



Equipping Students for Practice: A Systematic Review of Standardized and Simulated Learning in Social Work Education

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Abstract

Role plays and simulated client activities have been common in social work education for many years, though the practice of using standardized clients for assessment has emerged more recently (Logie, Bogo, Regehr, & Regehr, 2013). Considered to be an enriching practice, the use of standardized clients gives student counselors opportunities not only to build and apply skills in a controlled environment but to receive objective feedback on performance (Clarke, Binkley & Andrews, 2017). This literature review explores how the inclusion of standardized clients in education supports curriculum development. The authors focus on the social work discipline and include findings from alternative disciplines such as medicine, behavioural sciences, and drama. Preparation with actors playing the role of standardized clients is presented as vital to practice with an exploration of various frameworks in the evaluation of student competencies. A synthesized breakdown of simulation models, standardized client methodologies, evaluation tools and measurements, and qualitative, theoretical analyses offer suggestions for further directions and educational implications.

Introduction

Role plays and simulated client activities have been common in social work education for many years, though the practice of using standardized clients for assessment of student progress and various competencies has emerged more recently (Logie, Bogo, Regehr, & Regehr, 2013). This review was conducted in order to understand how this methodology can best be used to support student learning and evaluation. Specifically, the authors review current ideas and research about the inclusion of standardized clients in education in informing curriculum development. Moreover, this paper offers, in addition to an overview of leading conceptual perspectives, suggestions for

using simulated clients for learning. Beyond a review of the use of standardized clients with students, this literature offers samples of the measures and instruments used to evaluate learning as well as the results of the use of simulated clients in higher education. Frameworks used to develop programming are reviewed along with a breakdown of discipline specific findings to best understand how social work education can benefit from this modality. Recommendations are offered for program development and potential education practice.

Materials and Methods

The methodology employed to develop this paper took place in three phases, each outlined below, based on a model designed by Moher, Liberati, Tetzlaff, Altman, and The PRISMA Group (2009) at the Model Systems Knowledge Translation Center. This methodology is demonstrated in Figure 1. The literature review consisted of the following three phases:

Phase 1. Phase one involved brainstorming a series of relevant keywords and developing a series of keyword search-terms. A total of 12 keyword search-terms were created. Searches were conducted through the University of Windsor's Google Scholar proxy, and article abstracts were screened for relevance. Exclusionary criteria included articles with the publishing date of 2007 or older, non-academic articles, non-peer reviewed articles, and non-English language articles. Ongoing searching led to an increasing amount of repeated records identified, resulting in search-term saturation. Upon completion of phase one, over 1300 records were screened and 188 relevant records were identified. Removal of duplicates resulted in a total of 110 unique records analyzed in their entirety.

Phase 2. Phase two began with a review of each resource discovered. Exclusionary criteria for this phase were the same as before in addition

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to records that did not mention at least one of the following: simulation, simulated clients/patients, standardized clients/patients, Objective Structured Clinical Examination (OSCE), and non-peer role play, and records that we could not access fully, including books. Upon completion of this step, an additional 17 records were excluded, leading to 83 full-text records to be synthesized. See Figure 2 for a complete breakdown of the search process with relevant numbers of articles included and excluded.

Phase 3. Upon completion of phase two, 83 records were then reviewed and sorted into the following topics: basic findings, non-research, conceptual article findings (including meta-analyses and systematic reviews), simulation methodologies, standardized client methodologies, performance evaluation tools and measurements used, findings by discipline, and rationale/recommendations for program development. This stage involved collaboration as we noted overlaps in themes within and between articles.

Basic Findings

Of all the articles reviewed, the majority were primarily qualitative in nature. One quarter used mixed methodologies, and the remaining few were primarily quantitative.

See Figure 1

Most took place within a university educational setting, with the exception of a few that were found in a clinical setting (e.g. healthcare). Study foci were predominantly on students in the social work discipline with the majority belonging to the graduate-level, though some articles included recent graduates and working professionals. Articles outside of the social work discipline studied both undergraduate and graduate-level students in law, medicine, nursing, paramedics, counseling and psychology, and occupational and physical therapy.

In order to frame our review and results, a breakdown of conceptual papers is below. This overview of theories related to standardized simulated practice education is an important beginning to situate research findings later in the paper.

Literature Review

One of the most significant studies that attempted to capture the state of the use of

standardized clients was a literature review performed by Logie et al. (2013). Eighteen studies were analyzed that met their inclusion criteria; for example, role plays used standardized clients or actors, including trained actors, within simulations for any level of social work education. Conclusions from these studies, which included feedback from 515 social work students, indicates that using standardized clients in role plays created realistic scenarios which helped to refine skill development, assessment, and application of social work knowledge learning.

