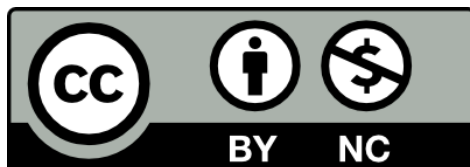


GUIDELINES FOR THE  
INCORPORATION OF  
SIMULATED LEARNING  
ACTIVITIES  
IN POSTGRADUATE  
PSYCHOLOGY  
TRAINING

**Australian Postgraduate Psychology Education  
Simulation Working Group (APPESWG)**  
January 2021



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Please note portions of this document have been submitted for publication in *Frontiers in Education – Section, Educational Psychology*, Special Issue: Covid-19 and Beyond: From (Forced) Remote Teaching and Learning to ‘The New Normal’ in Higher Education.

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## Acknowledgements

In addition to those members of this Working Group, we would like to thank the following educators who provided examples of simulated learning activities currently used in postgraduate psychology training in Australia:

Julie Martin - University of Southern Queensland

Anita McGregor - University of New South Wales

Alex Metse - Murdoch University

Karen Moses - Western Sydney University

Kelly Parkyn - University of Tasmania

Erika Penney - University of Technology Sydney

Michael Proeve - University of Adelaide

Eimear Quigley - Edith Cowan University

Claire Thompson - Central Queensland University

Bruce Watt - Bond University

The contributions of Maryanne Cheng (Curtin University) to the review of the literature provided in this document are additionally acknowledged.

APPESWG would also like to express their gratitude to valued colleagues who participated in an external review of these guidelines prior to their dissemination to the broader Australian Postgraduate Psychology Training community.

Gregory Buck - Cairnmillar Institute

Kristen Murray - Australian National University

Eimear Quigley - Edith Cowan University

## Executive Summary

Simulation-based approaches to learning have the potential to provide emerging health professionals with authentic training experiences that promote the acquisition of professional competencies in a manner that prioritises the protection of public safety, while also ensuring newly qualified practitioners are workplace ready. To date, simulation-based learning and education (SBLE) has been successfully and routinely embedded into medical and allied health professional training programs. The widespread integration and acceptance of simulated learning activities (SLA) as both a credible and valuable path towards the development of graduate competencies within the Australian professional psychology training context has arguably been slower. This is likely in part due to a lack of clarity and standardised approach as to how and when SBLE can appropriately and ethically be utilised for the optimisation of professional psychology education in the Australian setting. The training crisis caused by the COVID-19 global pandemic, with its far-reaching implications for the timely completion of postgraduate psychology programs, created an impetus for the increased consideration and validation of SLA as part of professional psychology education and training. This report, published by the Australian Postgraduate Psychology Education Simulation Working Group (APPESWG), aims to meet this imperative by reviewing the literature regarding SBLE and providing evidence-based guidelines for the standardised integration of SLA into postgraduate professional psychology training. Through consultation of international standards for the design and implementation of SBLE, a set of nine criteria that defines SLA within postgraduate psychology training is proposed. Ethical considerations relating to the use of SLA in professional psychology training are also considered, with practical recommendations to ensure ethical psychological practice principles are upheld at each phase of implementation. Potential issues in the implementation of SLA are addressed, drawing on research evidence and the best-practice guidelines outlined in this document, as well as findings from two surveys of staff and students participating in Australian postgraduate psychology training programs. Future directions, including the recommendation for more uniform recognition of SLA as an integral part of postgraduate psychology training by the Australian Psychology Accreditation Council (APAC), are discussed. The likely role of further inter-university collaboration to reduce the burden on individual institutions for the development of evidence-based SLA that comply with these guidelines is also reviewed. Finally, potential opportunities to further investigate SBLE as a valuable training tool for the psychology profession are outlined, with a view to continuing to respond to the inevitably changing face of postgraduate professional psychology training in Australia.

## Background, Objective and Scope

This document has been prepared by the Australian Postgraduate Psychology Education Simulation Working Group (APPESWG), which consists of representatives from 15 postgraduate psychology education providers across Australia. The document reviews the literature regarding simulation-based learning and education (SBLE) and provides guidelines for the ethical integration of simulated learning activities (SLA) into postgraduate professional psychology training.

### ***What is Simulated Learning?***

The Healthcare Simulation Dictionary (Lioce et al., 2020) defines simulation as “a technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions” (p. 44). Gaba (2004) adds that simulation is a “technique...to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner” (p. 2).

SBLE approaches are varied but may include: (a) computer-based simulation (e.g., use of avatars), (b) standardised or simulated patients who are trained to act as real patients by simulating the symptoms and behaviours of an illness, (c) manikins, (d) virtual reality, (e) Objective Structured Clinical Examinations (OSCE) and (f) role plays (Bearman et al., 2013). A more comprehensive outline of the various SLA is outlined in Table 1. Please note that some modalities focusing only on physical health conditions and procedures (e.g., cadavers, manikins, medical devices) have been excluded from the table as they are deemed less likely to be relevant to psychology trainee education.

**Table 1**

*A Brief Definition of the Different Types of Simulation*

<b>Simulation Type</b>	<b>Definition</b>
Computer-based simulation	Interactive virtual simulation that comprises of inputs and outputs and is often in the form of virtual patients or virtual reality. Computer-based simulation has the benefit of simulating a range of different virtual environments where participants can make decisions and see the outcomes of their clinical selections.

Hybrid-based	A combination of different simulation modalities, e.g., manikin and simulated patient.
Standardised/simulated patient	A trained actor who plays the role of a patient in a simulation
Role play	Students adopting the role of a character from a script developed by a trained academic.
Virtual reality	High fidelity two- and three-dimensional virtual environments that may include sensations resulting in greater authenticity.

Note. Adapted from “Simulation Based Education: Professional Entry Student Education and Training”, by Health Education Training Institute (2014), *New South Wales Government Health*. Adapted from “Healthcare Simulation Dictionary”, by Lopreiato et al. (2016), retrieved from <https://www.ahrq.gov/sites/default/files/publications/files/sim-dictionary.pdf>

A challenge of health professional training is to find the balance between providing an authentic experience so that newly qualified professionals are work ready while also ensuring skills are learned in a safe way in order to protect the public. The use of SLA provides one way to balance this risk. Furthermore, as technology (i.e., video/graphics, artificial intelligence and person machine integration) continues to improve, the use of these methods in training programs becomes a more viable option (Graj et al., 2018; Rudd et al., 2010). Further, SLA can provide an avenue to increase capacity to train psychologists when placement availability may otherwise limit the number of graduates entering the workforce.

SBLE has to date successfully been embedded into medical and allied health professional training programs. For example, within the health professions, medicine and nursing have successfully used SBLE in several ways, one of which is the use of high-fidelity manikins that enable students to acquire clinical skills in respiratory assessment, heart rate, and blood pressure, as well as other competencies (Mutter et al., 2020). Furthermore, some of these tasks have been successfully implemented using integrated scenarios that foster clinical decision making and reasoning skills (Cantrell et al., 2017). Allied health professions, such as physiotherapy and occupational therapy, have also successfully utilised simulation in training (Bennett et al., 2017; Tuttle & Horan, 2019). Further, the use of SBLE in facilitating interdisciplinary learning opportunities is becoming increasingly important as most health professional accreditation bodies have recognised the importance of interprofessional education (IPE) (Rudd et al., 2010). This provides an area for scholarly research and development in the future.



