Acting for Health: Effective actor preparation for healthcare simulations

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Acting for Health: Effective actor preparation for healthcare simulations

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Acting for Health: Effective actor preparation for healthcare simulations

Abstract:

This article provides a summary of the current literature (1975 – 2015) on the subject of effective ‘simulated patient’ training with a focus on developing best practice for actor preparation for simulated patient work. There has been a great deal written on the efficacy of simulation in health care and the importance of training for actors in simulation learning is acknowledged by a range of academics. This paper discusses the theatrical and performative contexts of simulated patients and the training needs for actors. It concludes that actors must be acutely aware of the educational needs of the students, and the importance of maintaining a controlled and equitable learning environment. Understandings from this literature review
are currently informing the project Acting 4 Health in which drama students are trained as simulated patients for learning events in Nursing at the University of the Sunshine Coast.

Keywords:
Simulated patients, standardized patients, actor training, facilitation.

Introduction:

The use of simulated patients in learning events for health care students offers a number of benefits for teachers and students. A review of the literature on simulated patient training has highlighted key aspects that need to be considered in actor training for ‘simulated patient’ work. This article provides a summary on available literature on actor preparation for simulated patient learning events. The focus of this article is to survey the literature available in order to develop a project in which drama students are trained as simulated patients for learning events in Nursing & Midwifery at the University of the Sunshine Coast. The research project entitled Acting 4 Health will then implement a training program for actors and research its implementation and efficacy. The aim of this article is not to discuss the Acting 4 Health project in detail, but instead to summarise the data leading to its creation and development.

This study sourced the following Databases between the years of 1975 and 2015: PubMed, Nursing and Allied Health, Academic Search Elite, Proquest and Google Scholar. The search strategy used was to identify articles with simulated/standardized patient as main subject headings, or text words in titles and abstracts. This was matched with actor training/preparation/coach as main subject headings or text words. The authors have related this information to relevant actor training theories drawn from their previous research in the field of Drama.

The authors of this paper are team members of the Acting 4 Health project and are involved in simulated patient training at USC. Team leader Dr Jo Loth and research/teaching assistant Patrick Mitchell are directly responsible for the planning and implementation of drama student training. Associate Professor of Nursing Patrea Andersen runs simulated learning events within Nursing & Midwifery and advises the project on health care considerations.

In this article the term ‘actor’ has been used to describe individuals who play simulated patients. The term ‘student’ refers to Healthcare students who are engaged in learning events with simulated patients. When referring to the Acting 4 Health project, the individuals who will be trained to play simulated patients are referred to as ‘drama students’.

This article will firstly provide a definition of simulated patients as applies to this project. Secondly, a review of the literature will then be provided relating to the following points:
The role of simulated patients within Health Education

Safety concerns and ethical considerations
The theatrical context for simulated patient training
The complexity of the actors’ task in simulated patient work.

Finally the article will provide an overview and rationale for the Acting 4 Health research project.

Simulated Patients: a definition

The practice and application of simulated patients in the health care context is defined and argued in a number of different ways. In the health care community the terms ‘standardized patient’ and ‘simulated patient’ are sometimes used interchangeably and their meaning can change depending on the circumstances in which they are used. The term ‘simulated patient’ generally refers to actors who are ‘trained to simulate patient illnesses’ (Bosse et al. 2010: 2). These actors ‘are trained to mimic an illness in a patient, reliably and identically for each student encounter’ (Stewart et al. 2010: 74). This is different to ‘standardized patients’ who are actual patients who offer their own physical and emotional experiences of their illnesses as material for medical training purposes (Bosse et al. 2010: 2). Another approach used to enable students to more deeply appreciate the complexities of the nurse/ patient interaction is patient substitutes. This includes video or sound representations, plastic or other models, or computer simulations (Collins & Harden 2004). For this research project the term simulated patients refers to actors who simulate specific illnesses and repeat these simulations for multiple learning events.

