



# PSYCHIATRIC SIMULATIONS:

## *The Mental Health Patient on a Medical-Surgical Floor*

Guidelines for Post DVD Review and Discussion by VA Nurse Educators



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Dear VA Nurse Executive:

The enclosed DVD, *Psychiatric Simulations: The Mental Health Patient on a Medical-Surgical Floor*, contains clinically relevant mental health scenarios depicting nurse-patient interactions on a typical medical-surgical unit in any VA Hospital. This project grew out of a larger collaboration, the Veterans Affairs Nursing Academy (VANA), and was written and produced through the combined efforts of the Birmingham Veterans Affairs Medical Center, the University of Alabama at Birmingham (UAB) School of Nursing and the UAB Theatre Department.

The DVD contains three scenarios; in each, a veteran with pre-existing mental health problems has been admitted to a medical-surgical floor for nursing care. As might exist in your facility, this category of patients can be challenging to staff nurses who, although well-prepared to care for the patient's medical-surgical concerns, may lack the specialty training to appropriately manage their mental health needs. Each scenario is presented from two different perspectives and is critiqued by an expert panel of psychiatric nursing faculty, a VA psychiatrist and VA staff nurses. Part A dramatizes a nurse-patient interaction that is negative and in which the nurse lacks understanding and empathy. The second half of each scenario (Part B) portrays a more positive and therapeutic approach by the nurse to the same patient with the same problems.

Every effort has been made to develop real world situations about caring for veterans experiencing depression, post-traumatic stress disorder (PTSD) and other selected mental health issues that are faced by VA staff nurses across the country on a regular basis. In addition to the DVD, you will find enclosed *Guidelines for Review and Discussion* and information necessary for obtaining 1.0 CEU locally. We hope you will embed this video in your ongoing educational programming for staff nurses in your facility, perhaps as part of your orientation, Nurse Residency program, as a mandatory training, or a Lunch and Learn with free CEUs.

As we all *Join Forces* to identify the unique behavioral and mental health needs of our service members, veterans and their families, it is our hope that you will find this DVD and the enclosed exercises interesting, meaningful, and helpful to providing quality patient care.

Sincerely,

Gregory Eagerton, DNP, RN, NEA-BC  
Chief Nursing Officer  
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# Guidelines for Post DVD Review and Discussion by VA Nurse Educators

## Scenario #1 - Whose Sacrifice Means More?

A. Make some general observations about the two scenes.

1. For instance, the nurse says, “Don’t you talk to me that way. This is not the psych ward so we are not going to have any of that.”

What does the nurse reveal about herself with this statement?

2. Obviously the patient is very angry but there is a better approach. What might the nurse say instead? Have you encountered patients who were this angry? This rude?
3. The patient also calls the nurse (and other nurses) “parasites.” Wow! Pretty painful. How do you handle name calling and insults? How should you handle name calling and insults?
4. The patient hits a nerve when he says, “I see you sitting around, talking about each other.” What do you do with this? It is actually true sometimes, isn’t it?
5. How did the tone of voice set the mood for the interaction?

B. What did the nurse do wrong in Part A?

1. The nurse does a number of things that are ill-advised. We list some of those things and suggest you discuss the nursing behaviors that resonate most with your staff:
  - a. The nurse talks to the computer and not the patient.
  - b. She has an uncaring tone.
  - c. She is so task-oriented that she is not very interested in the patient.
  - d. She lectures the patient like a parent might lecture a child.
  - e. She focuses on the physical and not on the whole patient.
  - f. She has a “parentifying” tone to her voice.
  - g. She blames the patient for his diabetes.
  - h. She is confrontational when she should not be.
  - i. She states that her job is to help people who are really sick-implying that he is not “really sick”.
  - j. She minimized his illness.
  - k. She devalued his service as a soldier.
  - l. She is insulting - attempting to go “tit for tat” with the patient.
  - m. She fails to distinguish her professional role from her role in society; that is, in our social roles we tend to defend ourselves. Such behaviors can be inappropriate in our professional roles as health care providers.
  - n. She fails to understand that she could actually get hurt in this situation.



C. What did she do right in Part B?

1. The nurse does a number of things right. It is important to see how this more mature nurse deals with this angry man. We list some of those things done well and suggest that you discuss these nursing behaviors with your staff.
  - a. The nurse identifies herself.
  - b. She has a more compassionate tone of voice.
  - c. She acknowledges that he does not want her bothering him but explains the need to assess his foot.
  - d. She says, "I'm sorry."
  - e. She conveys concern and gentleness.
  - f. She listens.
  - g. She focuses on him.
  - h. She does not react to his anger.
  - i. She asks about his interest.
  - j. She verbalizes the implied.
  - k. She looks at him.
  - l. She is empathic.
  - m. She admits failing.
  - n. She develops a 'shared pool of meaning', i.e. "Sometimes we get too busy." This gives them a place to start a dialogue.
2. In summary, what is the nurse doing that is working?
3. What did the nurse do that facilitated understanding?

