

USC Learning and Teaching Grant Scheme

Acting 4 Health: The preparation of Drama students as Simulated Patients for Learning Events within Nursing & Midwifery and beyond.

Final report 2015

Project Members:

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List of acronyms used

Simulated Patient (SP)

University of the Sunshine Coast (USC)

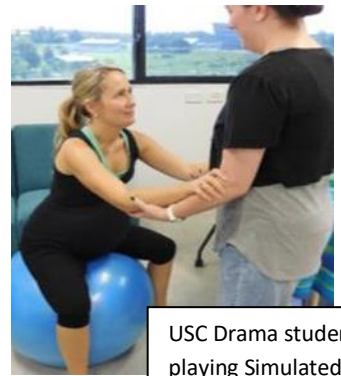


ACHIEVEMENTS STATEMENT

OVERVIEW

The *Acting 4 Health* research project has focussed on the preparation of Drama students as Simulated Patients for learning events within the School of Nursing & Midwifery at The University of the Sunshine Coast (USC). Professional actors are often engaged as Simulated Patients in educational settings and this cost can make Simulated Patient work prohibitively expensive for many educational institutions.

USC Drama students playing Simulated Patients.



USC Drama students playing Simulated Patients.

Engaging drama students as Simulated Patients works to develop the skill level of drama students while at the same time supporting Nursing & Midwifery students' educational needs. The Report for this project was completed in October 2015.

PROJECT AIMS

- To create a best practice policy document that details the preparation processes and support requirements for Drama students engaged to be Simulated Patients, including detailed ethical processes.
- To develop best practice guidelines for Simulated Patient preparation and implementation in order to deliver high quality teaching, learning and graduate outcomes in Health Education and Drama.

DELIVERABLES

- Policy and Procedures for Training Drama Students as Simulated Patients. *(These will be available at the MyUSC Grants and Awards site.)*
- Procedures for Recruitment, Screening, Training and Evaluation of Volunteers as Simulated Patients. *(These will be available at the MyUSC Grants and Awards site.)*
- Publications and Conference Presentations. This project has resulted in two peer-reviewed journal publications (in *The Australian Nursing & Midwifery Journal* and *The Applied Theatre Research Journal*) and five conference presentations.

PROJECT ACHIEVEMENTS AND IMPACTS

The *Acting 4 Health* project has proven to be a highly successful engagement strategy for Nursing & Midwifery and Drama students. The project has assisted Nursing & Midwifery students across 5 courses (NUR103, NUR202, HLT301, HLT123 and NUR311) to consolidate and translate theory in practice and has been helpful in developing their confidence in clinical situations. The Satisfaction with Simulation Experience Scale (SSES) Cronbach's alpha coefficient (α) 0.78 (Levett-Jones et al. 2011)ⁱ was used to collect data regarding student perceptions (n=801) of the simulation experience. Using a 5 point Likert scale 1=strongly disagree, 5=strongly agree, most participants (>97.6%) responded either "agree" or "strongly agree", indicating high levels of satisfaction with the simulations. Mean scores were high (4.65) with a standard deviation of 0.57.

Table 1: Satisfaction with Simulation Experience Scale results

| Strongly agree | Agree | Unsure | Disagree | Strongly disagree | No response | Mean | Standard deviation |
|----------------|--------|--------|----------|-------------------|-------------|------|--------------------|
| 68.34% | 29.28% | 1.73% | 0.31% | 0.24% | 0.1% | 4.65 | 0.57 |

Note: Data was rounded to 2 decimal places.

Focus groups conducted with Drama students have evidenced the value of Simulation Patient work to develop drama students' acting, facilitation and improvisational skills. Drama students noted that their training and experience as Simulated Patients developed their ability to facilitate Nursing students learning while acting as Simulated Patients. This allowed them to "act as someone, but also be aware of what's going on around you", and to be "observing" the process at the same time as enacting itⁱⁱ. Drama students consistently noted that they found the training and simulated patient experience to be enormously valuable in developing their acting skills and their ability to create complex, realistic characters. This was noted in terms of it helping them to develop a character's details and background and to develop complex characterisations through group activities.ⁱⁱⁱ One student related that the process provided "a major pivotal moment for me as an actor... [I learnt] to create an authentic character, as opposed to playing a role."^{iv}

The success of this project has indicated that training of Drama students as Simulated Patients should be continued at USC. The next stage of this project is to investigate sustainable ways of continuing the training and support for Drama students as Simulated Patients.

Executive summary

Project overview: context, aims and approach

The *Acting 4 Health* research project has focussed on the preparation of Drama students as SP's for learning events within the School of Nursing & Midwifery at The University of the Sunshine Coast (USC). Professional actors are often engaged as SP's in educational settings and the cost of these often makes SP work prohibitively expensive for many educational institutions. Engaging drama students as SP's works to develop the skill level of drama students while at the same time supporting Nursing & Midwifery students' educational needs. Drama students that participated in this research project did so as part of the elective DRA205: Theatre Internship course within the undergraduate Drama major. The core aims of the *Acting 4 Health* research project were to create a best practice policy document that detailed the preparation processes and support for actors working as SP's and to develop best practice guidelines for SP preparation and implementation. It was intended that these guidelines would contribute to the delivery of high quality teaching and graduate outcomes in both Health Education and Drama. Through this process, a template for partnerships between Drama and other teaching areas would also be created, thus building a sustainable future for this work within the university. It was also intended that Drama students would gain significant experience in professional practice by working as a SP. The *Acting 4 Health* research project employed 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"^v. A key aspect of this design included action research. This involved stages of planning, acting, observing and reflecting as outlined by Lewin^{vi} and was intended to create a "flexible, open and eclectic process of enquiry"^{vii}. It was felt that utilising the cycles of development and reflection within this method would allow the research team to implement change in response to new information, enable the development of best practice preparation processes and the most effective dissemination of information.

In response to challenges arising from the project, an addition to this research project was the development of a Volunteer Simulation Patient Programme Database. Volunteers have been recruited to play SP's within less challenging scenarios that require minimal acting preparation and fewer medical 'cues' for nursing students. The effective recruitment, selection and management of volunteers for scenarios employing SP's is vital to the success of simulated learning events. A SP database was designed to aid planning and development of simulation scenarios and streamline selection and management of SP's and volunteers. The initiative of developing a Volunteer Simulation Patient Programme Database engages with the wider USC community, fulfilling USC's Strategic Priority to engage with the regional community through educational, creative, economic and recreational activities. Information about the procedures within the Volunteer Simulation Patient Programme Database is included in the Project Output documents.

Project outputs:

- Policy and Procedures for Training Drama Students as SP's.
 - Procedures for Recruitment, Screening, Training and Evaluation of Volunteers as SP's.
- These will be available through the MyUSC Grants and Awards Site.

Project dissemination:

Journal Articles

Andersen, P., Downer, T., Loth, J & Penton, J. (2015) 'Advances in midwifery simulation at USC', *Australian Nursing & Midwifery Journal*, Vol. 23, No. 1, p.43

Loth, J., Andersen, P. & Mitchell, P. (2015) 'Acting for Health: Effective actor preparation for healthcare simulations', *Applied Theatre Research*. (In Press.)

Conference Presentations

Loth, J. & Andersen, P. (2015). *Acting 4 Health: The preparation of Drama students as 'simulated patients' for Learning Events within Nursing & Midwifery and beyond*. Austral Asian Drama Studies Association Conference. Sydney, Australia, 24 June.

Andersen, P., & Loth, J. (2015). *Acting 4 Health: Recruiting and training actors for SPoles in health care simulation*. 6th International Clinical Skills Conference. Prato, Italy, 19 May.'

McMillian, J. & Andersen, P., & Loth, J. (2015). 'Incorporating SP feedback in Debriefing and Appraisal of Clinical Skills'. 6th *International Clinical Skills Conference*. Prato, Italy, 19 May.

Andersen, P., & Loth, J. (2014). 'Teaching acting students for scenario roles to increase simulation fidelity', *SimGHOST*. University of the Sunshine Coast, Sunshine Coast, 26 May.

Andersen, P., & Loth, J. (2014). 'Recruiting and training actors for simulated patient roles in health care simulation: An interdisciplinary approach'. *SimHealth2014*, Adelaide Australia, 25-28 August

Internal Presentations

Loth, J. & Andersen, P. (2014). *Acting 4 Health: The preparation of Drama students as 'simulated patients'*, Learning & Teaching Week Presentation, University of the Sunshine Coast, 2 September.