The role of simulated patients within Health Education

For health care students, the use of simulated patients offers a significant engagement with the practical circumstances of their future employment and the human and health care challenges that they will face (Barrows 1993). In scenarios designed by their teachers, the students develop their communication and empathic skills in settings that provide accurate ‘real world’ encounters. These encounters provide the training ground for students preparing to enter practice for the first time. The learning events allow academic staff to make accurate assessments of students’ clinical knowledge and their ability to apply this knowledge in practical face to face situations. Furthermore Churchouse states ‘using scenario based learning in rich complex scenarios within undergraduate, graduate and industry-specific, education can bridge the theory – practice gap’(2008: 119). For actors, working as simulated patients offers two worthwhile opportunities. The first is another and always welcome opportunity of employment in a difficult vocation. The second is that simulation work invites actors to precisely deploy their skills in work that substantially contributes to the development of a key sector of our community, that of health practitioners.

The use of health care simulations is now a significant part of the education process in universities where, as Taylor describes, health care students are required to ‘perform’ and
demonstrate their ‘clinical skills’ through staged, and therefore controlled, clinical encounters with people role-playing the parts of patients (2011: 135). Health care simulations were initially devised by Howard S. Barrows, a neurologist, in 1963 who sought ways to more rigorously and substantially assess the skills and the learning of health care students in terms of what they could do in practical clinical situations (Barrows 1993).

Barrows (1993) proposed that in order to further explore a health care student’s capacities in physical examination and communication skills, non-health care trained or lay people could be prepared to simulate or replicate illness. Barrows formulated the title ‘simulated patients’ and required them to not only replicate an illness but also realized that they could be asked to give feedback to trainers on the health care students’ performance of their task.

Barrows was convinced of the benefits of students learning in situations that directly reflected their working circumstances (Barrows 1993). His view finds a recent equivalent in Galarneau’s assessment that, ‘there is a huge disconnection between knowing something in abstract and being able to make that knowledge actionable’ (2005: 3). Furthermore in embracing work-based learning Churchouse and Rudd argue that in many work environments, ‘the experience of the individual cannot be simply reduced to a list of knowledge and skills requirements but requires the addition of adaptability; the art of juggling situational and interpersonal dynamics’ (2008: 120). These two comments, kept in verbatim form, resonate strongly with the actor’s task and the challenges that regularly face actors in the practice of their craft, how to creatively or imaginatively adapt their performance skills and knowledge to changing work situations and work partners.

To act is to do and words such as ‘actionable ‘and ‘adaptable’ also recall the initial task that many actors follow when preparing to work on a scene. Here the actor works to define the script in terms of what their character knows, what they want and what actions they take to realize these goals.

Simulation can provide students with a dynamic learning experience closely modelled on real situations and these create an experiential bridge between the theory and practice (Gaba 2004). Simulated patients are used to enhance the fidelity, standardisation and repeatability of learning and assessment experiences. A successful simulated learning environment will provide a level of authenticity that not only immerses students in a realistic health care situation, but provides a level of fidelity that suspends disbelief. Fidelity, or authenticity is an essential requirement in accurately assessing the knowledge and skills of health care staff. Therefore the simulated patient must provide an accurate and authentic performance of a patient and their illness, its signs, symptoms and physical and emotional impact. They endeavour to present the complete patient and provide a key transition point for medical students as they shift from the theoretical learning to the practical experience of dealing with an actual patient (Barrows 1993:444). Fidelity in these areas and repeatability in presenting the complete patient are essential in providing fair assessment across a range of health care students. A successful simulation in these terms is dependent largely on the ‘performance’ of the actors.
Immersion is a significant quality in the creation of influential learning experiences as students interact with guided experiences that strongly suggest the real world (Gaba 2004). Cabral emphasizes the importance ‘of being surrounded by an environment and/or atmosphere that activates images and memories’ (2013: 20). Actors are particularly adept at generating complex communication scenarios that enable students to engage imaginatively and draw on attributes of emotional and social intelligence. Churchouse and Rudd emphasize the distinct capacity of actors to create or improvise dramatic simulations or role plays that require health care students to become involved in the practical and social/communication layers of patient care (2008: 121). As a result the experience becomes not only more ‘real’ and therefore immersive but, as Churchouse and Rudd stress, a ‘trained actor can push a participant enough to force real involvement and real reactions without damaging the participant’s self-esteem and motivation to continue skill improvement’ (2008: 121).