Scoping Reviews

Lee, Pais, Kelling, and Anderson (2018) reviewed 315 articles to perform a scoping review to increase understanding of simulation used in interprofessional education. In this review, social work was not represented in the leading professional training disciplines such as nursing (76), medical students (55), physical therapy (27), pharmacy (25), medical residents (13), respiratory therapy (12), occupational therapy (12), dentistry (9), and paramedic (8). Although social work was not listed as using this pedagogical methodology in interprofessional education, studies were found that reviewed its inclusion in social-work-specific training. For instance, Bogo, Shlonsky, Lee, and Serbinski (2014) systematically searched the literature for studies that evaluated training for child welfare practitioners and used simulation methods that included standardized actors. Conclusions in this scoping review included that using standardized clients in simulations enhanced teaching fundamental social work concepts and also assessment of student skills by creating an objective distance and ability to apply measures such as the Objective Structured Clinical Examination (OSCE).

While the conceptual articles included in this literature review considered a variety of applications of standardized clients, common themes emerged. These include value of real-life and authentic training opportunities, creating a safe space, objective distance for the instructor, assessment, positive student feedback from peers, and collaboration with actors/drama students.

Value of Real-Life and Authentic Training Opportunities

Overall, the value of engaging in scenarios with standardized clients in simulated scenarios was rated highly and as an important inclusion in social work curriculum. Studies emphasized that

training must occur in an authentic environment, with realistic learning objectives, and align with real life competencies (Craig, McInroy, Bogo, & Thompson, 2017). There were proposed models to embed a simulated environment that students would find as realistic as possible across the social work curriculum to create learner-centred approaches that provide active and interactive learning opportunities (Peisachovich et al., 2017). Repeated studies stressed the need for the authentic and experiential learning opportunities inherent to this method as it allows students to explore the complexities of working with “real life” clients who will present with intersecting and multilayered issues and identities (Hughes & Warren, 2018; Thislethwaite, 2016). Further, working in an improvisational way with actors enhanced clinical flexibility, openness, and preparation for the unexpected (Dennison, 2011; Todd, 2012).

Creating a Safe Space

The predominant finding in examining the conceptual pieces about using standardized clients in social work education was creating a “safe space” where students can make mistakes without pressure in an environment created for reflexivity, criticality, deep learning, and insight (Dennison, 2011; Hughes & Warren, 2018; Todd, 2012). This was contrasted with the stress of a field placement being the first student encounter with clients. Thus, the standardized client training could be seen as a “practice for practice” in working with vulnerable populations. Students were able to take healthy risks in the process of learning a range of skills from interview to intervention (Clarke et al., 2017). The use of standardized clients provided a safe space for reflective practice and an opportunity for debriefing their learning experiences and to consider alternative interactions and approaches (Neuderth et al., 2018).

Objective Distance for the Instructor

Using standardized clients in social work education was found to provide a critical distance for instructors in assessment, evaluation, debriefing, and moment-to-moment training (Bogo et al., 2012; Kwong, 2012). Unlike in the field, instructors have the ability to intervene in live role plays with standardized clients. They are able to pause a scenario, encourage student reflection, and have the student try again. This is a unique precursory opportunity for immersion in

the field within the social work placement. In one program studied, scenarios were developed by actual service users, and the instructor was able to provide immediate support and facilitate debriefing during the simulated sessions (Hughes & Warren, 2018). Studies also found that feedback from the actors portraying the standardized clients proved important in addition to the instructor’s ability to provide immediate comment (Clarke et al., 2017). Video recorded simulations have also been reviewed and studied (Asakura, Bogo, Good, & Power, 2018). Although this approach has been found to be more cost effective than using live simulations with standardized clients, the improvisational nature of changing dynamics, flexibility, and immediacy was not found to be present in video simulations.

Assessment

Using standardized clients in simulated scenarios has been found to create an objective distance for instructors with assessment (Dennison, 2011; Mooradian, 2008; Rawlings, 2012; Rawlings & Blackmer, 2019). Relationship dynamics present in field supervision were not present in preparatory role plays in class. Instructors from the same course have rotated sections to provide assessment, increasing the objectivity in evaluation of skills. This has also permitted the capability for using objective assessment instruments such as the OSCE (Craig et al., 2017).