Acting 4 Health: The preparation of Drama students as Simulated Patients for Learning Events within Nursing & Midwifery and beyond

Impact and findings

The *Acting 4 Health* project has proven to be a highly successful engagement strategy for Nursing & Midwifery and Drama students. The project has assisted Nursing & Midwifery students across 5 courses (NUR103, NUR202, HLT301, HLT123 and NUR311) to consolidate and translate theory in practice and has been helpful in developing their confidence in clinical situations. The Satisfaction with Simulation Experience Scale (SSES) Cronbach's alpha coefficient (α) 0.78 (Levett-Jones et al. 2011)^{viii} was used to collect data regarding student perceptions (n=801) of the simulation experience. Using a 5 point Likert scale 1=strongly disagree, 5=strongly agree, most participants (>97.6%) responded either "agree" or "strongly agree", indicating high levels of satisfaction with the simulations. Mean scores were high (4.65) with a standard deviation of 0.57.

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Focus groups conducted with Drama students have evidenced the value of simulation patient work to develop drama students acting, facilitation and improvisational skills. Drama students noted that their training and experience as SP's developed their ability to facilitate Nursing students learning while acting as SP's. This allowed them to "act as someone, but also be aware of what's going on around you", and to be "observing" the process at the same time as enacting it^{ix}. Drama students consistently noted that they found the training and simulated patient experience to be enormously valuable in developing their acting skills and their ability to create complex, realistic characters. This was noted in terms of it helping them to develop a character's details and background and to develop complex characterisations through group activities.^x One student related that the process provided "a major pivotal moment for me as an actor... [I learnt] to create an authentic character, as opposed to playing a role."^{xi} A very important aspect of Drama student feedback was that they found SP work to be physically and emotionally exhausting. One student noted the importance of pacing their energy and resting in between simulations (D: 440 – 444). Another student noted that because of the enormous time commitment required by Drama students they were exhausted after each round of simulations, in their words: "It was exhausting afterwards...because I was here for four days each time [so that] by the end of it I was absolutely physically and emotionally drained" (D: 417 – 420). This exhaustion was due to the time commitment required within the course DRA205: Theatre Internship. This internship course requires a time commitment of at least 100 hours. The small number of Drama students participating in the internship course also required each drama student to make a large time commitment to the project. A full analysis of the focus group data, with samples of student responses, is provided in Appendix B.

The Volunteer Simulation Patient Programme Database was showcased to staff representatives from Paramedicine, Occupational Therapy, Nutrition, Dietetics and Education on the 17th of February 2015 (The invitation for this event was sent to the areas of Paramedicine, Occupational therapy, Exercise Physiology, Sports, Nutrition, Dietetics, Law, Education and Psychology). Staff representatives responded that this database provides a very valuable resource as it provides: a streamlined process for the recruitment and organisational management of SP's; prevents the overload/ demands of SP's and addresses the safety of students. It was identified that a database recognized as "generic" would meet the needs of a number of different programmes. There was interest in access and use of this database from the areas of Occupational Therapy, Nutrition, Paramedicine and Education.

Recommendations and future directions

The success of this project has indicated that training of Drama students as SP's should be continued at USC. The next stage in this project is to develop sustainable model for continuation of drama students training and working as SP's. Key areas to be addressed are

- The permanent establishment of a support person to train and support drama students in their journey as SP's
- The more sustainable management of drama students' time commitment to SP learning events.

Data from this project indicates the value of offering SP work as its own designated course within the Drama program. Having this SP work as part of a course with a larger student cohort could ensure that each drama student had a more manageable amount of simulation time, and could ensure an appropriate requirement of simulation hours within the course structure.

The success of the *Acting 4 Health* project has provided the foundation for the Exploratory Learning and Teaching project *Acting 4 Health with Children*, led by Dr Natasha Budd with project members Ms Penny Harrison and Associate Professor Patrea Andersen. *Acting 4 Health with Children* aims to address a gap in the research and practice of higher education training for nursing and midwifery students. Despite persistent calls for the involvement of children in the development of nursing curricular a gap exists in the area of nursing simulation training with child performers. While the SP work currently being undertaken at USC with adults is delivering strong outcomes for Drama and Nursing students, the context in which nurses find themselves after graduation is not adult exclusive and experience in dealing with children could vastly improve student's preparedness for the workplace. This project has received funding from C-SALT and is scheduled to run from 2015 to 2016.

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Narrative

Project overview and aims

The *Acting 4 Health* research project focussed on the preparation of Drama students as SP's for learning events within the School of Nursing & Midwifery at The University of the Sunshine Coast (USC). Simulated learning events are used within the Nursing and Midwifery programs so that students can practise clinical skills and to enable faculty members to evaluate and assess students' work. In an SP experience, an actor plays the role of a designated patient and the healthcare students must perform a clinical assessment of the case. The use of SP programs within tertiary medical and healthcare training is increasing, as is recognition of their value as a learning and evaluation tool. Professional actors are often engaged as SPs, and are generally paid between \$25/ hour to \$100/ hour depending on the level of the simulation.^{xii} This costing often makes SP work prohibitively expensive for many educational institutions. This research project involved an interdisciplinary partnership between the Drama and Nursing & Midwifery faculties and was designed to address fiscal issues, develop, trial, evaluate and disseminate an education program in which Drama students are prepared for engagement as SPs. Having drama students engaged as SP's works to develop skill level of drama students while at the same time supporting Nursing & Midwifery students' educational needs.

The core aims of the *Acting 4 Health* research project were to create a best practice policy document that detailed the preparation processes and support for actors working as SP's and to develop best practice guidelines for SP preparation and implementation. It was intended that these guidelines would contribute to the delivery of high quality teaching and graduate outcomes in both Health Education and Drama. Through this process, a template for partnerships between Drama and other teaching areas would also be created, thus building a sustainable future for this work within the university. It was also intended that Drama students would gain significant experience in professional practice by working as a SP.

Drama students that participated in this research project did so as part of the elective DRA205: Theatre Internship course within the undergraduate Drama major. As part of this course, students undertook approximately 8hours of training with a theatre worker to develop their knowledge of simulated learning events and the skills that are required of an SP. Students also worked on building the characters that would be presented as SP's and on developing their aesthetic representations of these roles. Ethical considerations, such as the need for distance when embodying illness, maintaining a safe space and de-roling after the simulation were also embedded in this preparation process with the Drama students. This is particularly important "with regard to the personal lives of the young actors, who may be vulnerable to the emotional impact of the cases which they role-play"^{xiii}.

Once the preparation was complete, the Drama students participated as actors in multiple simulated learning events, with Nursing & Midwifery students whom were engaged as the healthcare practitioners. Each simulation lasted for approximately 15 minutes and was followed by a reflective discussion with both the Drama and Nursing students involved in each event. Previous studies have found that the implementation of a feedback session after simulation events has been particularly valuable to student learning and has assisted students in developing their confidence and releasing residual tension from the simulation experience^{xiv}.

In response to challenges arising from the project, an addition to this research project was the development of a Volunteer Simulation Patient Programme Database. Volunteers have been recruited to play SP's within less challenging scenarios that require minimal acting preparation and fewer medical 'cues' for nursing students. The effective recruitment, selection and management of volunteers for scenarios employing SP's is vital to the success of simulated learning events. A SP database was designed to aid planning and development of simulation scenarios and streamline selection and management of SP's and volunteers. The initiative of developing a Volunteer Simulation Patient Programme Database engages with the wider USC community, fulfilling USC's Strategic Priority to engage with the regional community through educational, creative, economic and recreational activities. Information about the procedures within the Volunteer Simulation Patient Programme Database is included in the Project Output documents.

The *Acting 4 Health* project has proven to be a highly successful engagement strategy for Nursing & Midwifery and Drama students. Surveys and focus groups conducted with Nursing & Midwifery students have shown that simulated learning events have assisted students to consolidate and translate theory in practice and to develop their confidence in clinical situations. Focus groups conducted with Drama students have evidenced the value of simulation patient work to develop drama students acting, facilitation and improvisational skills.

Methodology

The *Acting 4 Health* research project employed 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"^{xv}. A key aspect of this design included action research. This involved stages of planning, acting, observing and reflecting as outlined by Lewin^{xvi} and was intended to create a "flexible, open and eclectic process of enquiry"^{xvii}. It was felt that utilising the cycles of development and reflection within this method would allow the research team to implement change in response to new information, enable the development of best practice preparation processes and the most effective dissemination of information.

Using action research, the design focused on three cycles of development and reflection that were designed to run over an 18 month period. The first cycle focused on initial research, development and an ethics application. Cycle two involved the implementation of the preparation program for Drama students. Simulation events were then conducted with the Drama students in the role of the SP, and following this, a period of evaluation and reflection was undertaken to refine this approach. Cycle three involved further evaluation and refinement of the program and this cycle will culminate in the writing of a Policy Document & Actor Preparation Manual, and the dissemination of the project's results through academic papers.

Participants

Ethical approval had been gained from USC and all the participants involved in the project were subject to the ethical consent procedures outlined within this. Students were recruited through invitations to voluntarily participate in the research and subsequent follow-up information sessions for those whom expressed an interest. The opportunity to participate in the project was offered to 2nd year Drama students and the four students who took part did so through enrolment in the 'Theatre Internship' course on their degree program. All 1st and 2nd year Nursing students were also invited to participate in the research and a total of 424 students volunteered from across three separate campuses to take part. A Reference Group consisting of industry experts from various faculties within the university was also engaged to support the research project.

