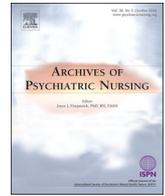


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## Editorial

### Voices, Not Stethoscopes: A Call to Transform Psychiatric-Mental Health Nursing Education



As a former hospital administrator who transitioned into the role of nurse educator, I found comfort in the rather predictable structure of nursing education as clearly bounded by the didactic classroom, nursing resource lab (NRL), and clinical settings. As opposed to other disciplines that emphasized traditional skills-based instruction, I noted a curious gap in pedagogical strategies to explore psychiatric-mental health (PMH) content in the NRL. Through networking, I discovered that PMH nursing was historically, though inaccurately, viewed as one of nursing's "softer" specialties and thus not typically included in the NRL scheduling plan. Nevertheless, I sensed the power of the NRL as a vehicle to bridge this gap but discovered most schools were not equipped with adequate pedagogical tools to instruct students in the seemingly nebulous techniques of therapeutic communication or mental status evaluation. Although these "softer" skills seem different, they are highly important to address patients' psychosocial across the continuum of care and are worthy of pedagogical innovation to support their development.

I was not at all impressed with the commercial products available to support PMHN learning and quickly tapped into my personal narrative of innovation and performance improvement to create immersive learning experience that leveraged the potential of the didactic classroom. I authored a number of scripted scenarios to bring to life engaging low-incidence, high-risk scenarios involving such sensitive topics as treatment-resistant mental illness, challenges faced by transgendered patients, and complex, family dynamics. Through a unique partnership with the School of Theater, whose students eagerly embraced the opportunity, we created a safe, rather intimate 'theater in the round' classroom experience. During these sessions, nursing students observe

the scenarios and then collaborate with each other to perform mental status evaluations in small supportive groups. They also practice skills of therapeutic communication by asking actors questions about their characters and through Socratic questioning, receive immediate formative feedback from their classroom instructor. Through their art of improvisation, the actors expertly field questions, allowing students the freedom to engage psychiatric actor-patients, families, and members of the interdisciplinary team within the safe, affirming milieu of the classroom environment.

Recognizing the presentation of live vignettes in the classroom may not be fully sustainable, I committed the scenes to videotape for future use. I am also collaborating with the Director of the NRL (and feel quite vindicated to have finally captured the NRL's attention) to broadcast the scenarios via a live interactive video-distance learning format so that practicing nurses can also benefit from these innovations. Today, I feel buoyantly optimistic about the future of PMHN education. Although psychiatric nurses use their voices instead of stethoscopes to assess patients, our skills are worthy of development and nurse educators must still provide students with meaningful opportunities to develop them. I lean deeply into the gap in product and instruction in our specialty, and call for nurse educators across the country to engage in similar innovations to create similar learning opportunities for PMH students.

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