

Evaluation of learning in the psychiatric nursing practicum modified to combined hospital and on-campus practicum due to the COVID-19 pandemic

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Evaluation of learning in the psychiatric nursing practicum modified to combined hospital and on-campus practicum due to the COVID-19 pandemic

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Abstract

Aim: The psychiatric nursing practicum was changed to a combination of hospital and on-campus practicum due to the COVID-19 pandemic in FY2020. This study sought to clarify the present situation of student learning in the psychiatric nursing practicum and conduct an educational evaluation.

Method: Qualitative descriptive research was used. The analysis focused on the item entitled “Impressions after completing the practicum” in the practicum records submitted by the university’s nursing students after completing the modified FY2020 psychiatric nursing practicum. Using this content, we analyzed aspects of students’ learning and their satisfaction with the clinical practicum.

Results: The practicum records of 34 students who provided written consent were analyzed. Four categories for the hospital practicum were identified: “Learning about communication skills”, “The importance of patient understanding in psychiatric nursing”, “Changed impressions”, and “Learning specific to the hospital practicum”. Two categories for the on-campus practicum were identified: “Learning about communication skills” and “Learning about psychiatric nursing specializations not easily experienced in the hospital practicum”. Two categories for the overall practicum were identified: “New findings through the clinical practicum” and “Understanding the meaning of interaction in nursing”. Despite the significantly reduced number of practicum hours, the students were able to take full advantage of the hospital practicum to deepen their learning by linking their previous knowledge with practical application in the field. During the on-campus practicum, the students benefitted considerably from roleplays that simulated multiple diseases and situations. Student learning in the two practicums had many commonalities, such as learning related to communication skills and patient understanding. Overall, the students were satisfied with the practicum, and the diverse learning experiences proved to be motivating for the future.

Conclusion: By dynamically combining the hospital practicum with an on-campus practicum, students acquired expertise in psychiatric nursing and expressed satisfaction with their practicum, and the practicum goals were achieved. It is suggested that this practicum content may be an effective learning approach during prolonged crises such as pandemics and disasters.

KEY WORDS

communication, COVID-19, nursing education, nursing students, psychiatric nursing practicum

Introduction

By March 2020, the COVID-19 pandemic was having a profound impact on society, including in the areas of education, culture, and the economy^{1,2)}. In Japan, the government's declaration of a state of emergency led to the imposition of various behavioral restrictions to deter the spread of infection. Nursing education was also greatly affected, forcing many educational institutions to modify their teaching methods, such as discontinuing face-to-face classes^{3,4)}. As for clinical practicums, hospitals faced difficulties in accepting infected patients and managing infection risks, affecting normal operations. Universities also had to make various changes including postponing the start of first semester classes, switching to online classes, and postponing the start of clinical practicums.

The authors' university nursing program offers area-specific field practicums in the third year. The purpose of the psychiatric nursing practicum is to gain a comprehensive understanding of people with mental illness, to acquire nursing assistance skills including family support and community support, and to gain self-insight through communicating with people with mental illness. Students have various images and anxieties about practicums set in psychiatric wards^{5,6)}, and many students enter the clinical setting with a sense of anxiety and fear about the practicum due to preconceptions, prejudice, and the uniqueness of psychiatric wards. Therefore, psychiatric nursing practicums also aim to deepen the students' understanding of mental illness and people with mental disorders, dispel negative images and anxiety, and develop a positive nursing attitude. In past years, these objectives were achieved at the authors' university during a two-week practicum period, where students received eight to nine days of practicum in the psychiatric ward of a university hospital or in the acute or chronic ward of a psychiatric hospital, as well as one day of practicum in a psychiatric daycare setting. However, with outbreaks spreading in Japan in FY2020, clinical practicums could not be conducted as in previous years. On February 28, 2020, the Ministry of Health, Labour and Welfare (MHLW) issued an administrative communication regarding measures to be taken by schools involved in training professionals allied to medicine, stating that when it was difficult

to replace practicum facilities despite trying to change practicum facilities or conducting practicums across fiscal years, students were permitted to acquire the necessary knowledge and skills through exercises or on-campus practicums that were based on actual situations rather than through clinical practicums⁷⁾. Therefore, we decided to modify our clinical practicum system after repeated discussions about the timing of the practicum and number of students who would be present on the ward. After coordination with the hospital, we decided to combine one week of hospital practicum with one week of on-campus practicum. In addition, each student's hospital practicum would last approximately three hours in the morning or afternoon due to the limited number of students that could be present at one time on the ward.

Given that constant changes in university schedules and clinical guidelines during a pandemic can cause anxiety for students⁸⁾, we hastily devised an on-campus practicum the contents that would allow our students to continue their studies in a safe and secure environment while still achieving their original goals despite the shorter hospital practicum. Also, given that the COVID-19 pandemic remains a fluid situation and could continue around the world, our modified practicum experience should be evaluated as soon as possible to contribute to the clinical practicums in nursing. Therefore, this study sought to clarify the reality of student learning by conducting an educational evaluation of the modified psychiatric nursing practicum comprised of both the hospital practicum and on-campus practicum. The originality of this study is that although the time and situations for hospital practicum were limited, the students' reports evaluated the dynamic practicum combined with the on-campus practicum that compensated for these limitations and set up multiple cases that could not be experienced even in normal times. The results of our evaluation could be helpful in examining the content and methods of future practicums and other educational activities during crises such as pandemics and disasters.

