked="" type="checkbox"/> Swearing	<input checked="" type="checkbox"/> Eating less
<input checked="" type="checkbox"/> Yelling	<input checked="" type="checkbox"/> Yelling
<input type="checkbox"/> Crying	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Being by myself	
What helps you to calm down?	
<input type="checkbox"/> Exercising	<input type="checkbox"/> Speaking with others
<input checked="" type="checkbox"/> Pacing	<input type="checkbox"/> Reading
<input type="checkbox"/> Writing in a journal	<input checked="" type="checkbox"/> Taking a shower
<input checked="" type="checkbox"/> Deep breathing	<input type="checkbox"/> Meditation
<input type="checkbox"/> Positive self-talk	<input type="checkbox"/> Spiritual practices
<input type="checkbox"/> Listening to music	<input type="checkbox"/> Prayer
<input checked="" type="checkbox"/> Going for a walk	<input checked="" type="checkbox"/> Calling someone <u>my brother Tim</u>
<input checked="" type="checkbox"/> Being left alone	<input type="checkbox"/> Other _____
<input type="checkbox"/> Crying	<input type="checkbox"/> Medication _____
<input type="checkbox"/> Lying down	

Scenario information for the

**Observer**

## Therapeutic Communication Checklist

### Information for the Observer (student)

You are watching to see how the nurse uses his or her crisis de-escalation skills in this situation. During the scenario you have the obligation to correct non-therapeutic behaviors or actions that you see the student performing. You have the ability to 'freeze' the scenario to direct the student in the right direction:

Please place a check mark beside those interventions that you observe during the scenario.

#### Non-verbal interventions

- Selective focus - choosing to paying no attention to undesirable behaviors
- Brief eye contact
- Proximity - moving closer to the client displaying mild disruptive behavior
- Touch
- Limiting audience or stimuli
- Time out – voluntary separation of the client from the milieu.
- Body language – positive supporting and caring

#### Verbal interventions

- Ventilation – open ended questions to allow expression of client feelings
- Distraction – brief comments to direct the topic to something less volatile
- Redirection - redirecting to another activity
- Reassurance – reminder of past successes
- Active listening – listening intently and letting them know you hear them
- Modeling – demonstrating control of emotions by tone of voice and word choice

#### Non-therapeutic communication

- Yelling
- Acting out of fear or anger
- Reacting hastily
- Being judgmental
- Placing blame
- Feeling frustrations or anxiety
- Using clichés
- Ignoring the situation
- Belittling

SCENARIO		
Elapsed time	Expectations for nurse	Comments
0-5 minutes	Review Individual Crisis Prevention Plan. Introduction and establishing rapport.	
5-10 minutes	Attempt to calm client using de-escalation techniques.	
10-15 minutes	Continue calming and notify physician.	
15-20 minutes	Once client is calm, complete documentation.	

Scenario information  
for the  
**Instructor**

Setup for Simulation	
<b>Setting:</b>  Day room on a ward at a psychiatric center	<b>Patient description:</b>  21 year old male
<b>Equipment needed:</b>  none	<b>Room setup:</b>  Couch and two lightweight armchairs Magazines
<b>Student assignments:</b>  Nurse Observer	<b>Faculty assignment:</b>  Client

Background for Ken Kerwin (Faculty)
<p>You are actively psychotic and experiencing both auditory and visual hallucinations. The auditory hallucinations are paranoid in nature and tell you that the staff member is going to hurt you. The visual hallucinations involve you seeing small spiders crawling on surfaces.</p> <p>You present as highly agitated and unable to sit or stand still. You are responding to the voices in your head using phrases such as, “Leave me alone!”, “Stop!”, or incoherent mumbling. You pace about the room, back and forth. Your hands are frequently covering your ears and yours eyes frequently shut tight. Occasionally you “see” a spider dart across the room and you track it with your eyes. Your visual hallucinations agitate you more.</p> <p>Your response to staff is frequently a loud “No”, other responses are incoherent.</p> <p>If the student approaches you within your personal space (approximately 3 feet) you will heighten your agitation and may throw the magazines or toss a chair away from the student.</p> <p>If the student peppers you with too many questions you will sit on the floor, eyes shut tight, hands on your ears and scream loudly for approximately 10 seconds.</p> <p>As the student implements the Safety Plan you will gradually calm.</p>

## Student Briefing

1. Orient students to the room where the scenario will take place.

You are on a day ward/lounge of an inpatient mental health unit. In the room there are three chairs and a small table on which are various magazines.

2. As a group, review the Safety Plan for the client and discuss the significance and value of such plan.
  - Do you have a history of trauma or abuse?
  - What are the things that make you scared or angry?
  - How would we know that you are getting upset?
  - What helps you to calm down?