Positive Student Feedback

Most studies reviewed in the literature reported favourable feedback from students in their experiences in training with standardized clients (Sunarich & Rowan, 2017; Yorke, Grant, & Csiemik, 2016). They discussed enhanced learning opportunities that included skills that would not have been available in classroom role plays with peers such as overcoming nervousness, flexibility in incorporating new or unexpected information, and setting interpersonal boundaries (Dennison, 2011; Todd, 2012).

The scenarios were framed as having introduced a heightened sense of awareness to verbal and non-verbal cues which may not have been present when interacting with familiar peers (Asakura et al., 2018). Positive feedback from students reported improved communication skills in preparation for practice in interdisciplinary

teams (Neuderth et al., 2018). It was found in a literature review of simulation-based education that most students positively evaluated this type of training and welcomed future opportunities for learning in this method (Dodds, Heslop, & Meredith, 2018).

Collaboration with Actors/Drama Students

A prominent theme that emerged from the literature was that adequate importance of training and inclusion of dramatic arts learning objectives must be included in the process of using these artists in the standardized client training process (Rogers & Welch, 2009; Todd, 2012). If students of dramatic arts are to be used as part of skill development for the standardized client, their preparation with considerations for their learning needs is essential. Although improvisation is a skill employed by both players in the scenario, they are not “winging it” (Todd, 2012). Preparations with actors playing the role of standardized clients are essential; otherwise, inaccuracies in depictions of role plays will most likely occur (Clarke et al., 2017).

Characteristics of the Standardized Client

Most studies reviewed described a university relationship to the standardized client, whether recruited and trained through a university’s Standardized Patient Program, use of faculty as standardized clients, or the involvement of student actors from dramatic arts programs. Some standardized clients were carefully recruited and trained through the department itself, e.g., by job postings; other trainees were students, graduate students, or graduate research assistants. Standardized clients were also paid and trained actors from the community, older actors, professional actors, or field professionals. Standardized clients were used repeatedly throughout the school year (i.e. repeated exposure) or were only used once (for either program or student performance evaluation). Although some standardized clients were used in group format and macro-level practice situations, most standardized clients were utilized in individual and micro-level formats.

The Role of Standardized Clients

The various roles of standardized clients are explained in three main categories.

The first category describes methods for developing/evaluating meta-competencies. For example, a standardized client was used to assess student reflections, promote readiness, increase

self-confidence, enhance self-awareness, promote practice preparedness, promote beginner learning, bolster self-esteem, increase self-efficacy and diagnostic accuracy, evaluate student readiness and perception, improve self-reflection, develop self-reflection skills, and create an authentic learning experience.

The second category describes methods for developing/evaluating procedural competencies. For example, the standardized client was used to provide skill development, assess rating scales, promote learning, develop competencies, enhance learning outcomes, assess clinical competency, as an in-class learning tool, practice clinical skills, evaluate student performance, evaluate field instructors, assess global skills, evaluate skill acquisition, evaluate active listening, promote skill development of theater students and enhance interprofessional collaboration, and evaluate performance.

The third category explained program development and evaluation. The standardized client was used to develop a simulated program, develop reflective practice, enhance Screening Brief Intervention and Referral to Treatment (SBIRT), compare experiences to traditional methods, evaluate project design, compare skill enhancement to role playing, determine or explore the effectiveness of the use of standardized clients, evaluate performance, and evaluate realism/authenticity.

Frameworks Used to Integrate the Use of the Standardized Client

There are various frameworks used in the evaluation of student competencies using standardized clients. The most prominent ones are discussed below.

Social Work - Objective Structured Clinical Exam

The OSCE tool itself originated in medical education (Harden & Gleeson, 1979) to assess knowledge, skills, and use of knowledge in practice and to provide a reliable, valid, standardized method of assessment. The components of OSCE measure objective, structured clinical skills and exam skills. Objective skills are observed by a rater who does not have a relationship with the student. Structured skills involve a set scenario and format. Clinical skills assess direct practice skills, and exam skills evaluate performance on a set

scale resulting in assessment of competence. The potential for the OSCE arose in social work due to the intensity of the student-field instructor relationship and the responsibility of the program to directly assess student practice competence rather than relying solely on field assessment (Bogo, Rawlings, Katz, & Logie, 2014). The adaptation of the OSCE to social work education is an important step in the identification of reliable criteria for evaluating student practice skills (Garcia, Lu, & Maurer, 2012). Researchers adapted OSCE to social work based on two criteria: practice assessment and written reflection (Bogo, Rawlings, et al., 2014). In practice assessment, the student is able to encourage collaborative relationships and goal setting, to conduct assessments in realistic environments, and to develop cultural competence. During written reflection, it is suggested the student is able to conceptualize knowledge, assess practice, and think about their professional development.