In Australia, SBLE for psychology has involved the use of a range of SLA, including role play, mental state assessment, empathy skills training and OSCEs (Beccaria, 2013; Sheen et al., 2016). The media used in psychology SLA can include live or recorded actors, or decision-making virtual reality scenes. Alongside the benefits of SBLE, the importance of telehealth and its role in training the next generation of psychologists has been recognised, especially since the COVID-19 pandemic. While SBLE can be expensive, it is also arguable that it enhances trainee and patient safety by providing increasing opportunities for competency development prior to engaging with real-life clients (Oberhauser & Dreyer, 2017). The allocation of resources to a more standardised approach and to the formal integration of SLA in psychology training is thus not only warranted but may also prove instrumental to ensuring newly qualified professionals have achieved work readiness via the acquisition of graduate competencies in a way that also protects the public.

### ***COVID-19 and the Impact on Education***

During the COVID-19 pandemic, universities across Australia have had to grapple with adverse impacts on psychology training placements along a continuum from minor delays through to placements being cancelled. The cessation of placements not only halts student progress, but will lead to a backlog of students, and in turn, workforce shortage, if training cannot continue for an extended period of time. Such outcomes are particularly problematic given the projected ongoing impacts of COVID-19 on psychological health and wellbeing over the coming years (Simon et al., 2020), placing increased demands on an already under-resourced psychology workforce. The integration of SLA combined with telehealth is one way that trainee psychologists can continue to gain clinical skills and accumulate required practice hours while adhering to the physical distancing requirements set by State and Federal governments. It is arguable that the training crisis of psychologists caused by the COVID-19 restrictions has provided an opportunity to further investigate SBLE as a training tool for the psychology profession. Indeed, the increased use of SBLE may not only address these issues, but also remedy the contraction of professional training programs seen across the country, which has led to few opportunities to gain Area of Practice Endorsement (AoPE) outside of Clinical Psychology. This document provides a review and framework for the practice of SBLE that can be used by psychology programs throughout Australia.

## **Benefits of Simulation-based Learning and Education (SBLE)**

*“There is a huge disconnection between knowing something in abstract and being able to make that knowledge actionable.” (Galarneau, 2005, p. 3).*

Although SBLE has been used in Australian postgraduate psychology courses for over a decade, to date there has not been a systematic uptake or benchmarking of this teaching approach at a national level. Reasons for this include financial and workload impacts associated with implementation, limited empirical evidence regarding its efficacy in the Australian context, and current accreditation guidelines not accommodating this approach for accrual of placement hours across all postgraduate psychology programs. However, given the unique and unprecedented challenges experienced as a result of the COVID-19 pandemic, there has been renewed interest in this pedagogical approach as a means to ensuring high quality learning experiences and outcomes that facilitate progression towards achievement of graduate competencies, irrespective of access to traditional placement experiences. In the current global context, SBLE allows educators to continue vital education and development of psychologists, while also addressing some of the barriers associated with the cancellation of placements. SBLE provides a number of opportunities, both as an educational approach and a framework for competency-based assessment, to support high quality training outcomes for Australian psychologists. Additional benefits identified in the literature (Brady, 2009; Health Education Training Institute, 2014; Kameg et al., 2010; Maas & Flood, 2011; McNaughton et al., 2008; Nestel et al., 2017; Stegman et al., 2012) include:

**Bridging the gap:** By integrating SBLE in psychology courses, trainers can address the disconnect between knowing and making knowledge actionable, as identified by Galarneau (2005). Indeed, research indicates that SBLE increases students’ confidence and competence by providing a bridge between classroom theory and workplace practice (Cybulski, 2010; Rudd et al., 2010).

**Supporting a safe learning experience:** Simulation provides a structured, learner-centred environment where students can learn and practice skills without causing harm to patients (Bearman et al., 2013). Risk to students can also be mitigated by providing opportunities to practice risk management skills before placement (Graj et al., 2018), identify and discuss professional and ethical issues raised in SLA, and gain confidence with peers before the additional pressures of real-world practice are added.

**Ensuring curriculum control:** While placements provide an excellent opportunity for learning and socialisation into the workplace environment, it is difficult to control the quality of an individual student's experience and the breadth of patient presentations they will encounter on placement. SBLE builds in a degree of curriculum control not possible within workplace contexts. This supports equity in students' learning experience, as well as ensures all students can access training in a breadth of disorders and symptoms, such as low prevalence/high risk presentations, before they are fully qualified.

**Supporting sustainability:** While cost has been identified as a barrier to SBLE, once developed, many SLA are sustainable. Moreover, those delivered online or using virtual methodologies are far less susceptible to the global challenges currently faced by services offering direct client contact (Rudd et al., 2010).

**Developing appropriate illness scripts:** SLA may be useful in the development of appropriate or typical illness scripts. An illness script or schema is a collection of knowledge that embodies the common characteristics of a condition, providing a basis for *typical* to which *atypical* can be later quantified (Custers, 2015; Strasser & Gruber, 2015). Custers (2015) notes that illness scripts are developed by both doing and observing, making this ideal for use in SLA. Importantly, illness scripts are difficult to shift once developed so exposing students to typical cases under controlled environments helps to manage the potentially challenging influence of atypical scripts presented early in training.

**Teaching high stakes, low frequency events:** SLA come into their own when teaching the skills necessary to manage high stakes (risky), low frequency (unusual) clinical events. These events, by their very nature, may not occur in the course of placement but ensuring that students have the knowledge and skills to manage them is essential to ensure workforce ready graduates. These events may vary depending on the clinical environment or workplace setting but may include threats of harm to others (common in some settings but less so in a paediatric or organisational environment, for example).

**Student engagement and outcomes:** Students trained with SBLE are additionally engaged, better prepared and more competent, resulting in greater ability to meet the demands of a range of placements and client presentations spanning a continuum of complexities, and thereby develop more appropriate workforce skills (Cybulski, 2010; Sheen et al., 2015). SBLE is also a recognised work integrated learning activity and thus has direct application to the development of employability skills (Orrell, 2011).

## Literature on SBLE in Professional Psychology Training

*“Tell me, and I will forget. Show me, and I may remember. Involve me, and I will understand.” (Confucius, Chinese Philosopher).*

The use of SBLE in training and assessment is a widely used and accepted practice in a number of health-related fields, such as nursing and medicine (Kühne et al., 2018). There is a large volume of research on SBLE in health professional education (Cook et al., 2011). Multiple forms of SLA have been examined and utilised, including the use of simulated and standardised patients, virtual reality, manikins, role-play, computer simulation and voice simulation. Simulated patients are actors who role-play the patient (Chur-Hansen & Burg, 2006); standardised patients are also trained to provide consistent responses to the students (Kühne et al., 2018). SBLE has been utilised as a modality in health professions other than psychology for at least two decades with multiple systematic reviews and meta-analyses having been conducted on the effectiveness of this method of training (e.g., Cook et al., 2013; Gegenfurtner et al., 2014; McGaghie et al., 2010; Vandyk et al., 2018), with best practice training guides published for use of SBLE in healthcare training (Motola et al., 2013). SBLE has been trialled in social work (e.g., Dodds et al., 2018) and psychiatry (e.g., Ajaz, et al., 2016), with promising results. SBLE has even been successfully used to train front of house staff (i.e., reception and administrators) within specialty psychosis services on how to interact effectively with consumers (Baumeister et al., 2015).

Of note, most of the learning theories and pedagogical foundations for using SBLE are couched in psychological theories; for example, cognitive, social and constructivist learning theories, which are used to explain how learners gain knowledge with simulation experiences (e.g., Rutherford-Hemming, 2012). The use of actors and standardised patients is common in SLA (e.g., Alexandera & Dearsley, 2013; Edwards et al., 2016; Keltner et al., 2011; Kühne et al., 2018; Masters et al., 2015; Meghani & Ferm, 2019), with best practice standards also published for actors themselves, with a view to further optimising the learning experience for the student (Lewis et al., 2017).

