I AM A STAR – A framework for undertaking a Mental Status Examination.

Abstract

The role of the nurse lecturer is to create a learning experience which facilitates the link between theory and practice. The Nursing & Midwifery Council (NMC, 2010) suggest that programmes designed to prepare nurses should offer a flexible, blended approach to learning, and draw on the full range of modern learning methods and modes of delivery and that simulation is recommended as a useful method of teaching and learning in order to help facilitate the link between theory and practice.

The aim of this article is to describe a teaching session of a basic observational assessment, namely the Mental Status Examination, in mental health nursing. The teaching method of observational simulation utilising the 'I AM A STAR' framework is evaluated by the students. This article provides a discussion of a creative and innovative teaching session for nursing students. Creative strategies promote active engagement and student satisfaction, which supports the journey of the student nurses from novice to qualified professionals.

Assessment in Mental Health Nursing

The ability to assess service users' mental health needs is one of the most important skills of a mental health nurse. The precise and appropriate gathering of information and observations of the service user enables the nurse to undertake effective care and treatment planning (Dougherty & Lister, 2015). Barker (2004) suggests assessment enables the nurse to estimate the character of the service users and focuses on the worth of the person rather than focusing on what is 'wrong'. This suggests that in contrast with the medical model assessment in psychiatric and mental health nursing is the first stage of recovery.

The fundamental goal of assessment is to establish a therapeutic relationship with the service user when first meeting them and to maintain and build upon that relationship in subsequent meetings. Other goals include developing an understanding of the person and their unique needs thus developing a pathway of individualised care with the aim of reducing suffering. Care must be based on an integrated biological, psychological and sociological (biopsychosocial) assessment (Bradley-Adams, 2012, Engle, 1977). This whole person approach will address the complex needs of the service user. It includes both objective observations of the mental health practitioner and subjective descriptions provided by the service user. Nursing assessment seeks signs and symptoms, these can be sensed in any of our modalities but generally signs are observed, whilst symptoms are discussed. As a rule:-

S Subjective assessment - what the patient **S**aid

O Objective assessment - what the nurse **O**bserved

Whilst the biopsychosocial model considers the service users' entire lifetime the Mental Status Examination (MSE) is an evaluation of the service users' presenting mental and physical state in the 'here and now' thus, the MSE complements the biopsychosocial assessment which considers the service users history (Carniaux Moran, 2013). The MSE is a crucial element of mental health assessment based on the nurses' observations of the service user and the interaction which takes place between the service user and the nurse, this assessment commences immediately you first meet (Akiskal, 2016, Thomas & Monaghan, 2014). Although referred to as an 'examination' the MSE consists of gathering very little additional information beyond what is required for taking the biopsychosocial history. The exception to this is where the assessment uncovers any real or potential risks which the nurse has a duty of care to address. Risk may be defined as any action or inaction on the part of the service user which may result in harm to themselves or to others e.g. extreme self-neglect, suicidal ideations and thoughts of harm to self and others (Coffey, Cohen, Faulkner et al. 2016).

The concise framework of the MSE enables the nurse to produce a succinct and coherent report which summarises the service users' mental state in the here and now. Sims (1988) describes the MSE as a tool which enables the nurse to 'observe the whole repertoire of behaviour and listening to the extensive description of the internal state and then reducing this to a few summarizing sentences'. One of the many advantages of applying this model is that it enables other professionals reviewing the service user to have a benchmark on which to base their own observations and to quickly identify changes in presentation.

A literature search undertaken in writing this article uncovered very few contemporary articles on the MSE and its use in mental health nursing, unlike the Mini-Mental Status Examination which features regularly. This is a major concern as the MSE appears to be 'out of fashion' in current literature despite remaining a key basic element of mental health nursing care. Amchin (1991) proposed that all mental health professionals should be able to carry out a MSE. The MSE has been used in psychiatry, clinical psychology and social work for more than 50 years (Hinkle, 1992). Also used by Professional Counsellors (Polanski & Hinkle, 2000) and for the observational recording of signs and symptoms of autism spectrum disorder (Grodberg, Weinger, Kolevzon et al. 2011). The ability to conduct a MSE is an important pre-clinical competency in nursing, medical and allied health disciplines which draws directly on a humanistic and scientific approach to understanding service users (Huline-Dickens, 2013).

When comparing descriptions of the MSE and the various frameworks proposed it becomes apparent that there are differences in the models suggested. Components vary from author to author and it appears that a simple easy to remember framework is required. Acronyms and mnemonics are common *aide memoires* applied to nursing which are seen as valuable tools which enhance the student's ability to remember the stages or components of a model (Gibson, 2009). Taking cognisance of this the authors propose that the easy to recall mnemonic 'I AM A STAR' would help mental health nursing students to remember the components of the MSE.