Methods

1. Design

Qualitative descriptive research.

2. Participants

Eighty students who took the psychiatric nursing practicum in FY2020.

3. Overview of the psychiatric nursing practicum

Students were third-year nursing students who were divided into seven groups (n = 10-11 per group) to be scheduled for the two-week clinical practicum. In FY2020, each of the seven clinical practicum groups was further divided into two subgroups: (1) hospital practicum the first week and on-campus practicum the second week and (2) on-campus practicum the first week and hospital practicum the second week. In addition, each of the seven hospital practicum groups were further divided into two subgroups: (1) a morning practicum with three students and (2) an afternoon practicum with three students. This ensured that students could experience both morning and afternoon sessions. One faculty member oversaw the hospital practicum and another faculty member oversaw the on-campus practicum. Table 1 shows the hospital practicum schedule and Table 2 shows the on-campus practicum schedule. In the on-campus practicum, multiple case studies were set up, giving students the opportunity to deepen their understanding of a large number of cases. In addition, a new system has been devised for students to learn more professionally about

psychiatric nursing by experiencing group therapy and family support, which are considered important in nursing practice but are difficult to experience due to the limitations of time, and the current methods of the hospital practicum.

4. Data collection

Among the records that the students submitted after completing the clinical practicum, the analysis focused on the record entitled "Impressions after completing the clinical practicum", which did not specify items but asked the trainees to freely describe their impressions.

5. Data analysis

The contents of the abovementioned record were extracted, separated into semantic units, and then coded. The codes were classified into three categories by content: (1) hospital practicum, (2) on-campus practicum, and (3) overall practicum. For each of the three categories, the codes were compared and summarized according to their differences and similarities to extract subcategories. We further abstracted and extracted categories by grouping the subcategories by common semantic content. It was determined that there was no significant difference in learning based on the order of hospital practicum and on-campus practicum, therefore, the results were analyzed as a whole.

Throughout the entire process, the analysis was repeatedly reviewed by our researchers to ensure its accuracy and validity.

6. Ethical consideration

This study was approved by the Medical Ethics Committee of Kanazawa University (Approval No. 1021-1). This study was conducted in accordance with the ethical guidelines for medical research involving human subjects (Declaration of Helsinki, 2013). We gave participants verbal and written explanations about the study's objectives and intentions and confirmed that their participation was voluntary. We explained that their consent once given could not be revoked during the process. We also explained that if they did not agree to participate, their grades would not be affected in any way, their personal information would be held in strict confidence, they would not be identified when publishing the results, and the information obtained would not be used for any purpose other than research.

Table 1. Schedule of the hospital practicum

	AM (8:30-12:00)	PM (13:00-16:00)
Mon	Orientation Hospital practicum	Self-learning
Tue	Hospital practicum	Self-learning
Wed	Self-learning	Hospital practicum
Thu	Self-learning	Hospital practicum Case conference
Fri	Hospital practicum	Reflective meeting

Table 2. Schedule of the on-campus practicum

	AM (8:30-12:00)	PM (13:00-16:00)
Mon	Hallucinations and delusions (Role-play)	Hallucinations and delusions (Role-play)
Tue	Depression and suicidal ideation (Role-play)	Depression and suicidal ideation (Role-play)
Wed	Family support (Role-play)	Family support (Role-play)
Thu	Group therapy (Social Skills Training [SST])	Psychological education (Schizophrenia, Mood Disorders)
Fri	Case management	Case Management Presentations

Results

The practicum records were analyzed for 34 students written (31 females and 3 males) who provided with written consent to participate. Seventeen students completed their hospital practicum first and the remaining 17 completed their on-campus practicum first.

Analysis of the hospital practicum data extracted 142 codes that were grouped into 15 subcategories and four categories. Analysis of the on-campus practicum data extracted 95 codes that were grouped into six subcategories and two categories. Analysis on the overall practicum data extracted 32 codes, that were grouped into four subcategories, and two categories. Table 3-5 shows each category, subcategory, and representative code. Descriptions of each category and example codes are shown below.

1. Hospital practicum

1.1. Category 1: Learning about communication skills

This category represents student learning based on the observation of interactions between patients and the student and communications between patients and nurses in the ward. This category contains 58 codes assigned to the following five subcategories.

1.1.1. Importance of listening and empathy (16 codes)

Students had learned about the importance of listening and empathy in previous lectures, but were able to reconfirm the importance through practice during the hospital practicum:

I had thought that listening was something natural and not special, but I realized once again that listening is one way to relieve patients' anxiety and stress. (No.21)

1.1.2. Importance of communicating with others according to their situation (15 codes)

The students felt they needed to devise an appropriate method of communication for the patient. They also learned that as the patient's situation changes from day to day, they must adapt to the moment, which in turn affects the patient's reaction.

I thought that the way to communicate with patients according to their situations could help them calm down and build a trusting relationship. I learned that such communication is great support for patients. (No. 19)

1.1.3. Importance of communication in building a relationship of trust (12 codes)

Students came to the realization that in order to provide sufficient support to the patients, it is necessary to acknowledge and respect the individuality of each patient rather than to regard them wholly as "patients." and that such involvement facilitates the learning about their personalities and strengths.

Although it is surprisingly difficult for patients to ask for help, I learned that it is necessary to create an environment where it is easy to ask for help and to be aware of the patient's thoughts and feelings. (No. 15)

1.1.4. Learning from the patient's response (5 codes)

Students read and deepened their understanding of the patient's changing emotions and symptoms through repeated interactions with their patients.

