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# Innovations in Social Work Training: A Pilot Study of Interprofessional Collaboration Using Standardized Clients

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A pilot study depicting a collaborative learning experience involving students in the helping professions (i.e., social work and paramedic) is presented, whereby students put discipline-specific practice behaviors into action in a training exercise using standardized clients (SCs). Real world scenarios commonly encountered in emergency response situations were replicated, providing students with opportunities to utilize assessment, intervention and referral skills in a carefully controlled, technologically enhanced learning environment. Simulations were observed and reviewed by faculty and classmates in debriefing sessions following student-SC interactions. Emergent themes, lessons learned and recommendations for further study are presented.

## Introduction

A review of the literature on the training of helping professionals reveals a lack of reliable assessment methods to evaluate practice competency (Bogo, Regehr, Hughes, Power, & Globerman, 2002). Conversely, the use of standardized clients (SCs) in simulation training has been employed as a summative evaluation method within medical education for over forty years. Portraying client issues and scenarios in a "standardized and consistent fashion" (Gorter et al., 2000, p. 1131), the SC provides an unvarying presentation of client issues that cue students to demonstrate distinct clinical skills, complex attending and communication techniques and assessment of signs and symptoms of client distress (Parkes, Sinclair, & McCarty, 2009). Miller (2002) identified the use of SCs as a "valid and reliable" means of evaluating clinical competency (p. 663). However, despite its history within medical education, this method of evaluation appears to have received only limited attention among other helping disciplines (Badger & MacNeil, 2002; Miller, 2002).

This article presents an exploratory pilot study in assessing the use of SCs as a method of competency-based training and assessment of students' clinical practice skills. The faculty of an Emergency Services (ES) program of a state community college and a university-based Social Work program collaborated to bring together students from different disciplines (i.e., paramedic and social work) in controlled training exercises in a medical simulation laboratory. The use of simulated clinical scenarios provides an opportunity for increasing students' sense of mastery to intervene in critical situations. Working with state of the art technology in the simulation lab, students encountered scenarios depicting four different behavioral emergencies. Paramedic students were dispatched to a scene, and their tasks entailed assessing for safety (e.g., identifying any potential risks to client, medical professionals, and others on the scene), evaluation to determine SC status, assessment of medical needs and transport decision to the most appropriate medical facility. The SC was transported to a simulated Emergency Department (ED) where social work students carried out psychosocial assessment, intervention and referral. Within this collaborative model, students function as both learners and teachers while experiencing how the two professions interface.

While this study was conducted with students and educators in the helping professions, the findings have relevance for the training of students in other disciplines. Exposure to real-world scenarios in the simulation lab enables students to carry out practice skills in a controlled learning environment with the availability of faculty and peer support. Serving as a transitional step between class instruction and actual practice, simulation training presents an alternative to the traditional "apprenticeship model" of training (Society for Simulation in Healthcare, 2013, para. 7). Moreover, it affords an opportunity to customize student and "client" interactions to target learning and assessment of specific practice skills. Thus, educators can develop and implement training opportunities that may not be readily available, such as working with particular client issues or practice with diverse populations.

## Statement of the Problem

Research on training clinical practitioners outside of the medical disciplines indicates a gap regarding valid and reliable measures to assess students' practice skills (Bogo, Regehr, Hughes, Power, & Globerman, 2002). Some have argued that disciplines, such as social work, fall short of more rigorous disciplines in evaluating clinical expertise (Karger & Stoesz, 2003). The most recent educational policy and accreditation

standards (EPAS) defined by the Council on Social Work Education (CSWE) emphasize an "outcome approach" to social work education, stipulating "measurable practice behaviors" that demonstrate student proficiency (CSWE, 2012, p. 3). This reflects the profession's increased focus on accountability and evidence-based practice, consistent with other disciplines such as medicine and business.