A further primary advantage of this technique in training health care students is that it is safe. Using this technique, actual patients who may be at risk are moved out of the learning process and student discomfort is potentially minimized as they engage in learning and assessment activities (Bolstad et al. 2012: 6). The fact that simulated patients can straightforwardly repeat clinical situations allows for ‘dependable and uniform appraisal of those engaged in clinical activities’ (Bosse et al. 2010).

Furthermore Churchouse and Rudd emphasize the importance of ‘failure’ as a learning experience for trainee health professionals. It can occur safely in training programmes for professionals such as doctors and nurses and can provide opportunities to explore lack of experience or vulnerabilities in the context of communication, of the application of life experience, of dealing with different cultures, belief systems and attitudes that health care practitioners have to deal with. Churchouse asserts that ‘this is an important advantage simulation has over apprenticeship learning models where failure in practice has serious quality and safety implications’ (2008: 121).
The use of simulated patients allows teachers to gain direct insight into the clinical behaviours of students, encourages focus on specific aspects of communication, and encourages students to directly focus on their modes of communication with patients (Bosse et al. 2010). Simulations assist in the development of such skills as including interviewing, counselling, protocols of physical examination and psychosocial assessment. The value of this mode of learning and teaching in using simulated patients is that it provides the most true to life preparation for health care professionals.

Simulated learning events replicate complex human health care situations and reveal the many layers of need and human response within patient care. This approach ‘provides health professionals and trainees with a dynamic, virtual environment to practice new skills or demonstrate competencies’ (Bolstad et al. 2012: 67).

Safety concerns and ethical considerations

The use of actors as simulated patients raises many issues relating to safety concerns and ethical considerations. Adamo stresses the importance of providing appropriate personnel and resources in order to minimize risks and ‘conduct quality assurance, standardize training protocols for simulation learning’ (Adamo 2003: 264). For actors, it is necessary to establish ethical guidelines and consider the actors’ physical and mental well-being. Adamo (2003) provides a detailed list of protocols, quality assurance techniques, ethical and safety questions in order to establish appropriate standards of practice that ensure actors are treated equitably and not at risk of ‘physical or psychological harm’ (Adamo 2003: 266). In an early article on the use of simulation actors Naftulin & Andrew (1975) state that it is important to consider the actors’ emotional history and the extent to which conflict or disorder ‘affects a vulnerable aspect of the simulator’s personality’ (Naftulin & Andrew, 1975:88). Further areas of reflection and exploration in this research project into the use of actors in simulation learning include: managing the specific challenges of each simulation process; and taking care of actors through appropriate public liabilities and informed consent procedures; changing technology being used in simulation training (Vozenilek et al. 2004). It is essential that these concerns are addressed in the training and employment of actors as simulated patients.

The theatrical context for simulated patient training

Literature on actor training and theatrical techniques provides a wellspring of material in the development of simulated patients. A number of writers on the work and development of simulated patients employ the work of theatre practitioners such as director Robert Benedetti (Churchouse 2008), actor and teacher Uta Hagen (Taylor, 2011) and the teacher in role approach developed by Dorothy Heathcote (Jacobsen et al. 2006).

