Student Perspectives and Standardized Patient Feedback on an Innovative Simulated Patient Encounter

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Abstract

This retrospective survey analysis sought to explore student perspectives and application of therapeutic use of self during a simulated standardized patient encounter (SSPE) with standardized patient actors portraying serious mental illness (SMI). Researchers collected retrospective data from post SSPE student surveys dating between 2009 and 2019 and standardized patient actor surveys dating between 2017 and 2019. Students' level of expertise with therapeutic use of self and self-perceptions of the SSPE were analyzed for response categories. Descriptive analysis was conducted on all items. Student survey responses were organized into response categories. Standardized patient actor surveys were analyzed for frequencies of yes/no responses. Post-SSPE student surveys showed that many students found the SSPE to be a great learning experience, allowed them to practice therapeutic use of self, and felt that it reflected a realistic experience working with someone with SMI. Surveys of the standardized patient actors revealed that they observed student use of therapeutic use of self in the vast majority of their interactions. These results lead the researchers to conclude SSPEs are an effective way of teaching necessary occupational therapy skill sets and familiarizing students to populations experiencing SMI prior to Level II fieldwork and clinical practice.

Keywords

Simulation, standardized patients, serious mental illness, therapeutic use of self

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ABSTRACT

This retrospective survey analysis sought to explore student perspectives and application of therapeutic use of self during a simulated standardized patient encounter (SSPE) with standardized patient actors portraying serious mental illness (SMI). Researchers collected retrospective data from post SSPE student surveys dating between 2009 and 2019 and standardized patient actor surveys dating between 2017 and 2019. Students' level of expertise with therapeutic use of self and self-perceptions of the SSPE were analyzed for response categories. Descriptive analysis was conducted on all items. Student survey responses were organized into response categories. Standardized patient actor surveys were analyzed for frequencies of yes/no responses. Post-SSPE student surveys showed that many students found the SSPE to be a great learning experience, allowed them to practice therapeutic use of self, and felt that it reflected a realistic experience working with someone with SMI. Surveys of the standardized patient actors revealed that they observed student use of therapeutic use of self in the vast majority of their interactions. These results lead the researchers to conclude SSPEs are an effective way of teaching necessary occupational therapy skill sets and familiarizing students to populations experiencing SMI prior to Level II fieldwork and clinical practice.

Introduction

Walls et al. (2019, p. e22) defined simulation as a "type of experiential learning used to promote the transfer of knowledge to real-world experiences," allowing students the opportunity to practice required skills prior to embarking on clinical rotations. Simulated standardized patient encounters using simulated standardized patient actors have increasingly become a popular teaching tool in the healthcare professions (Cahill, 2015; Herge et al., 2013; Walls et al., 2019; Williams et al., 2017). In the field of occupational therapy, SSPEs have been used to simulate common clinical acute care and rehabilitation physical disability scenarios within structured learning environments (Krusen & Rollins, 2019; Springfield et al., 2018; Yelvington & Spray, 2019). Current findings suggest SSPEs are an effective strategy for students to apply learned didactic content via a direct, hands-on approach (Walls et al., 2019). Currently, there is emerging evidence for the use of SSPEs with clients simulating serious mental illness (SMI; Haracz et al., 2015; Willams et al., 2017).

Individuals experiencing SMI are inaccurately portrayed by media (McGinty et al., 2013), frequently experience bias, are often misunderstood, and are regularly stigmatized in healthcare settings (AOTA, 2020; Petkari et al., 2018; Prasai et al., 2018; Riffel & Chen, 2019). The fear and stigma associated with individuals experiencing visible symptoms of a SMI remains an ongoing concern for occupational therapy students treating in the clinic during Level II fieldwork experiences and post-graduation (Prasai et al., 2018). Students may unknowingly and unintentionally carry their misconceptions regarding SMI into practice (Krupa, 2008; Petkari et al., 2018; Prasai et al., 2018), directly impacting their ability to apply effective therapeutic use of self when treating SMI populations (Cartensen & Bonsaksen, 2017). As educators, there remains an expectation and a responsibility to expose occupational therapy students to different client populations within structured learning environments as much as possible (Cahill, 2015). Intentional exposure to an unfamiliar population can facilitate student participation, and potential preconceptions, such as fear and stigma of individuals experiencing SMI can then be experienced, explored, and challenged prior to actual clinical practice (Haracz et al., 2015; Yong-Shian et al., 2016). Furthermore, helping students develop a broader understanding of the complexities occurring within therapeutic interactions with individuals experiencing SMI as a primary or co-morbid diagnosis can guide student learning, enhance empathy, and promote client-centered practice in acute physical disability or rehabilitation settings, community settings, and beyond (Speeney et al., 2018; Walls et al., 2019). Providing opportunities for students to receive meaningful feedback during simulated therapeutic interactions and evaluating student perceptions remain vital components to reduce the fear and stigma associated with SMI and to promote effective therapeutic interactions clinically (Haracz et al., 2015; Riffel & Chen, 2019). The primary purpose of this retrospective survey analysis was to understand occupational therapy students' self-perceptions of a SSPE and the development of their therapeutic use of self with standardized patient actors with clients simulating symptoms of SMI.