This pilot study represents an exploratory effort to investigate innovative education methods, blending technology, interdisciplinary collaboration and simulation training in clinical education. Growing recognition of the need for interdisciplinary collaboration among healthcare professionals has led to an increased emphasis on interdisciplinary training of future practitioners (Hall, 2005). In addition, the use of simulation training with SCs provides a unique opportunity to evaluate core practice competencies such as client engagement, assessment, intervention, and evaluation (CSWE, p. 6-7). To best achieve the core competencies and corresponding practice behaviors, educators must expand traditional classroom learning to include student exposure to learning scenarios which adequately translate and incorporate theoretical knowledge within the core competencies into clinical practice behaviors.

## Review of the Literature

The term "helping profession" has been applied to various fields, including medicine, social work, psychology, counseling and human services (Hager, & Bellamy, 2012; Rockinson-Szapkiw, Baker, Neukrug, & Hanes, 2010; Westergaard, 2013; Sven, 2013;). However, the common characteristic uniting these diverse disciplines is a focus on caring and attending to the physical, social and/or emotional welfare of others, with an emphasis on meeting "basic human needs" (Library of Congress, 1998, p. 2558).

Professional competence in clinical practice is demonstrated through the integration of relevant theories, core professional values, intervention strategies and effective interpersonal communication skills. Students traditionally gain a basic understanding of professional values in relation to foundational practice skills by processing knowledge in the classroom environment and applying these newly acquired skills in field placement settings prior to entering the professional world.

Students often encounter difficulties as they aspire to blend classroom knowledge with practical approaches and helping behaviors. Noting this dilemma, Linsk and Tunney (1997) presented the use of SC actors as a valuable strategy to assist students in the successful integration of skills and concepts into actual practice techniques. While simulation training in medical education may utilize mannequins in place of actual patients, commonly employed social work skills, such as interviewing a client, necessitate the use of SC actors to simulate an actual clinical encounter. Advocating for expanding the use of simulation training in social work education, the authors argued that the SC model "gives students the most experiential learning tasks possible outside of an actual clinical situation" (Linsk & Tunney, 1997, p. 474).

Similarly, Miller (2004) identified the established use of SCs as valid and reliable measurement tools in various medical fields and recommended their use at the undergraduate and graduate levels of training in the social work curriculum. The SC may be a lay person, community member, or even an actor who is trained to accurately portray a client scenario in a realistic manner. Most importantly, the SC is trained to reproduce the scenario multiple times so that the client presentation remains consistent across student-SC interactions. This uniformity provides reliability that enhances its utility as a measure of skill development and outcome.

According to Linsk and Tunney (1997), the simulation process involves a classroom session wherein a trained actor portrays an identified client in a specific situation, and the student interviews the actor to obtain relevant information based on course content and learning objectives. Differential perspectives of the encounter and verbal feedback concerning student skills exhibited are then provided by the instructor, student peer observers and the SC actor. This experience enables students to apply skills in an authentic scenario, address real-world issues from the relative safety of the classroom environment, and absorb vital feedback for inclusion into their emerging assessment and intervention strategy repertoire.

Badger and MacNeil (2002) tested the effectiveness of using SCs in clinical training and student acceptance of this teaching strategy to practice interviewing and assessment skills in the classroom prior to engaging with actual clients. Their study was conducted over a 3-year period utilizing 2nd-year masters level social work students. Each year, the study progressed until the SC teaching strategy was fully implemented. The first year, in which no SCs were utilized, served as the baseline measurement or control group. In the 2nd year of the study, students were introduced to the teaching method with SC interviews utilized. In the 3rd and final year of the study, students received the same SC teaching method as the previous year with instruction enhanced by a video library containing expert interviews demonstrating the same SC cases. Their results "revealed that SCs contributed to the acquisition of students' assessment skills over and above that provided by traditional role-play" (Badger & MacNeil, p. 372). The researchers reported that not only did interviewing skills markedly improve

as a result of using SCs, but also the students voiced enthusiasm, appreciating both the experience and perceived preparation for actual client work.