The literature on SBLE is emerging in the field of professional psychology (e.g., Edwards et al., 2016; Nel, 2010); however, there is limited research in this area. In response to this, a scoping review explored barriers and facilitators to using simulated clients in clinical psychology education (Kühne et al., 2018). Considerations raised in the review included cost, finding people with both acting skills and psychological knowledge, authenticity of portrayal,

the importance of careful planning of scenarios, and the effects on actors simulating mental health conditions (Kühne et al., 2018). Traditionally, psychology education has tended to use methods such as clinical placements and written exams rather than SBLE (Sheen et al., 2020). However, SLA are beginning to become more widely considered in clinical psychology education. There have been a few recent studies testing the efficacy of SLA for clinical psychology trainees (Attoe et al., 2019; Kowalski et al., 2018).

An interprofessional study involving medical, nursing and clinical psychology students found that knowledge, confidence and attitudes towards clients, professional roles, interprofessional working and intervention approaches improved after working through simulated scenarios and debriefs (Attoe et al., 2019). Students across disciplines appreciated being able to collaborate with other professionals and felt that the experience had helped them develop better ways of communication, and that they had increased in clinical skills and confidence. Other benefits that they identified were developing empathy, self-awareness and resilience when dealing with patients (Attoe et al., 2019).

Another study assessed the efficacy of a simulation course in helping mental health professionals – including clinical psychologists – work with families and networks of patients with a mental illness (Kowalski et al., 2018). The interprofessional course involved participating in and observing a number of scenarios, with trained actors portraying patients and members of their network. The results indicated that confidence and attitudes towards tasks associated with the professional role improved after the simulation course. The participant group, which included clinical psychologists, commented on the safety they felt in the SLA, the opportunity for professional development, and the importance of reflection (Kowalski et al., 2018).

A recent Australian study explored the differences between simulation-based and case-based learning for clinical psychology trainees (Sheen et al., 2020). While trainees in the simulation-based condition rated their confidence higher than those in the case-based condition, their improvements in clinical competence, as assessed in an OSCE, were not significantly different. Qualitative feedback indicated that the trainees preferred the simulation-based option to the case-based option, as they felt the case-based learning did not prepare them for the OSCE (Sheen et al., 2020). However, trainees had concerns about the realism and practical aspects (such as time needed to devote to SLA tasks) of the simulation option.

Another recent study from the United States focused on the use of virtual simulated patients (Washburn et al., 2020). Virtual simulated patients can provide practice scenarios before students begin to interact with real patients, as well as overcoming many of the time and cost concerns of using trained actors. In this study, students in postgraduate masters' psychology and social work courses were allocated to one of three conditions, with each condition having a different combination of practice opportunities with virtual patients, and assessments with virtual or actor patients. The results after the final assessment indicated that having opportunities to practice clinical assessment with virtual patients increased the students' self-efficacy and diagnostic accuracy (Washburn et al., 2020).

A common assessment method in health professional education is the OSCE, which involves students interacting with simulated patients to demonstrate their clinical skills (Roberts et al., 2020). These have been used for many years in medical education. However, psychology has been slower to adopt OSCEs for assessment, with some recent Australian studies conducted to explore the responses of clinical and health psychology students to the OSCE (e.g., Roberts et al., 2020; Roberts et al., 2017; Sheen et al., 2015, Yap et al., 2012).

One paper details the development of an exam to assess clinical competence, which refers to the ability of students to apply knowledge in practice (Masters et al., 2015). Clinical psychology students completed the exam, which involved observing and conducting a therapy session with a standardised patient, and a discussion with the examination committee. Students responded with apprehension and anxiety, although this decreased over time. They also reported growing in confidence and self-efficacy following the exam. The researchers noted challenges in developing the exam, such as finding the right people to play the standardised patients and meeting the time and financial costs (Masters et al., 2015).

In another study, students and staff provided feedback on the OSCEs that were used in three postgraduate psychology units (Sheen et al., 2015). Most students reported feeling positively towards the OSCE, although some noted feeling insufficiently prepared. Students commented on the realism of the OSCE and the ability to put theory into practice. A main disadvantage was feeling 'stressed' going into the OSCE. This student stress has been reported in other research (Roberts et al., 2020; Roberts et al., 2017). Staff in Sheen et al. (2015) commented that the reliability and validity of the OSCE was higher than for other assessment methods, as well as providing a safe place for students to practice their skills. However, a disadvantage was the increased time and cost required to run the OSCE (Sheen et al., 2015).

Based on a pilot study (Roberts et al., 2017), and in response to the limited research on student perceptions of the OSCE, Roberts et al. (2020) designed a new process for students, which included written and verbal feedback from the simulated patient, a mentoring session with a registered psychologist, increased preparation, and the opportunity to reflect on the experience. Overall, students found the OSCE very beneficial for several reasons, including receiving feedback from the patient, developing skills and being able to observe and reflect on their own clinical practice. Some students felt that they did not have enough practice and formative feedback prior to summative OSCE assessment, and some did not like the implemented method of receiving feedback immediately after the OSCE (Roberts et al., 2020).

SLAs need to demonstrate reliability and validity in order to achieve the desired outcomes for students. Within a study of internet-based cognitive behavioural therapy (CBT) education, a sub-study focused on the actors recruited to be the standardised patients (Edwards et al., 2016). The results indicated that the standardised patients were successful in script adherence and character fidelity. The accurate portrayal of the correct psychological disorder was lower than other aspects, yet still acceptable. The assessment of performance drift indicated that portrayals were consistent over time. The researchers suggest that ongoing performance assessment of standardised patients is a necessary component in SBLE (Edwards et al., 2016).

In conclusion, SBLE has been widely used and researched across a range of disciplines including nursing, medicine, and allied health professions. Use of, and research on, SLA in Australia has emerged more recently in psychology, with a focus on clinical and health psychology. The limited research that has been conducted regarding SLA and professional psychology training has provided evidence that SLA has a variety of benefits to learning, including increased improvements in inter-professional learning, improved empathy, self-awareness, diagnostic accuracy, competence, and student satisfaction and confidence in the area of applied and clinical psychology. Cost and stress involved in preparing for OSCEs have been noted as barriers to carrying out OSCEs in postgraduate studies. Some factors which may mitigate against these barriers include providing written and verbal feedback from the simulated client, mentoring pre- and post- assessment with registered psychologists affiliated with the program, increased time for preparation and provision of formative feedback, and time to reflect on the SLA.

## **Guidelines for the Incorporation of SLA in Professional Psychology Training**

### ***Standards of Best Practice and Criteria for SLA***

One of the primary aims of this document is to provide educators of psychology postgraduate training programs with guidance in the design and implementation of SLA. As previously detailed, SBLE has been widely and successfully used in training and assessment across a number of health-related disciplines. Guidance in the implementation of best-practice SLA for psychology can be drawn from these disciplines.

For example, the International Nursing Association for Clinical Simulation and Learning (INACSL) has developed the INACSL Standards of Best Practice: Simulation (INACSLSBP; 2016, <https://www.inacsl.org/inacsl-standards-of-best-practice-simulation/>). Eleven standards of best practice in the design and implementation of SLA are advanced. These include key processes to consider, such as performing a needs assessment, designing scenarios, having appropriate pre- and de-briefing processes, and pilot testing SLA before full implementation. These standards provide a useful step-by-step guide for educators considering the varying aspects of implementing SLA in their training programs.