I learned the most from being able to be near the patient from the onset of symptoms, such as hyperactivity and irritability due to anxiety, until they subsided. (No.3)

1.1.5. Difficulty in communication (5 codes)

Students were so aware of "communicating with patients with mental illness" that they felt tension, thinking they had to respond appropriately and not hurt anyone's feelings.

I felt it was difficult to have a smooth conversation because I had to choose my words carefully so as not to say something hurtful or easy to say. (No.1)

1.2 Category 2: Importance of patient understanding in psychiatric nursing

This category represents important perspectives for understanding the patient in psychiatric nursing and what should be emphasized when considering the necessary support. This category contains 45 codes and five subcategories.

1.2.1 Importance of comprehensive understanding of the patient (16 codes)

Understanding the patient requires knowing the background to their life and relationships and not just focusing on their currently manifesting symptoms. The students fully understood its importance.

I learned that knowing the background of the patient's development and mind allowed me to see what the patient needs, what he has difficulty living with, and how to improve it. (No.22)

1.2.2. Importance of community life-based assistance (5 codes)

Students learned that hospitalization is temporary for patients and that even during a short hospital stay, it is

important to look ahead to life after discharge to help them live with more ease.

Because they have to continue living with the disease,

I felt it was important to alleviate their symptoms and anxiety, help them adjust their lives during their hospital stay, prepare their environment after discharge, and

Table3. Learning from the hospital practicum

Categories	Subcategories	Codes
Learning about communication skills	Importance of listening and empathy	I had thought that listening was something natural and not special, but I realized once again that listening is one way to relieve patients' anxiety and stress.
		I thought it was important to first listen to patients who are experiencing a sense of loss, such as the death of a close relative, or those who have significant environmental or family issues.
		I realized that even though ways of communication and approaches may differ, being close to patients and listening to their thoughts are important things that we all share as nurses.
	Importance of communicating with others according to their situation	I thought that the way to communicate with patients according to their situations could help them calm down and build a trusting relationship. I learned that such communication is great support for patients.
		Even in the short time the patients were there, the nurses noticed changes in them and spoke and behaved in a way that was suitable for each patient. I thought that this environment would help patients feel at ease during their recuperation.
		I learned that it is important to consider the patient's personality and devise a way to communicate in a way that is easy for them to hear and understand.
	Importance of communication in building a relationship of trust	Although it is surprisingly difficult for patients to ask for help, I learned that it is necessary to create an environment where it is easy to ask for help and to be aware of the patient's thoughts and feelings.
		From watching the nurses, I sensed that they took time to carefully engage with each patient, and I thought this is the kind of work I would like to do when I become a nurse.
		I thought it was not just about involvement and assessment for disease recovery, but also about the human connection part of the relationship, which leads to better understanding each other.
	Learning from the patient's response	I learned the most from being able to be near the patient from the onset of symptoms, such as hyperactivity and irritability due to anxiety, until they subsided.
I felt that simply being by the patient's side without saying anything is one way to communicate.		
I was able to read the patient's gradually changing emotional state through our daily conversations.		
Difficulty in communication	I felt it was difficult to have a smooth conversation because I had to choose my words carefully so as not to say something hurtful or easy to say.	
	Although I knew that listening and empathy are necessary, I was concerned about whether I was responding appropriately to the patient.	
	I realized that although I conversed at the pace of the nurses during role-plays, it is difficult to do so in real life.	
Importance of patient understanding in psychiatric nursing	Importance of comprehensive understanding of the patient	I learned that knowing the background of the patient's development and mind allowed me to see what the patient needs, what he has difficulty living with, and how to improve it.
		I realized that patients' backgrounds and relationships greatly influence the onset and current status of the disease, so symptoms and responses can differ even within the same disease.
		Even casual, everyday conversations contain a variety of information about the patient's thoughts and relationships with the people around them, and I thought that this information could apply to nursing practice.

