

Fall 2014

# BSN Students' Perceptions of Communication with Patients with Hallucinations After Experiencing a Voice Simulation and Role Play

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Rueckert-Hartman College for Health Professions  
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**Doctor of Nursing Practice Capstone Project**

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BSN Students' Perceptions of Communication with Patients with Hallucinations after  
Experiencing a Voice Simulation and Role Play

Peggy Fossen

Submitted as Partial Fulfillment for the Doctor of Nursing Practice Degree-Advanced

Leadership in Healthcare

Regis University

August 24, 2014

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## Abstract

Nursing students experience anxiety, uncertainty, and fear when faced with communicating with mentally ill patients, specifically those with auditory hallucinations. Nurse educators are aware that anxiety is a major obstacle in the clinical setting, and may decrease learning (Melincavage, 2011). First year nursing students in a baccalaureate-nursing program at a Midwestern University expressed anxiety and knowledge deficit related to communicating with mentally ill patients. The research question for this study was: In BSN students in their first mental health class how does completing a voice simulation and role-play affect students' perceptions of communication with patients with auditory hallucinations? The qualitative phenomenological study implemented a simulation entitled "Hearing Voices That Are Distressing" followed by a role-play. Forty BSN students completed a written survey about their perceptions of the experience of the simulation and role-play. The data was coded for themes and analyzed with constant comparative analysis. Themes of the research included: *Fear of The Unknown, Impressions of Mental Illness, Avoidance, Voices Are Real, Empathy for Patients, New Attitudes, New Skills, Environmental Considerations, Struggle, and Insight*. This study revealed that before the simulation and role-play students experienced anxiety, fear, and uncertainty when communicating with the mentally ill hearing voices. After the simulation the students experienced a change in perception; they acknowledged auditory hallucinations as real, with increased empathy for these patients, and identified new attitudes and skills when interacting and communicating with patients who are mentally ill.

Key Terms: mental health simulation, auditory hallucination; student nurse, anxiety, therapeutic communication, self-efficacy, empathy, "Hearing Voices That Are Distressing," simulation

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## BSN Student's Perceptions Communication With Patients with Hallucinations After Experiencing a Voice Simulation and Role Play

### **Problem**

Nursing students experience anxiety, uncertainty, and fear when faced with communicating with mentally ill patients, specifically those with auditory hallucinations (Webster, 2009). Nurse educators are aware that anxiety is a major obstacle in the clinical setting, and may decrease learning (Melincavage, 2011). Students become aware of what hallucinations are in the classroom and clinical setting of their first psychiatric nursing course. First year nursing students in a baccalaureate-nursing program at a Midwestern University expressed anxiety and knowledge deficit related to communicating with mentally ill patients.

### **Purpose**

The purpose of this study was to determine if the introduction of a simulation and role-play would support improved perceptions by first year nursing students of communication with patients experiencing auditory hallucinations. The research question was: In BSN students in their first mental health class how does completing a voice simulation and role-play affect students' perceptions of communication with patients with auditory hallucinations?

### **Goals**

Goals for this project included using a simulation and role-play developed by the researcher with BSN students in their first mental health class before entering the clinical area.

### **Objectives**

The objective of this capstone project was to have students complete written surveys following participation in the simulation and role-play.

### **Plan**

A qualitative phenomenological study was conducted with 40 baccalaureate-nursing students. Students were chosen because they were in their first mental health class. The researcher implemented a simulation entitled "Hearing Voices That Are Distressing" followed by a role-play. Each student completed a written survey to determine perceptions of the experiences. The data was coded for themes and analyzed with constant comparative analysis.

### **Outcomes and Results**

Themes of the research included: *Fear of The Unknown, Impressions of Mental Illness, Avoidance, Voices Are Real, and Empathy for Patients, New Attitudes, New Skills, Environmental Considerations, Struggle, and Insight*. This study revealed that before the simulation and role-play, students experienced anxiety, fear, and uncertainty when communicating with mentally ill patients hearing voices. After the simulation and role-play the students experienced a change in perception; they acknowledged auditory hallucinations as real with increased empathy for these patients, and also identified new attitudes and skills when interacting and communicating with patients who are mentally ill. Results of this study demonstrated that using the "Hearing Voices That Are Distressing" simulation and role-play supported learning by BSN students about communication with mentally ill patients experiencing hallucinations and brought about a change in behavior when dealing with patients.

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## **Acknowledgments**

This work is dedicated to my Father, Walter Almgren; who always supported and encouraged my educational endeavors.

## BSN Students' Perceptions of Communication with Patients with Hallucinations after Experiencing a Voice Simulation and Role Play

Student nurses experience anxiety and stress in classroom and clinical learning environments; however the anxiety during clinical learning experiences is more intense. Anxiety is a major obstacle to learning in the clinical setting and this often results in the student being unable to perform (Melincavage, 2011). Nursing students report high levels of stress and anxiety related to mental health clinicals. A contributing factor is the association of fear and anxiety related to caring for people with mental illness, with fear and anxiety about people with mental illness specifically affecting nursing students (Happel, Phung, Harris & Bradshaw, 2014). Addressing student attitudes towards communication with mentally ill patients, and decreasing their anxiety associated to the mental health clinical rotations presents a challenge to nurse educators. The classroom approach, which is the current teaching method to prepare students for their clinical experience, has not been an adequate strategy to decrease student anxiety. Literature supports the fact that undergraduate nursing students have inadequate knowledge of mental illness, specifically about the phenomena of hearing voices, and they feel uncertain about initiating conversations about hearing voices (Orr, Kellehear, Armari, Pearson & Holmes, 2013). The integration of a voice simulation, into the classroom, has been an effective method to prepare students for their mental health clinicals. Nurse educators are implementing voice simulations into nursing curricula to assist understanding and competency of nursing students by providing insight into the experiences of those who hear voices (Orr et al., 2013). This study addressed the specific educational problem of BSN students' anxiety about communicating with mentally ill patients who hear voices.

## **Problem Recognition and Definition**

### **Statement of Purpose**

The purpose of this study was to determine if the introduction of a simulation and role-play would support improved perceptions by first year nursing students of communication with patients experiencing auditory hallucinations. The intent of this capstone project was to address the issue of student anxiety and lack of understanding about how to communicate with patients with mental illness in a mental health nursing class.

### **Problem Statement**

Nursing students, at a Bachelors of Science nursing program at a Midwestern University, shared their anxiety in a pre-clinical survey about communicating with patients during their mental health rotations. Prior to beginning the mental health clinical rotation students completed a *Self-Evaluation of Communication and Relationship Building Skills Questionnaire*, which asked the following questions: 1) Describe thoughts/feelings/concerns you might have related to working with clients/families who are coping with mental illness. 2) Describe the areas in therapeutic communication which you feel you need help/assistance with during this clinical.

Students' responses to this survey reflected feelings of anxiety and uncertainty. Nurse educators are aware that anxiety is a major obstacle in the clinical setting, and may decrease learning (Melincavage, 2011). It was proposed that using a simulation would be an approach that would provide knowledge about communication techniques and give students exposure to what patients with hallucinations experience.

### **PICO**

This project employed a Population-Intervention-Control Group-Outcome (PICO) format for development of the research question to be investigated:

**Population:** BSN students in their first mental health course

**Intervention:** Voice simulation and role-play dealing with patients with auditory hallucinations.

**Comparative:** None

**Outcome:** Affect student's perceptions of communication with patients experiencing auditory hallucinations.

**Research Question:** In BSN students in their first mental health class how does completing a voice simulation and role-play affect students' perceptions of communication with patients with auditory hallucinations?

### **Project Significance, Scope and Rational**

This capstone project addressed the issue of nursing students in their first mental health nursing class being unprepared to communicate with patients experiencing auditory hallucinations. Nursing students are taught about hallucinations in the classroom and clinical setting of their first psychiatric nursing course. An important goal of the course is to learn the process of establishing therapeutic nurse-patient relationships. The majority of this content is given didactically without experiential learning. Szpak and Kameg (2013) noted that many students in their first mental health classes are hindered by anxiety, fear, and negative attitudes prior to beginning their clinical rotation. The use of simulation and role-play is a teaching strategy that was used effectively in the past to teach communication skills. Studies indicated that the use of simulation, decreased student anxiety, and improved communication with patients, resulting in students being more effective in establishing therapeutic patient relationships (Szpak & Kameg, 2013).

A study by Sleeper and Thompson (2008) concluded that nursing students entering psychiatric clinical rotations need a method for practicing therapeutic communication skills

before interacting with patients. The research indicated that simulation was an effective method to prepare students. Kameg, Mitchell, Closhey, Howard, and Suresky (2009) addressed anxiety of students prior to communication with mentally ill patients, and concluded that simulation is an opportunity for students to safely practice communication skills, in order to decrease anxiety and support self-efficacy. Wilson et al. (2009) and Chaffin and Adams (2013) supported the use of “Hearing Voices That are Distressing” simulation as a powerful experiential learning tool, resulting in increased understanding and insight into challenges faced by those with auditory hallucinations. This capstone project used the “Hearing Voices That Are Distressing” simulation and a role-play developed by the researcher to prepare students for their clinical rotation in psychiatric nursing.

### **Theoretical Foundation**

The Jeffries Nursing Simulation Framework for Simulation Design, Implementation, and Evaluation (2005) and Kolb’s Theory of Experiential Learning Theory (1984) served as the theoretical foundation for this project. The Jeffries Nursing Education Simulation Framework was a theoretical framework developed for designing, implementing, and evaluating simulations used in nursing education (Smith & Roehrs, 2009). The model was grounded in the belief that effective teaching and learning by the use of simulations was dependent on the quality of teacher and student interactions. It was also important that expectations and roles of the student and teacher be clarified during the experience. The model consisted of five components: teacher, student, educational practices, design characteristics and simulation, and outcomes (Jeffries, 2005). The teacher component was based on the fact that teachers are necessary to the success of implementing learning experiences, such as simulations, which are student-centered and the teacher’s role is the facilitator (Jeffries, 2005). The student was expected to be responsible for

their own learning, self-directed and motivated during the simulation, and could assume one of two roles: response-based and process-based (Jeffries, 2005). For the simulation, “Hearing Voices That Are Distressing” students assumed the process-based role as active participants in the simulation activities, and role-play.