Client frameworks given during OSCE evaluations provided students with a range of simulated scenarios that highlighted the importance of integrating a diversity of characteristics such as ethnicity, race, age, gender, sexual orientation, and ability into practice evaluations. For example, Bogo, Regehr, Katz, et al. (2011) used five scenarios that included an immigrant mother/widow seen in a school setting due to her eldest son's deteriorating grades, a middle-aged married male in acute-care hospital with physical injuries from a car accident, an adolescent female concerned about her attraction to her female friend, an isolated older woman who needed home care, and a young and distraught mother in a situation of possible child neglect.

The OSCE framework of evaluating social work student competencies while using standardized clients within given complex scenarios has been tailored to a specific academic level such as MSW students (Bogo et al., 2012; Lu et al., 2011), working from multiple vantages with specific client groups (Garcia et al., 2012; Rawlings & Blackmer, 2018; Sampson, Parrish, & Washburn, 2018), and using a simulation centre to recreate specific settings (Gellis & Kim, 2017).

The OSCE was developed to assess gaps between clinical instruction, gather data for curriculum changes, identify effectiveness of

teachers and improve student confidence, assess performance, predict educational outcomes, and elicit cultural empathy (Bogo, Rawlings, et al., 2014). While many different scenarios can be used, those noted above illustrate the types of situations that have been tested through the OSCE. In addition to the OSCE, researchers implemented and detailed various other simulated frameworks, including clinical simulation, the simulated professional learning experience, the standardized client module, the dramatic pedagogy model, interprofessional education, and the five-way learning model. These frameworks are discussed below.

Clinical Simulation

Clinical Simulation is a teaching methodology defined as artificial representation of a real-world phenomenon (Hoppe, 2017). Components include the pre-simulation experience involving preparation/development of setting and recruitment/training of standardized clients; the clinical simulation experience; and debriefing, including reflective analysis. All of these components are important, interrelated elements of the experience. Clinical Simulation allows students to practice skills and integrate reflection of experiences in a safe, controlled environment prior to exposure in the real world. Clinical Simulation, based on a theoretical framework, is regarded as development, not a consequence of development (Hoppe, 2017). It is a hands-on learning experience that builds upon existing knowledge to develop new meaning. Experiential learning is described as the incorporation of guided, reflective exercises to promote growth through concrete experience, reflective observation, conceptualization, and experimentation, or a transformational process (Hoppe, 2017). One method of Clinical Simulation is the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program (Sacco et al., 2017). SBIRT integrates universal screening into a public health model, by promoting growth in competence in learning and applying objectives. SBIRT can be adopted and integrated in various social work settings, where standardized clients can be used to develop clinical skills (Sacco et al., 2017).

Simulated Professional Learning Experience Simulated Professional Learning Experience

(SIMPLE) is an electronic approach to professional simulations (e-simulations). Agapiou, Marharg, and Nicol (2010) used the SIMPLE model in their research, indicating that SIMPLE aims to enhance learning, bridge learning between academics and professional development, and develop tools to engage students in professional simulations. Developed around transactional learning, SIMPLE frames learning as an active, interactive, reflective, collaborative process contingent upon relationship building, requiring holistic/process learning, and based on immersion in professional simulation, relying on authenticity. SIMPLE consists of tools and a flexible simulation platform where simulations can be highly structured or unstructured and provide students with the opportunity to explore knowledge and develop decision making skills. SIMPLE has the potential to be applied in all client-focused professions (Agapiou et al., 2010).

The Standardized Client Module

The Standardized Client Module (SCM) is a training module that uses drama students as clients which facilitates reciprocal, interdisciplinary learning. While counseling students work on active listening, drama students practice character development research and acting skills. The SCM can be incorporated into senior-year courses to fulfil course requirements, where students are given the opportunity to practice in three different venues: in the classroom with peers, at their practicum placement, or with a drama student actor (Rogers & Welch, 2009). The SCM provides a realistic venue in which to apply skills and aligns with adult learning theory (Rogers & Welch, 2009).

Dramatic Pedagogy Model

The Dramatic Pedagogy Model (DPM) moves beyond the use of simulated clients for evaluative purposes and incorporates actors into the curriculum for the purpose of formative learning (Clarke et al., 2017). Elements of the DPM include identifying, compensating, and capitalizing on actor and peer feedback and teaching techniques for facilitating student discussion and self-reflection. The DPM is a collaborative teaching tool that uses trained actors as clients and incorporates guidelines for identifying and preparing actors using a set of teaching

techniques that target specific competencies and is considered a framework that can be adopted for use in most counseling disciplines (Clarke et al., 2017). The DPM is associated with multiple benefits that include the creation of an engaging classroom environment, effective role depiction, and maximizing skill development and self-awareness.

