UAB
Universitat Autònoma de Barcelona

Simulation in Mental Health Nursing

2026/2027

Code: 108307
Credits: 3

Degree programme	Type	Course
Nursing	OP	4

Contact lecturer

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Teaching staff

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Group languages

You can consult this information at the end of the document.

Prerequisites

To have passed Mental Health Nursing Care in the third year of the Bachelor's Degree in Nursing.

Objectives

Course objectives

- To develop therapeutic communication skills applied to simulated mental health nursing care situations.
- To apply basic nursing clinical interview strategies aimed at welcoming the person, conducting an initial assessment, exploring emotional distress and identifying care needs.
- To practise active listening, empathy, emotional validation, respect for silence, appropriate questioning and adequate closure of the interview.
- To integrate nursing clinical reasoning in simulated situations by identifying needs, risks, strengths, resources, intervention priorities and professional limits.
- To practise nursing responses to situations involving emotional crisis, severe anxiety, depressive symptoms, suicidal ideation, self-harm, psychotic symptoms, problematic substance use, emotional dysregulation and agitation.
- To apply basic principles of verbal de-escalation, environmental de-escalation, relational safety and non-coercive care in simulated situations of high emotional complexity.
- To develop communication skills with families, caregivers and significant support networks, integrating emotional support, confidentiality, professional boundaries and shared decision-making.
- To critically analyse ethical dilemmas related to mental health nursing care, particularly those concerning autonomy, risk, safety, confidentiality, restrictive measures and respect for the rights of the

person receiving care.
- To actively participate in role-playing, structured observation, teacher feedback, peer feedback and debriefing processes, maintaining a professional, respectful and learning-oriented attitude.
- To foster professional self-awareness through guided reflection on one's own emotional responses, communication difficulties, strengths and areas for improvement in simulated practice.

Learning outcomes

- CM20 (Provide comprehensive nursing care in health and social settings to people or groups with mental health problems.) Provide comprehensive nursing care in health and social settings to people or groups with mental health problems.
- CM26 (Establish respectful, assertive and effective communication with people, their families and teams of health professionals.) Establish respectful, assertive and effective communication with people, their families and teams of health professionals.
- SM32 (Apply techniques and procedures related to nursing care to people with mental health illnesses or problems, based on the available scientific evidence.) Apply techniques and procedures related to nursing care to people with mental health illnesses or problems, based on the available scientific evidence.
- SM34 (Use critical and reflective thinking for problem-solving, decision-making and lifelong learning.) Use critical and reflective thinking for problem-solving, decision-making and lifelong learning.

Contents

1. Foundations of simulation and role-playing in mental health

- Clinical simulation in nursing.
- Role-playing in mental health.
- Fiction contract.
- Psychological safety in the classroom.
- Briefing, scenario enactment and debriefing.
- Roles: nursing student, person receiving care, family member, observer and teacher.
- Structured observation.
- Formative feedback.

2. Therapeutic relationship and clinical communication

- Therapeutic presence.
- Active listening.
- Empathy and emotional validation.
- Open and exploratory questions.
- Verbal and non-verbal language.
- Management of silence.
- Therapeutic boundaries.
- Common communication errors.

3. Nursing interview in mental health

- Structure of an initial interview.
- Opening, exploration, synthesis and closure.

- Reason for consultation and perceived request.
- History of the current problem.
- Emotional state and daily functioning.
- Family and social network.
- Strengths, resources and preferences.
- Consent, confidentiality and boundaries.

4. Nursing assessment and clinical reasoning in simulated situations

- Comprehensive mental health assessment.
- Care needs.
- Clinical and relational risks.
- Strengths and resources.
- Nursing clinical judgement.
- Formulation of care hypotheses.
- Prioritisation of interventions.
- Continuity of care.

5. Communication with people experiencing different mental health problems

- Communication with people experiencing severe anxiety.
- Communication with people experiencing depressive symptoms.
- Communication with people experiencing psychotic symptoms.
- Communication with people with addictive disorders.
- Communication with people with eating disorders.
- Communication with people experiencing emotional dysregulation or borderline personality traits.
- Adaptation of the pace, language and objectives of the interview.

6. Suicidal behaviour, self-harm and safety planning

- Suicidal ideation.
- Self-harm.
- Risk and protective factors.
- Warning signs.
- Interviewing about suicide.
- Basic safety plan.
- Continuity of care.
- Family support.
- Limitations of predictive scales.

7. Agitation, emotional dysregulation and verbal de-escalation

- Psychomotor agitation.
- Emotional dysregulation.
- Early signs of escalation.
- Principles of verbal de-escalation.
- Distance, body position and tone of voice.
- Clear and non-confrontational communication.
- Options, boundaries and negotiation.
- Environmental de-escalation.
- Relational safety.
- Non-coercive care.