Table3. Learning from the hospital practicum

Categories	Subcategories	Codes
Importance of patient understanding in psychiatric nursing	Importance of community life-based assistance	Because they have to continue living with the disease, I felt it was important to alleviate their symptoms and anxiety, help them adjust their lives during their hospital stay, prepare their environment after discharge, and enhance their quality of life in this process.
		Because of the shorter hospital stay, I felt I needed to reduce post-discharge anxiety and to provide better post-discharge support during their stay.
		It seemed very important to find a way to live with mental illness and move on with life, rather than aiming for a complete cure. I thought that one of the roles of nurses is to find such a way together with the patients.
	Importance of understanding the patient's strengths	I thought it was very important to focus on the person's currently healthy aspects and strengths rather than just on what is not going well or not easily showing results.
		I learned the importance of identifying the patient's strengths in planning nursing care and in helping the patient gain self-confidence and build trust with the nurse.
		To take advantage of the patient's strengths, medical staff needs to look at them and approach them well. I want to become a nurse who views patients not only in terms of their disease but also their strengths and as people living their lives.
	Importance of respecting the patient as a person	I talked a lot with the patients and learned so much about their personalities, upbringings, hobbies, and lives after leaving the hospital. I believe that I was able to get to know and relate to them not only as patients with an illness but also as people.
		I learned what it means to see patients as individuals, to recognize their strengths, and to relate to them with a rationale and purpose.
		I realized that I had been too preoccupied with the words "patient" and "mental illness" in my relationships with patients.
	Importance of a team approach	Participating in the inpatient and incident conferences made me realize the importance of sharing information and exchanging ideas among nurses.
The wards have a gentle, relaxed atmosphere, and the friendly relations among the medical staff might have given the patients a sense of security.		
I realized that an important role of nurses is to connect patients to professionals in their field to help manage their problems.		
Changed impressions	Changed impressions of psychiatric wards	I learned that the wards are more than I thought they would be and that patients are free to live their lives as they see fit.
		I had an image of psychiatric wards as closed and dark.
		Although it is a closed ward, I felt that it was designed so that patients did not feel closed in.
	Reduced fear of people with mental illness	The "scary" image I had before my hospital practicum has changed drastically.
		Talking with patients changed my image of patients with mental illness as scary.
		Communication with the patient was sometimes enjoyable, and I learned that they experienced anxiety and distress. I no longer thought of them as scary but as people who were very anxious and whose lives were affected by it.
	Affinity for people with mental illness	Although they are not good some things at or cannot do them, I felt that the fundamental aspect of humanity is the same for people with and without mental illness.
		I felt that people with mental illness were not totally different from me and that I could well be one of them.
		Hearing the patient say that they cannot tell others about their illness, I wondered if society's image and prejudice toward mental illness prevents people from disclosing their illness, making it difficult for them to live in society.

Table3. Learning from the hospital practicum

Categories	Subcategories	Codes
Learning specific to a hospital practicum	Learning on the ground amid constraints	By visiting the hospital ward, I was able to understand and gain interest in a field of psychiatry, which I did not know much about before.
		I had never talked to a patient with mental illness before, so this experience was very significant for me, and there were many things I learned and absorbed for the first time.
		I was more strongly impressed through experiencing and feeling the experience than by gaining knowledge alone.
	Learning from medical staff and faculty guidance	I received polite guidance from the nurses about my interactions with patients, which helped me realize the bias in my thinking and responses.
		I felt that the head nurse's words would very much lower the hurdles to the use of psychiatric medications. I felt the power of nurses in the way they said things to reassure patients, and I found it very appealing.
		I watched how the nurses spoke, how they reacted, and what they asked while measuring vital signs. I learned about many cases in a short period, and I was able to feel the pain of patients through simulated experience rather than classroom lectures. It was also a very good experience for me to feel myself go through emotional changes.

enhance their quality of life in this process. (No.17)

1.2.3. Importance of understanding the patient's strengths (8 codes)

Students learned the importance of strength through previous lectures. Through the hospital practicum, they reaffirmed its importance and learned specifically how to find and apply the patient's strengths in their care.

I thought it was very important to focus on the person's currently healthy aspects and strengths rather than just on what is not going well or not easily showing results. (No.14)

1.2.4. Importance of respecting the patient as a person (6 codes)

Students realized that providing needed support to the patient, it is necessary to respect the individuality of patients rather than lumping them together as "patients" and that such involvement allows us to learn about their personalities and strengths.

I talked a lot with the patients and learned so much about their personalities, upbringings, hobbies, and lives after leaving the hospital. I believe that I was able to get to know and relate to them not only as patients with an illness but also as people. (No.21)

1.2.5. Importance of a team approach (5 codes)

Students learned the importance of collaboration by observing frequent conferences and information sharing among nurses and other professionals.

Participating in the inpatient and incident conferences made me realize the importance of sharing information

and exchanging ideas among nurses. (No.24)

1.3 Category 3: Changed impressions

This category indicates that the images and prejudices students held toward psychiatric wards and people with mental illnesses, such as fear and gloom, changed through the hospital practicum. This category contains 16 codes and three subcategories.

1.3.1. Changed impressions of psychiatric wards (5 codes)

Students had never been in a psychiatric ward before the hospital practicum. They held a dark and closed image of psychiatry when, in actuality, the ward was bright and open and designed to let in sunlight, which differed from their expectations. They had learned and were convinced that unique psychiatric structures, such as locked doors and protective rooms, were significant.

I learned that the wards are more than I thought they would be and that patients are free to live their lives as they see fit. (No.33)

1.3.2. Reduced fear of people with mental illness (4 codes)

Students who had no prior contact with people with mental illness considered them "scary". However, this image changed drastically once they communicated with their patients and observed other patients and nurses.

The "scary" image I had before my hospital practicum has changed drastically. (No.19)

1.3.3. Affinity for people with mental illness (4

codes)

Before the practicum, students felt that people with mental illness were different and distant from them. However, the hospital practicum helped the students realize that mental illness is part of the person, many healthy parts of the person remain, they are no different from them, and it is not unusual for something to happen to them.

Although they are not good some things at or cannot do them, I felt that the fundamental aspect of humanity is the same for people with and without mental illness. (No.19)

1.4 Category 4: Learning specific to a hospital practicum

This category represents the experience and learning gained from being at the hospital even for a short time. This category contains 23 codes and two subcategories.

1.4.1. Learning on the ground amid constraints (12 codes)

Despite the shorter number of days and daily hours than usual in their practicum, the students considered this a positive factor and were able to learn. They also developed an interest in psychiatric nursing.

By visiting the hospital ward, I was able to understand and gain interest in a field of psychiatry, which I did not know much about before. (No.14)

1.4.2. Learning from medical staff and faculty guidance (11 codes)

Students carefully observed the words and actions of the nurses and other medical professionals. They also learned a lot from advice they received when reporting their plans and actions.