I	Introduce Yourself	Hello my name is (#hellomynameis.org.uk)
A	Appearance and Behaviour	Appearance Body build – Under/overweight. Clothing – Appropriate to age, season, clean, casually dressed, dishevelled, colours. Hygiene and grooming - Odour, clean/dirty, unkempt, meticulous. Behaviour Facial expression – Sad, happy, excited, elated, worried. Eye contact – No eye contact, fleeting, appropriate. Compulsions
M	Movement and Gait	Foot tapping, hand wringing, nail-biting, tics, chewing. Agitated. Difficulty rising from the chair, balance. Awkward, clumsy, agile, falling easily. Gait (manner of walking) – Brisk, shuffling, normal.
A	Affect and Mood	Affect – Lively, flat, normal, superficial. Mood - Tearful, sad, appropriate, hopelessness, depressed, anxious, elated. Both mood and affect can be described as euthymic (normal), labile (rapidly changing from one mood state to another), euphoric (excessively happy). Congruous/incongruous - Some depressed service users' look depressed however others who are depressed appear euthymic. Approach to you – Open, warm, guarded, friendly, suspicious.
S	Speech	Rapid, slow, slurred, clear, monotonous, dramatic, talkative, hesitant, mumbling, incoherent. Responds only to questions, scant, mute, repetitive. Pressure of speech-seen in mania, rapid changing topics.
T	Thought Pattern	Coherent, incoherent, confused, vague. Excited. Relevant, irrelevant. Difficult to follow thought process. Suicidal ideations – BEGIN RISK ASSESSMENT Hallucinations – sensations experienced by the service user without external stimuli (e.g. Auditory, visual, olfactory, gustatory, tactile. Delusions – Persistent false beliefs (e.g. Persecution) Flight of ideas – in mania, pressure of speech, rapid changing topics. Paranoid ideations. Compulsions Obsessions – unwanted thoughts. Grandiose – unrealistic exaggeration of own importance. Somatic – misinterpretation of physical symptoms. Phobias Preoccupation

A	Attention and Concentration	Easily distracted, poor concentration, memory. Orientated to time, place and person (Full name, current location, date and time) Impulsive behaviour Unrealistic decisions. Complete denial. Level of Consciousness – Respond when spoken to in a normal/loud voice,
R	Respond and Record.	Pass on information if you have concerns, share information as appropriate and within confidentiality guidelines e.g. with Medic/CRHT etc. Document your findings

Fig 1. I AM A STAR framework

The Teaching Approach

Undertaking a MSE has the potential to present a challenge for some students as it may change the language they use when discussing service users from everyday language to professional terminology. It helps students transform their understanding of mental health from lay understanding to professional understanding. It is not necessarily teaching a new skill however as many nurses will intuitively assess patients and make clinical decisions based on these observations (Hassani, Abdi, & Jalali, 2016, Holm & Severinsson, 2016). The challenge for the teachers was to search for a method to integrate the MSE and the 'I AM A STAR' mnemonic into an undergraduate curriculum in a way that was innovative, creative and engaging for the students.

The literature demonstrates that there is a place for simulation in undergraduate nursing education (Berragan, 2011, Bland et al. 2011, Foronda et al. 2013). Simulation is seen as an effective educational strategy which provides opportunities for nursing students to acquire develop and maintain their knowledge, skills and attitudes for safe effective patient care (Department of Health, 2011). Hughes (2016) suggests that one of the benefits of simulation is that it helps student nurses develop their skills of intuition, a useful skill in assessment. Furthermore, the Nursing and Midwifery Council (2007, 2010) support the use of simulation to allow student nurses to develop their nursing skills in a safe and supportive environment thus helping to facilitate the link between theory and practice.

The theoretical foundation of simulation is generally associated with Kolb's experiential learning cycle (Stocker, Burmester & Allen 2014). Kolb's experiential theory describes knowledge as being generated through experience. However, simulation in mental health nursing is not applied as often in mental health nursing education as in adult and child nursing. Guise, Chambers & Valimaki (2012) report insufficient use of simulation in mental

health nursing. With an inadequacy of reported examples within the mental health nursing literature (Nehring & Lashley, 2004).

A systematic review by Xie, Liu, Wang et al. (2015) attempted to identify the best available evidence of effectively teaching the MSE. Although the use of videotapes was the preferred method worldwide, it was reported there existed a lack of research in this area. A non-traditional teaching method of direct observation namely role-play was proposed as a teaching method in order to facilitate and enhance the students understanding.