There are connections made to the principles and work of such key theatrical pioneers as Bertolt Brecht and Augusto Boal who are seen as providing significant intellectual sustenance for approaches and techniques (Jacobsen et al. 2006). For example Jacobsen et al. (2006)
describe the flexible use of the familiar theatrical concept of ‘the fourth wall’ as a way of engaging the participants in simulated health encounters. Both Brecht (1964) and Boal (1992) used the concept didactically to deliberately manipulate the theatrical contexts that performers and audiences found themselves sharing. The fourth wall in theatre terms is not a literal wall but an imaginary one that completes the enclosure of the stage. Its effect is that while the audience can see the actors, the actors go about the business of their performance without needing to acknowledge the existence of the audience. It has been a theatrical practice that has been expanded, contracted, sometimes smashed in metaphoric terms, as various directors and producers sought to make the communication between audience and actors more clear, dynamic or more reflective.

In the case of simulated patients, Jacobsen et al. (2006) describe the use of the fourth wall as a way of influencing the conversation and learning that occurs by separating or bringing together in different combinations the health care student, the simulated patient and health care facilitator. These differing combinations can lead to a variety of conversations and discoveries.

**The complexity of the actor’s task**

The role of the actor within learning simulations has many challenges, and requires the development of specific skills. The stakes are elevated in this sort of work and the quality of the simulation actors ‘performance’ is vital to maintaining equitable and appropriate standards of practice for successful pedagogy. Churchouse & Rudd state that

...the challenge for all educators is to deliver course content and learning environments that provide students with the knowledge, skills and attitudes to make a seamless transition from the classroom to the work environment. Students need to learn in a safe and controlled environment where skills such as communication, leadership, team work, conflict management and facilitation, not just the technical skill [is emphasized] (2008: 118).

Gaba (2004) argues that simulation training requires specific standards and curricula need to be developed because it ‘is more complex than merely attempting to stick simulation training on top of the current system’ (Gaba 2004: 13). A worst case scenario Gaba describes is the possibility of malpractice suits if students are not effectively trained (Gaba 2004: 19). Wallace (2007) supports this statement, commenting that ‘the most exacting kinds of recruitment and training of standardized patients are required for high-stakes clinical skills examinations’ (Wallace 2007: xxv). If appropriate standards of training simulation actors are not developed, established and maintained then student learning can suffer (Wallace 2007:xxvi). Furthermore if simulation training is used as an assessment task, ineffective training of simulant actors can lead to uneven performances resulting in inequitable exam conditions across a cohort of students (Wallace 2007: xxv).

Thus it is vital that an actor produce a technically precise and repeatable enactment of a patient and their illness for a number of different students (Taylor 2011: 136). This involves learning the facts of a case and providing an accurate verbal history to the student during the learning event, and ensuring that this information is repeated in each simulation (Wallace
The actor needs to be capable of not only absorbing a range of complex character information about the character but also the particular health situation for which they are seeking health care assistance.

In addition to accuracy, it is important for the actors to bring a sense of truth or authenticity in the role they are playing, so that the students are able to suspend their disbelief in this practice situation and fully immerse themselves in the transactions of the scene. It may be a simulation but it is to be played for real. The character briefing provides the actor with the information that they will need to become the character. The actor moves backward and forwards through a process that Benedetti describes in his book as ‘seeming, being and becoming’ (1976: 81). The demands and the purpose of the role play ask the actor to not only be in role but also to give a truthful, sincere performance. Here again the quality of fidelity or authenticity is a critical factor in the exchange between simulated patient and health care student.

Churchouse and Rudd (2008: 121), state that professional actors are best able to construct real characters from their own or imaginary resources to construct a ‘real person who matches the role play scenario, but with significantly more depth and breadth’. Actors are accustomed to exploiting their own experiences, emotions and beliefs to work themselves into a physical and emotional state where they are able to participate in the imaginary world of a script or a role play. For Churchouse and Rudd ‘an actor can provide credible information based on their own experiences and preparation or can quickly change the focus of the situation from the unknown facts to something more relevant’ (2008: 121). It has also been found that if there is adequate and appropriate training provided non-professional actors can provide successful patient actors (Hardoff & Schonmann 2001).