8. Communication with families and caregivers

- Family and significant support network.
- Communication with distressed families.
- Communication with overprotective families.
- Confidentiality and limits of information sharing.
- Basic family psychoeducation.
- Validation of family distress.
- Conflict management.
- Continuity of care.

9. Ethics, human rights, coercion, restraint and relational safety

- Autonomy and capacity.
- Informed consent.
- Confidentiality.
- Risk and protection.
- Restrictive measures.
- Coercion and restraint.
- Human rights in mental health.
- QualityRights.
- Non-coercive practices.
- Emotional and relational safety.

10. Debriefing, reflexivity and professional self-care

- Structured debriefing.
- Self-assessment.
- Peer assessment.
- Teacher feedback.
- Reflective thinking.
- Errors as learning opportunities.
- Emotional self-care.
- Closure of emotionally intense sessions.

Learning activities and methodology

Title	Hours	ECTS	Learning outcomes
Reading of brief materials and individual preparation of the session contents.	39	1.56	SM34
Seminars	25	1	CM20, CM26, SM32, SM34
Individual or group tutoring / tutorial session	7	0.28	SM34

Methodology

The course will be developed through an active, participatory, experiential and competency-based methodology, focused on role-playing, case analysis, structured observation, formative feedback and debriefing.

The sessions will combine brief conceptual introductions with practical mental health simulation activities. Students will work on simulated clinical situations related to the therapeutic relationship, the nursing interview, crisis communication, suicidal behaviour, self-harm, psychotic symptoms, addictions, emotional dysregulation, communication with families and verbal de-escalation.

Each role-playing activity will begin with an initial briefing, in which the learning objectives, care context, roles, observation criteria and aspects of clinical, emotional and relational safety will be presented. The simulations will take place in a psychologically safe classroom environment, based on respect, pedagogical confidentiality, non-ridicule and learning from error.

During the activities, students may assume different roles: nurse, person receiving care, family member, observer or member of the healthcare team. The simulated situations will be developed using structured case sheets or scripts, with differentiated information for each role, in order to promote clinical exploration, uncertainty, active listening and adaptation of the intervention.

The observation of the scenarios will be carried out in a structured way using observation grids or rubrics, focusing on aspects such as verbal and non-verbal communication, active listening, emotional validation, formulation of questions, risk assessment, boundary-setting, verbal de-escalation and respect for the rights of the person receiving care.

After each simulation, formative feedback and structured debriefing will be carried out, aimed at analysing what happened, what decisions were made, what impact the interventions had and what learning can be transferred to real clinical practice. Space will also be given to reflection on one's own emotional response and on the communicative or relational difficulties experienced during the activity.

Students will produce brief learning evidence linked to the simulations, preferably completed in class or immediately after the activities. These pieces of evidence may include self-assessments, analysis of communicative interventions, reformulation of responses, ethical reflections, basic safety plans or identification of strengths and areas for improvement.

The teaching methodology aims to enable students to progressively integrate professional knowledge, skills and attitudes, developing competencies in therapeutic communication, nursing clinical reasoning, relational safety, reflexivity and non-coercive care in mental health.

Annotation: within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Assessment

Continuous assessment activities

Title	Weight	Hours	ECTS	Learning outcomes
Evidence portfolio II	25%	1	0.04	SM34
Evidence portfolio I	25%	1	0.04	SM34
Individual practical assessment	50%	2	0.08	CM20, CM26, SM32, SM34

Assessment

This course does not provide for a single-assessment system.

The assessment of the course is conceived as continuous, face-to-face, applied and competency-based. It is aimed at verifying the progressive acquisition of therapeutic communication skills, helping relationship skills, nursing interview skills, clinical observation, nursing reasoning, verbal de-escalation, relational safety and professional reflexivity in the field of mental health.

In order to ensure authorship, traceability of the learning process and the real assessment of competencies, the main pieces of evidence will preferably be developed in person, in the classroom, through role-playing activities, simulation, structured observation, debriefing or an individual practical assessment.

Assessment activities

Evidence portfolio I

The first evidence portfolio accounts for 25% of the final grade. It will consist of brief, individual and applied activities linked to the first sessions of the course.

These pieces of evidence may include:

- Self-assessment of one's own performance in a simulated situation.
- Analysis of a communicative intervention carried out during a role-playing activity.
- Identification of strengths and areas for improvement in the nursing interview.
- Reformulation of an inadequate communicative response.
- Structured observation of a simulated scenario.
- Brief reflection on active listening, emotional validation, silence or therapeutic boundaries.

The aim is not to produce long written texts, but to demonstrate the student's ability to integrate the simulated experience, clinical reasoning, the nursing perspective and professional reflection.