The Teaching Workshop

In order to ensure that the students were fully aware of the importance the college placed on understanding the skill of the MSE it was agreed to put on a role-play workshop for which they would return from practice for the day. We involved as many of the Mental Health lectures in the college as possible, along with several clinical colleagues from the Local Health Board to ensure that the students were aware that we were fully invested in the workshop and that it had clinical currency and validity.

N= (53) 1st year mental health nursing students attended a one day MSE workshop. It was important to facilitate a positive learning environment of which a formal 'theatre style' lecture theatre was chosen as it provided a stage on which to place actors and good levels of observation for the students. The students were observers of the role-play rather than hands-on participants however they were provided with copies of the 'I AM A STAR' framework and were fully engaged in the assessment process. According to a systematic review by O'Regan, Molloy, Watterson and Nestel (2016) studies have demonstrated that in comparison to hands-on roles in simulation, observed roles have a more positive learning outcome as described by Bandura' social learning theory. This teaching workshop necessitates active listening, reflective thinking and situational engagement as described by vicarious learning (Nehls, 1995).

The aim of the workshop was to introduce the students to the concept of the MSE and develop an understanding of the framework. The objectives were for the students to:
- Engage in completing 4 MSE assessments of simulated patients
- Explore, reflect and discuss understanding and behaviour with openness and curiosity
- Correctly use psychiatric terminology to describe a service users symptoms

The use of simulated patients (SiP) was chosen as the facilitators were able to direct the person who was acting an improvised role by providing key elements of the MSE. There would appear to be some confusion in the literature surrounding the terminology of performance-based simulation. Therefore it was paramount to consider a working definition of a Simulated Patient (SiP) and a Standardized patient (SP). Churchouse and McCafferty (2012) offer valid comparisons between both asserting that the SiP is a person who acts a part, thus directing simulation in order to achieve the learning outcomes. Whereas a SP is a service user who agrees to be themselves by sharing their real experiences of their illness. Yet, Glass, Brender and Burke (2005) and Robinson-Smith, Bradley and Meakim (2009) argue that SP are trained actors who portray patients. Nevertheless, Churchouse and McCafferty (2012) offer clarity and a structured approach to defining the difference.

Whilst undergoing a basic assessment by mental health colleagues, four actors simulated overt signs and symptoms of anxiety, depression, bi-polar affective disorder and paranoid schizophrenia. The students observed the SiP and listened to their story whilst identifying signs and symptoms within the 'I AM A STAR' framework. At the end of each role-play students were then provided time to explore and examine and engage in reflective observations of each role-play. Feedback and debriefing of thoughts with peers, teaching staff, clinical colleagues and SiP provided the students with an opportunity to demonstrate their acquisition of knowledge and understanding.

Evaluation

Evaluation of the students learning is an inherent part of good teaching and it is essential to try and identify good practice and which areas require changing to inform and improve future teaching practice. A technique for collecting evaluation which is recommended for full and meaningful feedback of training and learning are the four steps of Kirkpatrick and Kirkpatrick (1994) model and adapted by Chapman (2016). These steps can be adapted from commercial and industrial application to higher education student feedback for a holistic perspective. Firstly the students reactions - did you enjoy the session, secondly the learning

- did you learn what you needed to and have new ideas? Thirdly the students' behaviour- will you use the information and ideas? Finally, results - do you think that the ideas and information will improve your effectiveness as a student nurse?

Measurement of student's reactions are rated on a Likert Scale - a lot, some, a little, none. Of the 53 students that attended the session 98% returned their completed evaluation forms. Student dissatisfaction was documented as 2 students feeling the session was 'too long' and, conversely, 2 suggesting that the breaks were 'too long'.

Level 1 – Reaction **Measurement – 90% a lot, 10% some, 0% a little, 0% none.** 'The role plays were very educational especially with various mental health illnesses' 'Excellent role plays clear information, fun whilst learning'. 'The actors/scenarios kept the session interesting and engaging: group discussion was useful in organising/clarifying ideas'. 'Loads of good information. Framework is great'	**Level 2 – Learning** **Measurement – 85% a lot, 15% some, 0% a little, 0% none.** 'Framework will benefit me out in practice' 'I learned more about the assessments and will use this framework in the future'. 'Learnt how to observe and objectively assess a patient. Fantastic framework'. 'Understanding of different mental health conditions and what key signs to pick out'. 'Lots of engagement from different staff members'.
Level 3 – Behaviour **Measurement – 88% a lot, 12% some, 0% a little, 0% none.** 'I will remember to use 'I AM A STAR' framework'. 'Very easy to imagine using this in practice'. 'Definitely! Using to assess in the community. Snap shot reporting to MDT.' 'When assessing patients, I never really looked into speech and movement, I will concentrate on this more'.	**Level 4 – Results** **Measurement – 96% a lot, 4% some, 0% a little, 0% none.** 'Yes – I will use the 'I AM A STAR' to document notes and to assess patients using this approach'. 'Having used 'I AM A STAR' in practice alongside my mentor I can see how it can be used in assessing and recording information.' 'Yes – very relevant to practice. Framework easy to use, understand and remember.' 'I feel it will build confidence.'