Good teaching incorporates educational practices with certain academic principles resulting in quality student learning and satisfaction (Jeffries, 2005). These practices guide simulations design and implementation and consist of: active learning, prompt feedback, student/faculty interaction, collaborative learning, high expectations, allowing diverse styles for learning, and time on task (Jeffries, 2005). The simulation “Hearing Voices That Are Distressing” simulation utilizes these practices by using active participation in the simulation activities; discussion between faculty and staff occurred before, during, and after the simulation, and feedback during debriefing session immediately following the simulation. The “Hearing Voices That Are Distressing” simulation is a collaborative effort, as students and faculty worked together in a safe and non-threatening environment; and the simulation had a designated time frame that allows students to carryout the activities in an organized and timely manner. The “Hearing Voices That Are Distressing” simulation is a complete training and curriculum package, which consists of: a one-hour video lecture featuring Dr. Pat Deegan, 40 copies of a CD which simulates voice hearing experiences, and an instructor’s guide. This resource package was used to guide the simulation.

Jefferies framework was appropriate for the study, as it was specifically designed for nursing simulations with a purpose of measuring the outcomes of student learning, satisfaction and perception (2005). The role-play developed by the researcher gave additional opportunity for students to practice the concepts. Szpak and Kameg (2013) and Smith and Roehrs (2009)

used this framework to guide their studies in simulation and to support the use of simulation to boost student self-confidence and communication.

Kolb's theory of Experiential Learning was also used as a foundation for this project. The theory described a process of learning through experience that begins with the learner having an experience, making it meaningful by reflecting on it, conceptualizing, and then incorporating it into knowledge. "The learner learns both through and from the experience: through the experience by doing and from the experience by reflection" (Waldner & Olson, 2007, p. 13). Kolb's experiential learning is learning by doing, and is modeled as a four-stage learning cycle involving the concepts: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Hemming, 2012). McLeod (2012) explains that effective learning occurs when the student progresses through these four cycles by having a concrete experience, followed by observation and reflection on what the experience, which leads to analysis and conclusions, which are then used to make decisions in future situations, resulting in new experiences. Kolb's experiential learning theory provided the foundation in similar studies, using the "Hearing Voices That Are Distressing" simulation. It demonstrated the relationship of how the experiential learning, through simulation and role-play enhances nursing students' learning processes (Wilson et al., 2009).

### **Literature Selection**

A literature search was conducted in the databases of CINAHL, PsycINFO, Google Scholar, and Scopus, with the range of dates being from 2000 to 2014. The following keywords and phrases were used to implement the search: mental health simulation; mental health simulation and auditory hallucination; student nurse, anxiety, and simulation; student nurse, therapeutic communication, and simulation; mental health simulation and self-efficacy and

communication; nursing simulation and theory; voice simulation exercise; and “Hearing Voices That Are Distressing,” simulation and student nurses. All searches, which included journals, articles, and textbooks, yielded relevant studies with total of 122,762 articles generated. Forty-four articles, related to the topics searched, were included on the systematic review of literature table. After comprehensive review 20 articles were selected to support the study (Table One). Of the 20 articles selected: eight addressed mental health and simulation; five discussed therapeutic communication specific to nursing students and mentally ill patients; seven articles focused on auditory hallucinations; ten articles spoke directly to student nurses and anxiety; and four articles explored simulation and theory. Six articles examined voice simulation, with four of these specifically addressing the “Hearing Voice That Are Distressing” simulation, and one article supported the use of role-play as an effective method for students to understand patient’s experiences.

**Table One**  
**Literature Selection Systematic Process Table**

| <b>Keywords</b>  | <b>Databases<br/>(2000-2014)</b>         | <b>Number</b> |
|--|--|---------------|
| Mental Health Simulation                                     | CINAHL, PsycINFO, Google Scholar, Scopus | 121,879       |
| Mental Health Simulation and Auditory Hallucinations         | CINAHL, PsycINFO, Scopus                 | 11            |
| Student Nurse and Anxiety                                    | CINAHL, PsycINFO, Scopus                 | 529           |
| Student Nurse and Anxiety and Simulation                     | CINAHL                                   | 3             |
| Student Nurse and Therapeutic Communication                  | CINAHL, PsycINFO, Scopus                 | 105           |
| Student Nurse and Therapeutic Communication and Simulation   | CINAHL                                   | 3             |
| Mental Health Simulation and Self Efficacy and Communication | CINAHL, PsycINFO, Scopus                 | 3             |



|   |                          |                |
|---|--------------------------|----------------|
| Nursing Simulation and Theory   | CINAHL, PsycINFO, Scopus | 189            |
| Voice Simulation and Theory   | CINAHL, PsycINFO, Scopus | 37             |
| Hearing Voices That Are Distressing and Simulation and Student Nurses | CINAHL, PsycINFO, Scopus | 3              |
| <b>Total</b>  |                          | <b>122,762</b> |
| Articles selected and included on Systematic Review of Literature     |                          | 44             |
| Final article selection   |                          | 20             |

### Scope of Evidence

The broad areas of auditory hallucinations, simulation, and nursing students guided this study as inclusion criteria using Houser Levels of Evidence II-VI, with non-English speaking resources identified as exclusion criteria. The scope of evidence included relevant scholarly work generated from peer-reviewed journals from the years 2000 to 2014, and included: research review and opinion, systematic reviews, quantitative, and qualitative articles. The strength of evidence ranged from Level I to Level VI. The investigation of evidence specifically produced three research review and opinion documents, one systematic review study, eleven quantitative articles, four qualitative articles, and one quantitative and qualitative combination analysis.

The systematic review examined attitudes of nursing students towards mental health nursing, and identified anxiety as a component contributing to negative attitudes. The quantitative studies covered the use of simulation in undergraduate nursing programs; self-efficacy of nursing students; simulation use as a tool to decrease student anxiety and enhance communication skills with the mentally ill patient; and the use of technology to enhance learning of student nurses in regards to auditory hallucination. The qualitative articles focused

specifically on the “Hearing Voices That Are Distressing” simulation and findings related to its use in nursing programs. Overall, the literature supported the use of simulation as an effective strategy for nursing students to increase knowledge, gain empathy, and decrease anxiety when communicating with the mentally ill. The “Hearing Voices That Are Distressing” simulation was supported as an effective method to increase empathy and decrease anxiety in student nurses when communicating with mentally ill patients who hear voices, and as a new instrument for faculty to use to enhance student learning. Chaffin and Adams reiterated the “Hearing Voices That Are Distressing” simulation demonstrated the ability to transform and enlighten and reinforced the need for instructors to step aside and let experiential learning happen (2013).

## **Review of Evidence**

### **Background of the Problem**

Schizophrenia is a chronic and severe mental illness. It occurs in all cultures, races, socioeconomic groups, and is not gender specific. The symptoms have been considered punishment from God, and possession by demons (Boyd, 2012). Because of beliefs such as these, those with schizophrenia have suffered ridicule, cruelties, and unorthodox treatments throughout the years. It is estimated that 75% of people with schizophrenia experience auditory hallucinations (Waters, 2010). Hallucinations, which are false sensory perceptions, can affect all senses, with auditory being the most prevalent (Boyd, 2012). Auditory hallucinations are defined as: false perceptions of sounds, usually reported as voices (Townsend, 2014). Auditory hallucinations can be different for each individual and may involve hearing music, clicks, rushing noises, and other noises (Townsend, 2014).

Communication with patients with auditory hallucinations can be challenging, as they are experiencing cognitive, social skills, and coping skills deficits (Boyd, 2012). Cognitive deficits

include: processing complex information, maintaining a steady focus of attention, and inability to distinguish between relevant and irrelevant stimuli (Boyd, 2012). Deficits in social skills include: impairments in processing interpersonal stimuli, such as eye contact, conversational capacity, and initiating activities. Boyd identifies the overuse of denial as a coping skill deficit (2012). As a result the patient may display strange behaviors, refuse medications and treatment, attempt to isolate self, display poor personal hygiene, and refuse to respond to those attempting to communicate with them. They may also respond to the auditory hallucinations by talking to themselves, making strange gestures, and appear to be looking for someone.

Nursing students learn about auditory hallucinations in the classroom and clinical setting, but they have limited experience and are unprepared to communicate with patients experiencing auditory hallucinations. Students encountering individuals experiencing auditory hallucinations, in their mental health rotation, report feelings of anxiety and stress (Webster, 2009).

Anxiety is a major obstacle to learning in the clinical setting, and may decrease learning (Melincavage, 2011). According to Szpak and Kameg (2013) psychiatric nursing students commonly experience anticipatory anxiety before entering the clinical setting, resulting in the students inability to use empathy, establish rapport, or establish therapeutic relationships. The author further states that this negatively influences patient outcomes, and decreased student learning (Szpak & Kameg, 2013).

Therapeutic relationships are built on communication skills, which are key in psychiatric nursing (Szpak & Kameg, 2013). Therapeutic communication has been shown to improve health outcomes, patient compliance, and patient satisfaction (Kameg et al., 2009). Of concern, is that communication failures may impact patient safety (Kameg et al., 2009). It is evident that strategies to address nursing students communication skills are essential.

## **Systematic Review of the Literature**

### **Anxiety and Communication**

A study by Sleeper and Thompson (2008) supported the use of a psychiatric simulation as a method to enhance communication. The study concluded that nursing students entering psychiatric settings need therapeutic communication skills. It was determined from the study that simulation was an effective method to help students. Kameg et al. (2009) addressed anxiety of students prior to communication with mentally ill patients, and concluded that participating in simulation was a valuable opportunity for students to safely practice communication skills. Results of using the simulation were decreased anxiety and increased self-efficacy.