Evidence portfolio II

The second evidence portfolio accounts for 25% of the final grade. It will be linked to simulated situations of greater clinical, emotional, relational or ethical complexity.

These pieces of evidence may include:

- Analysis of an emotional crisis situation.
- Development of a basic safety plan in response to suicidal ideation or self-harm.
- Reflection on a verbal de-escalation situation.
- Ethical analysis of a situation related to autonomy, risk, confidentiality or restrictive measures.

- Structured observation of communication with a family member or caregiver.
- Identification of learning that can be transferred to real clinical practice.

The portfolio will be assessed using a specific rubric. The teaching staff may request a brief individual oral defence of one of the submitted pieces of evidence.

Individual practical assessment

The individual practical assessment accounts for 50% of the final grade. Its purpose is to assess, in a face-to-face and applied manner, the competencies acquired throughout the course.

The assessment may consist of one or two practical situations linked to:

- Individual role-playing.
- Brief clinical simulation.
- Structured nursing interview.
- Communication with a person in crisis.
- Assessment of suicidal or self-harm risk.
- Verbal de-escalation.
- Communication with a family member or caregiver.
- Oral defence of a simulated clinical situation.

Therapeutic communication, structure of the intervention, active listening, emotional validation, formulation of questions, risk assessment, relational safety, respect for the rights of the person receiving care and the ability to justify nursing decisions will be assessed.

This activity will be assessed using a specific rubric.

Use of artificial intelligence and authorship of evidence

The use of generative artificial intelligence tools cannot replace authorship, face-to-face participation, clinical reasoning, therapeutic communication or the student's demonstration of competencies.

The assessment activities are designed so that the main pieces of evidence are generated in a face-to-face, applied and individual manner. When written evidence is submitted, it must correspond to the student's actual work process and may be verified through oral defence, verification questions, review of the development process or complementary face-to-face activities.

Any unauthorised, undeclared or fraudulent use of artificial intelligence tools, as well as any other practice that compromises the authorship of the submitted evidence, will be dealt with in accordance with current academic regulations.

Resit assessment

Students who have not passed the course may take a resit assessment, provided that they meet the requirements established by academic regulations and have submitted sufficient assessment evidence during the course.

The resit assessment may include an individual practical assessment, an oral defence, an applied activity linked to a clinical case or the resubmission of a failed piece of evidence.

Activities linked to face-to-face participation, simulation, role-playing and the continuous debriefing process cannot be recovered in the same format, as they are part of the face-to-face competency development of the course.

Final grade

The final grade for the course will be the result of the weighted sum of the different assessment activities:

- Evidence portfolio I: 25%.
- Evidence portfolio II: 25%.
- Individual practical assessment: 50%.

In order to calculate the average and pass the course, students must obtain a minimum grade of 5 out of 10 in each assessed component. To obtain the final grade, students must complete all compulsory assessment activities.

A student will be considered "Not assessable" if they do not provide sufficient assessment evidence, do not participate in the compulsory face-to-face activities, do not attend the individual practical assessment or do not submit the required activities within the deadlines established by the teaching staff.

Students have the right to review assessment tests and activities. The review date will be announced through the Virtual Campus.

Special situations and individual cases will be assessed by the teaching staff responsible for the course or by the assessment committee established for this purpose.

In accordance with current assessment regulations, grades will be as follows:

- 0 to 4.9: Fail.
- 5.0 to 6.9: Pass.
- 7.0 to 8.9: Good.
- 9.0 to 10: Excellent.
- Honours: according to the criteria established by current academic regulations.

Important

Any irregularity in an assessment activity -academic fraud, plagiarism or misuse of artificial intelligence- that may lead to a significant change in the grade will result in that assessment activity being graded as 0. If several irregularities occur in assessment activities within the same course, the final grade may be 0, without prejudice to any applicable disciplinary proceedings.

Discriminatory expressions, behaviours or discourses will not be accepted in the context of this course, whether based on race, gender, identity or sexual orientation, religion, nationality, disability, mental health or any other personal or social condition. Any conduct contrary to these principles may have academic consequences and, where appropriate, may be reported to the competent university bodies.

Bibliography

Specific bibliography will be provided, but students will also be expected to carry out independent searches.

Software

Microsoft Office.

Course groups and languages

The information provided is provisional until November 30. After this date, you will be able to consult the language of each group through this link. To access the information, you will need to enter the course CODE

Type of teaching	Group	Language	Semester	Shift
(SEM) Seminars	301	Catalan/Spanish	annual	morning-mixed
(SEM) Seminars	501	Catalan/Spanish	annual	morning-mixed
(SEM) Seminars	621	Catalan/Spanish	annual	morning-mixed