Figure 2: Kirkpatrick and Kirkpatrick (1994) model and adapted by Chapman (2016).

Additional Comments/ Free Text
'Thoroughly enjoyable day. An opportunity to share ideas and thoughts. A learning opportunity that I am likely to apply to my nursing practice now and in the future'. 'The staff made the day very enjoyable and informative. I am glad to have a day dedicated to mental health nursing which I can apply to practice' 'Gained insight into terminology relating to observation and how use of the 'I AM A STAR' framework can help organise the observation for documentation'.

Figure 3: Additional Comments

There would appear to be a high level of student satisfaction and understanding of the application of theory to practice utilising observed simulation. Students appear to engage well when the learning is dynamic, significant and relevant to their professional lives (Doyle, 2011).

Implications for Future Teaching Workshop

The direct feedback evaluating the MSE workshop and 'I AM A STAR' framework described has the potential to become a valuable teaching method within the mental health nursing program. A teaching method and nursing specialism of assessment that links theory to practice. However, it is impossible to make any strong claims about the success of the aims and objectives of the workshop without detailed research in the classroom. Nonetheless, educational innovation and creativity can positively influence the motivation and satisfaction of the students.

A criticism identified from using simulation in education is that the teaching sessions are never followed up, only used in isolation (Berragan, 2011). Future plans aims to continue use of the MSE workshop and 'I AM A STAR' framework in future years however the degree of student involvement will move from observation to participation as part of a spiral curriculum (Bruner, 1975). Future plans are reflected in the following student feedback

> *'Really enjoyable day. I think it would be good to have 2nd/3rd years to do a role-play. Would be encouraging to see the progression as a student. Or to do role-play individually or in a group - after watching examples – I think this would help my learning curve. Really useful day'.*

Conclusion

Educational innovation and creativity can positively influence the motivation and satisfaction of the students. This evaluation of a MSE workshop and the 'I AM A STAR' framework provides an example of observed simulation in an undergraduate mental health nursing curriculum which was innovative, creative and engaging for the students. Creative strategies promote active engagement which supports the journey of the students from novice to qualified professionals.

References

Akiskal, H. S. (Eds) (2016). The mental status examination. In *The Medical Basis of Psychiatry*. Springer, New York.

Amchin J (1991) *Psychiatric Diagnosis: A Biopsychosocial Approach Using DSM-III-R.* American Psychiatric Press, Washington.

Barker P (Eds) (2009) *Assessment: The Foundation of Practice.* Hodder Arnold, London.

Berragan E (2011*)* Simulation: An effective pedagogical approach for nursing? Nurse Education Today. 31. 7. 660-663.

Bland A, Topping A, Wood B (2011) A concept analysis of simulation as a learning strategy in the education of undergraduate nursing students. *Nurse Education Today.* 31. 7. 664-670. doi: 10.1016/j.nedt.2010.10.013.

Bradley-Adams K (Eds) (2012) Mental Health. In *Fundamentals of Nursing.* Second edition. Pearson, Harlow.

Brender E, Burke A, Glass R (2005) Standardized Patients. *Journal of the American Medical Association.* 294. 9. 1172. doi:10.1001/jama.294.9.1172.

Bruner J. S, (1975) *Entry into early language: A spiral curriculum: The Charles Gittins memorial lecture delivered at the University College of Swansea on March 13, 1975.* University College of Swansea.

Carniaux Moran C (Eds) (2013) *The Psychiatric Nursing Assessment.* Jones & Bartlett Learning, Burlington.

Chapman A (2016) *Kirkpatrick's Learning and Training Evaluation Theory.* http://www.businessballs.com/kirkpatricklearningevaluationmodel.htm.

Churchouse C, McCafferty C (2012) Standardized Patients Versus Simulated Patients: Is there a Difference? *Clinical Simulation in Nursing.* 8. 363-365.