In a similar study, Miller (2004) evaluated the use of SCs in undergraduate and graduate educational program whereby two SC cases were implemented. The development and implementation of separate SC encounters was directed toward learning objectives at the undergraduate and graduate levels of the educational program. Study results indicated potential for SC use as a teaching strategy at both educational levels in social work educational programs. Relatively low costs per student and "extremely positive" responses from faculty and students were reported (Miller, 2004, p. 97). He also recommended use of this teaching strategy to promote cultural competence by including SCs who represent diverse populations and populations at risk in specific geographical areas. Finally, Miller proposed the use of SCs as an effective formative evaluation tool for assessing skill development within the practice curriculum.

As Linsk and Tunney (1997) recognized in the late 1990's, the SC teaching method can ultimately enhance the clinical training curriculum by providing experiential learning, immediate feedback and student reflection opportunities in simulated practice encounters. Moreover, the use of SC actors supports the development of critical assessment skills in areas such as suicide risk, child maltreatment or other situations where students may not yet possess the skill or confidence to employ effective interview strategies (Miller, 2004). The use of SC actors could support, but not replace, role-play scenarios where students assume the client role as they learn valuable empathy skills through enacting the client's experience (Linsk & Tunney, 1997). In addition to immediate feedback, Bogo, Regehr, Katz, Logie, and Mylopoulos (2011) related that the SC encounter allows for student reflection, review and revision of critical assessment skills prior to entering the professional world.

A growing body of literature reflects increased recognition of the importance of interprofessional collaboration (IPC) in healthcare. IPC offers an alternative to the traditionally fragmented health care system, presenting a team-based approach that emphasizes "collaborative and non-hierarchical relationships" (Frenk et al., 2010, p. 1,951). Lack of communication and collaboration between health care professionals has been cited as a significant factor underlying poor health outcomes and medical errors (Institute of Medicine, 2000; Zwarenstein, Goldman, & Reeves, 2009). Educational methodologies which promote collaborative educational training among disciplines may serve to advance inter-professional teamwork, thereby reducing systemic barriers between professions (Hall, 2005).

An emerging area of research suggests that interprofessional training simulations can enhance students' understanding and appreciation for other disciplines (Alinier, et al., 2008; King, Conrad, & Ahmed, 2013), in addition to providing more effective preparation for actual practice (Alinier, et al., 2008). Not only does interprofessional training improve students' awareness of practice competencies, but it is perceived to be a valuable learning method by students themselves (Kyrkjebø, Brattebø, Smith-Strøm, 2006). While formal interprofessional training programs remain relatively new (University of Washington Medicine Institute for Simulation and Interprofessional Studies, 2014), a review of the literature reveals growing appreciation for the utility of combining traditional training methods, such as simulation, with interprofessional collaboration to improve healthcare education (Efstathiou & Walker, 2014; Kenaszchuk, MacMillan, van Soeren, & Reeves, 2011).

The conceptual framework for simulation training is rooted in traditional medical education with effective use of this teaching method spanning decades as students develop and apply vital clinical skills (Vu & Barrows, 1994; Wallace, Rao, & Haslam, 2002). Teaching opportunities for monitoring and evaluating student performance, student reflection and immediate feedback are greatly enhanced as students master practice techniques (Maran & Glavin, 2003). This method is also an integral part of training within other healthcare professional education programs (Galloway, 2009), and professions outside of healthcare employ simulation exercises as well. Historically, military training (Faria & Dickinson, 1994) and the aviation field have extensively utilized simulation training (Oritz, 1993). More recently, this teaching method is gaining 21st century pedagogical recognition in divergent professional education programs such as business and management, information technologies and engineering through the utilization of various technologies to link academic content to real work situations (Arora, 2012; Latorre & Macías, 2012; Léger, et al., 2011; Rafaeli, Raban, Ravid, & Noy, 2003).