Data collection

Data collection took place on campus at USC and approaches to this varied due to the different needs and contexts of the Drama and Nursing students. The Drama students were invited to keep a reflective journal of their experiences throughout the research project and the Theatre Internship course. Following the simulated learning events, reflections of the Drama students were collected in the form of a focus group interview. Selected Nursing students also contributed data in the form of focus group interviews. These interviews focused on the participants' responses to the project and their experiences of participating, particularly from the different perspectives of the two disciplines and the distinct roles that they each played within the research project.

Data analysis

Directly following the simulated learning event, Nursing students volunteered to fill out a questionnaire using the Satisfaction with Simulation Experience Scale (SSES). This scale was developed and psychometrically tested by a research team led by Tracey Levett-Jones at the University of Newcastle (AUS) in 2011^{xviii} and was found to be internally reliable and valid for use with tertiary healthcare students^{xix}. Due to the additional involvement of the Drama students as SP's in the *Acting 4 Health* project, something that was not a feature of Levett-Jones' original study, the research team added a series of questions to the SSES with a specific focus on the use of actors (Drama students) within the simulation. The scale asks participants to rate their level of agreement to each statement from a range of 1-5, with 1 = strongly disagree, 2 = disagree, 3 = unsure, 4 = agree and 5 = strongly agree^{xx}. Whilst it is acknowledged that levels of satisfaction do not offer a complete overview of the impact of simulation experiences^{xxi}, it has been shown to be a measure that is instrumental to student's learning and which therefore cannot be overlooked^{xxii}.

Data from focus groups was analysed using qualitative content analysis. According to Wilkinson, content analysis "is based on examination of the data for recurrent instances of some kind; these instances are then systematically identified across the data set, and grouped together by means of a coding system"^{xxiii}. Hsieh and Shannon define three types of content analysis "conventional, directed, or summative"^{xxiv}. Using Shieh and Shannon's definitions, this project utilised a "conventional content analysis", in that the analysis aimed to "describe a phenomenon" and to allow "the categories and names for categories to flow from the data"^{xxv}. In contrast to this, a "directed" approach to content analysis aims to "validate or extend conceptually a theoretical framework or theory", while "summative content analysis" studies the use of certain words or content "with the purpose of understanding the contextual use of the words or content"^{xxvi}. Content analysis aims to produce a systematic and comprehensive "summary or overview" of the data within the study, and involves the "coding" of the data^{xxvii}. This coding is developed from "recurrent instances of some kind" which can include a word a phrase or "some larger unit of meaning" and these instances can then be grouped into "larger units" such as "categories" or "organizing themes"^{xxviii}.

Project outputs and findings

- Policy and Procedures for Training Drama Students as SP's.
 - Recruitment, Screening, Training and Evaluation Documents for engaging Volunteers as SP's.
- These will be available through the MyUSC Grants and Awards Page.

Summary of survey results

This experience has assisted Nursing & Midwifery students across 5 courses (NUR103, NUR202, HLT301, HLT123 and NUR311) to consolidate and translate theory in practice and has been helpful in developing their confidence in clinical situations. Using a 5 point Likert scale 1=strongly disagree, 5=strongly agree, most participants (>97.6%) responded either "agree" or "strongly agree" indicating high levels of satisfaction with the simulations. Mean scores were high (4.65) with a standard deviation of 0.57. The full data analysis is provided in Appendix A.

Table 1: Satisfaction with Simulation Experience Scale results

| Strongly agree | Agree | Unsure | Disagree | Strongly disagree | No response | Mean | Standard deviation |
|----------------|--------|--------|----------|-------------------|-------------|------|--------------------|
| 68.34% | 29.28% | 1.73% | 0.31% | 0.24% | 0.1% | 4.65 | 0.57 |

Note: Data was rounded to 2 decimal places.

Summary of focus group results

Focus groups were conducted with Drama and Nursing & Midwifery students. Drama students also completed a reflective journal and this information was de-identified and analysed.

Within the Drama students' focus group, students noted aspects of the training and simulations experiences they found the most valuable, and identified areas to be improved/ further capitalised on. Relevant information from Nursing focus groups has also been included in this analysis regarding drama student training. Drama students noted the value of the training they experienced, and the development of their facilitation and acting skills through the training and simulation experience. Nursing students identified that training can be improved in presenting more true to life weight and muscle tone. Drama students also identified the value of a 'sense of play' within simulations to develop rapport and add to the verisimilitude of the experience. Analysis of the data identified that training of SPs should include a best practice examples of the skills required by Nursing students plus development of skills in: the realistic performance of patient weight bearing ability, facilitation, character creation and developing a sense of play. A strong theme of the responses was that the experience of training in and performing as a SP provided strong development of acting and facilitation skills.

A very important aspect of Drama student feedback was that they found SP work to be physically and emotionally exhausting. One student noted the importance of pacing their energy and resting in between simulations (D: 440 – 444). Another student noted that because of the enormous time commitment required by Drama students they were exhausted after each round of simulations, in their words: "It was exhausting afterwards... because I was here for four days each time [so that] by the end of it I was absolutely physically and emotionally drained" (D: 417 – 420). This exhaustion was due to the time commitment required within the course DRA205: Theatre Internship. This internship course requires a time commitment of at least 100 hours. The small number of Drama students participating in the internship course also required each drama student to make a large time commitment to the project.

Data from this project indicates the value of offering SP work as its own designated course within the Drama program. Having this SP work as part of a course with a larger student cohort could ensure that each drama student had a more manageable amount of simulation time, and could ensure an appropriate requirement of simulation hours within the course structure.

For this reason a recommendation from this analysis is the consideration of simulation patient training as part of the required courses within the Drama program at USC. A full analysis of this data, with samples of student responses, is provided in Appendix B, part 1.

Information from the Drama students' reflective journals supported the information gathered from the Focus Group. Drama students noted the value of the acting training in helping to develop detailed realistic characterisation. They also noted the value of having a best-practice example. Drama students noted that within the simulations they developed the ability to be aware of giving Nursing students effect cues to facilitate their learning. Drama students also noted the importance of self-care due to the physical and mental challenge of SP work. Further details of this data is provided in Appendix B, part 1.

Within the focus groups N1 & N2, Nursing students identified outcomes from the simulations and also identified aspects which can be developed further. The most prolific result was the development of nursing skills. Students expressed that the experience had supported them in developing these skills, particularly in increasing their confidence, communication skills, practicing their existing skills and the value in being able to interact with a real person rather than a mannequin. Another core outcome was the development of reflection-in action and the need to respond 'on the spot' during the simulation. Nursing students also identified value in the debriefing and feedback that they received following the simulation and several students articulated the learning that emerged from this, particularly around receiving constructive criticism. In reflecting on the use of actors, whilst there were some constructive comments about physical developments the actors could make, in general the Nursing students felt that the actors had performed well and that the realism of the characters and the performances had supported them in succeeding with their simulations. Nursing students also commented on the role of the actors in guiding the simulation by mentioning key points to remember, or helping to control the speed of the simulation. Nursing students found this helpful and responded positively to this additional support. As an area to consider for development, several students found group dynamics a challenge throughout their simulations and it was suggested that the groups were too large, which at times hindered an equal distribution of tasks and the ability to demonstrate knowledge and skills. Several students also articulated their desire to have more simulation experiences throughout their training. A full analysis of this data, with samples of student responses, is provided in Appendix B, part 2.

Literature review

There has been a great deal written on the use of SP's 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. However, a review of the literature has found almost no information on specific preparation processes for actors in simulation learning.

A review of the literature has thus indicated that the gap in the literature is in the area of descriptions of actor training for SP's. The *Acting 4 Health* research project has advanced existing knowledge by providing a best practice document and training manual for SP work.

SP's and healthcare training

The use of SP's was initially devised by Howard S. Barrows in 1964^{xxxix}, with the intention of creating "a transition to the real patient for medical students"^{xxx}. SP learning events can be understood as "a technique, not a technology, to replace or amplify real experiences with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion."^{xxxi} In the simulated environment, actors "are trained to mimic an illness"^{xxxii}, thus becoming a 'surrogate' for a real patient^{xxxiii}. Healthcare students are then required to "demonstrate their "clinical skills" through staged clinical encounters"^{xxxiv} with the actors in role. This presents an environment in which health trainees can practise new skills and demonstrate competencies^{xxxv}.

There is however, some confusion within the medical community as to the definition and use of terminology, as the terms 'standardised patient' and 'simulated patient' are often used interchangeably^{xxxvi}. The term 'simulated patient' is used throughout this research project in order to refer to actors who are "trained to simulate patient illnesses"^{xxxvii}. In contrast, 'standardised patient' refers to actual patients who are "trained to present their own illness"^{xxxviii}. A third approach within the field is the use of patient substitutes such as video or sound representations, plastic or other models and computer simulations^{xxxix}. Peer role play can also be utilised, where trainees experience playing the role of both the healthcare practitioner and the patient^{xl}.