I received polite guidance from the nurses about my interactions with patients, which helped me realize the bias in my thinking and responses. (No.10)

2. On-campus practicum

2.1 Category 1: Learning about communication skills

This category represents learning gained from various perspectives on communication skills, mainly through situational role-playing of several simulated cases. This category contains 49 codes and two subcategories.

2.1.1. Acquisition of communication skills and self-insight through role-playing (41 codes)

Students experienced role-playing of multiple cases and then generated process records of them, which facilitated contemplation of their responses and patients'

reactions, leading to learned communication skills and self-insight.

I learned a lot about how to listen and create an atmosphere conducive to conversation, and I was able to reflect on my words and actions during the conversation and think about my behavior. (No.13)

2.1.2. Learning through observation of other students' communication (8 codes)

Observing other students' role-playing and receiving feedback from a faculty teacher was a valuable experience not found in previous lectures or the practical practicum.

I was nervous about the role-playing, but the advice from the teacher and seeing firsthand how other students conversed was an unprecedented and valuable experience. (No.5)

2.2 Category 2: Learning about psychiatric nursing specialties not easily experienced in a hospital practicum

In a hospital practicum, each student supports and communicates with only their assigned patient. In contrast, the on-campus practicum program featured multiple case studies that provided learning opportunities for a wide variety of diseases and cases. This category represents such characteristics and includes 46 codes and four subcategories.

2.2.1. Comprehensive learning about multiple diseases and common clinical situations (25 codes)

Students experienced a variety of situations to gain knowledge about different diseases and learn what is important in nursing.

I learned how to approach patients and their characteristics other than those I took on the ward. It was great to be exposed to various types of mental disorders. (No.31)

2.2.2. Importance of family support (7 codes)

In psychiatric nursing, the patient's family is another target of support as they often have many problems. The hospital practicum provides few opportunities for students to intervene with families, and so on-campus role-playing of family support gave the students a new perspective.

As there are many issues regarding the family, such as uncertainty about the future and mental and physical exhaustion, we felt it was important to consistently support the family. (No.4)

2.2.3. Learning about group therapy (7 codes)

In addition to gaining knowledge about group therapy, students gained much learning doing group therapy

with other students.

Experiencing SST (Social Skills Training) and psychoeducation gave us an idea of the content and how

Table4. Learning from the on-campus practicum

Categories	Subcategories	Codes
Learning about communication skills	Acquisition of communication skills and self-insight through role-playing	I learned a lot about how to listen and create an atmosphere conducive to conversation, and I was able to reflect on my words and actions during the conversation and think about my behavior.
		People often told me that I think too much, which I thought was one of my shortcomings. However, I realized that it could also be a strong point when talking with patients, and I feel much better about it.
		Having accepted my tendencies through role-playing, I became aware that in the hospital practicum, I should first try to listen sincerely to patients.
		By writing a process record, I was able to reflect on what I had difficulty with and what I could have done better in the conversation. By repeating the role-plays, I was able to have smooth conversations without feeling nervous.
		Through role-playing, I was able to visualize actual situations, deepen my understanding of how to interact, and recognize my communication tendencies, which deepened my understanding and knowledge about communicating with people with mental illness.
		I was able to ask questions that actual patients might have been too lost to ask, and I gained a deeper awareness of the patient's thoughts.
		I learned a lot from the role-plays because I was able to hear others' opinions on the spot, and if I had any problems handling a situation, I could reflect on it and try again.
	Learning through observation of other students' communication	Practicing with cases through role-playing reduced my anxiety and allowed me to go on the ward with confidence.
		I found it very difficult to respond appropriately while listening empathetically to what the role-player had to say.
		I was nervous about the role-playing, but the advice from the teacher and seeing firsthand how other students conversed was an unprecedented and valuable experience.
		I learned a lot from observing how my friends usually talk with their patients.
		It was good to do it by myself because I gained an understanding that I could not have gained alone, and I learned that other people think this way.
		It was great to see how others communicate, listen, and elicit information through role-playing, and I was able to reflect on my communication.
		By watching others role-play, I was able to imitate their good points and to reflect on my own.
Learning about psychiatric nursing specialties not easily experienced in a hospital practicum	Comprehensive learning about multiple diseases and common clinical situations	I learned how to approach patients and their characteristics other than those I took on the ward. It was great to be exposed to various types of mental disorders.
		I learned about many cases in a short period, and I was able to feel the pain of patients through simulated experience rather than classroom lectures. It was also a very good experience for me to feel myself go through emotional changes.
		I learned a lot about understanding people with different symptoms and learning how to talk to them and treat them.
		I think it was a good opportunity for me to understand mental health nursing because I could learn about many cases as if I were practicing, with the professor's explanations.
		I could learn to communicate with patients when their conditions were deteriorating and their families in a way that I could not experience in my practicum, and I was able to learn more about various diseases.