The Association of Standardized Patient Educators Standards of Best Practice (ASPESBP) (Lewis et al., 2017) has also developed standards of best practice relating to the involvement of standardised patients/clients in the SBLE. The standards include a set of core values (safety, quality, professionalism, accountability and collaboration) and provide guidance across five domains (safe work environment, case development, training of standardised patients, program management and professional development). The ASPESBP (2017) is intended to be used alongside the standards covered in the INACSLSBP (2016).

Together, the two documents provide overarching standards of best practice in the design and implementation of SLA within SBLE. Although originating from the fields of nursing and medical training, these standards are generalisable to the context of professional psychology training.

Another key focus of the current document is to provide some consistency within the discipline of psychology regarding the criteria of SLA within a training context. Although the two documents cited above provide broad guidance regarding the design and implementation of SLA, it is useful for educators to develop a specific set of principles to guide their design of



specific SLA. This allows educators to determine if a particular SLA fits the commonly adopted criteria of SLA within the context of postgraduate psychology training.

Consequently, this Working Group has developed a set of nine criteria for SLA within psychology, based on standards from the INACSLSBP (2016) and ASPESBP (2017) and with input from members of a broader Working Party. In developing these criteria, the Working Group is cognisant that postgraduate psychology training in Australia encompasses a wide range of programs and different areas of practice. As such the principles are developed to be sufficiently flexible to be adapted to different program levels and areas of practice.

We propose nine key criteria for what constitutes an SLA within psychology training which are elaborated below:

- 1. Competency-based.** All SLA should be directly linked with the development and/or assessment of specific trainee professional competencies. That is, each SLA should specifically focus on aspects of competencies within the particular psychology training program in which it is introduced.
- 2. Opportunity for new learning.** SLA should be designed to scaffold learning, building on existing skills and knowledge while extending new learning with minimal risk or concern of causing harm. As such, the scope and complexity of SLA should be commensurate with the professional development stage of the trainee and needs to provide opportunity for new learning or an extension of previously acquired skillsets. As such the activity should not be overly simplistic or difficult and should provide an appropriate level of challenge for trainees to develop new learning.
- 3. Parallels real life psychology practice.** The SLA needs to have authenticity, and represent aspects of real professional situations, activities and/or interactions which the trainee will encounter in their psychology careers within their area of practice. These should be realistic and authentically mirror real-world situations and practice in a way that enhances relevance. In other words, the SLA should be ecologically valid in the development of skills, procedures, and knowledge, identification of learning needs, and the assessment of real competencies.
- 4. Trainee active participation.** SLA should have an emphasis on experiential and active learning principles embedded into the activity – as compared to didactic presentations,

passive observation or rote learning of material. Trainees involved in the SLA should play active and engaged roles, and not simply be observers.

- 5. Structured processes.** The SLA needs to be designed and implemented in a structured and controlled manner, which allows risk to be better contained, and learning to be more targeted. This includes the use of standardised clients and provision of clear instructions to all involved, including the trainee undertaking the SLA, supervisors overseeing the activity and any simulated/standardised clients. The scope, complexity and areas of targeted learning should be clearly presented, and procedures appropriately documented to provide clear instructions in the entire SBLE process.
- 6. Supervised.** The implementation of the SLA needs to be supervised by suitably qualified staff who are able to monitor trainee learning, oversee the appropriate implementation of simulated learning, ensure sufficient safeguards are in place and review the outcome of the activity.
- 7. Reviews and feedback on trainee performance.** SLA need to have inbuilt processes whereby the work of the trainee can be reviewed, even if the SLA does not constitute a formal assessment component of their training. As such, the activity may require the use of audio-visual recording and/or suitably qualified reviewers to be present during the SLA. Training protocols and assessment guidelines should also be available for reviewers to provide a more standardised assessment process. Trainees should be provided with feedback regarding their performance, which can be either summative or formative in nature. Within a structured SLA, feedback should also be structured, allowing clear linkage to the development of competencies.
- 8. Opportunity for trainee reflection.** The SLA should actively encourage trainees to explicitly reflect on their experience and learning within the SLA, including the extent to which this material relates to the development of their professional competencies. Trainees should also be encouraged to provide balanced reflection that includes both areas of strength and areas of improvement, and how their learning can inform their future practice.
- 9. Opportunity for stakeholder feedback.** The SLA should also have feedback mechanisms for all stakeholders, including program authority, supervisors, assessors, simulated/standardised clients and trainees. The feedback process allows for ongoing adjustments and improvements to be made so that the SLA remains fit for purpose.

### ***Ethical Considerations***

SLA are designed to replicate psychological practice, however, the use of SLA in professional psychology training raises some unique ethical issues relative to other learning activities. A key difference between a simulated and real psychological practice experience is that, for the most part, in professional psychological practice ethical considerations prioritise public safety and the client. In contrast, while the goal may be to ensure students are competent to work safely and ethically in the real practice setting, in SLA academics have an ethical responsibility to both consider and protect the psychological safety of students participating in SLA and the integrity of the learning activity. This is especially the case where SLA involve student dyad role-plays of therapist and client.

Ethical psychological practice principles must guide all stages of SLA, including at the design, implementation and review phases, and consider all parties involved. Considering the needs of students who may be personally activated (i.e., distressed) by the themes of SLA is integral to safe and ethical simulation design, and also provides for proactive support and management of such situations prior to engaging in client work where such activation may also occur. All those involved in SLA have both separate and overlapping responsibilities and these should be understood by all parties:

#### **Academic staff**

- To develop and set up the guidelines and parameters for the SLA (including guidelines designed to prioritise student safety first and student competency-based learning second).
- To develop comprehensive scenarios for suitable SLA, including role-plays, and to ensure a framework for student safety is in place. These frameworks and guidelines should span issues including the nature and expectations of the various roles in SLA (e.g., what is the role of the therapist, client and supervisor in a simulation?), as well as ensuring there are clear protocols on responding to both “clients” and “therapists” who struggle or become distressed during SLA. Note that the academic may also be the clinical supervisor.

#### **Clinical supervisor**

- To support the learning experience of their student and apply the principles of ethical psychological practice principles during SLA, including boundary setting.

- Be responsible for the safe practice of student SLA and intervene (if the “therapist” has not already) during SLA to ensure safety of the “client”.
- To debrief with the “client” and “therapist” before feedback/reflective practice. Supervisors need to model ethical conduct in the design and delivery of SLA.

### **Simulated “client” role**

- To support the learning experience of students in the simulated “therapist” role and apply the principles of ethical psychological practice principles during the SLA, including boundary setting.
- To be aware of personal boundaries with students in the simulated “therapist” role and the issues that may arise in SLA in relation to discussing personal experiences. Specifically, simulated clients need to be mindful of student safety and to refrain from, or moderate, the choice of “client” issues that represent their own personal concerns, as well as favour what will most likely support the student-therapist’s learning experience.

### **Simulated “therapist” role**

- To engage in SLA in a professional manner consistent with that employed when working with true clients, including application of ethical psychological practice principles.
- To respond appropriately if the “client” is struggling with the simulation, which may involve terminating the simulation and providing access to supports. Prioritising the simulated client’s safety.

Ethical design of SLA serves as a powerful teaching tool for ethical psychological practice. Table 2 below highlights key ethical considerations relevant to the design, implementation and review phases of SLA. The table provides a non-exhaustive list of considerations and recommendations, and reference to sections of the Australian Psychological Society (APS) Code of Ethics [the Code] are in parentheses. The table focuses on the Code to provide examples, but there are many other Ethical Guidelines which may also be of relevance.