The use of SP programs within tertiary medical and healthcare training is increasing, as is recognition of their value as a learning and evaluation tool. Barzansky, and Etzel^{xli} in their 2002-2003 survey of US Medical Schools, found that there had been a general increase in the use of SP examinations compared to a previous survey from 1997-1998. Furthermore, Taylor^{xlii} cites Barzansky, and Etzel that in a 2008 healthcare survey, 108 out of 111 US medical schools required students to undertake a SP exam.

The importance of simulated learning events within tertiary healthcare education can be explained by the fact that simulations can bridge the gap between theory and practice^{xliii}. As Churchouse, and Rudd state, "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."^{xliv} Using simulated learning events enables the students to bridge the "disconnection between knowing something in abstract and being able to make that knowledge actionable"^{xlv}, therefore facilitating a pathway between theoretical learning and clinical practice. The literature suggests that this approach can have a wide impact on student's learning, including developing new knowledge & understanding^{xlvi}, perfecting diagnostic techniques^{xlvii}, practising known methods^{xlviii}, dealing with uncommon clinical presentations^{xlix} or complex scenarios^l and better preparing students for clinical practice, resulting in a more productive experience for both students and practitioners^{li}. The use of simulations also enables teaching staff to observe and evaluate the clinical behaviours of students^{lii} and to provide feedback on this^{liii}.

The significance of simulated learning events within healthcare education is exemplified by this statement from a 2010 research project conducted with Nursing students following their participation in a simulation experience:

It evident from the participants' responses that many valued their first simulation experience more highly than clinical skills laboratories, tutorials and lectures; their responses also supported the increased scheduling of simulation experiences. Certainly academics involved in or observing simulation sessions are invariably impressed by the capacity of these experiences to challenge, motivate and engage students, and with the meaningful and memorable learning that quality simulation sessions evoke^{liv}.

The specific use of SP's within simulated learning events holds further advantages, in particular that it "removes real patients from the process"^{lv} thus eliminating risk to the patients. The use of actors also minimises the pressure placed upon the healthcare students, creating an environment where failure can occur safely - a learning experience that Churchouse, and Rudd^{lvi} state is particularly important. Alraek, and Baerheim^{lvii} also claim that the learning outcomes for students specifically emerge from the fact that one party is acting a role and the other is participating as his or herself. The use of SP's enables each scenario to be consistently repeated, allowing for a dependable and standardised representation of the patient's symptoms. This offers 'risk free realism'^{lviii}, whereby the necessary quality of replicating a real world clinical environment can be achieved within a safe and measurable learning context. SPs also enable interaction, therefore building the sense of 'immersion' that Gaba^{lix} states is required, and providing opportunities for trainees to develop skills in areas such as communication, conflict management and leadership^{lx}.

The dramatic context of SP's

Aspects such as 'role', 'character' and 'the actor' that exist within the dialogue around SP's, particularly connect this work to the field of drama and performance. As discussed in the above section, the actor playing the role of the patient must perform the

scenario with a high degree of realism so as to replicate the conditions of an authentic clinical environment and to an extent that this scene is repeatable. Alraek, and Baerheim^{lxii} connect this requirement of the SP experience to the realism of Stanislavsky's acting methods and in particular the desire to achieve truth on stage^{lxiii}. In Alraek, and Baerheim's^{lxiii} study of an SP program, they found that this element of truth was necessary in order to present a credible scenario. They also found that this 'truth' was conveyed through aspects such as the detailed body language of the character and the consistency of the role.

A study by Jacobsen, et al.^{lxiv} further investigated the connection between the SP event and a theatrical context by examining the shifting locations of the 'fourth wall' throughout an SP clinical consultation. Alraek, and Baerheim also reflected on the 'fourth wall' during SP events, stating that "the fourth wall was in our model both the stable element that made it possible for the fiction to keep going, and the unstable element that the students broke when interacting with the actress."^{lxv} Furthermore, Jacobsen, et al.^{lxvi} draw links between the manipulation of the 'fourth wall' in SP programs, with the theatrical work of Bertolt Brecht and Augusto Boal and their attempts to break down the wall between performer and audience^{lxvii}.

Character development is another key area of SP's that engages with a theatrical context. In developing the SP scenarios, the actor "is given the case history of the patient to be simulated: next the performer selects a name for the patient, prepares a complete biography, and builds the character"^{lxviii}. This can also be linked to Stanislavski's approach to acting^{lxix}, ensuring that the "actor-patient... [is] well versed in the preceding circumstances of his character's life and know[s] precisely where he has been and what he has been doing prior to the consultation"^{lxx}. This enables the expression of the character not only as a patient, but as a person^{lxxi}.

This depth of character is also essential due to the unscripted and interactive nature of the scenario. As Cox^{lxxii} discusses, there is no script for interaction and the actor must respond 'in character'. Gerould^{lxxiii} links this element of the SP performance to the theatrical discipline of Commedia dell'arte, stating that, "As in commedia, the performance is spontaneous and non-scripted, based on the outlines of a scenario"^{lxxiv}. There must therefore be a "readiness to improvise"^{lxxv} on the part of the actor and a capacity to respond effectively within the interactive nature of the context.

Alraek, and Baerheim also state that their training program was "one part fiction and one part discussion and reflection"^{lxxvi}. This mirrors Augusto Boal's concept of Metaxis^{lxxvii} where the performer exists in a simultaneous state of engagement within both fiction and reality. This introduces the need for the actor to perform not only the role itself, but also to employ the reflection-in-action^{lxxviii} skills that would be present in a role such as that of a facilitator, teaching artist, or Heathcote's 'Teacher in Role'^{lxxix}.

The theatrical context that underpins the work carried out by SP's is therefore complex and draws on multiple points of discourse from the field of drama and performance. As a result, the skills and qualities required by the SP can also be understood as being complex and extensive and existing far beyond the capacity to just 'act out' the necessary symptoms.

The value of the trained performer

Despite the complexity of the SP role and the strong connections to multiple areas of drama knowledge and practice, many SP programs continue to utilise inexperienced actors, often providing only short term training programs for members of the public. Whilst there is considerable literature on the subject of SP events, the use of the term 'actor' is often problematic, at times referring to the person playing the role of the patient, rather than making reference to an experienced and professionally trained performer. Whilst there are a small number of research articles that do refer utilising professional actors^{lxxx}, others use the term 'actor' to refer to performers drawn from a community theatre group^{lxxxi} or high school drama students^{lxxxii}.

A recent study by Bell, et al.^{lxxxiii} specifically advocates the use of professionally trained actors for use as SP's. This was in response to their finding that the qualities required of an SP, such as realism, thoughtful feedback, offering different perspectives, depth of emotion and the capacity to improvise, mirrored the skills of the trained actors and the qualities that they sought to achieve within their work. The study found that learners and faculty attributed an extremely high value (97-100%) to the actors who performed the SP's, and that 97% of faculty members felt that the simulation would not have been as valuable if the healthcare learners themselves had performed the role play. The study also found that 98% of learners had found the scenario with a trained performer to be realistic. This connects to the need to achieve a condition of 'credibility'^{lxxxiv} because "if the students do not accept the fiction, or parts of it, they will enter it unseriously, and the learning potential will be decreased."^{lxxxv} Gerould supports the use of the trained performer here as the "actorpatient has complete mastery of his illness signs which he is able to produce and reproduce on demand"^{lxxxvi}. Gerould also notes that this is particularly important when portraying physical symptoms, such as arthritis, which require great technical skill. Alraek, and Baerheim^{lxxxvii} also argue that the physical subtexts created by body language, rhythm, gesture and vocal pitch play a critical role in presenting the SP character.

Supporting the study by Bell et al, other research articles have also found that trained actors have particular skills in being able to convey the emotion that is required of an SP. Gerould^{lxxxviii} notes that whilst non-actors may be unable or unwilling to share their pain or emotion, actors have devoted their careers to displaying such levels of emotion. Alraek, and Baerheim also state that, "Actors/actresses have the advantage of daring to show several emotions"^{lxxxix}. Furthermore, they state that trained performers have the ability to maintain a sense of distance and mastery over their emotions and that the greater range of emotional nuance that a performer possesses, will increase the credibility of the scenario. Bell, et al.^{xc} also state that trained actors are particularly important in settings where emotion is a strong part of the SP context.

Further significance of the trained actor is noted by Churchouse, and Rudd^{xcii} who state that that use of trained and professional actors is essential due to their ability to create characters with significantly more depth and breadth. Bell et al^{xciii} also acknowledge that a range of characters are easily accessed by actors. The improvisational qualities of trained actors are also significant here because although SP's are guided towards a standard scenario that can be replicated each time, the improvisational abilities of actors mean that no two conversations will be the same^{xciii}. Churchouse, and Rudd also note the benefit of this is that "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"^{xciv}.