**Research Purpose**

This pilot study examined the effects of using SCs in simulation training on comprehension and mastery of assessment, interviewing, intervention and referral skills. Additionally, the researchers looked at the effects of training paramedic and social work students together, as well as the potential for increasing knowledge and understanding of other disciplines. The first purpose of the study was to describe students' responses to simulation training using SCs. In contrast to standard in-class role-plays with peers, which students may perceive to lack credibility and value, the researchers

wanted to assess whether the use of SCs would enhance student cooperation and interest in practice simulations. Additionally, we wanted to determine if student-SC simulations provided a level of authenticity that would lead to an increased sense of mastery with regard to clinical skills. The second purpose was to explore the use of SCs as an evaluative measure for educators to assess student competency in practice behaviors. The widespread use of SCs in medical training suggests that this technique may offer an effective means of formative and summative evaluation of practice skills that could be replicated across clinical training programs. This is particularly relevant given the prevailing emphasis on competency-based education (CSWE, 2008). Finally, the third purpose was to investigate the feasibility of ongoing collaboration between social work and medical training programs for the mutual benefit of both disciplines. This pilot study builds on and augments existing social work research by partnering with medical educators to enhance the learning experience. As noted, the increasing emphasis on interprofessional collaboration in real world practice settings warrants greater attention from educators in preparing the next generation of helping practitioners. Students must learn to function effectively within multidisciplinary systems and work in partnership with a variety of professionals.

## Method

Collaboration and planning activities between the community college Emergency Services training program and the university Social Work Department were conducted over a six month period prior to initiation of the pilot study. Faculty from each institution submitted applications to their respective IRB committees detailing the proposed research methods to carry out the project. Authorization to conduct the research was provided by the IRB committees of both institutions. A purposive sampling technique was used to recruit six social work students and 22 paramedic students via email and in-class announcements outlining the project. Students were informed verbally and in writing of the nature and purpose of the study. They were also advised that their participation was strictly voluntary and that lack of participation would not affect course grades or result in any negative consequences. Students indicated their agreement to participate by signing a consent form provided by the researchers and approved by each institution's IRB.

Simulation training consisted of four scenarios: an older adult male presenting symptoms of Major Depressive Disorder and suicidal ideations; a Vietnam veteran exhibiting symptoms of Post-Traumatic Stress Disorder; a young adult demonstrating aggressive behavior and alcohol intoxication; and a young adult exhibiting symptoms of mania. Scenarios were enacted in "real time," with students dispatched to the scene with little knowledge of what they were about to see. The simulations were implemented over four training sessions, allowing four separate student cohorts to participate. Each scenario was digitally filmed and lasted approximately 15-20 minutes. At the end of each simulation, a debriefing session was held with instructors facilitating discussion between paramedic, social work students and the SC. Students reflected on how the encounter was handled, appropriateness of assessment/referral, what might have been done differently and overall what they learned.

### Data Collection

Using an exploratory design, researchers utilized criteria from the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision, American Psychiatric Association, 2000) to evaluate student assessment skills observed in each SC interview scenario. The researchers were able to unobtrusively observe the scenarios from a control room where student-SC interactions were recorded via digital technology in the simulation lab. Throughout observations, the researchers took notes independently, recording students' statements, behaviors and general presentation during interactions with the SC. Particular attention was paid to students' attempts to establish rapport and engage the SC during the interview process (e.g., maintain culturally appropriate eye-contact, demonstrate active listening, and convey empathy by paraphrasing and reflecting SC's statements and feelings), to perform an assessment of the SC's presenting problem, and to make appropriate disposition and referral based on the information obtained.

Information regarding students' responses to simulation training was obtained through semi-structured, focus group interviews carried out during debriefing sessions following each simulation. The debriefings were structured as group discussions that were intended to promote student reflection. Each debriefing was led by paramedic faculty who guided the sessions to facilitate evaluation of the students' performance, identification of strengths and areas for improvement and discussion of the SC's presenting problem. The researchers also participated in debriefing sessions, gathering information related to students' overall impressions of simulation training and the experience of collaborating with another discipline. Debriefing sessions lasted approximately one hour. Digitally recorded debriefing sessions were transcribed and reviewed by the researchers. Independent observations and transcript reviews were later

compared to explore initial findings, and data generated from observations and transcriptions were coded into emergent themes.

## Findings and Emergent Themes

Based on observation of simulations and review of focus group discussions and transcripts, the following themes regarding the use of SCs in simulation training were identified: increased experiential learning opportunity afforded by the use of SCs, provision of explicit and timely feedback regarding observed student practice skills, and the influence of interprofessional collaboration on competency training.