Literature Review

Therapeutic use of self can be generally defined as a "health care provider's use of verbal and nonverbal communication, emotional exchange, and other aspects of his or her personality to establish a relationship with the patient that promotes cooperation and healing" (Miller-Keane & O'Toole, 2005). In occupational therapy literature, Punwar and Peloquin's (2000) definition framed therapeutic use of self as the clinician's "planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic process" (p. 285), where the therapist is continually seeking to build rapport, alliance, and trust unconditionally and non-judgmentally, with their client (MacRae, 2019). Taylor (2020) further refined the definition, examining the relationship of therapeutic use of self to "empathy" and "intentionality," suggesting that a therapist "must behave deliberately to convey an attitude of respect and acceptance, particularly when a client's behavior may be challenging" (p. 11). Therapeutic use of self is a key clinical skill; it is necessary for successful client interactions and treatment effectiveness. Therapeutic use of self often develops slowly. Initially, novice healthcare students often demonstrate basic therapeutic use of self with their clients; meaning, they tend to use a more procedural instructive and advocating approach. The development and application of the more mature, empathic, and intentional therapeutic use of self implemented by advanced practitioners requires time, insight, and close attention to develop (Carstensen & Bonsaksen, 2017; MacRae, 2019; Schwank et al., 2018; Taylor, 2020). As clinical practice skills advance and as students transition into their role of Level II fieldwork students and eventually licensed healthcare practitioners, their skills in therapeutic use of self may slowly become more nuanced (Andonian, 2013). Mature clinicians tend to engage in intentional and facilitative approaches in their therapeutic interactions, often appearing as encouraging, supportive, and outwardly more attentive to a client's feelings (Taylor, 2020). Thus, effective communication skills and well-developed therapeutic use of self have been identified as some of the most important skills required of students to practice while in school and on fieldwork rotations (Andonian, 2013). Caring daily interactions with clients can serve to create effective therapeutic alliances, enhance client-centeredness, and promote treatment adherence built from a shared and agreed-upon viewpoint (Carstensen & Bonsaksen, 2017; MacRae, 2019; Taylor et al., 2009; Taylor, 2020).

Evidence suggests the current didactic coursework such as lectures and in-class small group breakout discussions present in many occupational therapy curricula remains ineffective in promoting and enhancing students' understanding and eventual mastery of therapeutic use of self (Taylor et al., 2009; Yong-Shian et al., 2016). Furthermore, classroom learning experiences that do not allow for direct student-client interaction with individuals experiencing SMI conditions are also limited in effectiveness (Bridges et al., 2011). Without an opportunity to engage in real-time interpersonal interactions, students often continue to demonstrate a lack of understanding of the client experiencing SMI symptomatology, resulting in a decreased awareness of the markedly different perceptual and life experiences that impact client participation and negatively impact treatment outcomes (Petkari et al., 2018). Furthermore, poorly developed skills in

therapeutic use of self may serve to perpetuate stigma and allow for continued negative interactions and biased responses to clients' needs (Peer et al., 2015; Riffel & Chen, 2019; Yong-Shian et al., 2016).

Findings suggest that prior to attending fieldwork, students benefit from opportunities to develop and practice skills during controlled and structured learning experiences such as SSPEs (Cahill, 2015; Springfield et al., 2018; Walls et al., 2019). In contrast to peer role-playing in the traditional classroom, standardized patient actors are strangers, allowing for the SSPE experience to feel more authentic (Cahill 2015; Williams et al., 2017). The use of SSPEs for individuals with SMI provides students with a practical opportunity to apply therapeutic use of self and clinical reasoning in a controlled setting and build confidence without running the risk of compromising the therapeutic relationship with an actual client (Haracz et al., 2015). In a recent study of nursing students who participated in a SSPE for individuals with SMI, improved assimilation of knowledge, empathy building, therapeutic use of self, and feelings of improved confidence and competence was found to be greatly enhanced beyond the basic mastery of didactic requirements anticipated for learning about co-morbid physical conditions that impact the functioning of individuals diagnosed with SMI (Speeney et al., 2018; Yong-Shian et al., 2016).