Skilful training in drama techniques also enables the SP to guide the scenario and engage with the learning context whilst also supporting the trainees throughout this process. Churchouse, and Rudd state that "a trained actor can push a participant enough to force a real involvement and real reactions without damaging the participant's self-esteem and motivation to continue skill improvement"^{xcv}. This ability to employ facilitation skills within the scenario whilst remaining in role also corresponds to the previously mentioned concepts of teacher-in-role, metaxis and reflection-in-action. Bell, et al. describe this aspect of the SP actor as a "third eye – observing the conversation even as they participated in it, and then later reflecting with the group on the encounter"^{xcvi}. The reflection also demands a high level of training and professionalism, as Cox states, "there is skill in exploring people's attitudes without leaving them hurt and with the feeling that they are failures"^{xcvii}.

Alraek, and Baerheim^{xcviii} in asking whether the SP model requires a professional actor, conclude that it is dependent on someone who is trained to achieve the necessary credibility and repetition that is required of the role. This is also upheld by Hardoff, and Schonmann^{xcix}, whom acknowledge that adequate and appropriate training must be provided. However neither article discusses what this level of training might comprise of. The dangers of inadequate training are highlighted in the literature, suggesting that if training needs have not been met, that student learning may suffer, thus causing inequity of exam conditions^c and potentially influencing the preparedness of newly qualified healthcare staff entering the workplace. Gaba^{ci} also outlines a worst case scenario of the possibility of malpractice suits.

But despite a range of literature which supports the complexity of the SP role and the need for skilled and trained actors, the authors of this paper have found almost no information on specific training methods nor preparation purposes for actors engaged in SP learning events. The book, *Coaching Standardized Patients* by Wallace^{cii} is an exception to this, however this provides a particular focus on preparing *standardized* patients for exam conditions and techniques for offering feedback. Whilst actor training is mentioned, Wallace does not go into depth or detail about specific techniques or processes for actors. In addition to the limited body of research in this area, whilst the potentially prohibitive cost of using professional actors has been discussed by both Bell, et al.^{ciii} and Zavertrnick, et al.^{civ}, there appears to be almost no acknowledgement of the benefits of interdisciplinary partnerships between healthcare and drama faculties nor the training of tertiary drama students for SP programs.

Furthermore, within the research literature that specifically discusses the use of trained actors in SP events, there is a gap between projects conducted in the 1980's^{cv} and more contemporary research^{cv}. It must therefore be questioned why, despite the extensive literature on simulated learning events, there is such little research on the value of trained actors and why, despite the significance of using professional actors being documented in articles in the 1980's, there has been limited further research in this area until recently. It is also the case that the majority of research focuses upon the perspective of the healthcare students, rather than the impact on, or benefit to, the actors themselves^{cvi}.

Challenges and factors critical to the success of the project

The factors that proved critical to the success of this project can be seen to be based in the project's challenges.

The success of this project was based on communication, the addition of the development of a volunteer program, and the addition of a support position for the training of drama students.

Clear communication processes were required between the disciplines of Drama and Nursing & Midwifery to plan for the training and simulations and to address issues as they arose. The communication involved:

- Regular meetings between Nursing & Midwifery staff and the project leader (from Drama) to clarify the training, simulation and timetabling requirements.
- Meetings between the project leader (from Drama) with Course Coordinators to discuss the draft version of scenarios in order to clarify the acting requirements. Scenarios were then redrafted to respond to drama students' needs within the program.
- Debriefing sessions at the end of each semester regarding issues that arose within the training sessions and simulations.

A challenge within the teaching of Nursing & Midwifery courses was found to be the training required each semester to fully brief sessional tutors on the simulation process. This difficulty can be seen to be a product of the larger 'casualised' workforce of tutors. To a solution to this challenge could be to develop a team of academics who specifically work in simulation.

The major challenge within the project was the limited number of Drama students available to engage as SPs. This small number is due to the small overall cohort of Drama students (as this Program commenced at USC in 2013). The small number is also due to the fact that this project is only offered as one option within the elective course DRA205: Theatre Internship. The small number of Drama students available made timetabling the simulations extremely challenging, especially if Drama students were occasionally ill

or unavailable. As this project has shown to have highly valuable educational outcomes, it is recommended that the project be considered to become a core course within the Drama program.

One response to this challenge of a small number of Drama students was the development of the Volunteer Program in which external volunteers could act as SP's. This involved:

- The effective recruitment, selection and management of volunteers for scenarios employing SP's is vital to the successful of simulation.
- A SP database designed to aid planning and development of simulation scenarios and streamline selection and management of SPs and volunteers was developed at the University of the Sunshine Coast

A database was developed to gather the information about Volunteers, including: Demographic Data, Emergency contacts, Allergies, Mobility Issues, Cultural / Faith traditions and Time Availability. Forms and processes were created to ensure that documents provided for volunteers included: Orientation & induction training, Privacy & confidentiality forms, Code of conduct and Personal insurance and public indemnity. These documents form part of the Outputs of this project.

It could be considered that the *Acting 4 Health* project be modified to be run with students from across any faculties within the university. This would provide a greater number of students within the program.

An additional factor to the success of the project was the establishment of a 'support position' for the training of drama students for each simulation learning event. This factor is discussed in further detail on below.

Review of project impact and activities

The overwhelmingly positive survey and focus group responses from Drama and Nursing & Midwifery students has led to the continuation of the *Acting 4 Health* program beyond the pilot project, and drama students have continued to be trained as SP's through the Drama course DRA205: Theatre Internship.

After highly successful use of drama students as SP's in Semester two 2014, it was decided that drama students would continue to play SP's within Nursing & Midwifery events in Semester 1, 2015. It was identified at the time that a support person would be required to train the drama students and manage the drama students' timetable and third year drama student undertook this role as part of an internship project. This student had previously done outstanding work as a SP in Semester 2, 2014, and had demonstrated strong leadership and management skills. In Semester 2, 2015, it was identified that an ongoing position was needed to provide training for drama students and manage the timetable. Following an application to the Head of School of Communication and Creative Industries and project member Patrea Andersen, it was decided that this role could be split into two positions: timetable management (to be completed by Nursing staff) and a Drama training and support position. The School of Communication & Creative Industries provided a budget for the Drama training and support position for Semester 2, 2015.

The next stage in the project is to investigate ways to sustainably continue this program beyond Semester 2, 2015.

Dissemination activities

Journal Articles

Andersen, P., Downer, T., Loth, J & Penton, J. (2015) 'Advances in midwifery simulation at USC', *Australian Nursing & Midwifery Journal*, Vol. 23, No. 1, p.43

Loth, J., Andersen, P. & Mitchell, P. (2015) 'Acting for Health: Effective actor preparation for healthcare simulations', *Applied Theatre Research*. (In Press.)

Conference Presentations

Loth, J. & Andersen, P. (2015). *Acting 4 Health: The preparation of Drama students as 'simulated patients' for Learning Events within Nursing & Midwifery and beyond*. Austral Asian Drama Studies Association Conference. Sydney, Australia, 24 June.

Andersen, P., & Loth, J. (2015). *Acting 4 Health: Recruiting and training actors for SProles in health care simulation*. 6th International Clinical Skills Conference. Prato, Italy, 19 May.'

McMillian, J. & Andersen, P., & Loth, J. (2015). 'Incorporating SP feedback in Debriefing and Appraisal of Clinical Skills'. 6th *International Clinical Skills Conference*. Prato, Italy, 19 May.

Andersen, P., & Loth, J. (2014). 'Teaching acting students for scenario roles to increase simulation fidelity', *SimGHOST*. University of the Sunshine Coast, Sunshine Coast, 26 May.

Andersen, P., & Loth, J. (2014). 'Recruiting and training actors for simulated patient roles in health care simulation: An interdisciplinary approach'. *SimHealth2014*, Adelaide Australia, 25-28 August

Internal Presentations

Acting 4 Health: The preparation of Drama students as Simulated Patients for Learning Events within Nursing & Midwifery and beyond

Project evaluation

A Reference Group briefing was run in April 2014. This event provided an overview of the project and introduced the Reference Group to the major themes of the Literature Review. The Reference Group were asked to provide recommendations for the project in response to a number of themes. Reference Group members wrote feedback on post-it notes and these were posted on separate posters. Feedback from the post-it notes was transcribed and used to develop the training program for actors. Many reference group members emphasised the importance of debriefing acting students for their own mental health in the process and recommended that acting students provide debriefing for nursing students at the conclusion of each simulation^{cvi} Full reference group notes are available on request. Additional suggestions that were incorporated into the simulation learning events were provided adequate preparation for drama students to help them understand specific diseases and their symptoms and ensuring that the video footage of simulations was strictly limited to viewing by students within classes, unless further permission was given by drama and nursing students.^{cix}

The major form of evaluation of the project was in the surveys conducted with Nursing & Midwifery students and the focus groups conducted with Drama students and Nursing & Midwifery students. Analysis of Drama students' reflective journals was also part of this evaluation. The data from this evaluation is part of the outcomes of this project (as described above).