### Opportunities for Experiential Learning

Positive feedback from participants regarding the use of SCs in simulation training highlighted the greater realism and enhanced student engagement, in contrast to classroom role-plays or the use of medical simulation "dummies." The value of a more genuine client interaction, according to some students, was a major advantage of the SC model:

> P Student 1: "[Students had not previously performed simulations] with real people. With dummies; but it's still not as good as [working with SC actors]."

> P Student 2: "We were saying that it's nice to have a patient that's more realistic, and more communicative than actually just having to just look at a dummy and visually think what's going on."

At the same time, the greater realism of the simulation could also be perceived as a hindrance for students, as reflected in this exchange in which a paramedic student related his "aggravation" in trying to assess the SC with a family member present (i.e., another actor portraying the SC's adult son):

> P Student 3: "I wanted to try to grab the son and get him away from his father so [the students] could try to assess [the SC] mentally and physically, and get a little bit more of a history without [father and son] talking over each other or aggravating each other."

Some students expressed uncertainty regarding when to seek instructor feedback during the simulation (e.g., SW Student 1: "I wasn't quite sure what I was supposed to do when they brought the client into the ER"); however, students seemed to recognize the value of making the scenario as realistic as possible, and providing an opportunity for them to carry out skills independently.

> P Student 1: "It's kind of confusing though because I don't know if we should be asking the patients questions or be on the radio [communicating with the instructor]...So it's still confusing, but I guess that's part of the game because you can't have a real patient."

The greater authenticity provided to practice simulations has been a well-documented advantage in the SC literature since its origins in medical education (Barrows, 1968). Student feedback from this pilot study revealed that simulation of social worker-client interactions using SCs provided a degree of reality while maintaining the safety of the classroom in the practice scenario.

### Opportunities for Explicit Feedback Regarding Practice Competency

Two of the SC simulation scenarios were enacted by an Emeritus social work professor whose feedback, presented from a client perspective, was invaluable for students. Commenting on a student's decision to set down a clipboard and stop taking notes when the SC began to express strong emotion during the simulation, the SC stated, "…that was helpful. The board, it did bother me, and I felt a distance [between us] until you put [the clipboard] down. And when you put it down and were kind of attentive, I felt a little more relaxed." During debriefing sessions the professor shared his observations on how students interacted with him during the simulation:

> SC: "[The students] seem to play off each other very well...there was like one [student] that was doing medical stuff, and [another student] kind of doing more empathic stuff [inaudible], and it kind of made me feel good...you can kind of play off of each other. And say one is taking one role, and one can jump in and take another one, type of thing. I think that helped me a lot as a patient."

Maier (2002) has noted the importance of providing students with this kind of explicit feedback when evaluating practice skills competency. General comments (e.g., "You did well") do not address specific practice skills and behaviors that need to be demonstrated to show competency. Consequently, practice skills should be explicitly and operationally defined.

To assess participants' ability to identify and operationalize practice techniques, we asked students to

describe the skills they employed while interacting with the SC.

> P Instructor: "Anybody know what strategies [the students] used?"
>
> P Student 1: "The first thing I did was make a personal contact with him, more of a personal touch. I'm not here to be your doctor or tell you what to do. I'm here to say, 'Hey, what's going on?' Sit there and talk…Sometimes the patient can be one of the best advocates in their own treatment."

SC trainings appeared to offer a higher order application opportunity for students to apply critical thinking skills, considering alternative skills or procedures that might have been applicable to the client scenario:

> P Instructor: "Did we do a good full neurological on him?"
>
> P Student 1: "With the part that I [observed], I don't think that we did a full neurological."
>
> P Instructor: "Why would a full neurological exam be good for this patient, if at all, [why] would it?"
>
> P Student 2: "He'd been drinking so his reflexes were going to be altered anyway. So how could you get a real true reading?"
>
> P Student 1: "There are [alternative assessment techniques] that could have been done as far as coordination."