Table4. Learning from the on-campus practicum

Categories	Subcategories	Codes
		As there are many issues regarding the family, such as uncertainty about the future and mental and physical exhaustion, we felt it was important to consistently support the family.
	Importance of family support	From role playing family support, I realized the difficulty of assessing information in the conversation and selecting information to convey from our knowledge of the psyche. I realized once again that patients' families also face various conflicts.
		To support family members who are supporting the patient, we learned that the healthcare professionals' role is to listen to the family members' thoughts and feelings, collaborate with other professions, and guide the families to specific solutions.
		Experiencing SST and psychoeducation gave us an idea of the content and how patients felt about participating in the program.
Learning about psychiatric nursing specialties not easily experienced in a hospital practicum	Learning about group therapy	I was happy to hear many different opinions on SST that I had not heard before and to learn about the advantages of SST. Through SST, I learned that many people live with their problems and cope well with them, and I realized that I have also dealt with such problems but that I convinced myself and dealt with them in a way that I do not have to worry about them.
		After doing SST on our own, I realized that presenting and getting praise in a group, no matter how small, is very meaningful for everyone.
	Learning about case management	I realized it is very difficult to locate and combine resources to meet a patient's needs from the many services available in the community. In considering discharge support in case management, I learned that psychiatric treatment is needed over the long term and that it is necessary to use not only home nursing and daycare, but also various services and systems such as meal delivery services and short stays. I learned that many systems in society support people with mental illness and that we must know about them so that the support received is appropriate to the person. I learned that there are so many support systems in the community that enable people with mental disabilities and their families to live safely in the community.

SST : Social Skills Training

patients felt about participating in the program. (No.26)

2.2.4. Learning about case management (7 codes)

Through case management examples, students learned about various types of community supports and the importance and difficulties of community support.

I realized it is very difficult to locate and combine resources to meet a patient's needs from the many services available in the community. (No.4)

3. Overall practicum

3.1 Category 1: New findings through the clinical practicum

This category represents new knowledge gained and changed feelings through the overall practicum. This category contains 17 codes and two subcategories.

3.1.1. Satisfaction with the overall practicum (13

codes)

Students expressed that the two-week program was very worthwhile as they learned many things. The new learning and satisfaction were motivating for the future.

I learned how to view myself with mental illness, communication skills, and how to relate to others, all of which were my goals for the two weeks, and the time was meaningful. (No.6)

3.1.2. Changed impressions of psychiatry and mental illness (4 codes)

The knowledge and understanding students gained about psychiatric nursing and mental illness helped clarify formerly held images.

I felt that medical professionals must disseminate correct information so that society as a whole no longer has a negative image of psychiatry and mental illness and

Table5. Learning from the overall practicum

Categories	Subcategories	Codes
New findings through the clinical practicum	Satisfaction with the overall practicum	I learned how to view myself with mental illness, communication skills, and how to relate to others, all of which were my goals for the two weeks, and the time was meaningful.
		Both were valuable experiences with new learning.
		I learned that recovery is slower than in other illnesses, that illness involves various factors, that psychosocial treatment involves working with patients to cope with their illness, and that various professions can work together in a multidisciplinary environment, all of which makes psychiatric nursing attractive. It was a very meaningful practicum that changed my image of psychiatry.
		Throughout the two weeks, I thought that nursing is a challenging job, and I am now more motivated about nursing.
		I thought the perspectives, ways of thinking, and communication skills I learned in this practicum would be useful to my future practice and when I work as a nurse or public health nurse in the future.
	Changed impressions of psychiatry and mental illness	I learned important things about interpersonal relationships, not only in terms of mental illness but also how to relate to each person according to their personality and current condition.
		I learned about post-discharge support, support for family members, and rehabilitation such as SST, which I did not encounter during my hospital practicum. I learned that psychiatric nursing is not limited to clinical practice, and I had the opportunity to expand my future options.
		I felt that medical professionals must disseminate correct information so that society as a whole no longer has a negative image of psychiatry and mental illness and so that anyone can easily consult with them.
		I now have a little more of an image of mental illness.
		My image of psychiatric wards and mental illness has changed.
Understanding the meaning of interaction in nursing	Acquisition of communication skills and self-insight	I now have an image of people with mental illness, their families, and medical professionals engaged in psychiatric nursing at psychiatric departments and health centers.
		It is never easy or simple to communicate with patients who are in a mentally difficult situation or with their worried families, but if I had the opportunity to talk to them now, I would not hesitate to go and listen to them actively and with confidence.
		I feel that building a relationship with patients means I must put myself in their shoes and accept their thoughts and feelings from various angles rather than basing them on my values.
		What I learned during this clinical practicum changed not only the way I interact with patients, but also the way I relate to and perceive people in my daily life.
		To maintain mental health, I must make time to face myself and understand how to accept events and cope with stress.
	Improved patient understanding	I learned what mental health nursing is all about and could find out what I need to do in the future.
		I was able to reflect on characteristics of my communication style and how it affects patients.
		I thought it was important to find hobbies that they enjoy and healthy ways to relieve stress to prevent or alleviate mental illness and prevent a recurrence, so I would like to find those things in my life. I would like to support patients in their search for a more comfortable life.
		Mental illnesses are invisible to the eye and patients often suffer from prejudice from those around them. It is important to help such patients and listen to their stories and thoughts. I thought this was an area where nurses can directly demonstrate their abilities.