Debriefing is a key learning component embedded with the SSPE, providing students with an immediate opportunity to self-reflect about their performance and process with peers and faculty as to what just occurred during the actual experience (Haracz et al., 2015; Walls et al., 2019). Literature indicates that students report enhanced clinical reasoning, perceived changes in viewpoint, and that new insights are gained as a result of engaging in and debriefing after SSPEs (Haracz et al., 2015; Springfield et al., 2018). "Learning takes place when students actively engage in, reflect upon, and attach meaning to [an authentic] experience" (Cahill, 2015, p. 2). Additionally, unlike in the clinical setting, students are provided an opportunity to receive immediate feedback from an actor portraying a health condition (Haracz et al., 2015). The primary purpose of this retrospective survey analysis was to understand occupational therapy students' self-perceptions of SSPEs and the development of their therapeutic use of self with standardized patient actors simulating symptoms of a SMI. To help frame the findings, the authors describe the SSPE design, frameworks used, the pedagogical value of SSPE experiences, and the compatibility of the simulation experience with accompanying didactic coursework.

Methodology

Coursework Design
In the semester prior to Level II fieldwork, students were enrolled in a combined lecture/lab and concurrent Level I fieldwork psychosocial course focusing on the development of evidence-based and client-centered occupational therapy interventions for individuals and groups experiencing a range of SMI diagnoses as per the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013). For the concurrent Level I experience, students were assigned to

various community-based organizations located in the surrounding metropolitan area that serve the SMI population. Students conducted a needs assessment and spent their onsite time delivering group-based interventions for their specific organization. The culminating course experience involved a 10-minute SSPE with standardized patient actors trained by the course instructors to portray individuals experiencing the symptoms of a SMI.

To prepare for the SSPE, students watched a video documentary in lecture two to three weeks prior to the SSPE, depicting the life of individuals with SMI who were successfully managing their condition and living a fulfilling and well-balanced life. Video content included an in-depth discussion of personal experiences, supports, and barriers gleaned by individuals over time in support of staying healthy and strategies implemented by them to remain symptom-free. Immediately following, in-class dialogue between the instructors and students aimed to decrease perceived stigma while increasing understanding of the actual lived experiences and the impact SMI symptomatology has on occupational performance. The day's lab content focused on identifying de-escalation and distraction strategies and therapeutic use of self to promote engagement and enhance social participation for individuals experiencing symptoms of a SMI. Students also received a packet containing specific instructions to prepare for the 10-minute SSPE, including extensive case histories for clients "Connie" and "Bobby." Students were paired off while being expected to prepare for both client case rotations and intervention scenarios (a craft activity for "Connie" and a simple meal preparation for "Bobbie"), as their individual assigned case would not be revealed until the day of the SSPE. During the actual SSPE, one student was assigned to intervene with either "Connie" or "Bobby" while the other student silently observed; the students then rotated and switched cases and roles for the opposite scenario.

Several iterations of the Accreditation Council for Occupational Therapy Education (ACOTE) standards were utilized (ACOTE, 2006, 2011, 2018) to inform and support the development of the SSPE cases. The most recent SSPE experience (Fall 2019) incorporated standards specific to the development of effective oral and communication skills, therapeutic use of self in individual interactions, and remediation and compensation in relation to psychosocial and behavioral intervention planning. SSPE grading criteria was Pass/Fail; students received "Pass" as long as they attended their individual intervention session and observed their partner.

Theoretical Framework and Pedagogy to Structure the SSPE Experience
The Intentional Relationship Model (Taylor, 2020) centers on three main parts of therapeutic relationships: "the client's interpersonal characteristics, the client's reaction to the inevitable personal events that occur during therapy, and the therapist's use of six therapeutic interpersonal modes of communication" (p. 13). When these components are navigated successfully and fluidly, it can lead to strong, trusting therapeutic alliances and can result in meaningful participation in tasks and occupations for the client. Conceptually, "intentionality" and "empathy" are viewed as the key underpinnings supporting optimal professional behavior and effective therapeutic use of self engagement, where the clinician is ideally able to display "emotional congruity" and

"behavioral, emotional, psychological, and interpersonal impulse control" during all therapeutic situations (pp. 11-12). Over time, the therapist eventually becomes skilled at applying therapeutic use of self through the various interpersonal therapeutic modes, effectively navigating and managing ongoing interpersonal experiences with clients that may have been previously unfamiliar, difficult, resistant, fearful, stigmatizing, or challenging for them.