This exchange underscores how group discussion facilitated the learning experience, as well as the potential utility for SC simulations to enhance critical thinking and practice competency.

An interesting difference observed between the disciplines during focus group discussions was that paramedic students identified the specific skills they employed more often than social work students did. This may be due to the fact that medical training more often involves precise techniques, for example, surgical knot-tying or catheterization (Naylor et al., 2009). In contrast, social work techniques may be more abstract and difficult to operationally define (Rishel & Majewski, 2009).

**Analysis of Interprofessional Collaboration**

Students were asked to identify the roles of the other discipline based on observations during the simulation. Responses indicated that students had clear ideas regarding the functions of the other discipline and how these differed from their own. The paramedic role was identified as focusing on the SC's immediate safety needs, while the social work role was identified as focusing on in-depth assessment and planning for clients' long-term needs

> P Student 3: "For social work, long term care planning. [The role of the paramedic] is getting [the patient] to the hospital alive for a higher level of care. It seems like [social workers] can differentiate if [the problem is] substance abuse or something else."

During focus group discussions students voiced an increased understanding and appreciation for the work of the other discipline. In the words of one social work student, "Training was great! I didn't realize what [paramedics] did exactly. In a short period of time, you guys get a lot of information."

One of the most salient themes to emerge was the difference between the more objective approach of paramedic students, who seemed to focus on identifying specific signs and symptoms, and the more relational approach of social work students, who seemed to focus on establishing rapport with the SC. Social work students were more likely to make physical contact with the SC, such as touching the arm or shoulder when speaking to him. They were also more likely to use softer tones of voice when talking to the SC, and they used terms of endearment (e.g., "hon") when speaking to the "client." For the social work students the focus appeared to be on comforting and nurturing the client. Paramedic students appeared to focus more on obtaining factual information, asking the SC for specific information related to signs and symptoms of physical and mental distress.

The contrast in styles highlighted the difference between the disciplines regarding traditional roles and responsibilities. Paramedics are trained to perform rapid assessment and consider safety above all. The time spent at the scene and/or the time to transport is kept to a minimum so that they are available as quickly as possible to respond to other emergencies. In addition, paramedic students are often taught that touching a patient who is confrontational or confused may lead to violence. In contrast, core social work values emphasize themes of social connectedness and "the importance of human relationships" (National Association of Social Worker [NASW] Code of Ethics, 2008, para. 3). Assessment may be characterized by techniques intended to demonstrate caring and encouragement of client verbalization and elaboration. While students from both disciplines demonstrated active listening skills, such as appropriate eye-contact

and attentive body language, their style of interacting with the SC showed distinct differences.

Interdisciplinary training provided opportunities for constructive feedback that may not occur when students are working solely with classmates from their own discipline. For example, during the debriefing session a paramedic student questioned the tendency of some social work students to touch the SC during the assessment:

> P Student 2: "[The SC's] body language was really aggravated and agitated. He was sitting with his arms crossed, and he had a frown on his face. Being a patient, having [the Social Work students] hovering over me would have made me feel uncomfortable. You guys are in my face, asking me questions left and right…It can feel intimidating when you have cops and everybody else around you and asking a lot of questions. [The SC] needed more space so he could feel more comfortable and at ease. More one-on-one time would have been better."

In another simulation a social work student initiated discussion to place the SC in a skilled nursing facility within minutes of first meeting the client. During the debriefing, paramedic students and the SC questioned the students' decision to move so quickly toward a resolution of the client's situation without further assessment and input from the SC.

> SW Student 1: How did you feel when we went down the road of…the possibility a doctor filling an order for a skilled nursing facility?
>
> SC: "Oh, I had hard time thinking about that as a patient. It was like, 'Oh man, this guy has got me in a [facility] after 15 minutes!'…If I was a patient, I'd just be like, 'Whoa'!"
>
> P Student 1: "…aren't you supposed to do a full medical workup on them before you start going down that road?"
>
> P Student 2: "You have to rule out the medical aspect first."

