Making It Real

Using Standardized Patients to Bring Case Studies to Life

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Due to the increase in the number of people with posttraumatic stress disorder (PTSD), more individuals are likely to seek treatment; therefore, most nurses will care for someone with PTSD at some point in their careers. To prepare new nurses, faculty must ensure that adequate class time is devoted to the topic of PTSD as well as provide opportunities to care for someone with this disorder. Due to shorter lengths of stay in hospitals and increased competition for specialized clinical experiences, fewer opportunities may exist for all students to care for individuals with common mental health issues, including PTSD. The use of standardized patient encounters (SPEs) offers students a live experience under controlled conditions to learn about disorders they may not be exposed to in the clinical setting. Combining case studies with SPEs allows students to assess, plan, and implement care for an individual with PTSD while practicing therapeutic communication skills in a nonthreatening environment.

In this article, we describe an alternative learning activity that was designed and piloted with two groups of nursing students. Two PTSD case studies were developed, and actors were trained to portray the individuals in the cases.

ABSTRACT
With increases in the overall number of individuals with posttraumatic stress disorder (PTSD), nurse educators must provide experiences that help nursing students learn how to better communicate and care for individuals with this disorder. This article describes how two learning strategies—case studies and standardized patients—were combined to facilitate the development of therapeutic communication and assessment skills. Two case studies on PTSD were written, and actors were trained to portray the individuals in the case studies. Fourteen baccalaureate nursing students enrolled in a senior-level psychiatric nursing clinical course participated in this pilot alternative learning activity. This article describes the learning activity and presents student evaluations of the assignment.

BACKGROUND
Posttraumatic Stress Disorder
While the majority of individuals exposed to stress and trauma will recover, others will develop PTSD. Symptoms of PTSD can resurface years after an initial trauma if an individual is retraumatized. The 2005 National Comorbidity Survey-Replication study found that 3.5% of the U.S. adult population (approximately 7.7 million people) was diagnosed with PTSD in a given year, with nearly 57% of those cases classified as acute (Kessler, Chiu, Demler, & Walters, 2005). Although the disorder can develop at any age, including childhood, the incidence of PTSD is increasing, especially among war veterans (American Association for Geriatric Psychiatry [AAGP], 2010). Younger veterans are experiencing war-related traumas that lead to PTSD, while aging veterans of World War II, the Korean conflict, and the Vietnam War are exposed to various catastrophic events and traumas of late life that can lead to new-onset PTSD or may trigger reactivation of preexisting PTSD (AAGP, 2010). The reported prevalence of PTSD among veterans of Afghanistan and Iraq wars was 13.8% (Tanielian & Jaycox, 2008); for Gulf War veterans, prevalence was 12.1% (Kang, Notelovitz, Mahan, Lee, & Murphy, 2003). Prevalence of PTSD among veterans of the Vietnam War was reported as 15.2% for men and 8.1% for women (Kulka et al., 1990).

Other events, including human-made/technological disasters and natural disasters, have also been linked to increased prevalence of PTSD (Galea, Nandi, & Vlahov, 2005), including a prevalence of 5% among those who survived the terrorist attacks of September 11, 2001, in New York City and 33% of those who survived Hurricane Katrina in New Orleans. According to Milligan and McGuinness (2009), major disasters have a great impact on mental well-being.

While the most commonly diagnosed disorders after any major disaster are anxiety disorders, PTSD, depression, and panic disorders, PTSD is the most debilitating (Galea et al., 2005). After a review of 40 years of published research on PTSD and disasters, Galea et al. (2005) concluded that the greatest risk for developing PTSD occurred among direct (e.g., injured) victims of a disaster, those with preexisting or concurrent psychiatric disorders, and those who had previously experienced traumatic events or substantial stressors.

Individuals with mental illness were at increased risk of developing PTSD as a result of exposure to traumatic events, with many individuals living with symptoms for years before seeking treatment (Milligan & McGuinness, 2009). Older adults in particular may delay care due to the stigma associated with seeking treatment for a mental illness, making PTSD especially underrecognized in this population (Snyder, 2008). Victims of physical and sexual abuse, especially older women, are also at increased risk for developing PTSD (Snyder, 2008). As statistics on prevalence of PTSD continue to rise, it is critical to develop health professionals who have the know-how and sensitivity to work most effectively with individuals with this disorder. The challenge is finding an approach that can be easily implemented and lead to the desired outcomes.

Strategies to Teach Communication Skills and Development of Empathy
Little is known about the most effective way to teach therapeutic commu-
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are carefully controlled for complexity to provide students with equivalent patient experiences, and may be replicated to reduce the randomness seen in real clinical encounters (Becker, Rose, Berg, Park, & Shutter, 2006). Role-play typically involves an unscripted interaction that is viewed by students either live or video-recorded with subsequent discussion of impressions and lessons learned that could be applied to a real clinical encounter (Buxton, 2011). Although role-playing provides a stimulating and boosting confidence, each role-play scenario varies from the next, so precise replication is impossible.