The Volunteer Simulation Patient Programme Database was showcased to staff representatives from Paramedicine, Occupational Therapy, Nutrition, Dietetics and Education on the 17th of February 2015 (the invitation for this event was sent to the areas of Paramedicine, Occupational therapy, Exercise Physiology, Sports, Nutrition, Dietetics, Law, Education and Psychology). Staff representatives responded that this database provides a very valuable resource as it provides: a streamlined process for the recruitment and organisational management of SP's; prevents the overload/ demands of SP's and addresses the safety of students. It was identified that a data base recognized as "generic" would meet the needs of a number of different programmes. There was interest in access and use of this database from the areas of Occupational Therapy, Nutrition, Paramedicine and Education.

Recommendations and future directions

The success of this project has indicated that training of Drama students as SP's should be continued at USC. For a successful and sustainable continuation of this project. The next stage in this project is to develop sustainable model for continuation of drama students training and working as SPs. Key areas to be addressed are

- The permanent establishment of a support person to train and support drama students in their journey as SP's
- The more sustainable management of drama students' time commitment to SP learning events.

Data from this project indicates the value of offering SP work as its own designated course within the Drama program. Having this SP work as part of a course with a larger student cohort could ensure that each drama student had a more manageable amount of simulation time, and could ensure an appropriate requirement of simulation hours within the course structure.

The success of the *Acting 4 Health* project has provided the foundation for the Exploratory Learning and Teaching project *Acting 4 Health with Children*, led by Dr Natasha Budd with project members Ms Penny Harrison and Associate Professor Patrea Andersen. *Acting 4 Health with Children* aims to address a gap in the research and practice of higher education training for nursing and midwifery students. Despite persistent calls for the involvement of children in the development of nursing curricula a gap exists in the area of nursing simulation training with child performers. While the SP work currently being undertaken at USC with adults is delivering strong outcomes for drama and nursing students the context in which nurses find themselves after graduation is not adult exclusive and experience in dealing with children could vastly improve student's preparedness for the workplace. This project has received funding from C-SALT and is scheduled to run from 2015 to 2016.

Final financial acquittal

FINANCIAL ACQUITTAL

Project reference: ExplTG2013/14

Project Title: *The preparation of Drama students as 'simulated patients' for Learning Events within Nursing and Midwifery and beyond*

| | \$ Excl GST |
|-------------------------------|--|
| Income: | |
| <i>USC grant</i> | 9,305 |
| Expenditure: | |
| Personnel | |
| Research Assistant | 4,095.45 |
| Teaching Assistant (15 hours) | \$2,101.04 |
| <i>Total expenditure</i> | <i>\$6,196.49</i> |
| Balance | \$3,108.51 |
| Final Result | Extension to be requested for use of remaining funds. |

I, Joanne Loth, have reviewed the above statement. I can confirm that this is a true and fair representation of expenditure associated with the USC grant received, and the funds were expended on the conduct of the project and in accordance with the funding agreement.

As there is money still left in the account, I will be applying for an extension for the use of these funds towards the writing of Journal Articles to further disseminate the results of the research project.



Dr Jo Loth
Project Leader

1st October, 2015

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^{cvi} Alraek, and Baerheim; Bell, et al.

^{cvi} Bell, et al.

^{cvi} Reference Group lines 107 -117. Full documentation of reference group feedback is available on request.

^{cix} Reference Group line 54. Full documentation of reference group feedback is available on request.

Appendix A Survey results

Table A1: SSES nursing & midwifery student responses

| Question | Strongly Agree | Agree | Unsure | Disagree | Strongly Disagree | No Response | Mean | Standard Deviation |
|--|----------------|--------|--------|----------|-------------------|-------------|------|--------------------|
| The facilitator provided constructive criticism during the debriefing | 68.54% | 29.34% | 1.00% | 0.62% | 0.37% | 0.00% | 4.65 | 0.60 |
| The facilitator summarised important issues during the debriefing | 73.28% | 25.84% | 0.50% | 0.00% | 0.25% | 0.00% | 4.72 | 0.52 |
| I had the opportunity to reflect on and discuss my performance during debriefing | 79.50% | 19.38% | 0.75% | 0.00% | 0.25% | 0.12% | 4.78 | 0.49 |
| The debriefing provided an opportunity to ask questions | 75.91% | 23.10% | 0.50% | 0.25% | 0.25% | 0.00% | 4.74 | 0.50 |
| The facilitator provided feedback that helped me to develop my clinical reasoning skills | 68.91% | 28.96% | 1.50% | 0.25% | 0.37% | 0.00% | 4.66 | 0.56 |
| Reflecting on and discussing the simulation enhanced my learning | 74.03% | 24.97% | 0.75% | 0.00% | 0.25% | 0.00% | 4.73 | 0.49 |
| The facilitator's questions helped me to learn | 63.00% | 34.63% | 1.88% | 0.13% | 0.25% | 0.12% | 4.60 | 0.58 |
| I received feedback during the debriefing that helped me to learn | 67.25% | 30.75% | 1.38% | 0.38% | 0.25% | 0.12% | 4.64 | 0.56 |
| The facilitator made me feel comfortable and at ease during the debriefing | 81.02% | 17.60% | 0.87% | 0.00% | 0.25% | 0.00% | 4.78 | 0.52 |
| The simulation developed my critical thinking skills | 63.75% | 34.00% | 1.88% | 0.25% | 0.13% | 0.12% | 4.61 | 0.55 |

| | | | | | | | | |
|---|--------|--------|-------|-------|-------|-------|------|------|
| The simulation developed my clinical decision making ability | 62.13% | 35.00% | 2.38% | 0.38% | 0.13% | 0.12% | 4.59 | 0.57 |
| The simulation enabled me to demonstrate my clinical reasoning skills | 58.50% | 38.13% | 2.63% | 0.50% | 0.13% | 0.12% | 4.54 | 0.61 |
| The simulation helped me to recognise situations where nursing assessment is required | 66.42% | 31.46% | 1.62% | 0.37% | 0.12% | 0.00% | 4.64 | 0.55 |
| The simulation caused me to reflect on my clinical ability | 67.50% | 31.25% | 1.00% | 0.00% | 0.25% | 0.12% | 4.66 | 0.52 |
| The simulation tested my clinical ability | 66.88% | 31.38% | 1.13% | 0.38% | 0.25% | 0.12% | 4.64 | 0.55 |
| The simulation reinforced content taught in the course | 65.54% | 31.83% | 1.75% | 0.38% | 0.25% | 0.37% | 4.61 | 0.61 |
| The simulation helped me to apply what I learned in the course | 65.29% | 32.08% | 1.50% | 0.50% | 0.25% | 0.00% | 4.61 | 0.64 |
| The simulation helped me to recognise my clinical strengths and weaknesses | 70.04% | 27.97% | 1.50% | 0.25% | 0.25% | 0.00% | 4.67 | 0.54 |
| The simulation tested my communication skills | 70.04% | 28.71% | 0.87% | 0.12% | 0.25% | 0.00% | 4.68 | 0.52 |
| As a result of the simulation I felt more prepared for clinical placement | 59.27% | 35.59% | 3.76% | 0.63% | 0.25% | 0.37% | 4.52 | 0.70 |
| The simulation has developed my confidence | 55.75% | 37.63% | 5.50% | 0.63% | 0.25% | 0.12% | 4.47 | 0.69 |
| The simulation felt real | 62.25% | 31.38% | 4.88% | 1.00% | 0.25% | 0.12% | 4.54 | 0.70 |
| The actors' performance positively influenced my learning experience | 72.88% | 24.88% | 1.63% | 0.38% | 0.25% | 0.12% | 4.70 | 0.54 |
| This was a valuable learning experience | 82.35% | 17.02% | 0.38% | 0.00% | 0.25% | 0.25% | 4.81 | 0.44 |