This led to a discussion regarding client self-determination and professional boundaries, reflecting how simulation training can generate substantive feedback and dialogue beyond what might take place in the classroom.

**Conclusions and Lessons Learned**

The researchers concluded that simulation training offers innovative teaching opportunities for higher education and thus warrants further exploration and development. Indeed, simulation has been increasingly employed across a diverse range of disciplines, including business administration (Gurley & Wilson, 2010), human resources (Trim, 2004) and military training (Faria & Dickinson, 1994). Recent advances in technology have expanded options for simulation training through the use of computer generated virtual persons (i.e., clients, customers, or staff) and situations (Gurley & Wilson; Kenny, Parsons, Gratch, Leuski, & Rizzo, 2007).

During focus group discussions, participants noted the value of students being able to practice skills and explore alternative solutions in a safe environment with the availability of assistance from faculty and peers. Faculty noted the importance of being able "to see" student/client interaction and evaluate students' assessment intervention and referral skills prior to student contact with an actual client. Interprofessional collaboration and education were evident as paramedic and social work students shared information with each other regarding the role(s) and functions of each discipline. Students engaged in discussion regarding their respective disciplines stated they had a better idea as to how the two professions interface.

This project suggested directions for improving future simulation exercises in clinical training. The behavioral scenarios were sufficient in providing information needed for paramedic students to assess patients' health status and make appropriate medical decisions. However, the general information concerning psychological, behavioral and social components need to be specified further and standardized through the use of an actual script for the SC. This recommendation stems from observation of inconsistent verbal reports and presentation from the "client" across SC-student simulations.

Providing a script for the SC ensures the same information is given in each scenario; however, anticipating student questions in designing multiple script answers can be challenging. The University of Texas Medical Branch provides a Standardized Patient script template that outlines the details to be incorporated into a simulation scenario for medical trainees (University of Texas Medical Branch, 2009). Similar to a physician's History and Physical report, the template provides an example for educators developing SC scripts for social work students. Using the format of a Psychosocial Assessment, simulation scripts can be developed to include detailed information regarding the SC's presenting problem, history, mental status and diagnostic impressions.

Specific objectives and checklists to measure student outcomes should be identified and implemented by faculty. Although the present study broadly identified student outcome objectives (i.e., assessment

and identification of the SC's presenting problem; demonstration of active listening; and appropriate referral), the lack of a specific measure of practice competency presented a limitation. The use of skill rubrics or checklists would have provided greater precision in defining practice competence. In a review of simulation training in medical education, Gorter et al., (2000) distinguished between standardized instruments such as the Arizona Rating Scale, which assess generic skills, and "case-specific checklists" which assess particular techniques such as the ability to perform a history and physical exam (p. 1131). These authors caution that case-specific checklists must be valid and reliable in order to provide an adequate measure of student competency. Toward this objective researchers have developed outcome measures for simulation training in social work education, such as the Assessment Interview Measurement Schedule (Badger & MacNeil, 2002), or taken instruments used in medical education, such as the Objective Structured Clinical Examination (OSCE), and adapted them for social work (Bogo et al., 2011). Conversely, Miller (2002) provides a checklist of commonly employed social work interview techniques (e.g., "The student reflected my feelings"; "The student restated my concerns in his or her own words"; p. 670) as an outcome measure that clearly identifies skills and can be easily employed. However, evaluation of advanced practice techniques would require more sophisticated measures.

This study involved the use of sophisticated audio-visual technology, which supported and enhanced opportunities for feedback in this simulation exercise and may be advantageous in replication scenarios. However, one of the most useful lessons to come out of the study was the recognition that effective simulation training need not employ sophisticated technology. Indeed, established simulation programs at some of the country's most prominent medical schools report starting with very limited resources and no audio-visual equipment (Stanford School of Medicine, n.d**.).** Instead, successful simulation training is rooted in identifying explicit student learning objectives, as well as detailed scripting of the simulation scenario and the SC's presentation (Bosek et al., 2007). In addition, recruitment and training of SCs is a thorough and systematic process.