Interprofessional Education (IPE)

IPE in the social work discipline. The theater-student-as-patient methodology was developed to involve theater students in role plays with social work students as part of a collaborative assignment where the focus is on skill development and not on grades (Dennison, 2011). Benefits of this methodology are authenticity, applying skills with a stranger, reflexivity, development of stress management skills, and a demonstration of skills that are comparable to actual skill level.

Murphy and Nimmagadda (2015) investigated interprofessional collaboration between nursing and social work students where students learned together in a simulated activity which was evaluated by the Readiness for Interprofessional Learning Scale. Nursing and social work educators collaborated to develop four dynamic simulations, with professional actors playing the standardized client. This IPE program focuses on program evaluation, satisfaction, confidence, team collaboration, and perception of others' roles, as well as ethical challenges.

IPE across other disciplines. Reams and Brashford (2011) studied the collaboration of nursing students and theater students using simulation where nursing faculty create scenarios, including symptoms, history, and socio-demographics, which then provides a framework for theater students to research and give dimension to their characters. Theater students who interviewed and auditioned for the role of the standardized client were assessed in the areas of communications, improv, and character research. Reams and Brashford (2011) found that this IPE learning activity increases practice confidence in both nursing and theater students.

Five-Way Experiential Learning Model

Experiential Learning has long been acknowledged as an adult teaching tool, and it utilizes various modes of knowledge acquisition

and skills applications. It is conceptualized as a bridge between knowing what and applying how (Cheung & Delavega, 2014). As an attempt to make social work education more holistic, the five-way experiential learning (5WL) model (Cheung & Delavega, 2014) was created to build off Kolb's (1984) Experiential Learning Cycle. The 5WL model is comprised of five learning points that are non-linear: concrete experience, reflective observation, abstract conceptualization, active experimentation, and formative integration. The 5WL model was created to augment the traditional teaching of social work practice theory by adding elements that mimic real life scenarios and facilitate self-reflection (Cheung & Delavega, 2014). This model also provides an alternative method of role playing where students have the opportunity to reflect on experiences in addition to developing and practicing techniques. In each of the learning points, the social work student is able to experience different roles. Students are able to practice using the 5WL model over the course of a semester, focusing on the development of various skills including preparation, individual consultation with course instructor, case writing, case simulations, and sharing and closure. The 5WL model is a positive learning experience, connecting the student to feelings, learning challenges, and constructive comments.

Simulation has drawn upon a variety of adult learning theories: cognitive, social, constructivist, and experiential (Manning, Skiff, Santiago, & Irish, 2016) and has various benefits. The use of simulated clients plays an important role in the assessment and development of student competence, as the use of trained actors as simulated clients provides authentic settings for students to practice their skills. The Experience, Response, Effect, and Judgement tool (EREJ) is a subjective report that evaluates reflective skills (Manning et al., 2016). The Nursing Integration Simulation Effectiveness Instrument measures assessment, communication, critical thinking, and technical skills, as observed during the interview. These measurements include evaluation of appropriate clinical reasoning, information gathering decision making based on assessment and manner with the 'patient' (Todd, Manz, Hawkins, Parsons, & Hercinger, 2008). A self reporting tool used to measure effectiveness with simulated clients, the Simulation Effectiveness

Tool-M, has nineteen questions that focus on the value of preparation as well as debriefing, confidence in assessment, self-awareness, and communication skills following a simulated client experience (Leighton, Ravert, Mudra, & Macintosh, 2015).

The General Self Efficacy Scale is a self-report tool that records student responses after standardized simulated practice. It measures high to low confidence in skills specifically as a result of experiencing the simulation (Carter et al., 2018). Similar to the scales above, the Adult Hope Scale (AHS) positively linked well-being with hope (Snyder et al., 1991). The Adult Hope Scale uses an eight-point Likert scale with twelve items ranging from definitely false to definitely true. Bragg et al. (2017) noted that some questions measure agency of hope, others measure pathways towards hope.

Importantly, some writers can connect or locate the points of disconnection between the knowledge of a new student and an experienced practitioner as demonstrated by the Counselling Self Efficacy Scale [CSE] (Larsen et al., 1998; Larsen, 1992).

The Measures of Fear of Negative Evaluation Scale is used to relate anxiety and evaluation, or the fear of being negatively evaluated. It has a thirty item true/false scale measuring fear about evaluation, tendency to avoid potential evaluations, and the expectation of negative evaluation (Watson & Friend, 1969). It would be interesting to compare results of the Fear of Negative Evaluation Scale to perceptions of self-efficacy following interaction with a standardized client.