Table 5. Learning from the overall practicum

Categories	Subcategories	Codes
Understanding the meaning of interaction in nursing	Improved patient understanding	I think I can now understand how patients might think and what kinds of suffering and conflict they have lived through, which was my goal for the practicum.
		I learned that a very important perspective in psychiatric nursing is to consider the patient as an individual and to practice nursing in a way that takes advantage of their strengths and what they can do. I think that this concept is necessary in all areas.
		I believe that many patients hospitalized for treatment of physical illnesses also suffer mentally, and so I would like to become someone who can think about both the bodies and minds of patients.
		I felt that people with mental illness often have difficulty relying on others, think they are at fault, are unaware of their situation, and are driven into a corner without realizing it. That is why I think it is very important to value the interpersonal relationships and conversations we have with people every day, and to reach out when I sense that something might be wrong.

so that anyone can easily consult with them. (No.15)

3.2 Category 2: Understanding the meaning of interaction in nursing

This category represents a reflection on communication and patient understanding in psychiatric nursing and on students' future as nursing professionals. This category contains 15 codes and two subcategories.

3.2.1. Acquisition of communication skills and self-insight (9 codes)

The students engaged in self-reflection through learning about communication and they had the opportunity to consider how they should conduct themselves in the future.

It is never easy or simple to communicate with patients who are in a mentally difficult situation or with their worried families, but if I had the opportunity to talk to them now, I would not hesitate to go and listen to them actively and with confidence. (No.5)

3.2.2. Improved patient understanding (6 codes)

Students considered the importance of understanding not only the symptoms of people with mental illness, but also their backgrounds and difficulties in life, and the nursing perspectives necessary to achieve them.

Mental illnesses are invisible to the eye and patients often suffer from prejudice from those around them. It is important to help such patients and listen to their stories and thoughts. I thought this was an area where nurses can directly demonstrate their abilities. (No.9)

Discussion

This study clarified the reality of student learning in

the psychiatric nursing practicum during the COVID-19 pandemic. Based on these results, we discuss the effectiveness and limitations of this practice and future issues.

1. The characteristics of learning in the hospital practicum

The most extensive category of learning in the hospital practicum is "learning about communication skills." Students learned about communication skills, mental illness, and psychiatric nursing in lectures before their hospital practicum. However, many students expressed concerns such as "I don't have an image of how I will communicate in the psychiatric nursing practicum" and "I am worried about my ability to relate well to patients"^{9,10}. By communicating with patients on the ward and observing nurses and doctors interacting with patients, the students were able to learn about therapeutic communication, which was not fully understandable during their classroom studies. Listening and empathy are abstract skills, but students could sense from their experiences what they are specifically about and why they are important. They were also able to think about "the importance of communication to build a relationship of trust" through the process of establishing and developing a helping relationship with a patient they had never met before. "The importance of communicating with others according to their situation" suggests that students realized that communication does not follow a manual. In the medical field, there is a world beyond imagination that cannot occur on campus. Even students should act in the capacity of

nurses and make situational decisions. Benner¹¹⁾ states that the first principle of a nursing practicum is to be involved while being involved in a situation. Another factor was “learning from a patient’s reactions” during practicum experiences despite feeling perplexed by unexpected patient reactions and situations. Such an experience is one of the advantages and the best part of a hospital practicum. The students were able to learn important points in psychiatric nursing, such as “the importance of a comprehensive understanding of the patient” and “the importance of understanding the patient's strengths” through interactions with their patients. Ward nurses serving as role models is another major factor. As shown in “learning from medical staff and faculty guidance,” students carefully observed the nurses' words and actions and tried to understand their intentions. They also received advice while reporting implementation plans and details to deepen their understanding. Clinical practicum in basic nursing education is a place to apply knowledge and skills in a nursing practicum and to cultivate the ability to understand the connection between nursing theory and practicum¹²⁾. Educational institutions and clinical sites are making their best efforts to provide clinical practicums during the COVID-19 pandemic, but learning opportunities have been reduced due to various necessary constraints¹³⁾. Our results indicate that despite having significantly reduced time, students took full advantage of the hospital practicum and deepened their learning by connecting previously learned knowledge with practical application in the field. The “learning specific to a hospital practicum” shows a positive attitude and hard work that went into the limited opportunities available.

2. The characteristics of learning in the on-campus practicum

The on-campus practicum spent considerable time on role-playing to simulate multiple diseases and situations. A faculty member played the role of the patient, representing the disease and the person's characteristics, and the students responded as nurses. As a result, “learning about communication skills” and “learning about psychiatric nursing specialties not easily experienced in a hospital practicum” were almost equally represented. We set up serious scenes in our

role-plays, where the symptoms were somewhat easy to recognize. We intended to provide experience with the basic illnesses and situations necessary for a psychiatric nursing practicum. The greatest advantage of an on-campus practicum is that the faculty can create appropriate materials, set up situations, and control the environment to achieve student learning goals, whereas the on-hospital practicum is dependent on patient conditions.

The current results indicate the effectiveness of this intention. In fact, many studies have reported the effectiveness of role-playing in nursing education^{14,15)}. Fossen¹⁶⁾ notes that group role-playing encourages reflection and insight, not only for students playing patient and nurse roles, but also for their peers observing the group session. The students learned a lot from role-playing over the days, and they reflected on their interactions and expanded their thinking after observing others' responses and receiving faculty feedback. Working in small groups and taking time to thoroughly consider responses was very effective. In addition, as the hospital practicum was limited to supporting one’s own patients, role-playing was a valuable opportunity for students to experience multiple diseases and situations. In role-playing, students took on difficult situations because they were not overly nervous. More effectively, the teacher understood the students’ communication characteristics and closely supervised them by clarifying their issues so that they could challenge themselves.

Family support, group therapy, and case management are important in the field but are difficult for students to experience even during the original two-week practicum. The program’s inclusion of these components allowed students to understand their importance. Overall, the program provided a comprehensive experience and understanding of psychiatric nursing.