Alongside this process is the required capacity to be mentally outside the performance evaluating the progress of exchange while seeming to be fully immersed in the role play. Wallace (2007:12) notes that while the actor is performing, they must simultaneously observe the students’ clinical skills ‘with precision’. This particular quality recalls Brecht’s conception of the actors craft and Boal’s notion of metaxis or seeing the situation from two worlds at the same time (Boal 1992). Again these two worlds are that of the ‘patient’ seeming to have a particular medical problem that they need assistance with and the performance ‘technician’ who is responding to the flow of the event in the moment calibrating their response to the needs of the event and the instructions from the health care facilitators.

The simulated patient therefore constructs responses that challenge the students’ abilities in escalating moment by moment. The actor must be diligently aware of the order of their checklist so that they do not inappropriately volunteer information to the students (Wallace 2007: 11 – 12). In each simulated learning event, the actor is required to make moment by moment decisions in order to effective facilitate student learning.

In simulations actors provide health care students with complex scenarios that comprise ‘task challenges or dynamics (including volatility, uncertainty, complexity, ambiguity and delayed feedback) and must be adjusted to gains in knowledge over time’ (Churchouse & Rudd 2008,
The complexity of these scenarios requires actors to have a good understanding of the intricacies of human communication. This means being aware of the meaning of a patient’s body language, what sort of language to use when engaging with people from different sectors of the community and how to engage in a transaction that enables both the patient and the doctor.

Wallace (2007) states that detailed training is needed so that the simulation actors are able to ‘accurately perform the simulated physical findings of the patient they are portraying’, be guided by learning outcomes and provide effective feedback while communicating ‘the complexity of what it means for a patient to be vulnerable and human’ (Wallace 2007:xxiii, xxiv). Zraick (2012) comments that it is essential for actors to accurately demonstrate the “signs and symptoms” and “physical and verbal behaviours” of given medical conditions (2012: 114). Thus it is essential that actors develop detailed and accurate knowledge of medical conditions that are to be presented in the simulated learning events. This multi-faceted preparation of actors has been displayed in Table 1 (below). This table lists the varied skills required by actors to be effective simulated patients.

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Table 1:
Focus areas for training of actors as simulated patients

p. 120).
The balancing act of the simulated patient

As demonstrated in Table 1, actors engaged as simulated patients manage a complex balancing act. In order to create an opportunity for students to develop ‘actionable’ knowledge (as described by Galarneau), actors must provide an authentic portrayal of a patient with complex physical, mental and emotional needs. Success in this endeavour relies on the ability of the actor to form a believable character and then to be able to improvise the application of that character through a series of complex clinical scenarios defined by the health care teachers and facilitators. Actors must at the same time be acutely aware of the educational needs of the students, and the importance of maintaining a controlled and equitable learning environment. They must be highly adaptable, and work to manage constantly changing situational and interpersonal dynamics. As shown in Table 1, this balancing act requires the development of performance and facilitation skills combined with appropriate knowledge development. Institutions training actors as simulated patients must ensure that the training they provide covers these three aspects of a simulated patient work. Performance skills involve the ability to develop and portray an authentic and believable individual, and to consistently and accurately repeat this performance. Facilitation skills involve the ability to adapt each performance in response to the learning needs of each student. Knowledge skills require actors to be provided with information regarding specific medical conditions. Furthermore, actor training and preparation must ensure thorough safety and ethical checklists and considerations.