N.B. All data has been rounded off to two decimal places

Table A2: SSES mean scores according to course & question

| Question | NUR103 | NUR202 | HLT301 | HLT123 (midwifery) | HLT123 (antenatal) | NUR311 |
|--|--------|--------|--------|-----------------------|-----------------------|--------|
| Total mean score per course | 4.57 | 4.64 | 4.58 | 4.87 | 4.69 | 4.76 |
| The facilitator provided constructive criticism during the debriefing | 4.52 | 4.65 | 4.58 | 4.78 | 4.66 | 4.83 |
| The facilitator summarised important issues during the debriefing | 4.62 | 4.67 | 4.71 | 4.85 | 4.78 | 4.85 |
| I had the opportunity to reflect on and discuss my performance during debriefing | 4.74 | 4.82 | 4.61 | 4.88 | 4.90 | 4.85 |
| The debriefing provided an opportunity to ask questions | 4.67 | 4.76 | 4.62 | 4.88 | 4.85 | 4.84 |
| The facilitator provided feedback that helped me to develop my clinical reasoning skills | 4.51 | 4.68 | 4.62 | 4.80 | 4.71 | 4.80 |
| Reflecting on and discussing the simulation enhanced my learning | 4.66 | 4.73 | 4.61 | 4.90 | 4.88 | 4.82 |
| The facilitator's questions helped me to learn | 4.45 | 4.58 | 4.55 | 4.80 | 4.63 | 4.79 |
| I received feedback during the debriefing that helped me to learn | 4.57 | 4.61 | 4.60 | 4.75 | 4.66 | 4.79 |
| The facilitator made me feel comfortable and at ease during the debriefing | 4.75 | 4.75 | 4.72 | 4.93 | 4.83 | 4.87 |
| The simulation developed my critical thinking skills | 4.51 | 4.57 | 4.57 | 4.90 | 4.73 | 4.73 |
| The simulation developed my clinical decision making ability | 4.51 | 4.55 | 4.51 | 4.88 | 4.63 | 4.72 |
| The simulation enabled me to demonstrate my clinical reasoning skills | 4.42 | 4.53 | 4.50 | 4.79 | 4.49 | 4.70 |
| The simulation helped me to recognise situations where nursing assessment is required | 4.55 | 4.62 | 4.62 | 4.88 | 4.61 | 4.74 |
| The simulation caused me to reflect on my clinical ability | 4.57 | 4.67 | 4.56 | 4.90 | 4.63 | 4.79 |
| The simulation tested my clinical ability | 4.63 | 4.64 | 4.51 | 4.93 | 4.68 | 4.70 |
| The simulation reinforced content taught in the course | 4.61 | 4.61 | 4.48 | 4.88 | 4.50 | 4.70 |
| The simulation helped me to apply what I learned in the course | 4.58 | 4.62 | 4.42 | 4.93 | 4.54 | 4.70 |
| The simulation helped me to recognise my clinical strengths and weaknesses | 4.63 | 4.63 | 4.57 | 4.90 | 4.83 | 4.77 |
| The simulation tested my communication skills | 4.59 | 4.73 | 4.61 | 4.85 | 4.80 | 4.73 |
| As a result of the simulation I felt more prepared for clinical placement | 4.44 | 19.68 | 4.45 | 4.85 | 4.63 | 4.67 |

| | | | | | | |
|--|------|------|------|------|------|------|
| The simulation has developed my confidence | 4.36 | 4.42 | 4.45 | 4.75 | 4.49 | 4.63 |
| The simulation felt real | 4.38 | 4.54 | 4.58 | 4.85 | 4.49 | 4.63 |
| The actors' performance positively influenced my learning experience | 4.65 | 4.67 | 4.73 | 4.98 | 4.73 | 4.69 |
| This was a valuable learning experience | 4.80 | 4.80 | 4.80 | 4.97 | 4.85 | 4.80 |

N.B. All data has been rounded off to two decimal places

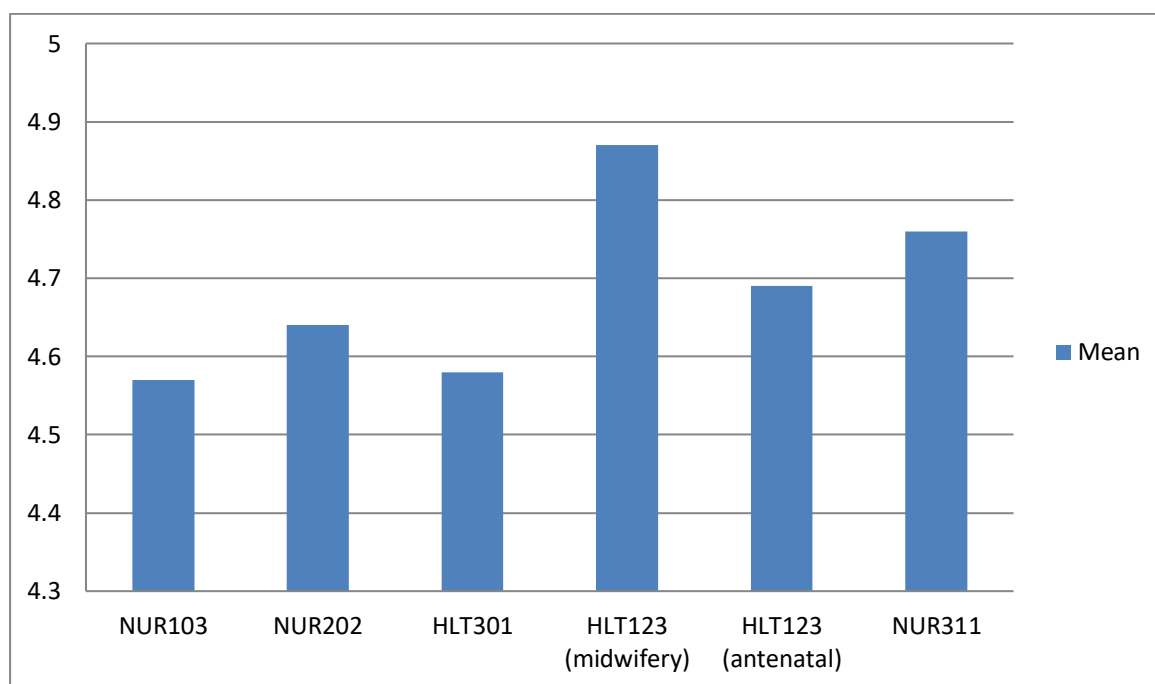


Figure A1: SSES mean scores according to course

N.B. All data has been rounded off to two decimal places

Appendix B part 1 Drama analysis

A focus group was conducted with Drama students on the 12th of September, 2014. Focus groups were conducted with Nursing students on the 20th of October, 2014 and the 15th of November, 2014.

The analysis of focus group data includes lines numbers from focus group transcriptions. The letter 'D' stands for Drama students focus group comments and 'N1' or 'N2' stands for Nursing students' focus groups 1 and 2 respectively. The letters DR, stands for Drama students' reflective journal comments.

Within the focus group and reflective journals, Drama students noted aspects of the training and simulations experiences they found the most valuable, and identified areas to be improved/ further capitalised on. General themes discussed included the length and activities within training, the development of acting and facilitation skills, and specific skills developed during the simulations. Relevant information from Nursing focus groups has also been included in this analysis regarding drama student training.

Drama students identified appropriate length of training, importance of best practice examples and guidance by Nursing & Midwifery staff. Nursing students identified that Drama students needed more training in realistically giving over their weight and replicating aged person's muscle tone level. Drama students were trained for 7 hours for their simulation. This training was broken into two sections. All students in the focus group agreed that this was an effective amount of training time, and they found this very valuable (D: 60 – 66; D: 374 – 376; D: 377-381). One area for development noted by nursing students, was for drama students to give over their full body weight to nursing students, and more realistically replicate an aged person's loss of muscle tone (N1: 444-448; N1: 449-459; N1: 455-459; N1: 767- 774). On a very practical level, Drama students reported that an important aspect of their training was for the Course Coordinator of the Nursing & Midwifery course to provide a detailed overview of each scenario, and a best practice example of the nursing skills required (D: 339 – 355; D: 368-369). Drama students noted that this process would help them to know when to prompt Nursing & Midwifery students if they had missed any of the steps of the scenario (D: 348; D: 355). Part of this process included teaching the Drama students how to use specific equipment within each scenario. There was time spent in the training sessions orientating drama students to the use of all the equipment and this made them feel confident with the process, one drama student even noted that in some cases they felt more confident with the use of the equipment than nursing students. This was an important part of being able to prompt the Nursing & Midwifery students and help guide their learning (D: 287 – 289; D: 296 – 298).