At a pedagogical level, Bloom's Revised Taxonomy (Anderson & Krathwohl, 2001) was utilized to support students to "apply" prior knowledge and "create" during the intervention aspect of the SSPE (Anderson & Krathwohl, 2001). In order to further structure the case story of the SSPE, the Allen Cognitive Levels (ACL) Scale (Allen & Blue, 1998), a component of the Cognitive Disabilities Model (Allen, 1985), was utilized to develop and shape the expected cognitive functional level of "Connie" and "Bobby." The scale provides "predictable patterns of performance of adults in inpatient mental health settings as they engaged in activities of daily living (ADLs), instrumental activities of daily living (IADLs), and leisure activities" (Allen Cognitive Group, 2020). Both of the detailed SSPE case stories aimed to describe a client who was functioning at ACL 4.2, determined as per a formal occupational therapy assessment that was hypothetically completed one day prior to the actual SSPE. These parameters, along with a detailed medical and social history, were by no means meant to be inclusive to a person's functional level. However, the goal of including the pre-determined ACL level in the case story was intentional to provide context and a general expectation of the environmental needs and potential client supports required at the time of the SSPE. As per Allen et al. (1992), a client functioning at ACL Level 4 can participate in goal-directed activities. A client who was assessed at ACL Level 4.2 should be capable of "differentiating features of objects" (Allen Cognitive Group, 2020, para. 4 table 1). Determining the ACL Level prior to the SSPE also helped the instructors to shape the training and performance expectations of the standardized patient actors.

Design
A retrospective survey analysis was used to identify response categories and determine frequencies of student outcomes from available anonymous post surveys collected yearly over a 10-year timeframe the SSPE occurred. Standardized patient actor feedback was also analyzed over a three-year timeframe the SSPE occurred. Exempt approval status was obtained from the university's Institutional Review Board.

Participants
Between the years of 2009 through 2019, second-year bachelor of science to masters-level, masters-level, and doctorate-level occupational therapy students at one university in the Northeastern United States were surveyed yearly in the fall semesters. A total of 562 students completed an open-ended feedback survey form immediately post-SSPE. No demographic data was obtained over time, as all survey forms were anonymous in nature.

Between the years 2017 through 2019, 36 "Connie" and "Bobby" standardized patient actors completed a standardized patient actor survey feedback form on 221 students immediately after each encounter. The standardized patient actor surveys were comprised of close-ended (yes/no) questions on actions students could take that aligned with therapeutic use of self and the procedural expectations for interventions with individuals experiencing ACL 4.2. The standardized patient actor survey feedback form ended with a single free response section to allow the standardized patient actor to provide additional feedback for the student as needed. No demographic data was obtained; all survey forms were deidentified by the departmental administration prior to analysis.

Procedures

Descriptive statistics were used to determine frequencies and percentages on student post-SSPE survey feedback forms. SSPE responses were first categorized separately on all survey questions and for all years. If students listed more than one response for a given question on their post SSPE survey feedback forms, both responses were recorded. Once completed, relevance to the topic determined which questions were chosen to be included in the final data set. The top three to seven finalized response categories were reported on for each identified question.

Results

Analysis of Student Surveys

All student responses provided were unscripted and unprompted. Due to the open-ended nature of the post SSPE feedback form surveys, multiple answers were provided by students on each question, leading to responses being counted multiple times. Therefore, percentages reported reflect the frequencies of a response rather than directly relate to the actual number of students surveyed. Response categories were determined when responses reached a minimal 10% frequency. Responses that did not reach the 10% frequency threshold are included to provide further context under all post-SSPE survey feedback form questions analyzed.

Post SSPE Student Feedback Form Survey Response Categories (Table 1)

Question 1 Post: What did you enjoy most about the experience? Out of 497 total student responses, 131 responses (36.4%) noted the SSPE was a realistic experience with good actors. Having the opportunity to interact with clients experiencing the positive and negative symptoms of schizophrenia was indicated in 114 responses (22.9%). Having a unique one-to-one experience with a new patient/population that they had not had prior access to and doing so without supervisors or professors present was noted in 101 responses (20.3%). Notable responses below the 10% cut-off threshold included the opportunity to practice skills learned in didactic sessions and/or applying classroom skills to a real situation safely (49 responses, 9.9%), having the opportunity to problem-solve through challenging situations as they arose and be flexible with carrying out the treatment plan (44 responses, 8.9%), being provided immediate oral feedback following encounter was a useful/enjoyable experience (32 responses, 6.4%) and the opportunity to practice therapeutic use of self during the SSPE (32 responses, 6.4%).

Question 2 Post: Identify two things you learned from watching your fellow students interact with the other client session. Out of 545 total student responses, the use of empathy, specifically, being empathetic with the client and/or watching peers use strategies in being empathetic with the client was indicated in 59 responses (19.8%). The importance of the use of redirection/distraction techniques was indicated in 98 responses (18.0%); this included responses indicating the importance of redirecting clients and having different distraction techniques on hand to use while working in this population. Communication skills, including the use of appropriate tone and word choice, verbal and non-verbal body language was indicated in 96 responses (17.6%). Therapeutic use of self and applicable strategies to use with the client was indicated (70 responses, 12.8%), as was the need to provide clear, concrete one-step directions and simple language use (70 responses, 12.8%), and remaining client-centered, not task-centered during interventions (70 responses, 12.8%). Notable responses below the 10% cut-off threshold included having the opportunity to problem-solve through challenging situations as they came up and be flexible with carrying through the treatment plan (54 responses, 9.9%).

