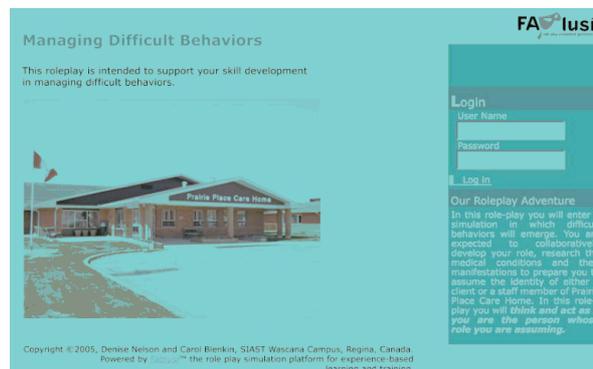


MANAGING DIFFICULT BEHAVIOURS

ABSTRACT

As an innovative approach to teaching the management of difficult behaviours, this web-based role play simulation engages students by placing them directly into inter-personal conflicts with residents, family members and health care professionals in a long-term nursing care setting. Through play, students gain insight into the complexities of health challenge conditions such as dementia, depression, substance abuse, psychosis etc. by investigating how the various conditions influence the behaviours of the persons affected. Students benefit by acquiring a deeper understanding of their future professional environments as they practice therapeutic communications and manage difficult behaviours in a safe environment.



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KEYWORD

nursing education

DESCRIPTION

Managing Difficult Behaviours online role play simulation represents a typical day of interactions in a long-term care facility. Nine roles are represented: four staff nurses, a custodian, three residents, and one family member. Similar to real life, all of these people have personal and medical health challenges which influence their behaviours. They interact in the hallway, resident's and staff rooms, and each role has rights to enter certain spaces, similar to the real world. Tony, (male resident) for example, does not have the right to enter the nursing station, yet Olga (female resident living with dementia), enters every room in the facility as she does not understand her boundaries.

On this particular day at Prairie Place Care Home, Maria, one of the residents, suddenly dies in the lunch room, resulting in chaos and emotional upset. Conflicts arise among residents on the ward as well as with their caregivers and family. Olga cries over the death of her friend and is comforted by Danny (male nurse), but later disappears from the Home. Nicole (partner with history of substance abuse) visits Tony (history of ongoing addictions), and they conspire to obtain medications. Jennifer (female nurse/active substance abuse) comes to work feeling tired and sick. Stephanie (female resident with depression) cries in the isolation of her room. Sarah (female nurse manager) initiates a plan to relocate Tony to Maria's room, but meets opposition from Tony and nurse Elaine. Tony reacts with a psychotic episode and simultaneous events unfold which necessitate action by the nursing staff. Albert (facility custodian), played by the faculty, acts as a friend to all, and supports flow of the role play by modelling verbal and non-verbal cues.

The simulation provides the environment in which players act out and manage difficult behaviours. They experience firsthand the responses to their actions. Players experience the conflicts inherent in today's society as individuals live out their lives coping with its demands and health challenges. The day ends with the nursing staff debriefing in the conference room, but unknown to them, the residents are able to listen to the exchanges. Finally, the participants debrief in and out of character to evaluate therapeutic and non-therapeutic interactions, their actions, and the overall role play experience.

GROUP SIZE

The group size over the four deliveries since 2005 ranged from 7-13 participants. Some participants played their role independently and others collaborated with a partner to play their role. The role play can be run simultaneously in parallel worlds and/or use smaller or larger teams to accommodate cohort sizes.

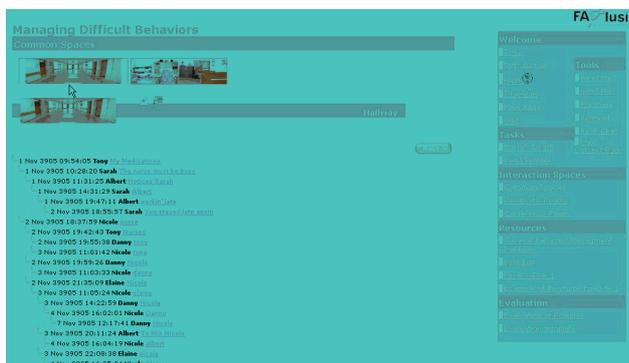
LEARNING OPPORTUNITIES

The primary goal of this online role play simulation is for participants to increase awareness about various behaviours presented by persons with health challenges and to practice using therapeutic communication skills and techniques to manage difficult behaviours. It assists in developing:

- greater appreciation and empathy for persons experiencing health challenges
- authentic experience in dealing with interpersonal conflicts
- increased knowledge of holistic nursing care.

TIME AND SETTING

The role-play is set in a contemporary long-term health care facility, chosen for its rich array of clients with diverse health challenges. *Managing Difficult Behaviours* is embedded as a 2-week activity within an interpersonal relationships course of the 2-year Practical Nursing Program at the Saskatchewan Institute of Applied Science and Technology, Wascana Campus, Regina, Saskatchewan.



RESOURCES

Managing Difficult Behaviours was designed using the Fablusi role-play authoring system. The Fablusi platform provides synchronous and asynchronous communication tools including interaction spaces, private communication among roles, chat and private discussions as requested by roles.

- Participants use NotePad as a work area for individual composition as well as sharing information with teammates.
- Chats are scheduled among role players, especially those collaborating to play a role.
- Communication is also channelled through SimMail.

LEARNING ACTIVITIES

Interaction among characters is triggered by a kick-start episode (Maria's death). Interaction spaces (iSpaces) relate to spaces frequented in a long-term health care facility. They include three resident rooms (Tony, Olga, and Stephanie), the hallway, nursing station, and conference room. These spaces are designed for private reflection and public interaction. Participants refer to the following resources to provide context and to scaffold their learning:

- Photostory facility tour – video that shows the environment of Prairie Place Care Home
- Behaviour management techniques information sheet
- Psychotic episode video clip.

Once roles are defined, the instructor assigns tasks:

- Research allocated role and health challenge (e.g., dementia, depression).
- Write a role profile (shown to other players) and hidden agenda (shown only to the moderator). Creating the profile gives participants a better understanding of their character and what motivates this character to act. As students prepare their role profiles, they achieve ownership, a necessary condition for remaining in character throughout the simulation. The hidden agenda describes an element of personality that drives behaviour. As it is unknown to the rest of the players, it provides an element of secrecy and will occur as a surprise when played out during the role play.
- Interact with other participants in response to projected events in a way that faithfully represents their characters and health conditions.

ASSESSMENT

A role play rubric defines expectations for performance. The rubric provides criteria for each of the following elements:

1. Role Profile

- Role personality (depth of characterization)
- Evidence of research about health challenges
- Hidden agenda

2. Interaction with Others

- Quantity and quality of interaction within the role play

3. Reflective Role Summary

- Thoughts and feelings about the role-play performance completed by the player in role and out of role
- Students also complete a SnapSurvey to evaluate their role-play experience and the Fablusi platform.

REUSABILITY

Several levels of reuse are currently available:

- re-run of the simulation with students self-selecting preferred roles pending final faculty approval
- running of the simulation in multiple worlds simultaneously
- re-use of roles with a changed scenario
- use of the role play design in other clinical settings
- use of the role play design with residents and nurses portraying other health conditions
- use of the role play design representing inter-professionals

REFERENCE

Demonstration available at http://www.fablusi.com/renderer/launch.asp?simId=rps2_317ydt-31ul

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