An essential aspect of SP work is the ability to facilitate learning. This ability can be described as having a developed awareness of metaxis, that is, the ability to be both 'inside' and 'outside' of the fictional scenario. Drama students repeatedly noted that their training and simulated patient experience had given them a developed awareness of metaxis and noted that this allowed them to "act as someone, but also be aware of what's going on around you" (D: 165), and to be "observing" the process is at the same time as enacting it (D: 45). Part of this process is to be conscious of giving Nursing & Midwifery students equal learning opportunities when these students had different abilities. One drama student noted that this was a particular challenge, specifying that "That's something you really have to think on your feet because everyone's different. Some are more capable than others. Some are more confident and better communicators than others" (D: 450 – 453). When drama students were able to develop this awareness, they noted that they provided clear learning prompts for the Nursing & Midwifery students (D: 216- 219), and at times these prompts would be intentionally challenging for the Nursing students. One drama student described a time when Nursing & Midwifery students had left her character without a buzzer, and so that "when the next group came in ...[I said]... 'You can't do that to an old lady. You left me here on the toilet and I haven't got a buzzer or nothing. Calling and you can't hear me'.... Then they had to try and deal with me having a panic attack. It was really fun" (D233- 230). This comment draws attention to value of a sense of play within simulations. This sense of 'play' was a strong theme that emerged from the drama students' focus group. Drama students noted that a sense of 'playfulness' seemed to enliven the drama students performances, and help them to establish a rapport with the Nursing & Midwifery students. Drama students noted that they found playful and fun ways to prompt nursing students (D: 216 – 219; D: 268 – 287; D: 318 – 331). Drama students consistently noted that they found the training and simulated patient experience to be enormously valuable in developing acting skills. This was noted in terms of it helping them to develop character details and background (D: 41 – 50; D: 96 – 102) and to develop a complex character through group activities (D: 106- 111; D: 141 – 150). A lightbulb moment for many drama students, was the value of playing 'real people' in a 'real situation' and that this required them to be in each moment authentically as an actor (D: 32 – 28; D: 174 – 187; D: 194 – 198; D: 460 – 464). Specific comments of note are:

- “What was exciting for me... was that as actors we weren’t interacting with other actors. We were acting with real people. That was like really exciting for me as an experiential thing. That’s made me flip over and think about when I’m acting with my fellow colleagues, that I should be viewing them as real people not actors acting things” (D: 194 – 198)
- “For me, it’s been a major impact. It’s been quite an epiphany moment because being able to incorporate method acting with actually taking that character and becoming an authentic character, as opposed to pretending to be a character was a major pivotal moment for me as an actor... to create an authentic character, as opposed to playing a role. It just changed everything for me personally” (D: 32 – 28).

In summary, Drama students noted the value of the training they experienced, and the development of their facilitation and acting skills through the training and simulation experience. Nursing students identified that training can be improved in presenting more true to life weight and muscle tone. Drama students also identified the value of a ‘sense of play’ within simulations to develop rapport and add to the verisimilitude of the experience. Analysis of the data identified that training of SP’s should include a best practice examples of the skills required by Nursing students plus development of skills in: the realistic performance of patient weight bearing ability, facilitation, character creation and developing a sense of play. A strong theme of the responses was that the experience of training in and performing as a SP provided strong development of acting and facilitation skills. For this reason a recommendation from this analysis is the consideration of simulation patient training as part of the required courses within the Drama program at USC.

Information from the Drama students’ reflective journals supported the information gathered from the Focus Group. Drama students noted the value of the acting training in helping to develop detailed realistic characterisation (DR: 59 -63, 67- 70, 113 -116, 149 – 151.). They also noted the value of having a best-practice example (DR: 65 – 67). Drama students noted that within the simulations they developed the ability to be aware of giving Nursing students effect cues to facilitate their learning (DR: 65 – 67, 151 – 161, 174 – 179). Drama students also noted the importance of self-care due to the physical and mental challenge of SP work (DR: 119, 141 – 144, 163 – 165, 180 – 184).

Appendix B part 2 Nursing analysis

Within the focus groups N1 & N2, Nursing students identified outcomes from the simulations and also identified aspects which can be developed further. Core themes discussed include the development of nursing skills, critical thinking, points for further development and reflections on the use of actors within the simulation.

The most widely articulated outcome of the simulation experience was the development of nursing skills. Students expressed the benefit of being able to practise and use the skills that they had previously learnt (N1:52-55; N1:418-427; N1:428; N1:510-512). There was significant value placed on the 'realness' of the simulation environment (N1:866; N1:867; N1:904-906; N2:420; N2:420-423; N2:428), with particular reference to the fact that the students were able to interact with a real person which raised the experience to a level beyond that of their previous learning with the mannequins (N1:344-352; N1:373-379; N1:383-385; N1:630-636; N1:841-843; N1:884-886; N1:887; N1:888; N2:28-37; N2:38-40; N2:43-49; N2:101-106; N2:111; N2:114-121). As one student stated, "it was fantastic...so different working with a real person...than a mannequin...a person that talked and walked...and...actually seemed like an elderly person" (N2:28-37). The interaction with a real person, as opposed to a mannequin, also assisted in developing the students' communication skills (N1:637-642; N1:711-713; N1:836-839; N1:845-848; N1:849-854; N1:868-875; N1:897-903; N2: 97-98; N2:123-125) and helped them learn "how to communicate with a patient" (N2:97-98). One student also noted that it was beneficial using the actors rather than other nursing students "because we get so familiar with each other, it's not a help....having someone that didn't know what was next was good, because you have to communicate and ask them for their participation and their help" (N1:850-854).

Students also felt that the experience had built their confidence (N1:249-251; N1:367-370; N1:622-624; N1:625-626; N1:876-877; N1:879-883; N1:895-896; N2: 132-136; N2: 138-145; N2 146-149). "I know it gave me a lot of confidence that I knew I had been practicing the right things and that I could put that into practice, into reality" (N1:895-869). Furthermore, several students commented that they felt the simulation had helped give them an insight into their upcoming practical placements and that they felt more prepared for these placements following the simulation (N1:372-373; N1:387; N1:435-443; N1:627-629; N2:59-62; N2:154-158).

However, some students did feel that the issue of group dynamics had been a challenge for them during the simulation, and in particular that the groups were too large, which had at times hindered the equitable division of labour and impacted some students' ability to demonstrate their knowledge and skills (N1:37-38; N1:43-44; N1:48-53; N1:56; N1:57-68; N1:80-84; N2:312-314; N2:315; N2:318-320). However for some students, this challenge also provided an important learning opportunity (N1:28-30; N1:75-78; N1:518-519).

Beyond the development of their nursing skills, students also felt that that had been able to develop their critical thinking and reflection-in-action as a result of the need to think on their feet during the simulation (N1:45-48; N1:356-358; N1:363-370; N1:371; N1:616-620; N1:653-659; N1:660-661; N1:818-820). The value of this is expressed here by a student speaking in response to a moment during the simulation that she wasn't expecting: "It just threw you off a little bit, and that is really really good learning...because you have to keep your cool, still interact with your patient, who's alive, and keep doing your clinical stuff as well, while staying on your feet" (N1:657-659).

The Nursing students felt that the actors had performed well and although students identified further points of development for the actors around their physicality and body weight (N1:444-448; N1:449-454; N1:455-459; N1:767-774; N1:911; N1:912-916), students also commented on the realism and consistency of the performances (N2:87; N2:88; N2:90). The impact of this on the simulation experience can be better understood when one student states, "I knew there was [sic] going to be actors but I thought that would just be someone like you...pretending to be...an elderly person. I mean I didn't expect them to look like an elderly person and sound like an elderly person" (N2:80-86).

Nursing students also commented on the drama students' role as 'provocateur' and their ability to guide and shape the simulation by mentioning key information or helping to control the pace. Students found this additional

support useful (N2:411-413) and noted that the drama students were able to achieve this whilst maintaining the believability of the scenario (N1:827-829). Students also reflected upon how the nature of this role gave the simulation an unscripted feel which could "go different directions" (N1:779-782).

The Nursing students also commented on the value of the debriefing and feedback that they received following the simulation (N1:225-228; N1:599-600; N2:187-194) and students articulated that this was where they felt their learning happened (N1:192-194; N1:195-198; N2:170-181; N2:238), "So the debriefing is you know the why [sic] we learn...How we can improve our practice" (N2:238). Several students felt that they wanted to receive more constructive criticism rather than positive feedback (N1:205-207; N1:212-219; N1:523-531; N1:539-545) and that they needed this feedback to help guide them in their learning and development (N1:588-595). Some students felt that they didn't receive enough feedback (N1:182-198; N1:547; N1:549-550) and others commented on ways that the frameworks might be developed, for example the ability to re-watch the simulation videos (N1:222-223; N1:232-236; N1:566-568).

Several students noted their desire to have further simulation opportunities throughout their training (N2:51-53; N2:295-296; N2:298). As one student stated, "I know that I got so much out of it. It would be great if there was [sic] more of those experiences" (N2:51-53). Students also articulated their desire to experiment with different frameworks, such as being able to experience a variety of different scenarios (N1:428-429) and to run simulations with different group sizes, or even individually (N1:69-74; N1:140-146). Some students commented on being nervous before the simulation, and although comfort levels during the simulation itself varied (N1:31-33; N1:51-52; N1:952; N2:66; N2:67-72; N2:75-78; N2: 253-257; N2:349-352) one student commented that, "it was...not that scary, but it was a really great introduction" (N1:979-980).

In summary, Nursing students found a range of beneficial outcomes from the simulation experience. In particular there was significant value around the development of their nursing skills. This was connected to the ability to practise their skills within an environment that was close to real life and which involved interaction with a human 'patient' rather than a mannequin. The use of actors assisted in creating these life-like conditions and the realism of the characters and the actors' performances served to enhance this. Further outcomes can be found within the development of critical thinking and reflection, skills development which can also be understood to be part of the human interaction between the SP and the Nursing students. Whilst there are suggested points for development, several of these are positive enhancements that can be made to the program, such as introducing further simulations or offering opportunities to work within several different scenarios.