There is literature supporting the use of simulation technology in mental health education. Brown (2008) supports that simulation techniques enhance student learning of therapeutic communication, assessment, and intervention skills, and concludes that there are many opportunities for simulations in the psychiatric setting, and educators and researchers should share their experiences to grow the specialty. Howard et al. (2011) concluded that the use of simulation was beneficial to achieving learning objectives, and that simulation was a useful tool in undergraduate nursing curriculum.

Smith and Roehrs (2009) and Goldenberg et al. (2005) supported the use of simulation as a method to increase students' self-efficacy in communication. Both studies concluded that simulation was a useful strategy and can increase student satisfaction and self-confidence. A study by Kameg et al. (2010) looked specifically at communication, with the results supporting the relationship between the use of simulation and increased self-efficacy in communication. The students' self-efficacy of communication skills was increased as a result of participating in the simulation. Szpak and Kameg (2013) concluded an experience with simulation helped to

decrease students' level of anxiety, and improved students' self-efficacy in terms of communication with patients experiencing mental illness. A recent study by Happell et al. (2014) revealed that mental health nursing is not a popular career choice for nursing students, and that anxiety was the most important factor influencing this.

### **Voice Simulation Exercise**

This capstone project specifically addressed student nurses' perception of communication and the use of a voice Simulation Exercise and role-play. Literature that specifically supports this method as an effective intervention includes the following.

Wilson et al. (2009) conducted a narrative study, with 27 nursing students, who had completed the "Hearing Voices that are Distressing" simulation, and found the simulation resulted in increased understanding, and development of insight into those who are experiencing auditory hallucinations. Another study, which used the "Hearing Voices That Are Distressing" simulation, supported the positive effect of the simulation on student empathy (Chaffin & Adams, 2013). This quantitative and qualitative study included 67 nursing students and investigated if participation in this simulation affected empathy towards mentally ill patients. The findings indicated the students would view mentally ill patients with a more empathetic perspective (Chaffin & Adams, 2013).

Dearing and Steadman (2008) found that nursing students often experience feelings of anxiety and fear, and lack the knowledge base for understanding mental illness. They feel unprepared and unsure of how to respond and interact with patients that may be acting strange or responding to auditory hallucinations. However, when these students were exposed to a voice simulation exercise (VSE) there was increased nursing students' empathy and desire to develop a therapeutic relationship. Participants in the quantitative study reported increased insight,

patience, and understanding, which resulted in a change of attitude. They also believed in their ability to develop a therapeutic relationship with their patients (Dearing & Steadman, 2008).

Dearing and Steadman (2009) believe that nurses must interact with patients competently, intelligently, and empathetically in order for a therapeutic relationship to exist. They conducted a qualitative interpretive design study with nursing students to assist them in understanding the lived experience of a VSE, with the conclusion, the VSE provides a type of real-life understanding of hearing distressing voices, thus providing emotional intelligence: A sense of insight was developed, and participants felt they could empathize with type of suffering. The ability to change attitudes to focus on the development of therapeutic relationships was enhanced (2009).

A recent qualitative study by Orr et al. (2013) also explored the phenomena of voice hearing by inviting 80 nursing students to participate in a workshop using the “Hearing Voices That Are Distressing” simulation. The study also concluded that participation in this simulation changed student’s attitudes and awareness towards voice hearing individuals (Orr et al., 2013).

### **Auditory Hallucinations**

The studies by Chaffin and Adams (2013), Wilson, et al. (2009), Dearing and Steadman (2009), Bunn and Terpstra (2009), and Orr et al. (2013), are specifically focused on the experience of hearing voices, with the purpose being to access understanding and insights into nursing students who completed the voice simulations. Chaffin and Adams determined student empathy increased, and students’ intended to demonstrate more understanding, patience, and kindness toward patients (2013). Wilson et al. (2009) purposed to understand the lived experience of voice simulation with the novice nurse, and to describe the impact on the nurses’ empathy and desire to develop a therapeutic relationship; the results supported the use of

“Hearing Voices That Are Distressing” as a powerful experiential learning tool. Dearing & Steadman (2009) examined the efficacy of a voice simulation on empathy, and the novice nurses desire and ability to develop a therapeutic relationship; the results indicated that voice simulation assists the novice nurse in developing intellectual empathy, and provides a type of real life understanding of hearing distressing voices, which develops emotional intelligence. This finding was reiterated by the studies of Bunn and Terpstra (2009) who concluded that empathy might increase when students are given a brief glimpse into the mind of a mentally ill patient by listening to simulated auditory hallucinations. Orr et al. (2013) also concurred with findings that indicated that students gained valuable insights into the reality of voice hearers, which increased empathy and allowed them to identify communication strategies.

### **Project Plan and Evaluation**

#### **Market/Risk Analyses**

There were no significant financial risks identified for the completion of this project. The “Hearing Voices That Are Distressing” simulation and 20 CD players were purchased with money from the sponsoring university. If these materials would be restricted from further use by this researcher, the continuation of the project would be in jeopardy. There were no conflicts of interest identified by this researcher, and support was given by the nursing department.

#### **Project Strengths, Weaknesses, Opportunities, and Threats**

The capstone project introduced a voice simulation and role-play into a mental health class for BSN students. As this was the first simulation and role-play in this course, projects strengths, weaknesses, opportunities and threats were identified in the form of a SWOT analysis (see Appendix A). Pearce (2007) defines a SWOT analysis as an effective way to identify strengths, weaknesses, and to examine opportunities and threats of the project, and to assist the

project team in focusing on activities that make your project a success. The SWOT analysis is appropriate for business planning and also for planning projects such as the development and implementation of a nursing simulation. Gantt (2011) reiterates that a SWOT analysis assists in clearly indicating both harmful and helpful attributes as well as external versus internal conditions that affect the decision making process.

Strengths should contribute to the achievement of the objective, and should reflect what is done well, and what resources are currently at disposal (Pearce, 2007). For this capstone project, these have been identified as: talented-high achieving students, a strong enrollment number of students, access to an updated simulation lab with current technology and equipment, Smart classrooms, faculty that are familiar with simulations and role-play, and resources to advance knowledge on simulations and role-play.

Opportunities are seen as external, and are attributed to the surrounding environment, such as other departments in the university, other colleges and universities in the area, and community organizations. Potential opportunities were identified as: Developing simulations as a replacement for limited clinical sites; partnership with faculty in developing a role-play following the simulation, collaborate with other departments at the university to share the simulation; partnership with community organizations, such as National Alliance of Mental Illness (NAMI); and exploring grant prospects. Opportunities should be reviewed frequently, as they can change frequently, such as student enrollment, available funding, relevant workshops, and changing technology (Gantt, 2010).

Weaknesses were identified as internal existing problems, which could create barriers to a successful project such as: high faculty turnover; limited faculty time to conduct simulations and role-play; limited space and rooms at the university to run simulations; limited training on



technology; and budget limitations to purchase materials, such as “Hearing Voices That Are Distressing” simulation and CD players. Threats are identified as external problems and could be anything that could be harmful to the project (Gantt, 2011). A threat to the project was a potential drop in student enrollment, and faculty turnover.

### **Driving and Restraining Forces**

Driving and restraining forces were identified for this project, and were instrumental in its development and implementation (see Appendix B). The major driving force of this study was improved student clinical performance. In addition, the overwhelming support of the university nursing department chair and the nursing department were also identified as driving forces for this study. The cost of the simulation, which includes the “Hearing Voices That Are Distressing” simulation curriculum package and miscellaneous materials, were identified as restraining forces. Additional restraining forces included the faculty time required to complete the simulation and role-play and related activities. The strategies implemented to address the restraining forces were the procurement of a grant to pay for the simulation package and the use of faculty time sparingly, with this researcher completing the development of the role-play.

### **Resources and Sustainability**

Resources included the clinical mentor and faculty team members at the Midwestern University, and the capstone chair. The stakeholders included the Midwestern University and its nursing faculty, BSN students, and the clinical sites used by the BSN program.

The resources also included the needed materials to implement the project and included the “Hearing Voices That Are Distressing” curriculum package. This complete package included, an hour-long video lecture by Dr. Deegan, instructor resources, and 40 CDs. Also essential materials such as paper and printer ink were considered as resources. This simulation

and role-play required adequate space and rooms for implementation and included to classrooms in the nursing department.

It was determined that the simulation was an effective method of teaching, and should be incorporated into the curriculum to benefit future BSN students. The incorporation into the course curriculum and collaboration with other departments of the university to implement the simulation and role-play will ensure sustainability of the simulation and role-play. Additional tasks necessary to ensure future sustainability are: Identify and train faculty who will assist in the simulation and role-play, evaluation of efficacy of simulation and role-play, and identify how to measure provider perceptions of students after completion of the simulation and role-play. The simulation package and materials have been approved and purchased, which also ensures sustainability.

### **Feasibility/Risks/Unintended Consequences**

The feasibility of this study was facilitated by the support of the sponsoring universities nursing department and nursing department chair. There was full support of the project, and rooms to conduct the simulation and role-play were provided. Simulation is an important component of other nursing courses curriculum within the nursing program. The development and incorporation of a mental health simulation into the nursing program's curriculum was a feasible approach to improve and enhance nursing students' ability to communicate with the mentally ill patient. Nurse educators are presented with the challenges of finding optimal opportunities for students to learn critical thinking skills necessary to care for patients without jeopardizing patient safety, and the use of simulation is a realistic and practical method for students to achieve learning objectives (Howard et al., 2011).

There were no identified risk to the participants of the study, and anonymity was assured. The participation in the study was not linked to the students' final course grade. Unintended consequences, recognized after the completion of the simulation and role-play include technology failure, shortage of faculty, and lack of involvement by the participants.