3. As a group, discuss the students' thoughts and feelings related to participation in this simulation experience.

4. Discuss the medications that the scenario client has been prescribed with the students (use, dosages, etc.).

5. Assign scenario roles to the students.

Nurse, Observer

6. Any questions?

Scenario Debriefing	
For the student nurse	Comments
<ol style="list-style-type: none"> <li>1. How did you feel about the experience?</li> <li>2. How do you think you did?</li> <li>3. What areas do you feel you need to work on?</li> <li>4. Can you explain the importance of developing therapeutic communication?</li> <li>5. What would you do differently next time?</li> </ol>	
For the observer	Comments
<ol style="list-style-type: none"> <li>1. What did you observe?</li> <li>2. What can the student nurse improve upon?</li> <li>3. Where did the student nurse show strengths?</li> <li>4. What other comments do you have?</li> </ol>	
For the faculty playing the role of the client	Comments
<ol style="list-style-type: none"> <li>1. What did you observe?</li> <li>2. Was the student nurse engaged?</li> <li>3. How did you feel?</li> <li>4. What did the student nurse do well?</li> <li>5. What does the student nurse need to work on?</li> <li>6. Any other comments?</li> </ol>	



## REFERENCES

- Borkowski, N. (2009). *Organizational behavior, theory, and design in health care*. Sudbury, MA: Jones and Bartlett Publishers.
- Doolen, J., Giddings, M., Johnson, M., Guizado de Nathan, G. & Badia, L. (2014). An evaluation of mental health simulation with standardized patients. *International Journal of Nursing Education and Scholarship*, *11(1)*, 1-8.
- Foronda, C., Liu, S., & Bauman, E. (2013). Evaluation of simulation in undergraduate nurse education: an integrative review. *Clinical Simulation in Nursing*, *9(10)*, e409-e416.
- Gallagher, R.M. (2010). The impact of nursing care on quality. Retrieved on January 6, 2015 from <http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality/Research-Measurement/Nursing-and-Quality.pdf>
- Grant, M. & Jenkins, L. (2014). Communication education for pre-licensure nursing students: Literature review 2002-2013. *Nurse Education Today*, *34(11)*, 1375-1381.
- Hammer, M., Fox, S., & Hampton, M. (2014). Use of a therapeutic communication simulation model in pre-licensure psychiatric mental health nursing: Enhancing strengths and transforming challenges. *Nursing and Health* *2(1)*:1-8. Retrieved from <http://www.hrpub.org>.
- Health Resources and Services Administration Bureau of Health Professions. (2013). The U.S. nursing workforce: trends in supply and education. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf>
- Health Resources and Services Administration. (2015). Retrieved on January 11, 2015 from

<http://bhpr.hrsa.gov/shortage/hpsas/updates/09012011mentalhpsas.html>

Institute of Medicine. (2011). *Future of nursing: leading change, advancing health*. Washington, D.C.: The National Academies Press.

Juraschek, S., Zhang, X., Ranganathan, V. & Lin, V. (2012). United States registered workforce report card and shortage forecast. *American Journal of Medical Quality*, 27(3), 241-249.

Kameg, K., Mitchell, A., Clochesy, J., Howard, V. & Suresky, J. (2009). Communication and human patient simulation in psychiatric nursing. *Issues in Mental Health Nursing*, 30(8), 503-508.

Lavin, J., & Rosario, M. G. (2013). Understanding the NCLEX: How to increase success on the revised 2013 examination. *Nursing Education Perspectives*, 34(3), 196-198.

Lewis, M., Taylor, K., & Parks, J. (2009). Crisis prevention management: a program to reduce the use of seclusion and restraint in an inpatient mental health setting. *Issues in Mental Health Nursing*, 30(3), 159-164.

Miles, L., Mabey, L., Leggett, S. & Stansfield, K. (2014). Teaching communication and therapeutic relationship skills to baccalaureate nursing students. *Journal of Psychosocial Nursing*, 52(10), 34-41.

Mills, J., West, C., Langtree, T., Usher, K., Henry, R., Chamberlain-Salaun, & Mason, M. (2014). 'Putting it together': Unfolding case studies and high-fidelity simulation in the first-year of an undergraduate nursing curriculum. *Nurse Education in Practice*, 14(1), 12-17.

Mitchell, G. (2013). Selecting the best theory to implement planned change. *Nursing Management*, 20(1), 32-37.