Question 3 Post: Any comments or additional feedback? Out of 218 total student responses, common response categories included that the SSPE encounter was a great learning experience (152 responses, 69.7%), and "loved it" (27 responses, 12.4%). Notable responses below the 10% cut-off threshold included that the immediate oral feedback from standardized patient actors was helpful (18, 8.3%) and that students preferred this approach rather than the written feedback or group debriefing. "Very realistic experience" was also noted (14 responses, 6.4%). See Table 1.

Post Standardized Patient Actors Feedback Form Findings (Table 2)
Descriptive analysis was conducted on all closed-ended (yes/no) questions to determine frequencies. Responses from the standardized patient actors indicated a high level of performance from the students in regard to therapeutic use of self. Standardized patient actors indicated that an overwhelming majority of students who interacted with them introduced themselves (98.1%), reminded the standardized patient actor that they had met the student yesterday (96.6%), attempted to connect with the standardized patient actor (91.0%), put the standardized patient actor at ease at the start of the session (86.1%), used body language, eye contact, and facial expressions to make the standardized patient actor feel comfortable (87.3%), respected the standardized patient actor's personal space (92.1%), felt that the student's session was organized/planned (90.0%) and that the student set up treatment space appropriately for the standardized patient actor (92.9%). Standardized patient actor survey questions also inquired about the appropriateness of student actions for individuals functioning at ACL Level 4.2 (procedural). Only one standardized patient actor survey item fell below 80%: OTS stopped any unsafe action (69.2%) within the "Bobby" scenario (which related directly to the student supporting or not supporting the client's use of a hot toaster). See Table 2.
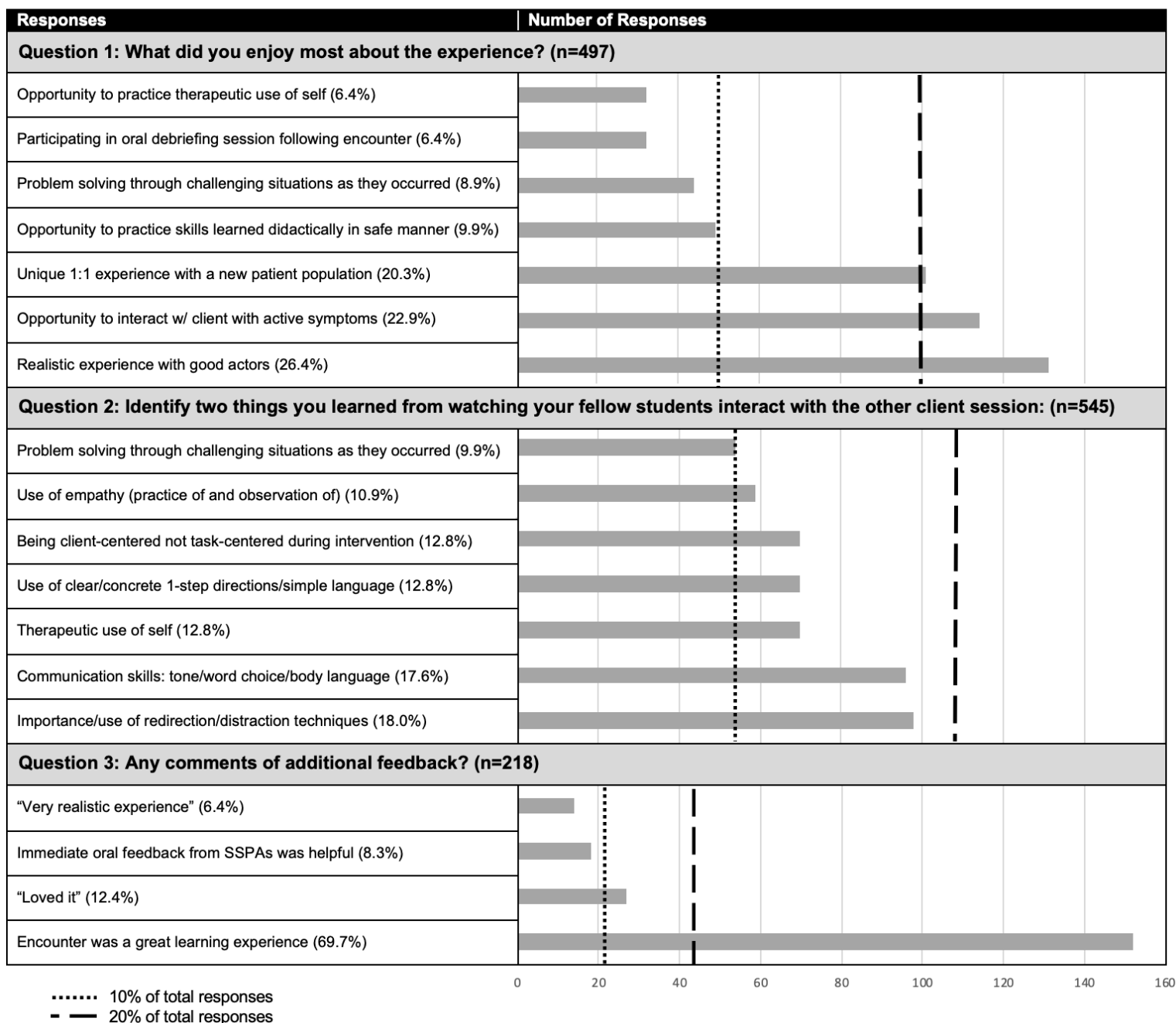
Table 1: Student Responses to Post-Survey for SSPE