### **Stakeholders and Project Team**

When planning a capstone project, it is important to identify the key stakeholders, they are the individuals who touch the project in some way, or have in interest in the project outcomes (Moran, Burson & Conrad, 2014). The following can affect, or could be affected by the capstone project of a voice simulation and role-play, and were identified as stakeholders: the Midwestern University, the department of nursing at the university, BSN students enrolled in the nursing program at the university, nursing faculty at the university teaching psychiatric nursing, and mental health clinical sites for the nursing department of the university.

Moran et al., reiterate the importance of the project team, and stress that building a successful project team is critical to a successful project outcome (2014). The project team members for the capstone project are all registered nurses with masters and doctorate degrees, and all work at the university. The team consisted of this researcher, the clinical mentor (a Ph.D. R.N.), a Ph.D. nurse with experience in psychiatric nursing, and a R.N. lab coordinator. The Capstone Chair (Regis University) was also a vital member of the team. The researcher guided the organization, development, and implementation of the project; ensuring the rooms were set up correctly, correct equipment was in place and functional, and directed the role-play and debriefing activities.

### **Cost-Benefit Analysis**

The majority of cost for the project was the purchasing of the “Hearing Voices That Are Distressing” curriculum package, which was \$500.00. The cost of 20 CD players, needed to play the simulation, was \$300.00. The essential materials of paper, printer ink, and miscellaneous items cost \$150.00. As this project was within the nursing department, there was no extra cost for rooms, nurse consultant fees, or faculty time. The cost to replicate this project would be \$2290.00 (see Appendix C). The benefits to the participants was an increased understanding of the experience an individual with auditory hallucinations has, in addition to instilling confidence in their ability to practice therapeutic communication.

### **Project Objectives**

#### **Mission/Vision/Goal**

The mission of this DNP capstone project was to decrease nursing students anxiety and increase skill in communication with patients with auditory hallucinations. The vision was to accomplish the mission by using a simulation and developing a role-play for use in the first psychiatric nursing course for BSN students. The goal of this DNP capstone project was to conduct the simulation, “Hearing Voices That Are Distressing” and role-play for 40 BSN students in their mental health rotation, and to obtain their perceptions of communicating with patients with auditory hallucinations before and after the simulation and role- play.

#### **Process Outcomes/Objectives**

- The researcher obtained IRB approval from the site of the research and Regis University and permission from the Nursing Department to conduct the study by

8/30/2013

- The researcher purchased the curriculum package, “Hearing Voices That Are Distressing” using a grant from the college by 9/1/13.
- The researcher developed a role-play to follow the simulation by 11/15/13.
- The researcher met with BSN students and obtained written consent by 2/1/2014.
- The researcher implemented the simulation and role-play with BSN students on 2/4 and 2/5/2014.
- The researcher obtained written perceptions of the effect of a simulation and role-play on student’s skill in communication with patients with auditory hallucinations from participants on 2/4 and 2/5/2014.
- The researcher determined themes from data gathered to determine students’ perceptions of their ability to communicate with mentally ill by 4/1/2014.

### **Logic Model**

Zaccaginini and White describe the logic model as an inventory of what you have and what you need, how and why you will achieve your desired results, and methods of assessment (2011). As projects progress and develop it is helpful to visualize the problem, concepts, inputs, outputs, goals, and outcomes. The logic model communicates the issue of BSN students’ anxiety, how the interventions will work, and the impact of the research on the practice issue (Appendix D). The problem identified was: BSN students experience anxiety about communication with patients experiencing auditory hallucinations.

To address this problem, faculty and student time, room selection and availability, environment, time, technology, and budget were identified as inputs. Possible constraints were: clinical lab time, student bias, English as a second language, and faculty time. The activities that were necessary for this project were: applying for grant money, staff training, and materials.

Outputs were identified as: faculty training and simulation time, and students participating in the simulation. Outcomes can be short or long term, and included the development of a mental health simulation and role-play that was implemented for BSN students in their mental health clinical rotation and can be incorporated into the curriculum of the mental health course. In addition, the simulation and role-play will be part of a strategy for sustainability in the mental health clinical course. The impact of this project was: BSN students had increased confidence in their ability to communicate with patients with auditory hallucinations with increased skill in therapeutic communication, and gained empathy for patients with auditory hallucinations.

The development of a logic model assisted in the development of this project by providing clearness and precision and assisting in articulating the DNP project of implementing “Hearing Voices That Are Distressing” simulation and role-play for BSN nursing students in their mental health clinical rotation.

### **Appropriate for Objectives and Research Design**

This study used a qualitative phenomenological approach. The goal of qualitative phenomenological research is to describe a lived experience of a phenomenon.

Phenomenological research is described as both a philosophy and research method, with the purpose of describing experiences as they are lived (Burns & Grove, 2005). It is an effective methodology to discover the meaning of experiences as it is lived by a person, such as the experience of living with a chronic illness. This method was appropriate for this study, as it was a holistic approach, and allowed the students to share their feelings and how they perceived the experience of hearing voices. The written survey the students completed at the end of the simulation and role-play reflected the students’ experiences and perceptions from their own perspectives and viewpoints and provided enriched data and information.

### **Population Sampling Parameters**

Terry (2012) stated that in order to determine the sample size, practical issues must be addressed. Such issues would include what type of research is being done. A qualitative phenomenological approach was used for this study, and the purposive sample process was used to choose the participants. The sample for this project consisted of 40 BSN students in their mental health clinical rotation. The BSN students were male and female, and ranged in age from 20 to 40 years of age. There was cultural diversity in the sample, and for two of the students, English was a second language.

The students were approached regarding the project prior at the beginning of the spring semester, and were asked to participate. The project, along with the simulation objectives, was explained to the potential subjects in detail, and if they agreed to participate consent forms were given to them for signature. Informed consent was important as it infers that the subject's ratio of risk to benefits has been clearly identified (Terry, 2012). The study was conducted with students in the educational setting of a university, and was determined an exempt study by Regis University and the sponsoring universities Institutional Review Board (IRB) review.

### **Setting Appropriate for EBP Project**

The setting in the classroom and simulation lab was an appropriate site for this qualitative study. It is important to determine the environment where the project will take place in an attempt to identify any potential barriers that may influence the project outcome (Moran, Burson & Conrad, 2014). This project was conducted at the nursing department of a Midwestern University. The project occurred on two clinical days, and required two classrooms with the adjoining hallway. The rooms accommodated the students comfortably for the video lecture and

introduction to the simulation and role-play, and for the associated activities for the simulation and role-play.

### **EBP Design Methodology and Measurement**

This study used a qualitative phenomenological approach that was appropriate to elicit the “lived experience” of participation in the simulation and role-play. This method addressed the needs of BSN students at the university, by providing them with a learning experience that simulated the challenges those individuals with auditory hallucinations face, in order to get their perceptions of the experience. The simulation setting provided a safe environment for the students to experience and role-play, preparing them for interactions with patients. The role-play gave students the opportunity to use assessment and communication techniques.

The simulation and role-play consisted of students listening to a one hour recorded lecture prior to beginning. The students then completed the voice simulation and role-play activity. Following completion they participated in a debriefing session. At the end of the debriefing they completed a written survey to giving their perception of communication with a patient hearing voices.

### **Protection of Human Rights**

The protection of human rights procedure has been fulfilled, by successfully completing the Collaborative Institutional Training Initiative on November 21<sup>st</sup> of 2012, with the reference number for verification being: 9212665 (see Appendix E). The nursing department chair signed the letter of intent on November 5<sup>th</sup> of 2013 (see Appendix F). Written permission was granted to conduct the research study from the Midwestern University IRB on September 12<sup>th</sup> of 2013, as an exempt status (see Appendix G). Regis University granted IRB approval as an exempt status on January 24<sup>th</sup>, 2014 (see Appendix H).



The simulation and role-play was conducted in classrooms in the nursing department of the sponsoring university. The 40 participants received a comprehensive explanation of the process prior to beginning. The participants were assured confidentiality and anonymity, and were informed they had the option to withdraw at any point during the process with no consequences. Explanation was given to the students about the study, and the students were given the choice to participate by completing the written survey, which was considered giving consent. The participants were informed that partaking in this study would not influence their grade in the course. The simulation and role-play was carried out with all 40 students participating, and the information collected from the surveys given at the completion of the process contained no identifiers. The surveys were kept in a locked cabinet during the study and will be destroyed three years past completion of the project.

### **Trustworthiness**

Lincoln and Guba determined that trustworthiness in qualitative research involved the components of credibility, confirmability, transferability, and dependability (Robert Wood Johnson Foundation, 2008). To assure credibility in this study all aspects of the study was tracked and documented. A peer review was conducted by the researcher's capstone chair and mentor to review the findings. Confirmability is the degree to which the findings are the product of the study, and not the bias of the researcher (Lincoln & Guba, 2008). To ensure confirmability an audit trail, consisting of notes, survey results, and data analysis was secured in a locked file cabinet within a locked office. Also, the researcher remained unbiased throughout the entire study. The audit trail also ensures transferability and dependability, as notes guiding the process were kept which would allow another researcher to repeat the steps of the project closely.

## **Data Collection and Treatment Procedure/Protocol**

Timing is essential, and can affect the success of a project. Relevance of topic, strategic planning with timelines, and room for change and unexpected events are all aspects of timing that could influence the project (Harris, Roussel, Walters & Dearman, 2011). The project timeline was a visual representation of project tasks to be completed for this capstone project (Appendix I). Moran et al. (2014) reiterated that a timeline helps to organize the project and establishes deadline dates for each task.

This project used the “Hearing Voices That Are Distressing” simulation curriculum package, developed by Dr. Pat Deegan, and a role-play developed by the researcher. The simulation and role-play took place in approximately five hours (see Table Two) and consisted of students listening to a one hour recorded lecture by Dr. Pat Deegan, the simulation and role-play activities, a debriefing session, and concluding with the written survey. During the “Hearing Voices That Are Distressing” simulation the participants were required to wear headphones and listen to a CD imitating the voice hearing experience. While listening, the participants visited five stations and completed a variety of tasks (see Table Three). The sixth activity consisted of a role-play, which the participants did in pairs, and used the Brief Psychiatric Rating Scale as a prop (see Table Four).