Coffey M, Cohen R, Faulkner A (2016) Ordinary risks and accepted fictions: how contrasting and competing priorities work in risk assessment and mental health care planning. *Health Expectations.* doi: 10.1111/hex.12474.

Department of Health (2011) *A framework for technology enhanced learning.* London, DH.

Dougherty L, Lister S (2015) *Royal Marsden Manual of Clinical Nursing Procedures.* Ninth edition. John Wiley and Sons, Chichester.

Doyle T (2011*)* *Learner-Centred Teaching: Putting the Research on Learning in Practice.* Stylus Publishing, Virginia.

Engel G L (1977) The need for a new medical model: a challenge for biomedicine. *Science.* 196. 129-136.

Foronda F, Liu S, Bauman E (2013) Evaluation of Simulation in Undergraduate Nurse Education: An Integrative Review. *Clinical Simulation in Nursing.* 9. e409-e416.

Gibson H (2009) Using mnemonics to increase knowledge of an organizing curriculum framework. *Teaching and Learning in Nursing.* 4. 56-62.

Grodberg D, Weinger P, Kolevzon A *et al* (2010) The Autism Mental Status Examination: Development of a Brief Autism-Focused Exam. *Journal of Autism and Developmental Disorders.* 42. 455-459.

Guise V, Chambers M, Valimaki M (2012) What can virtual patient simulation offer mental health nursing education? *Journal of Psychiatric and Mental Health Nursing.* 19. 410-418. doi: 10.1111/j.1365-2850.2011.01797.x

Hassani P, Abdi A, Jalali R (2016) State of Science,"Intuition in Nursing Practice": A Systematic Review Study. *Journal of clinical and diagnostic research.* 10(2), 7-11.

Hinkle J (1992) The Mental Status Examination via Computer: An evaluation of the mental status checklist computer report. *Measurement and Evaluation in Counselling and Development.* 24. 188-189.

Holm, A. L., & Severinsson, E. (2016). A Systematic Review of Intuition - A Way of Knowing in Clinical Nursing? *Open Journal of Nursing*, *6*(05), 412.

Hughes B. L. (2016) *Relationship between simulation and intuition in clinical decision making in associate degree nursing students* (Doctoral dissertation, CAPELLA UNIVERSITY).

Huline-Dickens S (2013) *Advances in Psychiatric Treatment.* 19. 2. 97-98. doi: 10.1192/apt.bp.112.010215

Kirkpatrick D, Kirkpatrick J (2006) *Evaluating Training Programs: The Four Levels.* Third edition. Berrett-Koehler Publishers, San Francisco.

Nehls N (1995) Narrative pedagogy: Rethinking nursing education. *Journal of Nursing Education.* 35. 5. 204-210.

Nehring W, Lashley F (2004) Current use and opinions regarding Human Patient Simulators in nursing education: an international survey. *Nursing Education Perspectives.* 25, 244-248.

Nursing and Midwifery Council (2007) *Simulation and Practice Learning Project: Outcomes of a pilot study to the test principles for auditing simulated practice learning environment in the pre-registration nursing programme: final report.* London, NMC.

Nursing and Midwifery Council (2010) *Standards for Pre-Registration Nursing Education.* NMC, London.

O'Regan S, Molloy E, Watterson L et al (2016) Observer roles that optimize learning in healthcare simulation education: a systematic review. *Advances in Simulation.* 1. 4. doi: 10.1186/s41077-015-0004-8.

Polanski P, Hinkle J (2000) The Mental Status Examination: Its use by Professional Counsellors. *Journal of Counselling & Development.* 78. 357-364.

Robinson – Smith G, Bradley P, Meakim C (2009) Evaluating the Use of Standardized Patients in Undergraduate Psychiatric Nursing Experiences. *Clinical Simulation in Nursing.* 5. 203-211.

Sims A (1988) *Symptoms in the Mind: An Introduction to Descriptive. Psychopathology. Baillière Tindall*, London.

Stocker M, Burmester M, Allen M (2014) Optimisation of simulated team training through the application of learning theories: a debate for a conceptual framework. *BMC Medical Education* 14. 69. doi: 10.1186/1472-6920-14-69.

Thomas J, Monaghan T (2014) *Oxford handbook of clinical examination and practical skills.* Second edition. Oxford University Press, Oxford.

Xie H, Liu L, Wang J (2015*) The effectiveness of using non-traditional teaching methods to prepare student health care professionals for the delivery of mental state examination: a systematic review.* JBI Database Systematic Reviews & Implementation Reports. 14.13(7). 177-212. doi: 10.11124/jbisrir-2015-2263.