**Table 2**

*Ethical Considerations in Simulated Learning Activities*

<b>Ethical Considerations</b>	<b>Practical suggestions for employing ethical psychological practice principles at each phase of SLA</b>
<b>ENTRY INTO POSTGRADUATE STUDY</b>	
<p>A key consideration for potential postgraduate students (as trainee psychologists), is to be made aware of the requirement of training programs to balance the safety of students in learning, with the safety of the public as clients. This may be particularly salient when using SLA to prepare students for safe and competent psychological practice.</p> <p>Psychologist educators ought to consider issues of fidelity and responsibility to inform potential students of the nature and expectations of training they may undertake (e.g. A.3) in order to develop competence in professional practice (e.g. B.1; B.3) and recognise when their professional functioning may be impaired (B.1.4).</p>	<ul style="list-style-type: none"> <li>• Inform students that the course involves learning activities and/or assessments that involve simulations, which for some students may be challenging and activate personal issues. This may be experienced as uncomfortable or distressing but, in preparation for psychological practice with the public, there is an expectation that the student will learn to manage this experience in a way that is safe and ethical, including being open to seeking appropriate support if required.</li> </ul>

## DESIGN PHASE

Consider the aim of SLA and how and what type of SLA may serve to best develop psychological practice competencies. This would include consideration of optimal learning design (beneficence) that minimises risk of harm to students, promotes cultural responsiveness and safety and de-stigmatises perceptions of clients (e.g. non-maleficence, respect, responsibility).

For example:

- Promoting diversity in client and therapist representations in a safe, non-stereotyping and respectful manner (e.g., A.2.1).
- Demonstrating respect for both student and clients - for example in simulation content (e.g. A.2.1),
- Informed consent for participating in SLA (A.3.3).
- Privacy (A.4) and confidentiality regarding any personal material that may arise (A.5) or where information is recorded, including for assessment (A.5.1).
- Linking explicitly to developing competence including engaging in supervision and reflective practice (B.1).
- Professional responsibility to prevent and address harm (B.3) including the use of trauma

- Supervisors to have relevant experience (e.g. as psychologists and/or educators) in designing SLA as a teaching or assessment tool.
- Design and provide a clear rationale and informed consent process for who plays the “client” role (e.g. supervisor, actor, another student). Make opt-out option explicit in informed consent, however, consider opt-out requests on an individual basis in consultation with the student.
- If the “client” role is played by a student, ensure there is always a clear case study available to be used as the basis for SLA (either provided or developed by students). Where material from existing clients is used this is to be de-identified.
- Acknowledge that SLA may at times lead to inclusion of real-life experience particularly with novice trainees in the “client” role who do not have clinical experience to draw from. Provide clear directions to all involved parties (“clients”, “therapists”, and supervisors/educators) about what to do to ensure student safety, boundaries are maintained, and ethical psychological practice principles are adhered to.
- A clear process for student consent, for both client and therapist role. Specifically, if the issues brought up in SLA are activating to student’s personal issues, lead to distress and cannot be tolerated by the student, steps need to be outlined that allow any party to slow down or cease the role play, an option to

<p>informed approaches in addressing potential risk and vulnerability relevant to students' histories.</p>	<p>change case scenario content or move from personal experience to case study, or to opt-out for student safety.</p> <ul style="list-style-type: none"> <li>• Informed consent procedures and, where it does not compromise development of competencies for safe practice, an opt-out option or appropriate safe alternative for experiential learning. This may also include the option for students to raise concerns with the academic before conducting SLA.</li> <li>• Ensure sufficient number and appropriately qualified staff available to support SLA (including, for example, Board Approved supervision status).</li> <li>• Address different ethical considerations as relevant to different SBLE purposes (e.g., assessment versus non-assessment simulation – for example, formative versus summative).</li> <li>• Consider the composition of student dyads or groups with respect to scaffolded learning and authentic novelty i.e., the impact of familiarity and trust on safe learning vs the need for reduced familiarity to prepare for client contact</li> <li>• If applicable, develop a policy for the use, storage, and disposing of student recordings of SLA.</li> <li>• Develop a suitable framework for students to engage in reflective practice, to provide structured summative and/or formative feedback, and to provide feedback about the learning experience to educators.</li> </ul>
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## IMPLEMENTATION PHASE

<b>IMPLEMENTATION PHASE</b>	
<p><b>Prior to the Simulation</b></p> <p>Ensure SLA occur in a safe learning environment, that students are aware of their responsibilities and that SLA facilitate students' developing psychological practice competencies.</p> <p>For example, in line with previous considerations, this would include an explicit reminder of aspects of SLA pertinent to professional responsibility to prevent harm (B.3), informed consent (A.3), confidentiality (A.5). Where students act as "clients", prioritising that the purpose of SLA is for learning to develop competence (B.1), rather than for therapeutic benefit.</p>	<ul style="list-style-type: none"> <li>• Recognise that SLA, like psychological practice, may sometimes activate personal vulnerabilities which can be amplified in evaluative environments. Where this is observed and may impact on psychological practice, this may need to be raised within individual supervision environments to support safe practice with clients.</li> <li>• Provide a reminder of safety instructions and that supervisors are ultimately responsible for monitoring the safety of all parties and are available to intervene or support as required.</li> <li>• Equip students with strategies to manage their own and others' affective responses (including distress) during or after SLA.</li> <li>• Remind students of strategies and processes for dealing with difficult SLA experiences.</li> <li>• Provide appropriate modelling of ethical behaviour in organising the learning environment and communicating about SLA in a way that demonstrates the nature of safe and ethical practice that is expected of students with clients. Consider the inclusion of expert demonstration (staff in-vivo or video resource) before student simulation.</li> <li>• Remind students of confidentiality as aligned with therapeutic practice.</li> <li>• Remind students that this is a learning experience for themselves and their peers and that although being in a client role may be therapeutic, this is not the intention of SLA.</li> </ul>



	<ul style="list-style-type: none"> <li>• Give students detailed case materials that they can become familiar with, ideally prior to SLA.</li> <li>• Where a case study has been derived from an existing client, students should be informed and instructed to maintain confidentiality.</li> <li>• Where relevant, schedule in time for pauses and breaks that gives students structured opportunity to regulate their reactions and responses to SLA material and encourage student autonomy by identifying ways for them to manage and raise these with colleagues and supervisors as appropriate.</li> </ul>
<b>Beginning the Simulation Activity</b>	
<p>Setting up the context and environment for SLA is underscored in particular by issues of professional responsibility (B.3) that should be recognised and addressed by educators and where relevant those simulating “client” and/or “therapist”. Focus students on the aim of SLA, remind them of the ethical issues that support simulation as a learning exercise, and emphasise the policies and processes which are designed to ensure safe SLA experiences for all.</p>	<ul style="list-style-type: none"> <li>• Remind students of safety protocols and ethical issues, including confidentiality and options for when acting as “client” begins to compromise a safe learning environment.</li> <li>• Negotiate with the student/actor/staff member playing the “client” role how they can indicate they would like a break or to opt-out of the simulated role play.</li> <li>• Remind students that they are to seek advice from supervisors/academics who are responsible for the safety of students/actors in SLA. For example, if the “client” is distressed (despite the student “therapist” checking in and asking if they want a break), supervisors will pause SLA and make a time to discuss options that balance student/actor safety with the development of competencies relevant to safe and effective practice with clients.</li> </ul>
<b>During the Simulation</b>	
<p>To ensure professional responsibility (B.3), supervisors/educators to have</p>	<ul style="list-style-type: none"> <li>• Ensure access to supervisors during SLA (on-site or available to be contacted).</li> </ul>