The role-play was developed by the researcher, and was based on the concept that role-play facilitates application of new content, understanding of the patient’s experience, and assessment of skill deficits (Hubbard, 2013). The role-play was completed at the end of the activity; the participants worked in pairs, and were given 40 minutes to complete the task. The role-play activity consisted of four steps and utilized the assessment tool: The Brief Psychiatric Rating Scale (BPRS) (see Table Four). Each participant had an opportunity to play the role of a

nurse and a patient experiencing auditory hallucinations. When in the role of the nurse, the participant administered the assessment tool: The BPRS, and when in the role of the patient, the participant experienced the challenges of answering questions while hearing voices.

Performing assessments is a vital skill in in-patient and community psychiatric settings. The BPRS provides a means of assessing mental health status, and consists of 16 rating concepts (Acorn, 1993). The BPRS is a well-validated measure of general psychiatric symptoms, and is an effective assessment and monitoring tool for nurses. This activity provided the students with a realistic experience by using an actual assessment tool used in the psychiatric setting, and also the perspective of a patient attempting to answer questions when hearing voices. As a result of this experience students recognized new skills when communicating with mentally ill patients.

**Table Two**  
**Simulation/Role-Play**

| <b>Activity</b>  | <b>Time</b> |
|--|-------------|
| Orientation to the simulation experience                             | 10 minutes  |
| Video presentation as included in the simulation curriculum          | 60 minutes  |
| Simulation/role play experience as per simulation instruction manual | 90 minutes  |
| Post simulation debriefing discussion as per simulation manual       | 60 minutes  |
| Completion of written narrative questions                            | 60 minutes  |

**Table Three**  
**Group/Activity Stations**

| <b>Station</b> | <b>Activity</b>                         | <b>Time</b> |
|----------------|---|-------------|
| 1              | Matchstick activity                     | 10 minutes  |
| 2              | Math questions                          | 10 minutes  |
| 3              | Reading comprehension exercise          | 10 minutes  |
| 4              | Walking in hall/counting doors activity | 10 minutes  |
| 5              | Filling out a name and address          | 10 minutes  |

|   |                    |            |
|---|--------------------|------------|
|   | form               |            |
| 6 | Role play exercise | 40 minutes |

**Table Four**  
**Role Play Activity Outline**

| <b>Steps</b> | <b>Activity</b>  |
|--------------|--|
| 1            | After finishing other 5 activities-the students meet with assigned partners, at designated station to complete activity 6. Each student, will be assigned number 1 or 2 and will pick up detailed instruction sheets for roles |
| 2            | Student #1 will act as the patient, keeping their headphones on with CD playing. Student #2 will act as Nurse completing the admission Brief Psychiatric Rating Scale (BPRS).  |
| 3            | Student #1 will complete the BPRS, following the instructions given. Student #2 will respond to the questions asked while wearing the headphones listening to the hearing voices that are distressing CD.                      |
| 4            | When Student #1 has completed the BPRS, Student #2 will then administer the BPRS to Student #1 (repeating steps 2 and 3).  |
| 5            | Upon completion of the role-play the students will proceed to the designated debriefing area.  |

Following completion of the simulation and role-play the students participated in a debriefing session. Following the simulation and role-play the 40 participants completed a written survey consisting of the following four questions: 1) What were your impressions of communication with mentally ill patients before you experienced the simulation and role-play? 2) What are your impressions of communication with the mentally ill after experiencing the simulation and role-play? 3) How would you communicate with a patient with auditory hallucinations? 4) What was your experience in doing the simulation and role-play?

### **Data Analysis**

Forty students completed in depth written surveys that resulted in extensive rich data. The survey data was compiled into word documents that were read and extensively reviewed for common ideas and concepts in a process of open coding. Through constant comparative analysis themes emerged as per Glaser and Strauss (1967) who described the process as: systematically

assembling, assessing and analyzing data in a manner that will constitute proof for a given proposition. Four broad categories were identified from the surveys: Past Experiences, Changed Perspectives, Different Approaches, and “Walked in their Shoes.” Themes included: *fear of the unknown, impressions of mental illness, avoidance, voices are real, empathy of patients, new attitudes, new skills, environmental considerations, struggle, and insight.*

### **Project Findings and Results**

At the time of the study all of the students were enrolled in their first mental health nursing class. The final sample consisted of 40 participants; and included four males and thirty-six females. The age of the sample ranged from participants in their twenties to forties. This was a diversified sample, with two English as second language participants. This sample provided detailed responses to the questions given at the completion of the simulation and role-play. Following the simulation and role-play each student completed a written survey. Themes are presented in the order they appeared in each of the categories.

#### **Past Experiences**

##### **Fear Of The Unknown**

A prominent theme related to past experiences was *fear of the unknown* when interacting and communicating with mentally ill individuals. A student stated, “Those times in which I was unable to avoid communication [with mentally ill patients], I recall, were scary and confusing.” Another expressed, “I often times felt intimidated, uneasy, anxious, nervous, impatient, afraid...” One student noted that, “I have had some experience in working with patients who are hallucinating and it kind of scared me,” Students shared concern about what might result from their interaction with the person experiencing hallucinations. A student noted, “I was nervous, afraid; I was primarily focused on the physical danger of the situation, the threat of assault and

risks of suicide.” Another student stated, “I was afraid I would say something wrong and upset the patient.”

Students expressed feelings of uncertainty about how to work with mentally ill patients. One student stated, “I felt very uncertain of myself and of mentally ill patients I have interacted with.” A student wrote, “My impressions before this experience included a lot of nerves and somewhat of an unknown of how to communicate.” Another student stated, “I was unsure of how mentally ill individuals feel, communicate, function, etc. I did not know what to expect.”

### **Impressions Of Mental Illness**

The second theme associated with past experiences was student’s *impressions of mental illness*. Many students shared the perception that auditory hallucinations did not exist. One student stated, “I guess I’d had the impression some mentally ill were making things up or creating voices with the ability to harbor some amount of control or coping capabilities.” A student wrote, “I often questioned if people actually hear voices or if they simply say they do for attention. I sometimes questioned why these individuals couldn’t just snap out of it.” Another student noted, “I thought that the voices were inside their heads and that they could be muffled in times that they wanted them to be.” Other students reiterated this view by writing, “I thought that mentally ill patients sometimes brought these troubles on themselves,” and “I did not believe they were actually hearing and seeing things.” Students shared the belief that patients could control what was happening to them. One student stated, “I felt like the patient kind of had an on and off switch, I imagined that the patient would not be hearing voices at the time of the interview [with me].” Another student said, “I had the preconception that they were responsible for their thoughts and how they impacted their feelings.”

Students shared general preconceptions about communicating with mentally ill patients. A student stated, “I always pictured mentally ill patients saying random and absurd things...” Another noted, “It would be hard to take seriously what they [mentally ill patients] are telling you,” and “...mentally ill patients were crazy and couldn’t make responsible decisions or think for themselves.” Another student shared, “I thought they just did not want to talk about their feelings or really about anything. I thought they were antisocial and withdrawn.”

### **Avoidance**

A third theme to surface under the category of past experiences was *avoidance* of patients with mental illness. Students consistently expressed feelings of discomfort and reluctance to communicate with mentally ill individuals experiencing auditory hallucinations. This was supported by comments such as, “I would generally try to avoid communication with people who appeared to be talking to themselves or disheveled. I felt I would avoid contact and communication with a mentally ill patient, due to feeling inexperienced and uncomfortable.” Another student stated, “I always viewed communication as a useless venture, one that would require a great deal of time to get your point across.” Students expressed their need to be at a distance from mentally ill patients. A student noted, “I assumed just keeping my distance and asking questions very matter of fact [was the best thing to do].” Another student shared “... I often avoid and refrain from having important conversations with them, especially regarding health. I would not know how to be empathetic with a mentally ill patient compared to a physically ill patient.”

## **Changed Perspective**

### **Voices Are Real**

A changed perspective of patients with hallucinations emerged after students participated in the simulation and role-play. Students concluded that *voices are real*. A student shared “After the simulation and role-play my eyes have been totally opened. It could not have been any more real to me.” Another student stated, “I now know that hearing voices is indeed something that occurs [after experiencing the simulation].” This student shared, “I would also tell the patient that I believe that they are hearing voices even though I cannot hear them myself.”

Students also described how acknowledgment of hearing voices changed their *approach* to communication. A student noted, “When communicating I will not disregard the voices but [will] acknowledge that I believe the patient and want to know more.” Another student commented, “I suppose my first step would be to stop and recognize that these voices are very real to them.” An additional student noted, “I would create a trusting relationship and let the patient know I believe them and I am there to help.”

### **Empathy For Patients**

A secondary theme of student *empathy* for patients with mental illness was evident from participants following the simulation and role-play. A student commented that, “I have much more empathy and respect for mentally ill patients who experience hearing voices after the role-play.” Another student stated, “I also have sympathy more now after completing the simulation because it gave me a glimpse of how difficult it would be to live life, have relationships, or even function [with hallucinations].” Students emphasized the importance of the simulation and role-play in influencing their changed perspective. A student noted, “Empathizing with a patient hearing voices may not have been possible before this simulation.” Another student stated,



“Because of the simulation I have a better understanding of what mentally ill patients, especially those hearing voices, are going through.” An additional insight included, “The simulation really helped me understand the struggles faced everyday by those who are mentally ill and will make how I communicate with them better.” The impact of the simulation experience was emphasized by the comment, “After the simulation and role-play my eyes have been totally opened. It could not have been any more real to me.”

## **Different Approach**

### **New Attitudes**

The theme of *new attitudes* towards care of mentally ill patients was evident by students following the simulation and role-play. One student stated, “After realizing how difficult it is to focus while hearing voices, I have a new found patience.” A student commented, “I will be open-minded and understanding.” Students noted, “I would convey a nonjudgmental and caring attitude,” and “I would communicate with a patient with auditory hallucinations by being understanding, having empathy, and showing them that I really care rather than just going through the motions.”