Self-efficacy beliefs are thought to add extra impetus to continue education into professional years. The Skills in Psychological Interviewing – Clinical Evaluation Scale has twenty six questions. These were generated through a list of relevant clinical skills gleaned through academic literature that included reflection, genuineness, mirroring, body language, normalizing, attentance to process, use of informed consent, response to clients' feelings of closure, and other guidelines from the American Psychological Association (Ketterer, 2014). The scale is administered by outside evaluators during a simulated session and rates students on a four-point scale in each dimension.

The Satisfaction with Simulated Experience

Scale (Levett-Jones, Gersbach, Arthur, & Roche, 2011) was designed to gather information in nursing in three main areas: clinical learning and reflection, debriefing, and clinical reasoning, all skills that are applicable to social work education. The Clinical Competence-based Behavioural Checklist (CCBC) is based on ten categories of professional competence that include professional values, knowledge, cultural empathy, interviewing skills, intervention skills, empowerment perspectives, critical thinking, professional use of self, evaluations, and knowledge of legal mandates (Lu et al., 2012). These categories were consolidated into five categories: interviewing skills, cultural empathy, assessment and intervention strategies, comprehensive evaluation, and metacognition.

The Objective Structured Clinical Examination (OSCE) Performance Rating Scale (PRS) assesses student performance using two raters following simulated interviews (Sampson et al., 2018). A 10-item scale is used to assess components of holistic competence, such as the ability to develop and use a collaborative relationship, ability to conduct an ecosystems assessment, collaborative goal setting, cultural competency, and overall knowledge and skills demonstrated. The OSCE Reflective Dialogue Rating Scale (RDRS) and OSCE Reflective Dialogue Questions and Probes (RDQP) were developed to measure meta-competencies in Students (Bogo, Regehr, Logie, et al., 2011; Bogo, Rawlings, et al., 2014). Questions were designed around the following dimensions: conceptualization of practice including content and process, cognitive and affective self-regulation, and professional development. This dialogue can be used alone or as a part of a group to assess student learning periodically or at the end of a course. Subsequently Bogo, Rawlings, et al. (2014) introduced the OSCE Student Feedback, providing students with the ability to provide feedback.

The literature indicates that the incorporation of standardized clients in the classroom is applicable to two main foci: (a) implementation of simulation as explained above, and (b) the tools used to evaluate learning and competence during simulation, expanded upon below.

Results

Tools Used to Evaluate Learning

Bandura (1977) originally indicated that persistent activities and practice led to enhancement and a sense of self-efficacy.. Bandura (1993) discusses how “self-efficacy contributes to cognitive development functioning” (p. 1) and describes how teachers’ perception of their self-efficacy affects the progress of their students. Bandura’s studies on self-efficacy and subsequent scales resulted in the production of numerous scales by multiple researchers. While many subsequent researchers analyzed the efficacy of simulated patient/client learning, many were not explicit in explaining how this was assessed.

In an overview of the assessment instruments described below, the objectives of the standardized portion of learning varied widely, with the use of numerous tools by various researchers to enhance understanding of a particular social challenge/learning outcome. Social work education lends itself especially well to the use of standardized clients for learning, though the literature reviewed found the use of simulated standardized clients in many disciplines. Nursing and medicine, for example, have long histories of the use of actors for training and evaluation in educational settings. Table 1 outlines our primary findings and serves to highlight the multi-disciplinary opportunities for this model of learning.

See Table 1

Many articles reviewed indicated that questionnaires were given to counselors/students, actors, and/or evaluators; however, specific questions were seldom listed. Scales often focused on perceptions of skills and aptitude for counseling, gathered feedback regarding the use of standardized clients, and were used cross-discipline. Other studies arose during the review of these scales but were omitted when it was unclear whether simulations were standardized or if students interacted with different “clients” each time. Overall, when evaluating simulated learning it is important to assess a variety of competencies, including self-assessment; self-reflection; and counselor affective, cognitive, content, and process skills. Further, it is important to note that students/participants centered many of these

studies. In an effort to be student-focused and maximize learning opportunities, harnessing feedback from students is essential to refine and further the process of using standardized clients in social work education.

Discussion

The literature on the use of standardized clients in social work education created a strong case for its inclusion in the curriculum. The authors were able to draw several conclusions regarding recommendations for the timing and placement of this type of learning within social work programs as well as general guidelines for implementation.