<p>strategies in place to manage student affective responses in response to SLA.</p>	<ul style="list-style-type: none"> <li>• If the “client” becomes distressed and this continues despite student “therapist’s” efforts to address and support, supervisors are available to pause, debrief and provide support.</li> <li>• Supervisors are to remain aware of their professional role in relation to trainees engaged in SLA, and as such should only provide support appropriate to that role. Onward referral for counselling support should be offered where this is indicated, in keeping with duty of care requirements and the limits of supervisory responsibilities.</li> </ul>
<p><b>REVIEW PHASE</b></p>	
<p><b>After the Simulation</b></p>	
<p>Students are provided opportunities to self-reflect and evaluate: (1) their learning experience during SLA; (2) competency development during SLA; (3) general experience of SLA (positive, neutral and difficult); (4) the quality of feedback (formative and/or summative) provided during SLA; and (5) the quality of supervision during SLA. This supports the development of competence (B.1) in trainees, as well as for trainers, in design/implementation of SLA.</p> <p>Distress in students elicited by SLA will be managed both in supervision and following the usual guidelines for managing student distress.</p>	<ul style="list-style-type: none"> <li>• Build in sufficient time for students to reflect on SLA using guided or structured reflective processes, especially for students early in their professional training. This should be focused on development of skills and competencies, rather than on private experiences.</li> <li>• Ensure students have the opportunity to discuss their SLA within an individual supervision environment if desired.</li> <li>• In summative SLA, supervisors are to provide time for feedback and invite student therapists to comment on what they would have demonstrated more of, if time allowed for this (with relevant allocation of marks towards their final grade).</li> <li>• Make clear the processes by which students can provide feedback to instructors about SLA.</li> </ul>

### ***Examples of Implementation of SBLE***

SLA are already widely used in professional psychology training programs in Australia. As part of the development of these guidelines, examples of simulations were offered by 15 universities, predominantly Level 3 Professional programs and Level 4 Clinical programs, which likely reflects the dominance of these programs in terms of training program availability. Based on these examples, it is argued that SLA may be particularly beneficial in the early phases of postgraduate psychology training, commonly in role-play with other students, with an emphasis on preparatory skills development and competency demonstration in advance of service delivery to members of the public. Further, these examples describe a range of activities relevant to SLA which may have different purposes, although may occur within the same SLA. These activities include:

**Simulation observation:** Trainees observe simulations of psychological practice, which can be live (e.g., lecturer demonstrations or role plays) or virtual. To encourage active learning, students may be encouraged to incorporate the observed material into skill relevant practice such as case formulation and treatment planning and write a reflection or engage in peer supervision to discuss the observations made.

**Experiential client perspective:** Trainees engage in a simulated client experience. This may include learning a client role based on details from a case study (typically for a role-play), or it may be an immersive experience intended to build empathy and perspective taking. While there is less emphasis on the “client” role in simulations, SLA can also be structured to enhance competency development when adopting the client perspective. Examples of experiential client perspectives being embedded within postgraduate psychology training in Australia include:

- Trainee demonstrates knowledge of client experience through construction of case scenario (e.g., diagnostic criteria, comorbidities, typical client presentations), on which feedback is provided. Trainee then role-plays content from the case scenario for others in skills practice.
- Trainee engages in simulated client experience (e.g., hearing voices) using reflective practice to enhance tailored treatment delivery when working with true clients presenting with such issues in the future

- Trainee researches client presentations and then completes psychological measures and structured assessments in client role to demonstrate understanding of client presentation and measurement, and enhance empathic responses when administering, interpreting and providing feedback to true clients who complete such measures in the future

**Structured skills practice:** These SLA provide an opportunity for training and skills rehearsal, typically in the format of role plays with student peers. Structured case-based learning is still used, with the client role informed by constructed case details that are provided to students, or material from existing clients that has been de-identified. Where appropriate, variability and flexibility allow students to learn and experiment safely in the therapist role. Feedback is formative, reflective practice often embedded, and may include structured review within formal supervision sessions. It may also build towards a competency based summative assessment. Examples of structured skills practice currently employed across postgraduate psychology programs in Australia include:

- Ethical practice: developing fluency in delivery of confidentiality and informed consent procedures; risk assessment/response practice with simulated clients that vary in risk levels
- Psychological assessment: developing fluency in standardised assessment delivery based (for example) on real client referral, with peer observation and feedback using structured checklists or reviewed within supervision
- Therapy: developing fluency in microskills, interviewing, structured CBT skills, and challenging client interactions through, for example, student dyad role plays in class with structured reflection and feedback processes, video recorded to replicate clinic processes and reviewed in supervision, or embedded as discrete tasks within formal supervision

**Competency demonstrations:** These SLA are summative assessments of competency, including across the domains of ethical practice, psychological assessment, and therapy identified above, and are often designed to replicate the practitioner experience as authentically as possible. They tend to be more structured and standardised to ensure fairness of assessment across trainees and are commonly used as gatekeeper tasks to ensure safe

and competent practice before service delivery to the public, with student resubmissions if competency is not met. Formal feedback is embedded and may also include reflective practice components. Examples of competency demonstrations currently used in Australian postgraduate psychology training programs include:

- Viva examinations in which lecturers or highly trained actors/senior students present in client role, and trainees are required to demonstrate competencies (e.g., interviewing, clinical skills).
- OSCEs in which trainees rotate through different stations to demonstrate competencies (e.g., risk assessment, CBT, ethics, assessment) with lecturers/actors in the client role.
- Video recorded demonstration of skills (e.g., cognitive assessment, interviewing, therapy) using the clinic environment and processes to maximise authenticity.

SLA currently in use obviously differ according to the intended learning outcomes, resources, and purpose of courses and programs of study. However, the key methods currently in use are summarised below in relation to the most common purposes of skill development and competency demonstration and may provide ideas for future SLA design.

**Table 3***Structured Skills Practice: Summary of Methods*

<b>Category</b>	<b>Examples of currently used variations in simulations</b>
Competency domain	<ul style="list-style-type: none"> <li>• Ethics (e.g., confidentiality, informed consent), and risk management</li> <li>• Psychometric Assessment (e.g., WISC/WAIS; scale administration)</li> <li>• Assessment (e.g., initial interview, MSE, structured interviews, observation)</li> <li>• Therapy skills</li> </ul>
Case details	<ul style="list-style-type: none"> <li>• Pre-developed case scenario (de-identified or constructed client)</li> <li>• Based on referral data</li> <li>• Dynamically constructed by students in real time</li> </ul>
Client role	<ul style="list-style-type: none"> <li>• Peer students (same cohort)</li> <li>• Different cohort role play to other e.g. novice vs advanced students</li> <li>• Trained actors</li> <li>• Alumni</li> <li>• Virtual simulation</li> <li>• Staff members including clinical supervisors</li> </ul>
Observation	<ul style="list-style-type: none"> <li>• Role plays observed live in person</li> <li>• Remotely via video</li> <li>• Video recorded for review in supervision</li> </ul>
Feedback and Review (formative)	<ul style="list-style-type: none"> <li>• Structured peer feedback processes (e.g. administration checklists)</li> <li>• Opportunities for reflection (varies in structure)</li> <li>• Formal supervision (group or individual)</li> </ul>