**Scenario #2 - No Time for Psych Patients.**

A. Make a few general observations about the two scenes.

1. Obviously, this nurse is angry and frustrated. She is angry with administration and she is frustrated by a situation in which she has little control. In the first part, she takes this anger out on the patient. Traditionally, in psychiatric nursing we call this *displacement*. With displacement, anger at one object is displaced on another safer or more convenient object. In this case, the handier object for this anger is a patient with schizophrenia.
2. Do you think this behavior is over the top? Do you think it happens? If so, what should you do?
3. Have you ever worked with an angry colleague? Is it a big deal or is it just part of the job (i.e. everybody gets 'upset' now and then)?
4. What is one thing you would say to this nurse?
5. If you had to defend this nurse before a group of peers, what might you say to help them understand how she became so frustrated and angry?

6. The agitation is about the workload and the patient just happens to get in the way. Frustration with administration is real and probably will never disappear. Would stress management help here?

B. What did the nurse do wrong in the Part A?

1. The nurse does a number of things that are ill-advised. We list some of those things and suggest you discuss the nursing behaviors that resonate most with your staff:
  - a. She had an angry, authoritative, and unfriendly tone of voice.
  - b. She lectured the patient.
  - c. She suggested that the patient 'chose' to be a psychiatric patient.
  - d. She was condescending.
  - e. She doesn't think much of psychiatric nurses.
  - f. She wants the patient to sit down and get out of her way. She has "real" work to do.
  - g. She exudes a certain nihilism - nothing good can happen due to administration.
  - h. She is accusatory.
  - i. She insults the patient related to the patient's appearance.
  - j. She devalues the patient, "... sleeping in your clothes," but the patient should have opportunity to sleep in something clean.
  - k. She labels, invalidates, and devalues the patient.

C. What did she do right in Part B?

1. The nurse does a number of things right. We list some of those things done well and suggest that you discuss these nursing behaviors with your staff.
  - a. How did the nurse's tone of voice change the interaction?
  - b. She is still angry with administration but does not pull the patient into it.
  - c. She asked about the voices.
  - d. She assessed for suicidal ideation.
  - e. She introduced herself. How demeaning is it when someone does not even introduce themselves but just "dives in" to their job of helping you?
  - f. She explained delays.
  - g. She elicited the content of the auditory hallucinations.
  - h. She sat down at eye level.
  - i. She 'checked out' the understanding on the part of the patient. What is the patient's story?
  - j. She asked, "Do you know why you are here?"
  - k. She did not accuse the patient.

### Scenario #3 - Hopeless

A. Make some general observations about the two scenes.

1. This nurse seems amazingly obtuse. She appears too immature to be working with veterans that have fought in a war. What do you think - is there a minimal level of

life experience that a nurse should have before purporting to help the disabled veteran?

2. The nurse is also ‘really’ busy. Can you be so focused in on the task that you miss your “real” job?
3. What risks do you run when you start comparing your situation/life to the patient’s situation/life?
4. Do think this nurse is in denial or is she self absorbed?

B. What did the nurse do wrong in the part A?

1. The nurse does a number of things that are ill-advised. We list some of those things and suggest you discuss the nursing behaviors that resonate most with your staff:
  - a. She is flippant.
  - b. She is dismissive of the severity of the illness -“They are going to fix you right up.”
  - c. She compares his cancer to her sprained ankle.
  - d. She is very insensitive.
  - e. She is too cheery - “every cloud has a silver lining.”
  - f. She is concerned with this dying cancer patient becoming addicted. She simply does not know enough about terminal cancer and pain management.
  - g. She criticizes patient for not being more optimistic.
  - h. She did not recognize the patient’s sense of hopelessness and potential for suicide.

C. What did she do right in Part B?

1. The nurse does a number of things right. We list some of those things done well and suggest that you discuss these nursing behaviors with your staff.
  - a. She was empathetic.
  - b. She asked about his pain and implied concern and the development of a plan to help.
  - c. She did not view the patient’s comments as complaining but as helpful to the treatment team.
  - d. She asks, “Is there anyone we can get for you?” and does not back away when he questions if she means the chaplain.
  - e. She indicates that she does mean the chaplain but also implies that there is hope.
  - f. She does verbalize that the patient feels hopeless and shows empathy.
  - g. She listens.
  - h. She addresses his hopelessness and directly asks if he is thinking of suicide and would he actually do it.
  - i. She finds something for him to be hopeful about - the chance to see his son.

2. The nurse asks about this divorce and notes how painful it must have been. What is good about this question? What could possibly go wrong with this question?
3. When the patient mentions that he was true to his wife while in Afghanistan, she verbalizes the implied, i.e. “You feel like you did all of that for nothing.” What is powerful about her approach?