Timing of Training with Standardized Clients

Within a course. Preparation for the introduction of standardized clients in social work education must be rigorous and thorough. The timing of using such a modality within the class requires preplanning in implementation from introduction to evaluation. Although the idea may be novel, promising practices suggest that instead of using this technique as a stand-alone exercise during class it is best used to help illuminate the curriculum for the course and to align it with learning objectives and evaluation. The power of the feedback for students can be enhanced in exercises leading up to a cumulative experience with a standardized client.

Within a degree. Some conclusions suggest that timing within the training towards a degree in social work is important. It appears that using standardized clients is optimized in senior courses closer to field experience and practice after foundational skills are learned during initial years of training. Students are then able to draw upon concepts learned throughout their education to apply to this penultimate experience. It becomes an accomplishment for social work students to work towards while acquiring fundamental skills. Students can then build on the learning and evaluation in their next endeavours in field placement. In many social work education models, students may not have had direct experience with clients until their field placements. Placing the work with standardized clients close in timing to field placement can assist to consolidate learning, reduce risk to

clients and training practitioners in vivo, and increase student confidence in rapidly creating therapeutic alliances.

Simulation and Standardization Are Exclusive Terms

Many social work educators use simulations of interactions and interventions in training as a complement to lecture, text, and group work. This is critical to students learning about process. Simulations can be brief one-time exercises and can be practical using members of the social work class to formulate building blocks and tools in preparation for a session with a trained standardized client.

Standardization denotes using a trained actor as a recurring character that presents the same outline each time. The details of the character may emerge differently in each simulated scenario, but the outline of the client and scenario remains the same across the learning. While it is important to maintain the individual and unique complexities of client systems and circumstances, the value of using standardized clients who are adept at flexibility can be incorporated. This has proven especially important in assessment of student competencies. Using standardized clients gives students and instructors the ability to hone in on moments that differ in interactions from social work student to student approaching similar situations. It assists with students being able to slow things down and examine components of their approaches while allowing instructors to evaluate competencies in a systematic manner. General simulations with variable approaches do not allow for this incremental learning and evaluation process.

Importance of Feedback

The importance of feedback in the incorporation of standardized clients in social work education was a strong theme that emerged throughout the literature. This was optimized when expectations and respect for the process of observation, discussion, reflection, and means of giving constructive feedback were outlined at the beginning of the course and given a framework. *Instructors.* The ability to intervene immediately was found to be a strength of working with standardized clients. Feedback could then take the

form of moment to moment education during the simulations and in summative evaluations for students to carry forward into field placement and practice.

Peers. Collaborative learning was noted as integral to this process. Video recordings of scenarios could be used in playback to illuminate moment to moment work; however, they were best processed and used within the group educational setting. Peers could point out alternate interactions and interventions that could be used. Best practices appear to use the strength of the group in learning with standardized clients. Peers in the social work class could apply lessons and challenges from other scenarios to their own learning.

Types of Evaluation. This review yielded a number of options for evaluation of student and actor experiences within the learning session. Many are helpful for different reasons, but the central theme of the importance of evaluation is clear. A strongly articulated evaluation allows for students to actualize the feedback given, increasing skills and confidence moving forward. Feedback was found to be useful whether it was individually tailored to the exercise or incorporated into highly structured evaluations such as the OSCE.

With Standardized Clients. It was a strong recommendation to facilitate a dialogue with those who portrayed the standardized clients in the learning scenarios reviewed. Some studies designed a focus group that included social work and dramatic arts students explicitly for this purpose. Outcomes appeared to be optimized in a shared dynamic within the learning environment that includes the standardized client. They may often have feedback for the social work student and class that involves reactions, feelings, and responses that are undetected to observers. Exploration of this dynamic and how it affects the scenario internally to the role players and externally to the outcomes is highly encouraged.

Debriefing

The process of debriefing was described by authors as the “heart and soul” of the learning for social work students with standardized clients (Rall, Manser, & Howard, 2000, p. 516). Students needed time to be set aside in order to

process and share their experiences. This included time to debrief with the social work student and standardized client, with the observer/instructor/class, and in personal reflection. The recommendation would be to ensure that the debriefing process is included in the work with standardized clients in order to enhance overall learning, not only as part of summative feedback and evaluation.

Relationship with Standardized Clients/ Dramatic Arts Students

A key suggestion that ran throughout the literature is that the role of preparation of standardized clients cannot be understated. If collaborating in conjunction with a dramatic arts course, learning objectives between departments must be given equal importance, while clear roles should be delineated for both. Respect must be given that students have learning objectives and expectations in both disciplines. A recommendation is that instructors from the disciplines work together to create syllabi that addresses learning needs for each discipline and culminate in collaboration. More research is needed in investigation of which specific courses within the social work and dramatic arts catalogues have the capability and could benefit from including a standardized client approach.