### **New Skills**

A theme that surfaced under this category was development of *new skills* when communicating with mentally ill patients. Students developed a new set of skills through the experience of the simulation and role-play. Students stressed the need to ask questions about the voices. A student noted, “I would ask them about the voices such as how often they hear them, how loud or quiet are the voices, and if the voices had a positive or negative tone of voice.” Another student said, “I would ask them what makes the hallucinations better or worse, and what I can do to help.” A student summarized responses by saying, “I would be more open about

discussing the voices, what they are saying, how they sound and how the person feels, responds, and copes and what patterns may occur.”

### **Environmental Considerations**

The final theme, which developed under the category of different approaches after the simulation and role-play, was student awareness of important *environmental considerations* when working with patients with hallucinations. Students identified environmental factors that influenced patient communication they learned from the simulation and role-play. They emphasized the importance of keeping the environment quiet and calm. A student noted, “After this simulation, I would communicate with patients who hear voices by attempting to decrease as much external stimuli as possible (turning off the radio, TV, etc.) and moving to as quiet place as possible.” Another student said, “I would provide a nonjudgmental isolated area with very little to no noise at all.” Specifics about the physical environment included, “I would try to keep the environment as calm as possible, keep the setting relaxed. Have comfortable chairs and water or snacks available.” Additional environmental considerations were addressed with statements such as, “I would face the person and speak clearly and slowly,” and “I would never be argumentative.”

### **“Walked In Their Shoes”**

#### **Struggle**

Students experienced the category of “walking in the shoes” of their patients through the experience of the simulation and role-play. The theme of *struggle* was revealed in the student responses. One student commented, “My experience in doing the role simulation was it was a challenge to really concentrate on anything. The voices were distracting and made me even feel ill.” A student shared, “I never realized how mentally and physically exhausting hearing voices

would be.” Another student noted, “It showed me how voices could be distressing and distracting and how it could interfere with simple every day tasks.” This student discussed the experience in this way:

I really struggled with hearing voices constantly. Even when the voices stopped briefly, I was paranoid about when they would come back. I found it extremely difficult to perform tasks and to concentrate. Even holding a conversation was a struggle.

### **Insight**

The second theme to appear, as part of the “walking in their shoes” category was the *insight* gained from the experience of the simulation and role-play. Students shared comments reflecting greater understanding of mental illness. A response that summarizes student’s insights is:

I never really understood what some people have to go through when they have a mental illness and this simulation gave some insight. Afterwards, I feel like I know somewhat what they are going through and that I am able to provide care that is more appropriate with an understanding of what they are going through.

### **Discussion**

A major finding of this study was students reported feelings of fear, anxiety, and uncertainty when communicating with mentally ill patients. This was supported in the literature by Kameg, Clochesy, Mitchell, and Suresky (2010) who noted that nursing students in their first mental health clinical rotation often experience concern and anxiety about working with the mentally ill, and most had little or no experience communicating with this population of patients. Students in the study confirmed this by reporting feelings of fear, anxiety, and uncertainty when

communicating with mentally ill patients. The concept of fear was prominent among the participants, describing communication with the mentally ill as “scary” and “confusing,” and defining their feelings as “anxious,” “uneasy,” “nervous,” and “afraid.” The implications of these findings were that nurse educators need to address students’ feelings of apprehension, and that instruction before entering the clinical area was important in preparing students for patient interactions. The findings imply that incorporating a voice simulation such as “Hearing Voices That Are Distressing” into the curriculum is an effective method of decreasing students’ anxiety prior to communication with mentally ill patients. Szpak and Kameg support this with their findings indicating that a simulation experience helps to decrease students’ level of anxiety, and is an overall positive experience (2013).

Students also shared how perceptions of fear led to avoidance of interaction with mentally ill patients. Participants in the study explained that they were fearful of causing patients to become more agitated or aggressive. Szpak and Kameg (2013) agreed that psychiatric nursing students experience anticipatory anxiety before entering the mental health clinical setting. They noted if feelings were unaddressed students developed lack of empathy and an inability to have therapeutic interactions with patients. Findings from this “Hearing Voices That Are Distressing” simulation and role-play study confirmed that addressing student fears before entering the clinical area was an important part of helping students interact with mentally ill patients. The voice simulation and role-play provided a way to address students’ fears and avoidance behaviors. The implementation of the “Hearing Voices That Are Distressing” simulation and role-play was an effectual technique to assist students in interacting and communicating with mentally ill patients, by preparing them for the experience. One student

shared: “I have never had interaction with mentally ill patients so before this experience I didn’t really know what to expect or how I would react...”

A surprising revelation from this study was students’ beliefs that auditory hallucinations were not real. Participants stated they believed that patients fabricated hallucinations and could control them at will. Students questioned if patients actually heard voices, and suggested that they made them up as a tactic to gain attention. This perception was not addressed in the literature and is a significant finding of the study. Implications are that participation in the simulation gave students the opportunity to physically and emotionally experience what it would be like to hear voices. The effectiveness of a voice simulation to provide insight into this experience is confirmed by numerous studies (Dearing & Steadman, 2008; Dearing & Steadman, 2009; Bunn & Terpstra, 2009; Chaffin & Adams, 2013; & Mawson, 2014).

Another significant finding of this study was, before the simulation students were unable to empathize with mentally ill patients. Chaffin and Adams (2013) reiterated that psychiatric patients needed to experience empathy from their caregivers; however developing empathy in nursing students was not easily accomplished. Participants in this study shared prior beliefs, such as having the preconception that mentally ill people “cannot make decisions”, are “antisocial”, “withdrawn”, and admitted to labeling them as “weird and crazy.” These beliefs could be attributed to students’ lack of experience and insight into how to work with mentally ill patients. Participation in this simulation and role-play provided the students with the opportunity to experience what mentally ill patients with auditory hallucinations are going through first hand. The opportunity allowed the students to feel and experience this phenomenon and their levels of empathy increased. One student stated that this experience helped them to become more empathetic and helped them to realize what some patients go through on a daily basis. Chaffin

and Adams supported this with findings indicating an increase in student's empathy after completing the voice simulation (2013).

Experiencing the simulation and role-play resulted in students experiencing a changed perspective. A significant finding was that students now recognized auditory hallucinations were real. Experiencing the simulation and role-play made the phenomena of hearing voices real for the students by giving them a similar personal experience of what it would be like to hear voices.

The students experienced the emotions of "Walking in Another's Shoes." This included the physical and psychological experience of having hallucinations. As a result of this newfound knowledge, the participants of the study expressed feelings of empathy with mentally ill patients hearing voices: This was supported in the literature by Chaffin and Adams who recommended that students acquire knowledge of interventions and empathy when working with psychiatric patients (2013). Students revealed a new attitude by statements such as "I now feel like I have a better understanding of the severity of auditory hallucinations and why they would cause people to feel agitated, irritable, and fearful," and "The simulation really helped me understand the struggles faced everyday by those who are mentally ill..." This change in attitude could impact how the students interact and communicate with mentally ill patients in the future, resulting in improved communication techniques.

Following the simulation and role-play, students' attitudes about communicating with mentally ill were replaced with different approaches to communicating with the mentally ill patients. Students identified new attitudes of being patient, open-minded, understanding, and nonjudgmental. Having patience, understanding, acceptance, and a nonjudgmental attitude were identified in previous studies as being important elements in therapeutic communication. Jones et al. (2012) defined therapeutic communication as the interaction between the nurse and patient

that is focused on the patient; based on the patient's needs, and geared to promote the patient's health and well being.

Students in this study acquired new sets of skills. Participants stated after the experience they would make a point to ask patients about the auditory hallucinations and listen closely to what the patients said. Participant statements evidenced this: "I would acknowledge the voices and ask the patient to express feelings, thoughts, and sounds they are hearing and experiencing. The importance of attainment of this skill was significant as it supported students' new behavior related to empathy and therapeutic communication. Listening attentively with openness, trying to understand, acknowledging reality of client's experience, and conveying respect are identified as positive characteristics of therapeutic communication (Jones et al., 2012). Study participants also identified the critical skill of assessing the appropriateness of the environment when communication with the mentally ill with auditory hallucinations. They recognized the need for quiet and calm surroundings with little stimuli.

The use of the simulation "Hearing Voices That Are Distressing" and the role-play developed by the researcher were examples of experiential learning techniques that allowed participants to act out different roles, and provided a rich learning experience that assisted with knowledge transfer from the classroom to the clinical site (Hubbard, 2014). This approach is congruent with Kolb's Theory of Experiential Learning.

The effectiveness of a voice hearing simulation to provide students insight into this experience has been demonstrated in studies by Dearing and Steadman, 2008; Wilson et al., 2009; Dearing and Steadman, 2009; Bunn and Terpstra, 2009; Chaffin and Adams, 2013; and Mawson, 2014. The findings from this voice simulation and role-play concurs with the findings of these studies by providing a rich experiential learning experience for nursing students. As a

result of participating, students reported increased empathy, understanding, and insight into communicating with mentally ill patients. This could influence how they interact and communicate with mentally patients in the future, as they described new skills and new attitudes.

### **Limitations, Recommendations, Implications for Change**

#### **Limitations**

This purposive sample consisted of BSN students, which resulted in the sample being primarily Caucasian females. Future studies should include a diverse sample of male and female, culture, and age. It would be beneficial to conduct this study with a larger and more diversified sample. This could include students enrolled in other health care programs, such as Psychology, Social Services, Gerontology, and Counseling.

#### **Recommendations**

This simulation and role-play is an effective method of teaching BSN students and should be continued in the mental health curriculum. Future studies should include a diverse sample of male and female, culture, and age. Collaboration with other of health care providers such as physical therapy, pharmacy and medical students should be considered to add realism and richness to the experience. This simulation and role-play is pertinent to all health care professionals and promotes an interdisciplinary team approach. Collaboration with local hospitals and mental health providers to administer the simulation to staff would be beneficial.