**Table 4***Competency Demonstrations: Summary of Methods*

<b>Category</b>	<b>Examples of currently used variations in simulations</b>
Competency domain	<ul style="list-style-type: none"> <li>• Initial informed consent process</li> <li>• Risk assessment and response</li> <li>• Psychometric Assessment (e.g., WISC/WAIS; scale administration)</li> <li>• Assessment (e.g., initial interview, MSE, observation)</li> <li>• Therapy skills</li> </ul>
Case details	<ul style="list-style-type: none"> <li>• Pre-developed case scenario – detailed instructions and training</li> <li>• Existing referral allocated to student</li> </ul>
Client role	<ul style="list-style-type: none"> <li>• Students – with clear guidance and instruction</li> <li>• Trained actors</li> <li>• Staff members with sufficient experience</li> </ul>
Observation	<ul style="list-style-type: none"> <li>• In person (e.g., viva)</li> <li>• Remotely via video (also includes telehealth)</li> <li>• Video recorded for formal assessment submission</li> </ul>
Feedback and Review (summative)	<ul style="list-style-type: none"> <li>• Structured rubrics used to provide feedback</li> <li>• Individual assessment of competency undertaken by qualified examiners (e.g., OSCEs)</li> <li>• Structured reflective practice process</li> </ul>

## Potential Issues in Implementation of SLA

While conveying clear benefits as outlined in Sections 1 and 2 of this document, the proposed increased integration of SLA as defined by these guidelines in postgraduate professional psychology training is not without controversy, with some understandable reservations held by trainers and trainees alike. The subsequent section attempts to directly respond to the key issues typically expressed about the use of formalised SLA activities in postgraduate psychology training programs. Discussion is based on evidence and best practice outlined in these guidelines, as well as two surveys of staff and students participating in postgraduate psychology training programs conducted by members of the Australian Postgraduate Psychology Simulation Education Working Group (APPESWG).

### **Effective SLA activities require a lot of work. Educators and students are often already overloaded – are SLA activities really worth it?**

Implementing best practice guidelines in the design, implementation and assessment of SLA activities does require additional work by educators – as does any new assessment process. It is an objective of this Working Party that through collaboration we can improve the training of postgraduate psychology students and reduce the burden on individual educators when devising innovative training and assessment processes. In order to do so, this report provides benchmarked guidelines for best practice in SLA. A future objective for this Working Party is the development of a joint inter-university database of SLA that comply with these best-practice guidelines, which can be easily adapted to suit individual psychology program and student learning needs, thereby reducing the burden on individual higher education providers and trainers.

The impetus for this type of inter-university investment, and in SLA in general, comes from the wealth of empirical evidence which suggests SLA can increase student competency and confidence, resulting in better performance on placement and better breadth of experience particularly with low frequency high risk situations (see Sections 1 and 2). Moreover, a survey of educators from postgraduate psychology training programs suggests that positive feedback is often received from both the student performing the role of client and the student performing the role of the therapist in the context of SLA activities. This feedback is especially likely if SLA are designed and implemented well, consistent with the principles outlined in Section 3 of this document, as opposed to adoption on a more ad hoc basis.



Furthermore, students surveyed about their experiences of SBLE reported that they felt SLA to be a valid way to develop assessment and intervention skills, to 'ease into' client work and to enhance competency. Both empirical and anecdotal evidence therefore suggests that simulation-based client work not only instils confidence in trainee psychologists but that this can translate into competency attainment, safely and effectively, before trainees enter placements, which is a universal goal of early professional psychology training. From this perspective SLA are likely to be 'worth it' in supporting students to develop required competencies for client work and ensuring protection of the public.

A final issue for consideration highlighted in our survey of postgraduate psychology educators was whether institutions would commit to adequate resourcing of SLA, especially when used in the context of formative assessment for the development of specific professional competencies (i.e., separate from trainee placements). Example concerns included costs associated with the use of actors and examiners in the context of OSCEs. These issues relating to individual institutional support for SLA activities, while recognised as important potential barriers to more widespread use of SLA, are beyond the scope of this document and thus included in Section 5 as a topic for future inquiry and consideration.

### **Professional psychology training program curricula is already so full - how can we fit it in?**

Integrating SLA into pre-existing postgraduate psychology training program curricula can be challenging and ideally will occur as part of a broader curriculum review. The best way to achieve SLA integration within postgraduate training programs will depend on the structure and resourcing at different institutions. Some helpful considerations included in this document are the overview of different modes of SLA in Section 2 (e.g., virtual, trained actors, role plays) and also examples of different SLA used in Australian postgraduate psychology training programs outlined in Section 3. These modes and examples will aid in selecting the best fit between SLA and institutional needs when considering how to add the benefits of SLA to existing course loads.

### **With increasing focus on the Student Experience in Postgraduate Psychology Programs, how can we manage student apprehension towards training and assessment approaches?**

Students commonly respond with apprehension to changes to their training programs where they perceive they must undertake something new or additional. In a recent survey of student perceptions of SLA, however, students responded favourably when asked whether increased use of SLA would be beneficial. Students perceived the benefits of SLA to include providing an opportunity to learn and apply skills in a safe environment where feedback could be received, and where they were not placing the public at risk. SLA also provided them with a means with which to enhance their confidence in such skills. While some students indicated no drawbacks to the increased use of SLA, others raised concerns such as SLA being stressful, increased workload, and whether it would take away time from actual client work. Despite such concerns, most students reported a number of potential benefits. Indeed, students noted in particular that when it comes to additional SLA, they would value the opportunity to further apply their skills and integrate their learning into practice, to be exposed to diverse client presentations, and to receive feedback about their performance from multiple sources, which is consistent with the way in which best practice guidelines for SLA are discussed in this document (see Section 3). Contributors to the postgraduate program educators' survey further noted that in their experience, while students may initially feel SLA are not as beneficial as real-life client work, this attitude changes very quickly when they experience the value and benefits, and enjoy the freedom to learn the paradigms afforded them. Emphasising these aspects of SLA when presenting these activities to students (i.e., scaffolding learning activities) is recommended, as well as explicitly and pre-emptively addressing the concerns students may typically hold about SLA. Further information of how to present, prepare and conduct these tasks with students is provided in Section 3.

### **How can we provide a realistic learning experience while providing an ethical and safe SBLE/SLA?**

There are a number of approaches to SLA, utilising different models for the identity of the client (e.g., known peer from same institution, unknown peer from same institution, cross institution collaborations, virtual client, actor as client, etc.), as well as the nature of case characterisation (e.g., embellished versus real life), with a view to promoting a safe but realistic opportunity for SBLE. For an in-depth discussion of these different models, please see Section 3, which also outlines important ethical considerations when considering alternate client SLA paradigms.

### **What methods can be employed to support effective “client” portrayals to maximise the learning experience for the trainee?**

Important considerations when setting up SLA include ensuring that the person acting as the client is able to sustain a realistic and logically consistent characterisation for the duration of the SLA, while also balancing this with understandable concerns for student/actor safety. In order to achieve the best results, it is essential that SLA are structured processes that employ the use of standardised clients, that clear instructions and training have been provided, and that supervisors oversee the standardised clients and the activity (see Section 3). Educator and trainee surveys also highlight the importance of SLA being planned and structured to maximise learning potential so that trainees can “mentally prepare” in advance. This is as true for the “client” as it is for the “therapist”. In fact, feedback received by educators from trainees indicates that trainees acting in the role of client are often surprised at how much they learn by researching their own case with a view to presenting as authentically as possible in their role of the client. Increasing focus on this aspect of SLA may not only support the skill development of students in the role of therapist, but also understanding of psychopathology and different client presentations for students in the role of client.