### **Final Comment:**

Thank you for taking the time to view this video, “*Psychiatric Simulations: The Mental Health Patient on a Medical-Surgical Floor.*” We hope the scenarios portrayed not only stimulated conversation but also help you identify and properly care for the unique behavioral and mental health needs of our veterans and their families.

### **For More Information Contact:**

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**Nursing Continuing Education**  
DOCUMENTATION FORM

**TITLE OF EDUCATIONAL ACTIVITY: Psychiatric Simulations: The Mental Health Patient on a Medical -Surgical Floor**

Objectives	Content Outline	Time Frame	Faculty	Teaching Method(s)
<b>List Objectives in Operational/Behavioral Terms</b> <b>At the conclusion of this presentation the participant should be able to:</b>	<b>Outline the content for each topic in sufficient detail to determine consistency with objectives.</b>	<b>State the time frame for each topic area.</b>	<b>List the presenters for each topic.</b>	<b>Describe the teaching strategies used for each topic</b>
<p>Empathize with the experiences of service members, including those who are combat veterans.</p> <p>Describe the unique mental and behavioral health needs of veterans.</p> <p>Discuss positive and therapeutic approaches to interacting with veterans who exhibit mental and behavioral health issues.</p>	<p>Introduction to the DVD, nurse-patient scenarios and Expert Panel.</p> <p>Scenario #1 – <i>Whose Sacrifice Means More?</i></p> <ol style="list-style-type: none"> <li>1. Review Part A and make general observations about the care provided by the nurse.</li> <li>2. Review discussion by Expert Panel.</li> <li>3. Review Part B and make general observations about the care provided by the nurse.</li> <li>4. Discuss both nurse-patient interactions contrasting the approaches used in the two scenes.</li> </ol>	<p>4 minutes</p> <p>16 minutes</p>		<p>DVD Introduction</p> <p>DVD Scenario</p> <p>Discussion by Expert Panel on video</p> <p>Local discussion by nurses in attendance</p>

Objectives	Content Outline	Time Frame	Faculty	Teaching Method(s)
<b>List Objectives in Operational/Behavioral Terms</b> <b>At the conclusion of this presentation the participant should be able to:</b>	<b>Outline the content for each topic in sufficient detail to determine consistency with objectives.</b>	<b>State the time frame for each topic area.</b>	<b>List the presenters for each topic.</b>	<b>Describe the teaching strategies used for each topic</b>
	<p>Scenario #2 – <i>No Time for Psych Patients</i>.</p> <ol style="list-style-type: none"> <li>1. Review Part A and make general observations about the care provided by the nurse.</li> <li>2. Review discussion by Expert Panel.</li> <li>3. Review Part B and make general observations about the care provided by the nurse.</li> <li>4. Discuss both nurse-patient interactions contrasting the approaches used in the two scenes.</li> </ol> <p>Scenario #3 – <i>Hopeless</i>.</p> <ol style="list-style-type: none"> <li>1. Review Part A and make general observations about the care provided by the nurse.</li> <li>2. Review discussion by Expert Panel.</li> <li>3. Review Part B and make general observations about the care provided by the nurse.</li> <li>4. Discuss both nurse-patient interactions contrasting the approaches used in the two scenes.</li> </ol>	<p>15 minutes</p> <p>15 minutes</p>		<p>DVD Scenario</p> <p>Discussion by Expert Panel on video</p> <p>Local discussion by nurses in attendance</p> <p>DVD Scenario</p> <p>Discussion by Expert Panel on video</p> <p>Local discussion by nurses in attendance</p>

## Evaluation Form

**Title:** Psychiatric Simulations: The Mental Health Patient on a Medical-Surgical Floor

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Activity Coordinator:** \_\_\_\_\_

	Not at all	Somewhat	Very Much So
1. The information in this activity will help me do my job.			
2. This course met my objectives.			
3. The teaching methods (video scenarios, expert panel, and local discussion) were effective.			
4. The objectives were met:			
• Empathize with the experiences of service members, including combat veterans.			
• Describe the unique mental and behavioral health needs of veterans.			
• Discuss positive and therapeutic approaches to interacting with veterans who exhibit mental and behavioral health issues.			
5. My nursing care of veterans will change as a result of this activity.			

How many years have you been a Registered Nurse? \_\_\_\_\_

How long have you worked on a Medical-Surgical Unit? \_\_\_\_\_

Have you ever worked on an inpatient Psychiatric Unit at a VA facility? \_\_\_Yes \_\_\_No

In your opinion, are the nurse-patient interactions in the three scenarios realistic? \_\_\_Yes \_\_\_No

Comments:

Suggestions for future topics:

For More Information Contact:



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