As another advantage, students who completed their on-campus practicum first went into the hospital practicum with less anxiety. Many previous studies have described students' various anxieties about psychiatric nursing practicums¹⁷⁾. Several studies have shown that students’ negative attitudes, fear, and anxiety can hinder both their learning and development of the therapeutic relationship^{6,18)}. On the other hand, clinical practice has been identified as one strategy that engenders

more positive attitudes to help nursing students overcome their fear and apprehension about mental health nursing and working with people with a mental illness¹⁹). The students' opportunity to undergo several experiences, even model cases, and discuss them with group and faculty members before an on-site practicum served to deepen their understanding of psychiatric nursing, reduce their anxiety, and motivate them for the hospital practicum. For students who lacked experience communicating with people with mental illness, the simulation was important and advantageous. In contrast, students who completed the hospital practicum first made up for the limited time with patients by applying what they learned in the hospital practicum to their role-playing.

3. Learning in the overall practicum and future challenges

The hospital practicum focused on the deep understanding of a single patient in a limited amount of time, while the on-campus practicum emphasized highly specialized content such as multiple disease and scene settings, family support, and case management, which cannot be experienced in the hospital practicum. We designed our on-campus practicum program to make up for any deficiencies in the hospital practicum. Therefore, we covered the content stipulated in the Regulations for Designation of Practicum Schools for Nurses. The overall practicum was about learning from both sides. Students were ensured of the opportunity to understand the meaning of interaction by setting realistic examples in the on-campus practicum. The small number of students and the time available made it possible to conduct active learning in a situation close to the practical site, leading to deeper thinking by students. In other words, the dynamic integration of the hospital and on-campus practicum is believed to have resulted in important points in psychiatric nursing practice as an overall learning experience. The results of this study will contribute to more effective practice included not only the clinical practicum but also skills' seminars.

Many respondents expressed satisfaction with the practicum overall in "new findings through the clinical practicum." Having learned much, students found psychiatric nursing and nursing attractive. Some

reflected on themselves and found challenges. Some thought about what was needed to make society easier to live in for people with mental disabilities. These outcomes would significantly impact students' motivation for future study and the formation of their views on nursing. Clinical practicum is when students place themselves in the practice of nursing professionals and provide care from the perspective of a nursing professional¹²). Integrating the knowledge and skills learned on campus and cultivating practical nursing skills is essential to go out into the field. However, it was suggested that this program may be an effective learning method during prolonged crises such as pandemics and disasters.

Study limitations and challenges

This study analyzed data from 34 of 80 students for whom written consent was obtained. Therefore, the study does not reflect the learning of all students. Most comments were positive because the data were from reports submitted to the faculty. In addition, differences in learning and satisfaction based on the order of the practical training were not examined. Although there was no significant difference in the results, it is expected that there were in fact differences due to the order of the practical training. To make the students' learning equitable, it is possible to devise such a method as having onsite and on-campus training every other day. Evaluation and improvement of the clinical practicum, with consideration of the honest opinions of the students, must be continued.

Conclusion

Analysis of the data on the hospital practicum led to the extraction of four categories: "Learning about communication skills", "Importance of patient understanding in psychiatric nursing", "Changed impressions", and "Learning specific to a hospital practicum". Analysis of the data on the on-campus practicum led to the extraction of two categories: "Learning about communication skills" and "Learning about psychiatric nursing specialties not easily experienced in a hospital practicum". Lastly, analysis of the data on the practicum overall led to the extraction of two categories: "New findings through the clinical practicum" and "Understanding the meaning of

interaction in nursing". By dynamically combining the hospital practicum with an on-campus practicum, students were able to acquire expertise in psychiatric

nursing and expressed satisfaction with their practicum experiences.

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COVID-19 パンデミックにより臨地実習と学内実習の併用に変更された 精神看護実習の学習評価

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要 旨

目的: 2020 年度の精神看護学実習は, COVID-19 パンデミックの影響によって臨地実習と学内演習を組み合わせた形態に変更された。本研究は, 精神看護実習の学生の学びの実態を明らかにし, 教育評価を行うことを目的とした。

方法: 2020 年度 3 年次に精神看護実習を履修した本学看護学専攻 4 年生が実習終了後に提出した実習記録のうち, 「実習を終えての感想」を分析対象とした。記録内容から, 実習を通して学んだことや満足感などに関する内容を抽出し, 意味単位ごとに区切り, コード化, カテゴリー化した。

結果: 書面での同意が得られた 34 名の実習記録を分析した結果, 病棟実習に関しては【コミュニケーション技術に関する学び】, 【精神科看護における患者理解の大切さ】, 【イメージの変化】, 【臨地実習ならではの学び】の 4 つのカテゴリー, 学内実習に関しては【コミュニケーション技術に関する学び】, 【臨地実習では体験が難しい精神看護の専門性に関する学び】の 2 つのカテゴリー, 実習全体に関しては【実習による新たな発見】, 【看護における相互作用の意味の理解】の 2 つのカテゴリーが抽出された。

結論: 臨地実習と学内演習をダイナミックに組み合わせた実習を行うことで, 学生は精神看護の専門性を獲得し満足感のある実習ができており, 実習目標は達成された。本実習内容は, Pandemic や災害などの緊急事態が長期化した際の学びのあり方として有効であることが示唆された。