#### **Implications for Change**

Stevens, Browne, and Graham (2012) discussed the worsening shortage of nurses in the mental health field, and identified that nursing students viewed working as mental health nurses negatively. Happel and Gaskin (2012) reiterated this finding and discussed studies that associated student nurses' negative attitudes and feelings of fear and discomfort to their lack of



interest in mental health nursing. This study significantly supported the use of the “Hearing Voices That Are Distressing” simulation and role-play as a method to decrease student anxiety, and increase empathy and understanding of mentally ill patients hearing voices, and supports the incorporation of simulation into the nursing curriculum as a method for the student to experience real-life occurrences in a safe non-threatening environment. The implementation of simulation and role-play in the BSN mental health curriculum could assist in changing student nurses’ attitudes regarding mental health nursing, resulting in positive outcomes for students and patients.

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## Appendix A SWOT Analysis

# SWOT ANALYSIS

|  |   |
|--|---|
| <p style="text-align: center;"><b>Strengths</b></p> <p>Talented high achieving students<br/>         Strong enrollment<br/>         Updated simulation lab<br/>         Current technology and equipment<br/>         Smart classrooms<br/>         Knowledgeable faculty<br/>         Resources available</p> | <p style="text-align: center;"><b>Weaknesses</b></p> <p>Limited faculty time<br/>         Limited space for simulations<br/>         Limited training on technology<br/>         Budget limitations</p> |
| <p style="text-align: center;"><b>Opportunities</b></p> <p>Develop simulations to replace clinical sites<br/>         Collaborate with SCSU departments<br/>         Partnerships<br/>         Community organizations<br/>         Available grant monies</p>   | <p style="text-align: center;"><b>Threats</b></p> <p>Decreased student enrollment<br/>         Faculty turnover</p>   |

## Appendix B

### Driving and Restraining Forces

# DRIVING AND RESTRAINING FORCES

| Issue/Problem   |  |  |
|---|--|--|
| <i>Ideal State</i>  |  |  |
| + Driving Forces  | Restraining Forces -   | Strategies   |
| <ul style="list-style-type: none"> <li>• Department chair supports the project</li> <li>• Nursing Department supports the project</li> <li>• Improved student clinical performance</li> </ul> | <ul style="list-style-type: none"> <li>• Cost of the simulation</li> <li>• Faculty time</li> </ul> | <ul style="list-style-type: none"> <li>• Obtain a grant to pay for the simulation</li> <li>• Use faculty time sparingly with researcher completing the development of the role play</li> </ul> |



## Appendix C

### Cost-Benefit Analysis

# Budget/Replicated Version

| Researcher Cost    | Amount |
|--------------------|--------|
| Simulation Package | \$0    |
| 20 CD Players      | \$300  |
| Materials          | \$150  |
| Faculty Time       | \$0    |
| Room               | \$0    |
| Total              | \$450  |

| Cost to Replicate  | Amount |
|--------------------|--------|
| Simulation Package | \$500  |
| 20 CD Players      | \$300  |
| Materials          | \$150  |
| Faculty Time       | \$640  |
| Room               | \$200  |
| Total              | \$1790 |

## Appendix D

### Logic Model

# LOGIC MODEL

| RESOURCES/INPUTS                                 | ACTIVITIES   | CONSTRAINTS  | OUTPUTS   | SHORT & LONG-TERM OUTCOMES   | IMPACT  |
|--|--|--|---|--|---|
| Faculty to implement simulation                  | Apply for grant money available for Simulation         | CD players will not be covered by Department money | 8 hours of faculty training                                       | STG-Hearing Voices that are Distressing simulation and role-play completed for 40 students   | BSN students confidence in communicating with patients with auditory hallucinations |
| Students willing to participate in simulation    | Order materials  | Clinical lab time is very limited                  | 4 hours of clinical simulation                                    | LTG- Hearing Voices that are Distressing simulation incorporated into curriculum   | BSN students gain empathy for patients auditory hallucinations                      |
| Adequate room and space                          | Train faculty that will be participating in simulation | Faculty time is very limited                       | 40 students per semester participating in the clinical simulation | LTG-Hearing Voices that are Distressing simulation incorporated in other departments curriculum (Gerontology, Social Services, Psychology) | BSN students increased skill in therapeutic communication                           |
| Time allowed for simulation in clinical lab area | Develop tool for debriefing tool                       | Student bias                                       |   |  |   |
| CD players                                       |  | English as a second language (students)            |   |  |   |
| Hearing Voices that are Distressing DVD          |  |  |   |  |   |
| Budget to order CD players and DVD               | Develop survey questionnaire                           |  |   | Simulation and role play to be part of a plan for sustainability in the psch nursing clinical course                                       |   |
|  | Develop activities for simulation and role-play        |  |   |  |   |

## Appendix E

### Collaborative Institutional Training Initiative Certificate

Completion Report

<https://www.citiprogram.org/members/learnersII/crbystage.asp? ...>

### CITI Collaborative Institutional Training Initiative

#### Human Research Curriculum Completion Report Printed on 11/21/2012

**Learner:** Peggy Fossen (username: pfossen)**Institution:** Regis University**Contact Information** 1830 27th St SE

Unit D

ST Cloud, MN 56304 USA


Department: Nursing

Phone: 763-688-0166

Email: dpfossen@charter.net

#### Social Behavioral Research Investigators and Key Personnel:

#### Stage 1. Basic Course Passed on 11/21/12 (Ref # 9212665)

| Required Modules   | Date Completed |  |
|--|----------------|---|
| Introduction   | 11/21/12       | no quiz   |
| History and Ethical Principles - SBR                         | 11/21/12       | 2/5 (40%)   |
| The Regulations and The Social and Behavioral Sciences - SBR | 11/21/12       | 4/5 (80%)   |
| Assessing Risk in Social and Behavioral Sciences - SBR       | 11/21/12       | 4/5 (80%)   |
| Informed Consent - SBR                                       | 11/21/12       | 5/5 (100%)  |
| Privacy and Confidentiality - SBR                            | 11/21/12       | 5/5 (100%)  |
| Regis University   | 11/21/12       | no quiz   |

**For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.**

Paul Braunschweiger Ph.D.  
Professor, University of Miami  
Director Office of Research Education  
CITI Course Coordinator

[Return](#)

## Appendix F Letter of Intent

1

### Capstone Letter of Intent

To:

From: DNP Student: Peggy Fossen

Subject: Capstone Project Proposal: **BSN Students' Perceptions of Communication with Patients with hallucinations after Experiencing a Voice Simulation and Role Play**

Date: July

I am writing to obtain permission to conduct a qualitative phenomenological research study at St. Cloud State University with the purpose of determining student perceptions of communication with patients with mental illness, following the use of a simulation and role play. This study will be done to complete requirements for completion of the Doctor of Nursing Practice degree at Regis University, Denver, CO. The following information will review the study:

This project will employ a **Population-Intervention-Control Group-Outcome (PICO)** format for development of the research question to be investigated

**Population=** BSN students in their first mental health course

**Intervention=** Voice simulation and role play dealing with patients with auditory hallucinations

**Comparative=** none

**Outcome=** affect students perceptions of communication with mentally ill patients

**Research Question:** In BSN students in their first mental health class how does completing a voice simulation and role-play influence students' perceptions of communication with patients with auditory hallucinations?

**Project Significance:** Nursing students learn about mental illness in the classroom and clinical setting, but they continue to be unprepared for actual encounters with those experiencing symptoms such as auditory hallucinations (Webster, 2009). Because of this, they are hesitant and fearful to interact with their patients. According to Webster student nurses encountering individuals with mental illness, in their mental health rotation, experience feelings of anxiety and fear.

A study by Dearing and Steadman (2008) reiterate that the stereotyping of those suffering from mental illness may influence nursing students, and this may affect the development of a therapeutic relationship. Providing care to the mentally ill can be difficult for nursing students, as they come to their mental health rotation with biases and an insufficient knowledge for understanding mental illness. They feel unprepared and unsure of how to respond to patients who may be experiencing auditory hallucinations. Kameg et al. (2010) state that nursing students are frequently concerned and anxious about entering the mental health setting for their clinical rotation, and prior to the start of the rotation most students have little or no experience communicating with patients diagnosed with a mental illness.

The literature indicates that a voice simulation and role play, dealing with patients with a mental illness and auditory hallucinations, would be beneficial for students and the patients they interact with in their mental health clinical (Sleeper & Thompson, 2008). This includes a study by Sleeper and Thompson (2008), which concluded that nursing students entering psychiatric settings for clinical practice need a method for practicing therapeutic communication skills, and simulation could provide an effective method. Kameg et al. (2009) addresses anxiety of students prior to communication with mentally ill patients, and concluded that simulation is an opportunity for students to safely practice, which results in decreased anxiety and increasing self-efficacy. Wilson et al. (2009) conducted a narrative study, with 27 nursing students, who had completed the Hearing Voices that are Distressing simulation, and found the simulation did result in increased understanding, and development of insight into those who are experiencing auditory hallucinations.

In the nursing program, at St Cloud State University, students have shared their anxiety about communicating with patients in their mental health rotations. The mental health curriculum does not include a psychiatric simulation that could assist in preparing the student nurse for their mental health clinical rotation and communication with mentally ill patients. It is proposed to use a simulation entitled "Hearing Voices That Are Distressing" and a role play developed by this researcher to help students learn how to communicate with mentally ill patients experiencing auditory hallucinations.