Bosek et al. (2007) outlined a meticulous process for scripting the simulation and training of SCs. Simulation scripts are developed based on the student learning objectives to be evaluated, thus integrating language and medical terminology related to client's problem into the script. The SCs undergo a two hour orientation explaining, among other things, the purpose of the simulation and a description of students' level of skill. Additionally, SCs receive background information on the client they will portray, learn the medical condition, and rehearse the scenario with faculty members.

Using SCs who are known to students (e.g., class peers, program faculty or staff) generally inhibits the students' ability to experience the exercise as credible and to "fully enter into" the simulation experience (Bosek et al., 2007, p. 3). Consequently, the use of class peers or program faculty and staff as SCs can affect the authenticity and efficacy of training. Options for obtaining SCs include referrals to professional SCs through medical training programs (Bosek et al., 2007), local theater groups (Ker et al., 2005), or experienced clinicians from the community. Collaborating with university theater departments, recruiting volunteers through advisory boards and field supervisors, or enlisting retired clinical professors may also be viable alternatives.

For this pilot study, the researchers were able to recruit local volunteers, including a retired social work professor and a community member who had served as an SC during previous simulation exercises for paramedic and nursing students. One challenge to integrating the use of SCs as an ongoing component of clinical training would be funding for the development of simulation scenarios and SC reimbursement. Given the time, funding, and faculty necessary to develop simulation training as an integral part of educational curriculum, programs would have to commit to allocating the necessary resources on an ongoing basis.

Unfortunately, the present study did not lead to ongoing interdisciplinary training between the two institutions. The researchers found that coordinating interdisciplinary collaboration, particularly between two educational systems, was often challenging. Difficulties occurred, not only in terms of managing the varying schedules of participants in separate institutions, but also in terms of negotiating differing goals and teaching objectives between disciplines. One of the most important lessons learned was that buy-in from all departmental faculty is critical to successful simulation training. Without this, divergent aims between disciplines may lead to ambiguity and confusion regarding the ultimate goal of training.

As noted, alternatives for employing simulation training without sophisticated technology are available. One of the authors currently uses simulation training in an undergraduate course in which students interview an SC actor and develop a comprehensive assessment and treatment plan based on the interview. The interview is carried out in the classroom, with students conducting the assessment as a group. While this method lacks the benefit of digital recording that would allow detailed review of student performance, it offers students a more realistic alternative to simulating a client interview.

## Recommendations for Further Study

Consistent with mandates for competency-based education, simulation training with SCs offers an

effective method to evaluate practice competency. However, further study is needed to build on the work of previous researchers (Bogo et al., 2011) to develop valid and reliable outcome measures, as well as to support the broader integration of simulation training in social work curriculum. This study informed us that students and SCs benefit from precise definitions of practice skills and behaviors that serve as specific indicators of proficiency. Outcome measures that are stated too broadly make it difficult to identify whether skills have actually been carried out. Although explicitly defining social work techniques may initially present a challenge, operational definitions may be gleaned through reviews of empirical literature (Rishel & Majewski, 2009). Additionally, educators and practitioners can assist in developing simulation checklists for common practice scenarios.

Despite a growing body of literature on ICP, this case study is one of the few to address the involvement of social workers as members of interprofessional teams. It is particularly important for researchers to examine the role of social workers within interdisciplinary teams given the growing emphasis on ICP and the reality that social workers, like many helping disciplines, function within a variety of settings and interact with multiple disciplines.

Standardized client simulation is an educational tool that helps bridge the gap of classroom knowledge and professional practice (Barrows, 1968). As in a theatrical dress rehearsal, the social work student becomes the practitioner in a "real-life" scenario, providing the opportunity for rehearsal, reflection and growth in skills and strategies from the relative safety of the educational environment which supports the profession's ethical standard of protecting clients from possible harm (NASW Code of Ethics, 2008, 1.04). In addition, collaborative exercises designed to apply practice behaviors in real world scenarios prepare students to think on their feet by performing assessments and interventions as essential members of multidisciplinary teams. The use of standardized clients as part of a comprehensive clinical education program may be a teaching methodology whose time has finally come.

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