- Morrissey, J., & Callaghan, P. (2011). *Communication skills for mental health nurses*. McGraw-Hill: New York, NY.
- Mountain Measurement. (2014). NCLEX Program Report, SUNY Canton. Chicago, IL: Pearson Vue.
- National Council of State Boards of Nursing. (2012). NCLEX-RN Examination. Retrieved from [https://www.ncsbn.org/2013\\_NCLEX\\_RN\\_Test\\_Plan.pdf](https://www.ncsbn.org/2013_NCLEX_RN_Test_Plan.pdf)
- National Council of State Boards of Nursing. (2015). NCLEX statistics. Quarterly examination statistics. Retrieved from [https://www.ncsbn.org/NCLEX\\_Stats\\_2014.pdf](https://www.ncsbn.org/NCLEX_Stats_2014.pdf)
- Nehring, W. & Lashley, F. (2009). Nursing simulation: a review of the past 40 years. *Simulation & Gaming*, 40(4), 528-552.
- New York State Education Department. (2014). New York State RN NCLEX results: 2013-2017. Retrieved from <http://www.op.nysed.gov/prof/nurse/nurseprogs.htm>
- New York State Education Department. (2015). License statistics. Retrieved from <http://www.op.nysed.gov/prof/nurse/nursecounts.htm>
- North Country Health Compass Partners. (2013). Community Health Assessment 2013, Tri-County Region. Retrieved from <http://ncnyhealthcompass.org>.
- Nunes de Oliveira, S., Lenise do Prado, M., Kempfer, S., Martini, J., Caravaca-Morera, A., & Bernardi, M. (2015). Experiential learning in nursing consultation education via clinical simulation with actors: action research. *Nurse Education Today*, 35(2), 50-54.
- O'Shea, E., R., Pagano, M., Campbell, S. H., & Caso, G. (2013). A descriptive analysis of nursing student communication behaviors. *Clinical Simulation in Nursing* (9), e5-e-12. Retrieved from <http://elsevir.com/locate/ecsn>.

- Poore, J., Cullen, D., & Schaar, G. (2014). Simulation-based interprofessional education guided by Kolb's experiential learning theory. *Clinical Simulation in Nursing*, 10(5), e241-e247.
- Roa, M., Shipman, D., Hooten, J., & Carter, M. (2011). The costs of NCLEX-RN failure. *Nurse Education Today*, (31), 373-377.
- Rutherford-Hemming, T. (2012). Simulation methodology in nursing education and adult learning theory. *Adult Learning*, 23(3), 129-137.
- Sleeper, J. & Thompson, C. (2008). The use of hi-fidelity simulation to enhance nursing students' therapeutic communication skills. *International Journal of Nursing Education Scholarship*, 5(1), 1-12.
- Webster, D., Seldomridge, L., & Rockelli, L. (2012). Making it real: using standardized patients to bring case studies to life. *Journal of Psychosocial Nursing*, 50(5), 36-41.
- Wloszczak-Szubzda, A., & Jarosz, M. (2013). Professional communication competences of nurses – a review of current practice and educational problems. *Annals of Agricultural and Environmental Medicine*, 20(1), 183-188.
- White, A., Brannan, J., Long, J., & Kruszka, K. (2013). Comparison of instructional methods: Cognitive skills and confidence levels. *Clinical Simulation in Nursing*, 9(10), e417-e423.
- Yukl, G. (2013). *Leadership in organizations* (8<sup>th</sup> ed.). Boston:Pearson.
- Zavertnik, J. E., Huff, T. A., & Munro, C. L. (2010). Innovative approach to teaching communication skills to nursing students. *Journal of Nursing Education* 49(2), 65-71.

## **CURRICULUM VITAE**

**Timothy J. Farrell**

Graduate College

University of Nevada, Las Vegas

### Education:

Bachelor of Science, Nursing 1990

State University of New York, Institute of Technology, Utica, NY

Masters of Science, Nursing Administration, 2000

State University of New York, Institute of Technology, Utica, NY

### Experience:

1983-Present Executive Director

St. Lawrence Psychiatric Center, Ogdensburg, NY

2004 – Present State University New York Canton-On-line, Adjunct Instructor

Contact via email: [tfarrel2@twcny.rr.com](mailto:tfarrel2@twcny.rr.com)

## **CURRICULUM VITAE**

**Kristine M. Weber**

Graduate College

University of Nevada, Las Vegas

### Education:

Bachelor of Arts, Biology	1994
State University of New York	Potsdam, NY
Bachelor of Science, Nursing	2006
State University of New York	Plattsburgh, NY
Master of Science, Nursing	2011
University of Phoenix	Phoenix, AZ

### Work Experience:

1999-Present	Chief of Mental Health Treatment Services St. Lawrence Psychiatric Center, Ogdensburg, NY
2012-2013	Adjunct Clinical Instructor, Psychiatric/Mental Health State University New York at Canton

Contact via email: [mkweber@twcny.rr.com](mailto:mkweber@twcny.rr.com)