### **Methodology**

This study uses a qualitative phenomenological approach. The goal of qualitative phenomenological research is to describe a "lived experience" of a phenomenon. Burns and Grove (2005) describe phenomenological research as both a philosophy and research method, with the purpose of describing experiences as they are lived. It is an effective methodology to discover the meaning of experiences as it is lived by a person, such as the experience of living with a chronic illness. This method is appropriate for this study, as the students will be participating in a simulation based on an individual's actual auditory hallucinations. They will be experiencing hearing voices. This approach addresses the need of BSN students at St Cloud State University by providing them with a learning experience that simulates the challenges those individuals with auditory hallucinations face. The simulation setting provides a safe environment for the students to experience and role-play, preparing them for interactions with patients. The role-play will give students the opportunity to use communication techniques.

The simulation will take place in the nursing lab on the designated clinical days for the students. The students will participate in the simulation/role play in groups of ten. Professor Peggy Fossen and her team will facilitate the simulation/role-play and debriefing. Each group will be involved in the simulation/role play as follows.

The Simulation/role-play will consist of the students listening to a one hour recorded lecture by Dr. Deegan prior to beginning. They will then complete the voice simulation and role-play activity. Following completion they will participate in a debriefing session. At the end of the debriefing they will complete a written survey to give their perception of communication with a patient with hallucinations.

### Simulation/Role-Play

| Activity   | Time       |
|--|------------|
| Orientation to the simulation experience                             | 10 minutes |
| Video presentation as included in the simulation curriculum          | 60 minutes |
| Simulation/role play experience as per simulation instruction manual | 90 minutes |
| Post simulation debriefing discussion as per simulation manual       | 60 minutes |
| Completion of written narrative questions                            | 60 minutes |

### Group/Activity Stations

| Station | Activity                                | Time       |
|---------|---|------------|
| 1       | Matchstick activity                     | 10 minutes |
| 2       | Math questions                          | 10 minutes |
| 3       | Reading comprehension exercise          | 10 minutes |
| 4       | Walking in hall/counting doors activity | 10 minutes |
| 5       | Filling out a name and address form     | 10 minutes |
| 6       | Role play exercise                      | 40 minutes |

### Role Play Activity Outline

| Steps | Activity  |
|-------|---|
| 1     | After finishing the other 5 activities-the students will meet with assigned partners, at designated station to complete activity 6. Each student, will be assigned number 1 or 2 and will pick up detailed instruction sheets for roles |
| 2     | Student #1 will act as the patient, keeping their headphones on with CD playing. Student #2 will act as Nurse completing the admission Brief Psychiatric Rating Scale (BPRS).   |
| 3     | Student #1 will complete the BPRS, following the instructions given. Student #2 will respond to the questions asked while wearing the headphones listening to the hearing voices that are distressing CD.                               |
| 4     | When Student #1 has completed the BPRS, Student #2 will then administer the BPRS to Student #1 (repeating steps 2 and 3).   |
| 5     | Upon completion of the role-play the students will proceed to the designated debriefing area.   |

Explanation will be given to the students about the study, and the students will be given the choice to participate by completing the written survey, which will be considered giving consent. Anonymity will be assured and participation will not be linked to a grade in the class.

Data from the survey will be put into INVivo software and coded for themes. A process of constant comparative analysis will be used. The surveys will be kept in a locked cabinet during the study and will be destroyed at the end of the study.

#### Participants Requirement:

The participants for this study must be BSN students in their first mental health rotation. The participants must be able to complete the designated tasks, which include: Watching the video presentation related to the simulation, listening to a CD (simulation of auditory hallucinations) via a CD player and headphones, while completing a variety of tasks, and participating in role play scenarios. The participants will agree to participate in the study by taking the survey. Anonymity for participants is assured and there will be no impact on the class grade to participate in the study.

#### Risks, Costs, and Benefits

There are no identified risks for participation in this study. There is a cost of time to participants for the teaching and following survey. Students will be assured of anonymity and participation in the study will not impact their grade.

Benefits include: Contributing to understanding and insight into how simulation/role-play impacts nurse's perceptions of how to communicate with patients with auditory hallucinations.

### Project Goals and Objective

The main goal of this project is to conduct a phenomenological qualitative study, at St Cloud State University, to determine student perceptions of communication, with patients experiencing auditory hallucinations, following the use of simulation and role-play.

### Objectives:

1. Obtain written permission to conduct the study including approval to ask student to participate in the study to develop a purposive study sample by August 10<sup>th</sup>.
2. Submit for IRB approval from Regis University by August 15<sup>th</sup>, to receive approval by end of September 2013.
3. Identify a purposive sample of at least 40 students, and complete written permission documentation from the prospective participants by October 1, 2013.
4. Set up participant meetings at Brown Hall Nursing Lab with the nurse researcher December 9-13, 2013
5. Participants will be asked the following main questions.

#### Questions:

- a. What were your impressions of communication with mentally ill patients before you experienced the simulation and role-play?
- b. What are your impressions of communication with the mentally ill after experiencing the simulation and role-play?
- c. How would you communicate with a patient with auditory hallucinations?
- d. What was your experience in doing the simulation and role-play?

The questions will be completed in written format following the voice simulation and role-play exercise by April 2014.

6. Collect written participant responses and transcribe individual participant interviews. Put transcriptions into InVivo software by March 1, 2014. Code for research themes, complete study by May, 2014

Permission is requested to conduct this research study at St Cloud State University

Thank you for your assistance with completing my DNP Capstone Project.

Sincerely,

Brenda Teng  
Provider Approval

9-5-2013  
Date

Reagan Jensen  
DNP Student

9/5/13  
Date



**Appendix G**  
**St Cloud State University IRB**



OFFICE OF RESEARCH AND  
 SPONSORED PROGRAMS  
 ST. CLOUD STATE UNIVERSITY.

**Institutional Review Board (IRB)**

**Administrative Services 210**  
**Website: [stcloudstate.edu/osp](http://stcloudstate.edu/osp)**    **Email: [osp@stcloudstate.edu](mailto:osp@stcloudstate.edu)**  
**Phone: 320-308-4932**

**Name:** Peggy Fossen  
**Address:** 1830 27th ST SE, UNIT D  
 St. Cloud, MN 56304  
**Email:** [pjfossen@stcloudstate.edu](mailto:pjfossen@stcloudstate.edu)

**IRB APPLICATION  
 DETERMINATION:  
 EXEMPT**

**Co-Investigator:**

**Project Title:** BSN Student's Perception of Communication with Patients with Hallucinations after Experiencing a Voice Simulation and Role Play

**Advisor:** Capstone Chair: Dr. Pamela  
 Stoeckel; Clinical Mentor: Dr. Brenda  
 Lenz

The Institutional Review Board has reviewed your application to conduct research involving human subjects. Your project has been: **EXEMPT**

We are pleased to advise you that your project has been deemed as exempt in accordance with federal regulations. The IRB has found that your research project meets the criteria for exempt status and the criteria for protection of human subjects in exempt research. Please note the following items concerning our exempt policy:

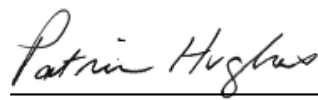
- Principal Investigator assumes the responsibilities for the protection of human subjects in this project
- Exempt protocols DO NOT need to be renewed.
- Exempt protocols DO NOT require revisions. However, if changes are made to a protocol that may no longer meet the exempt criteria, a new initial application will be required.
- Adverse events (research related injuries or other harmful outcomes) must be reported to the IRB as soon as possible.
- The IRB reserves the right to review the research while it is in progress or when it is completed.

Good luck on your research. If we can be of further assistance, please contact the Office of Sponsored Programs at 320-308-4932 or email [lidonnay@stcloudstate.edu](mailto:lidonnay@stcloudstate.edu). Please use the SCSU IRB number listed on any of the forms submitted which relate to this project, or on any correspondence with the IRB.

**For the Institutional Review Board:**

  
 Linda Donnay  
 IRB Administrator  
 Office of Sponsored Programs

**For St. Cloud State University:**

  
 Patricia Hughes,  
 Interim Associate Provost for  
 Research Dean of Graduate Studies

**OFFICE USE ONLY**

SCSUIRB# 1223 - 1457  
 Type of Review:

Today's Date: 9/12/2013  
**EXEMPT: 9/12/2013**  
 Expiration Date:

**Appendix H**  
**Regis University IRB**

IRB – REGIS UNIVERSITY

February 6, 2014

Peggy Fossen  
1830 27<sup>th</sup> Street SE  
St. Cloud, MN 56304

**RE:     IRB #: 14-020**

Dear Ms. Fossen:

Your application to the Regis IRB for your project, “BSN Students' Perceptions of Communication with Patients with Hallucinations after Experiencing a Voice Simulation and Role Play,” was approved as an exempt study on January 24, 2014. This study was approved per exempt study category 45CFR46.101.b(#1).

The designation of “exempt” means no further IRB review of this project, as it is currently designed, is needed.

If changes are made in the research plan that significantly alter the involvement of human subjects from that which was approved in the named application, the new research plan must be resubmitted to the Regis IRB for approval.

Sincerely,

Patsy McGuire Cullen, PhD, PNP-BC  
Chair, Institutional Review Board  
Professor & Director  
Doctor of Nursing Practice & Nurse Practitioner Programs  
Loretto Heights School of Nursing  
Regis University

cc: Dr. Pamela Stoeckel

## Appendix I Timeline

### PROJECTED TIMELINE

|                          |           |                           |           |
|--------------------------|-----------|---------------------------|-----------|
| ■ DNP project proposal   | Aug. 2013 | ■ Complete team training  | Dec. 2013 |
| ■ Letter of Intent       | Sep. 2013 | ■ Purchase CD players     | Jan. 2014 |
| ■ IRB Approval St. Cloud | Sep. 2013 | ■ Information sheet given | Jan. 2014 |
| ■ Proposal Defense       | Oct. 2013 | ■ Implement project       | Feb. 2014 |
| ■ Submit to Regis IRB    | Nov.2013  | ■ Surveys done            | Feb. 2014 |
| ■ Team selection         | Dec. 2013 | ■ Data analysis           | Mar. 2014 |
| ■ Schedule room/time     | Dec. 2013 | ■ Project completion      | May 2014  |
| ■ Develop role play      | Dec. 2013 |                           |           |