Responses	Number of Responses
Question 1: What did you enjoy most about the experience? (n=497)	
Opportunity to practice therapeutic use of self (6.4%)	
Participating in oral debriefing session following encounter (6.4%)	
Problem solving through challenging situations as they occurred (8.9%)	
Opportunity to practice skills learned didactically in safe manner (9.9%)	
Unique 1:1 experience with a new patient population (20.3%)	
Opportunity to interact w/ client with active symptoms (22.9%)	
Realistic experience with good actors (26.4%)	
Question 2: Identify two things you learned from watching your fellow students interact with the other client session: (n=545)	
Problem solving through challenging situations as they occurred (9.9%)	
Use of empathy (practice of and observation of) (10.9%)	
Being client-centered not task-centered during intervention (12.8%)	
Use of clear/concrete 1-step directions/simple language (12.8%)	
Therapeutic use of self (12.8%)	
Communication skills: tone/word choice/body language (17.6%)	
Importance/use of redirection/distraction techniques (18.0%)	
Question 3: Any comments of additional feedback? (n=218)	
"Very realistic experience" (6.4%)	
Immediate oral feedback from SSPAs was helpful (8.3%)	
"Loved it" (12.4%)	
Encounter was a great learning experience (69.7%)	

.... 10% of total responses
- — 20% of total responses

Table 2: Response Frequencies from SSPAs Post-Encounter

	"Yes" Responses (%)
General TUS Questions for both "Bobby/Connie"	
Did OT introduce him/herself	206 (98.1%)
Did the OT student remind you, you met yesterday?	201 (96.6%)
Did the OT attempt to connect with you?	191 (91.0%)
Did OTS put you at ease at the start of the session?	180 (86.1%)
Did OTS body language, eye contact and facial expressions make you feel comfortable?	185 (87.3%)
Did the OTS respect personal space?	197 (92.1%)
Did the session "feel" organized/planned?	190 (90.0%)
Did OTS set up treatment space appropriately?	196 (92.9%)
"Connie" Specific Activity Questions (SSP actor exhibiting positive symptoms during craft intervention)	
OTS oriented you to activity	100 (93.5%)
OTS provided an example of the craft	99 (92.5%)
OTS placed craft within the 24-inch visual field	98 (91.6%)
OTS repeated instructions simply and clearly	90 (84.1%)
OTS provided visual cues to complete task	94 (88.7%)
OTS provided tactile cues to complete task	97 (90.7%)
OTS stopped any unsafe actions	97 (83.7%)
"Bobby" Specific Activity Questions (SSP actor exhibiting positive symptoms during craft intervention)	
OTS oriented you to activity	95 (90.5%)
OTS provided an example of the craft	92 (87.6%)
OTS placed craft within the 24-inch visual field	90 (84.9%)
OTS repeated instructions simply and clearly	93 (88.6%)
OTS provided visual cues to complete task	87 (83.7%)
OTS provided tactile cues to complete task	86 (81.9%)
OTS stopped any unsafe actions	72 (69.2%)

Note: OTS is occupational therapy student.

Standardized patient actors were allotted an open-ended question at the end of the survey form to provide brief written feedback if warranted. The open-ended section of the standardized patient actor feedback survey form was evaluated using content analysis. Sample quotes were selected to illustrate the nuances of the standardized patient actor/student interactions during the 10-minute encounter. The following responses have been chosen to highlight the complexity of delivering effective therapeutic use of self at the level of student practitioner during the SSPE.

"Connie" Standardized Patient Actor Student Feedback
Good, clear brief instructions for working on the tasks. Appreciated suggestions for dismissing the interruptions from hidden voice. Your patience was helpful. I felt more confident as I worked on task. Continue to develop your skills!