Case scenarios/studies provide learners with background information based on a real-life situation. Details are controlled by the faculty member writing the case study, and all students have access to the same information (Billings & Halstead, 2009). After reading the case study, students are directed to answer a series of questions designed to focus their attention on selected elements to help them apply theory to a hypothetical situation. This activity can be completed alone or in groups, thus promoting critical thinking and problem solving in a safe environment. Although case studies allow for peer interaction and are great for adult learners, they can be time-consuming and consuming for faculty to develop (Billings & Halstead, 2009). To maximize learning in a group setting, faculty must use critical-thinking-style questioning to encourage deeper thinking, and all students must participate in the discussion (Hannah & Oliver, 2012). Students have used a case study to engage a group of students in assessment, data collection, and prioritization but did not provide complete information, compelling students to determine what other data were needed to plan care for the patient in the case study. A criticism of the case study approach is that students do not get to interact with a real patient, so simulation of reality is limited. The use of standardized patients (SPs), trained actors who portray patients with various conditions, is another teaching method that is growing in popularity in nursing education (Grant, Keltner, & Eagerton, 2011; Keltner et al., 2011; Shawler, 2008). SPs have been used to help students understand PTSD (Billings & Halstead, 2009). Advantages of using SPs to teach communication skills and development of empathy are that risk of harm to the patient is eliminated, as actors are used instead of real patients (Keltner et al., 2011) and both confidence and competence as they work with real people (Billings & Halstead, 2009). SPs allow students to rehearse reasoning skills in a safe environment “where they can make mistakes and learn from them” (Crider & McNiesh, 2011, p. 48). Review of video recorded SPs has been effective in helping students’ self-awareness by enabling them to conduct a self-assessment and critique (Becker et al., 2006). Peer review of video recorded SPs has been effective in learning communication skills (Yoo & Chae, 2011). Challenges associated with the use of SPs include questions about effectiveness as a teaching strategy. Becker et al. (2006) compared the use of SPs with a traditional method of teaching communication skills using a case study discussion in a faculty-facilitated clinical conference. Although students who participated in the SP discussion reported great satisfaction, their know-how and sensitivity to work most effectively with individuals with PTSD, and reviewed the PTSD case study approach was intended to reinforce understanding of assessment and communication skills through direct observation of a real person with the disorder and exposure to a real health care environment. Recruiting and retaining participants can be challenging as well (Nistel et al., 2008). Portraying emotionally intense scenarios takes practice and can be psychologically exhausting; therefore, careful debriefing of actors is recommended to be sure any actor concerns can be addressed (Keltner et al., 2011). While role-play has relative strengths and weaknesses, published reports of a multipronged approach are recommended. Zavertnik, Huff, and Munro (2010) compared the communication skills of students who received a combination educational approach (formal training sessions, discussion with SPs, and peer coaching) and use of communication skills in traditional clinical experiences) to those who received only a traditional clinical experience. Students in the combination group demonstrated statistically significant improvements in the area of information gathering and had higher achievement on the dimensions of introductions, imparting information, and clarifying goals and expectations. A common misconception is that students struggle to find appropriate placements for students in psychiatric nursing clinical rotations and provide exposure to a wide variety of psychiatric patients. In a short period of time, the combined use of SPs and case studies/scenarios may be a solution to ensure that students are receiving education that prepares them for real-world clinical practice.

The ASSIGNMENT

To help students learn to communicate with and care for an individual with PTSD, we designed an alternative assignment based on the case study approach with an SPE. The case study portion of the assignment was intended to help students understand PTSD and learn appropriate assessment and care for individuals with the disorder. The SP interaction portion of the assignment was intended to reinforce understanding of assessment and communication skills through direct application and practice of skills. A debriefing session was held to discuss case study answers and review videos of the SP-student interactions.

Two case studies were developed by expert psychiatric-mental health nursing faculty. One case study involved a male veteran who was witness to the death of a friend during a roadside bombing, and the other involved a woman who lost two friends in a car accident in which she was the driver. Both cases were designed so the adult actors would exhibit common physical and psychological signs and symptoms of PTSD. The SPs were coached to portray the patients presented in the case study; however, this was not disclosed to the students. The students were told only that they would be completing one of two case studies for discussion with their clinical instructor and that they would have an appointment for an interaction with an SP. Of the 83 students enrolled in a psychiatric-mental health nursing clinical course, 14 students from two clinical groups were selected to participate in this 1-day alternative, nongraded learning activity. The remaining students participated in traditional clinical activities in an acute care hospital or a community setting. Prior to the SPE, the 14 students read about PTSD, attended a class lecture on PTSD, and reviewed the PTSD case studies to provide them with an understanding of the disease process and treatment implications of PTSD. Students were then assigned a 15-minute interaction with an SP, during which they conducted a brief assessment and practiced therapeutic communication skills. This interaction was video-recorded to allow playback in small clinical groups during a parting information session. After interacting with the SP, students completed the case study answering the following questions:

Do you agree with this article? Disagree? Have a comment or questions? Send an e-mail to the Journal at jpsyfnlacken.com.
They noted that the standardized patients portrayed physical complaints and emotional distress in a realistic manner that allowed them to better understand how this disorder affected all aspects of the individual’s life.

LIMITATIONS OF THE PROJECT DESIGN
There were several limitations to this project and its design. We did not compare the actual clinical performance of students who experienced this alternation with that of students being pressured to perform the clinical performance of groups who were assigned to a traditional clinical experience. Similarly, we did not measure any gains in knowledge of PTSD. The assignment to the alternative learning was by convenience rather than random. Finally, we did not have the SPs giving feedback to the students about the interactions.

SUMMARY
As nursing programs expand enrollments to meet the need for new RNs, competition for specialized clinical experiences will increase. Development and implementation of a teaching strategy that is necessary to provide quality psychiatric clinical experiences for students. One alternative is the combined use of training actors and standardized patients with various psychiatric disorders following scripts developed by expert psychiatric mental health nursing faculty and case study analysis. Since standardized patients encourage development of therapeutic communication techniques and assessment skills, while case study analysis immediately follows the SP reinforces theoretical knowledge of signs and symptoms, interventions, medications, and priorities of care.

REFERENCES