Some interesting insights, specific to the use of known peers as clients in SLA, from the trainee survey are worth noting. For example, some trainees may find it difficult to approach a peer to work with for the purposes of engaging in SLA, where pairs are not assigned a priori by educators. Others may struggle to demonstrate the same degree of motivation and commitment to engage in SLA, placing their paired peer in a difficult situation that may ultimately inhibit their capacity to derive full benefit from these activities. Trainees also expressed concerns that when portraying the client, their peer may inadvertently make the cases easier or more difficult than necessary, for example, by divulging too much or too little information. As such, SLA may achieve better outcomes when, consistent with the principles outlined in Section 3 for best-practice SLA, educators provide adequate training and instructions for those acting as client and embed monitoring mechanisms and supervisory oversight into SLA. Similarly, it may be important to assign client/therapist pairs. Another perspective is that such challenges present an opportunity to practice assertiveness skills and ethical practice, such as discussing practice/behaviour concerns with and about a peer.

### **Does the efficacy of SLA vary across competency domains?**

One of the benefits of SLA is that they can be tailored to address areas of underdeveloped competencies in postgraduate psychology trainees. Whether or not these activities convey differential advantages for specific competency domains is yet to be explored and thus discussed in Section 5 as an area for future consideration in research.

### **Is this really that different from what we already do?**

While the concept of SBLE is not new, what this document sets out to establish are a number of features and guidelines for best-practice SLA, with benchmarking across postgraduate psychology programs and institutions around the country (see Section 3). To our knowledge, this has not yet been attempted in the field of postgraduate psychology training programs, either in Australia, or internationally.

### **If a trainee is struggling to develop their competence in a specific area, aren't they better having more actual client work experience than simulated client experience?**

Underscoring the rationale and evidence for the integration of SLA in professional psychology training, as outlined in Sections 1 and 2, is the notion that such paradigms afford trainees the opportunity to cultivate competencies in a safe and scaffolded manner before transferring these skills to real-life client work. Consistent with the concerns raised by both educators and trainees in our surveys, we agree that SLA should not take away from a trainee's opportunity for real-life client work. However, we would argue where a trainee has been identified as lagging in specific competency development, these remedial needs are best nurtured and assessed in the context of SLA, with criteria for satisfactory performance able to be standardised across trainees. In this way, simulated client experience is more appropriately regarded a safe first step in a trainee developing the minimal requisite skills to work with real-life clients, as opposed to a substitute for actual client work. This affords not only protections to the trainee and supervisor, but also upholds the interests of public safety.

### **What guidelines are available for the assessment of SLA?**

We understand that educators and trainees alike share reservations about the way in which SLA are best assessed, and how this feedback might be used to inform trainee competency development, including implications for evaluations in which trainee performance is deemed to not meet competency based on SLA. Please see Section 3 of this document for suggested cross-institutional guidelines.

### **Should SLA contribute to direct client hours accrual?**

The issue of whether SLA should contribute to direct client hours as defined by the Australian Psychology Accreditation Council (APAC) is an important consideration. Currently SLA is allowed for Level 3 courses and we recommend this to also be considered for Level 4 courses. Please refer to Section 5 of this document for future directions including the uniform recognition of SLA across professional psychology training programs by APAC.

It is worth acknowledgement that hesitation regarding the wide acceptance of SLA as a credible postgraduate psychology training method may also exist among external placement providers and clinical supervisors, especially those facilitating advanced placements. As such, consistent with criterion nine for best-practice SLA (see Section 3), opportunities for feedback from all stakeholders, including the providers of placements, should be encouraged with a view to ensuring students who have benefited from SLA in their early postgraduate psychology training remain competitive for advanced placement opportunities.

## **Future Directions**

### ***Recognition of SBLE by the Australian Psychology Accreditation Council (APAC)***

SBLE research shows that well designed SLA are not an inferior substitute to placements. It presents numerous benefits including enhanced training in typical and atypical client presentations, improvements in trainee engagement and confidence, and more authentic formative and summative assessments of competencies. We expect that greater use of SLA that comply with our guidelines will lead to improvements in public safety, the trainee experience, and attainment of competencies. We therefore recommend greater recognition of SLA as an integral part of postgraduate psychology training by APAC.

Another driver for the accepted contribution of SLA in part to the achievement of requisite minimum client contact hours and, more crucially, the development of graduate competencies, is that future pandemics and other crises are possible (if not likely). Having robust SLA frameworks in place helps to provide trainees with alternative placement experiences, demonstrated to assist their learning, should the profession find itself again in a position of limited availability of external placements. This would in turn support the timely completion of postgraduate psychology programs at a time when deficits in the mental health workforce are likely to yield a highly detrimental societal impact, as is being seen in the current outstripping of the supply of psychologists by the increased demand for mental health support, subsequent to the COVID-19 pandemic.

As noted, APAC currently only recognises the use of SLA in place of direct client and client-related activities in placements for Level 3 (i.e., 5+1) programs. It is unclear whether the use of SLA is accepted in placements for combined Level 3 and 4 programs. As a result, Level 3 and 4 program coordinators have been hesitant to introduce SLA as an alternative to direct client activities in placements. We hope that open discussion and advocacy by universities with APAC will lead to the explicit recognition of SLA by APAC for Level 3 and 4 programs. We recommend that similar to Level 3 programs, SLA may be used in place of direct client and client-related activities for 300 placement hours.

### ***Collaboration across Universities***

The benefits of SBLE are contingent on the quality, reliability and validity of simulations. Thus, the primary purpose of this document is to present guidelines for best practice in SBLE, which we hope will provide consistency in SBLE standards in postgraduate psychology training. We

acknowledge that these standards will require a degree of institutional support from universities; likely contingent on the development and implementation of evaluation frameworks showing that SLA are not only highly effective for learning but can be conducted in a safe and ethical way. Consistency in SBLE standards across universities will also require greater collaboration across universities, resulting in better benchmarking, more SBLE research, and the sharing of SLA resources and costs (e.g., training of simulated clients and trainers, the development of joint SLA database, etc). Cross-institutional collaboration will also see SBLE becoming a standardised approach to the training of psychology graduates across different programs, through the development of similar knowledge and skills.

### ***Future Research***

Although the evidence base for the use of SBLE is strong in other disciplines, there is much less research into SBLE in psychology training. To date, most SBLE studies in psychology have been qualitative and as such, more research is needed to support our assertion that SLA are important additions and preparatory adjuncts to traditional training methods such as placements. We therefore recommend a program of research beginning with pilot studies that compare programs with and without SBLE to examine whether SLA lead to improvements in the trainee experience and learning outcomes. This can then be followed by cross-institutional trials that examine the efficacy of SLA that comply with our guidelines. Longitudinal studies to examine the predictive validity of simulations and research examining the reliability and validity of SLA when used in summative assessments of graduate competencies are also required.

Whether or not SLA convey differential advantages for the development of certain competency domains over others may also be of interest to trainers with a view to better targeting the investment of institutional resources. It may also be the case that SLA may have benefits for the development of certain professional skills that facilitate more effective and efficient practice in general, akin to the notion of “entrustable professional activities” in the training of medical professionals (ten Cate & Scheele, 2007), that are not adequately or easily captured by competency-based frameworks and warrant exploration. Finally, as new technologies such as virtual reality and augmented reality become more affordable and accessible, future research into their potential use in SBLE may lead to improvements in the standardisation and authenticity of SLA.

## **Conclusion**

SBLE is an essential training method which has been demonstrated to enhance clinical competency while ensuring public safety. It also provides an additional training option in response to various challenges in the placement context, including but not limited to, restrictions in the event of a global pandemic such as COVID-19, as well as low prevalence/high risk presentations trainees may not come across in their placement settings. SBLE provides an authentic and controlled learning environment, and this document offers a clear rationale, emerging evidence, and guidelines for its inclusion in postgraduate psychology training programs.



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