Craft was moved out of my field of view during the session. Was given more than 1 step at a time. Great experience for OTS to run water as a comforting sound during the encounter. In the beginning the OTS was clinical as the session went forward there was a change to a more interactive session.

She did an excellent job of allowing me to be fully engaged in the activity from opening the ornament to gluing. I felt proud of all the steps and accomplished. Her use of personal space was disconnecting and uncomfortable. She was too close… almost nose-to-nose. Good eye contact and sense of connection: other than spacing issue!

Student initial greeting was pleasant and upbeat. "I looked forward to meeting with you." Your lack of response to my sadness about missing my mom made me feel disconnected and disinterested. Missing ornaments took time away from building a relationship. Appreciated deep breathing. I felt calmed and ready to be me, build a connection with you.

Pleasant engaging warm manner. Good eye contact. Student invitation to breathe deeply was helpful and calming for me. I was confused and frustrated when I was asking to open the ornament bag. I wanted help. I felt dissed when student didn't acknowledge how much I missed my mom.

Student was quite good at helping me to refocus. She offered simple instructions and told me that I was in a safe place and not to allow the voices to distract me. Singing was helpful.

"Bobby" Standardized Patient Actor Student Feedback
Good job, in general perhaps could use higher energy. You engaged in chat before the activity, and followed through the activity while chatting about [the death of my character's friend]. She listened and heard the patient. Could give more strategies about suicide prevention.

Kept me safe [away from hot toaster coils]. Did not know [about the death of my character's friend's] story. More focused on task than me.

Student made toast herself. She talked a lot about [my character's friend]; a little more detailed would be good. How long did you know him? And keep on topic about [my character's friend]!

Student was patient allowing for first time for [standardized patient actor] to respond and answer. Not afraid of silence. Didn't focus on activity and rather encouraged me to talk and reflect. Great use of a little laughter.

Attempted touch several times. Christmas music that she played for [my character's lost friend] was a very nice Bobby touch.

Very much empathy and upbeat conversation. A little more practice with instruction.

Oriented towards me sometimes the tasks at other times. Felt like I had to do some things I did not want to do, clean up. Did not respond to [the death of my character's friend when I brought it up].

Just excellent and step-by-step instructions with affirming assurance that made me feel involved and focused. Open handed gestures, awareness of my special needs was comforting. Gaps in conversation were uncomfortable; could develop more interaction with Bobby.

Discussion

As indicated within the introduction of this paper, and in line with Taylor's (2020) Intentional Relationship Model, the faculty developed this experience with the intent of providing students with an opportunity to develop and advance their therapeutic use of self skills. Standardized patient actor feedback data (see Table 2) indicated an overwhelming number of students (86% to 87%) noted that they recognized the importance of implementing Taylor's (2020) emotional, behavioral and interpersonal impulse control techniques to put the standardized patient actor at ease, such as aiming to use appropriate body language, eye contact, and facial expressions throughout their experience. Support for the development of therapeutic use of self from the SSPE was also found within the post-encounter SSPE student feedback surveys (see Table 1). Students overwhelmingly reported (98%) the significance of implementing distraction strategies in order to redirect and refocus the SP actor on the task or activity at hand. While the use of distraction strategies may be considered procedural in nature, this finding invokes Taylor's (2020) concepts of both intentionality and empathy. In addition, and in line with Bloom's Revised Taxonomy (Anderson & Krathwohl, 2001), through the SSPE, students had the opportunity to "apply" prior knowledge and to "create" client-centered, rather than task-centered interventions through a challenging situation while keeping in mind their need to first engage in an empathic and therapeutic relationship in order to promote success. These findings match post-data feedback as 20% of the students shared that an empathic approach is necessary to the occupational therapy process.

This data analysis also took into consideration the pedagogical value of a SSPE for individuals simulating the symptoms of a SMI. In addition to providing a structured environment to practice therapeutic use of self and psychosocial/behavioral health intervention approaches, students were paired during the encounter to provide the opportunity to observe one another and to serve as non-verbal support. Results from the post-SSPE survey (due to the fact the student questions were structured as a free response/open-ended question) revealed that 36% of students shared that the experience was realistic and that the standardized patients felt authentic. A final post-encounter SSPE survey question also elicited that a remarkable 70% of students found the encounter to be a "great learning experience," sharing such words as "loved it," "great experience," and "I wish we had more opportunities like this in the curriculum."

This retrospective survey data, spanning almost ten years, suggests that this tailored learning opportunity is significant in that it provides future practitioners (students) with the opportunity to collaborate with simulated clients in a unique and structured setting while linking classroom and lab experiences (knowledge-based skills) to a simulated clinical experience (application and creation based skills), as supported by Bloom's Revised Taxonomy (Anderson & Krathwohl, 2001). Findings from this study indicated that standardized patient actors noted that 81% to 89% of students set up the environment and intervention effectively during the SSPE to facilitate the successful completion of the task (see Table 2). This meaningful data further supports the significance and overall impact of this SSPE structured learning activity.