A clear conclusion of this review was that there is rich opportunity for reciprocal learning between and within the disciplines of social work and dramatic arts. The practice of preparation and implementation of standardized client learning can prepare strong, confident practitioners in both disciplines; a powerful pedagogical methodology for instructors; and deeply meaningful and experiential learning within the classroom.

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Equipping Students for Practice: A Systematic Review

Table 1: Evaluation and Assessment Tools Used in the Literature

Name	Description	Use	Author
1. Experience, Response, Effect, and Judgement (EREJ)	Subjective report	Evaluates reflective skills	Manning et al., 2016
2. Simulation Effectiveness Instrument (SEI)	Observation; assesses communication, critical thinking, technical skills	Evaluates clinical reasoning, information gathering, decision making	Todd, Manz, Hawkins, Parsons, & Hercinger, 2008; Todd, 2012
3. Simulation Effectiveness Tool-M (SET-M)	19 items, administered post-simulation	Evaluates preparation, debriefing, clinical confidence, self-awareness, and communication	Leighton, Raver, Mudra & Macintosh, 2015
4. General Self-Efficacy Scale (GSES)	Self-report assessing confidence in skills post-simulation	Used to connect self-efficacy with self-esteem	Carter et al., 2018
5. Adult Hope Scale (AHS)	12 item, 8-point Likert, self-report assessing agency of hope pre- and post-simulation	AHS positively links hope to well-being by use of simulation	Snyder et al., 1991 Bragg et al., 2017
6. Counseling Self-Efficacy Scale (CSE)	Self-report assessing counselor beliefs of counselling abilities pre- and post-simulation	Evaluates self-efficacy, including ability to persist through challenging situations; CSE can locate the points of disconnection between novice and experienced skills	Larsen, 1998

7. Counselling Self-Estimate Inventory (COSE)	37-item assessing counseling response; used over time to examine individual progress	Based on five main themes of confidence, adherence to process, response to challenging behaviours, cultural “competence”, and awareness of personal values	Larson et al., 1992
8. Fear of Negative Evaluation Scale (FNES)	30-item true/false assessing fears about evaluation, avoidance tendencies, negative expectations	Used to relate anxiety and evaluation i.e. the fear of being negatively evaluated; can be used in conjunction with self-efficacy scores (CSES)	Watson & Friend, 1969
9. Skills in Psychological Interviewing-Clinical Evaluation Scale (SPICES)	Four-point Likert scale, administered during simulation	Evaluates counselor skills such as self-reflection, genuineness, mirroring, body language, normalizing, attendance to process, use of informed consent, response to client feelings, closure etc.	Ketterer, 2014
10. Self-Assessment of Clinical Reflection and Reasoning (SACRR)	26-item, five-point Likert, self-report assessing learning pre- and post-simulation	Seeks to understand the role of learning and experience on future performance	Hoppe, 2017
11. Satisfaction with Simulation Experience Scale (SSES)	17-item assessing clinical learning and reflection, debriefing, and clinical reasoning	SSES relates student experience with the simulation experience	Levett-Jones, Gersbach, Arthur, & Roche, 2011).
12. Clinical Competence-Based Behavioural Checklist (CCBC)	Nine-point Likert scale, based off theories, concepts, and data of	Evaluates skills such as interviewing, cultural empathy, assessment and intervention, comprehensive evaluation, and metacognition	Lu et al., 2011

Equipping Students for Practice: A Systematic Review

	professional competence criteria		
13. SW-OSCE Performance Rating Scale (PRS)	10-item, double-rater scale assessing components of holistic competence post-simulation	Evaluates skills such as the ability to develop/use a collaborative relationship, to conduct ecosystems assessments, and to collaboratively set goals as well as cultural “competency” and overall knowledge and skills	Sampson et al., 2018
14. OSCE Reflective Dialogue Rating Scale (RDRS) and OSCE Reflective Dialogue Questions and Probes (RDQP)	15-minute self-report post-simulation, can be used alone or as a part of a battery to assess student learning periodically or at the end of a course	Evaluates student meta-competencies including content and process, cognitive and affective self-regulation, and professional development	Bogo, Regehr, Logie, et al., 2011
15. OSCE Student Feedback Form	Qualitative and quantitative student feedback form	Measures level of student agreement on statements	Bogo, Rawlings, et al. (2014).