The Acting 4 Health Project

The Acting 4 Health project is focussed on training drama students as simulated patients for learning events in Nursing & Midwifery at the University of the Sunshine Coast in Queensland, Australia. This exploratory project began in January 2014 and is scheduled for completion at the end of 2015. Acting 4 Health employs a mixed methodology approach using both qualitative and quantitative data. This approach “presented different slices of reality and thus allowed more holistic understandings to emerge” (Levett-Jones et al. 2011: 706). A key aspect of this design includes action research. Action research involves stages of planning, acting, observing and reflecting as outlined by Lewin (1946) and was intended to create a “flexible, open and eclectic process of enquiry” (Hearn et al. 2009: 11). Utilising cycles of development and reflection within this method allows the research team to implement changes in response to new information, and enable the development of best practice preparation processes and effective dissemination of information. The first stage of the project (January – June 2014) has focussed on research into current literature in the field of simulated patient training and ethics application. This article presents the results of the first stage of the project and has informed the writing and implementation of the second phase (July- December 2014) in which Drama students were trained to play simulated patients for learning events with Nursing & Midwifery students. The Drama students were enrolled in the course DRA205: Theatre Internship and undertook simulated patient work as part of their drama major. For Drama students at USC this process provides an introduction to a potential
career path as a professional simulated patient. The formalisation of the project into a degree subject is an innovation that brings benefits for both the Drama and Nursing & Midwifery programs at this university. At the end of the second phase of the project, focus groups were conducted with Drama and Nursing & Midwifery students to review the efficacy of the actor training program and simulated learning events. In addition a survey was conducted with Nursing & Midwifery students utilising the Satisfaction with Simulation Experience Scale (SSES) (Levett-Jones et al., 2011). This survey collected data regarding student perceptions of the simulation experience including the impact on learning of debriefing and reflection, critical thinking and clinical reasoning, clinical learning and application to practice. Using a 5 point Likert scale 1=strongly disagree, 5=strongly agree, most participants responded either “agree” or “strongly agree” indicating high levels of satisfaction with the simulation. The third phase (January - September 2015) involves refinement of the actor training program in response to feedback gained in Cycle Two. This cycle will culminate in the writing of a Policy Document & Actor Preparation Manual.

There has been a great deal written on the use of simulated patients in health education. Its efficacy in health care circles and the importance of training for actors in simulation learning has been acknowledged by a range of academics (Rethans et al. 2012; Lyon-Maris & Scallan 2012; Mavis et al. 2006; Wilson 2000; Hardoff & Schonmann 2001; Wilson 2000). However, a review of the literature has found almost no information on specific preparation processes for actors in simulation learning.

One notable exception is the very thorough resource on simulated patient training articulated in the book Coaching Standardized Patients (Wallace 2007). Despite using the term ‘standardized patients’, this book details the training schedule and check-list for actors replicating illnesses and provides detailed and valuable advice for professionals involved in training simulated patients. This book provides an overview of suggested training sessions, recommending separate sessions that: familiarize actors with cases; provide check-lists for scenarios; and involve dress rehearsals and feedback sessions (Wallace 2007: 162). In one section of the book it is suggested that actors experience ‘living as patient’ in order to ‘deepen… [their] understanding of the patient’ (Wallace 2007: 179). Specific case studies are provided to explain the usefulness of this approach. Aside from this example, no actor training techniques are discussed or explained in this publication.

A review of the literature has thus indicated that the gap in the literature is in the area of descriptions of actor training for simulated patients. The Acting 4 Health research project aims to fill this gap by providing a best practice document and training manual for simulated patient work.

Conclusion
In conclusion, literature on simulated patients emphasizes the capacity of actors to be important providers of opportunities for understanding, learning and training in the health care profession. It is very much the case that actors can now be seen as transforming professional health care performance by applying their skills in the replication of human interaction that cause learning and development. Actors are thus providing health care students with an opportunity to practice for life. However in order for actors to provide accurate, realistic and repeatable simulated patient performances they must successfully balance the performance, facilitation and knowledge requirements of each scenario. In addition, it is essential that actors’ physical and mental well-being is supported in the preparation and enactment processes of simulated learning events. The Acting 4 Health project aims to develop and disseminate a training program for actors that will meet this complex array of needs.
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