Finally, this study examined how SSPE experiences might serve to improve students' perception and/or preconceptions of working with a person simulating SMI. Student surveys post-encounter revealed that 23% of the students appreciated the opportunity to work with someone who exhibited the symptoms of a SMI (see Table 1). Feedback from the standardized patient actors also demonstrated that students used clear instructions and directions to facilitate performance in light of the standardized patient actor experiencing SMI (see Table 2). Client safety was the area scored lowest for both case scenarios by the standardized patient actors ("Bobby" at 69.2% and "Connie" at 83.7, see Table 2). While the development of therapeutic use of self was the main focus of this SSPE experience, this finding is important to note, as safety lapses can result in immediate failure for students during their Level II Fieldwork experiences. Recommendations for future SSPE experiences with this population should include a deeper emphasis on the potential safety concerns that may arise in these types of clinical situations, as well as training in the proper use of and implementation of evidence-based de-escalation techniques to manage maladaptive client behaviors.

Implications for Occupational Therapy Education

Through this SSPE encounter for individuals simulating the symptoms of a SMI, findings indicate students recognized the complexity and learning curve required for effective development of therapeutic use of self skills and the importance of building strong, trusting therapeutic alliances that can result in meaningful participation in tasks and occupations for the client, as identified by Taylor (2020). Findings also supported skill attainment in relation to Bloom's Revised Taxonomy (Anderson & Krathwohl, 2001).

Students were able to get beyond their basic knowledge, practiced applying what they learned with a client actively demonstrating symptomology and were creative about intervention approaches in the moment during the sessions. Additionally, providing students with opportunities to practice therapeutic use of self via several of Taylor's (2020) interpersonal modes during this type of SSPE experience, and to debrief and receive immediate feedback with their standardized patient actor, supplied the students with additional time to self-reflect and consider alternative approaches that might more effectively address these types of situations in the future when they arise with an actual client on Level II Fieldwork or in clinical practice.

Clinical interactions with individuals experiencing SMI can be viewed as more unpredictable and difficult than individuals experiencing physical conditions, often leading to fear, avoidance and sub-optimal therapeutic alliances during treatment by occupational therapy students and the healthcare professional (Krupa, 2008; Petkari et al., 2018; Riffel & Chen, 2019; Taylor et al., 2009). Having the opportunity to develop and practice effective communication with therapeutic use of self in a classroom simulation is necessary for students to learn how to facilitate client engagement and treatment adherence in the SMI population (Downar et al., 2017; Scanlan et al., 2015; Williams et al., 2017;). Mental and physical health are intertwined, and there remains an ongoing need for educators to support the training of future clinicians in order to manage physical illness and arising issues related to SMI symptomology as they can and do occur concurrently (Prasai et al., 2018).

Limitations

This analysis has several limitations. Data analysis was completed retrospectively. As such, possible confounding variables were not controlled for, such as who the standardized patient actor was or previous student biases and/or beliefs about individuals experiencing the symptoms of a SMI. Additionally, the researchers were not able to ascertain how/if the SSPE translated to better student performance with actual patients diagnosed with SMI. Without a control group for comparison, there was no way to test whether or not the SSPE interactions actually improved performance as compared to those students who did not engage in this SSPE experience. Finally, while overall findings indicated that students' self-perceptions had changed, the researchers did not inquire about student perceptions about SMI itself as a diagnosis. Future programming may benefit from the development of an objective structured clinical examination (OSCE) scenario to test clinical performance and competence (Zayyan, 2011).

Conclusion

The primary purpose of this retrospective survey analysis was to understand occupational therapy students' self-perceptions of a SSPE and the development of their therapeutic use of self skills with standardized patient actors simulating a SMI. Findings suggest that the SSPE successfully provided an environment for students to practice and develop skills in therapeutic use of self, enhancing their "emotional congruity" and providing them with a structured opportunity to develop "behavioral, emotional, psychological, and interpersonal impulse control" both intentionally and empathically

(Taylor, 2020) during a therapeutic encounter with individuals simulating SMI. Self-perceived student feedback indicated the SSPE experience supported these aims. Furthermore, students revealed high satisfaction with this type of learning experience.

This specific SSPE was deemed to be a significant and worthwhile learning opportunity in the area of development of therapeutic use of self for occupational therapy students. In closing, the researchers wish to disclose that the development and planning of a SSPE can be timely and costly if not supported by a university-related simulation center. Considerations for other occupational therapy programs interested in creating this type of experience should consider reaching out to local acting school programs to enlist students and faculty or to initiate a collaboration with an organization that can mirror some of the opportunities afforded by the SSPE discussed within this retrospective survey analysis.

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