An Interdisciplinary Team-Taught Approach to Training Future Clinicians in Roleplay with Simulated Clients

Karen Karner, Ph.D., CCC-SLP
Katie Davis, MFA
University of Science and Arts of Oklahoma
Oklahoma Speech-Language-Hearing Association
Fall, 2025

1

Disclosures

- Presenters' Disclosures: Both Karen Karner and Katie Davis are employees of the University of Science and Arts of Oklahoma. The presenters do not have any relevant non-financial relationships to disclose.
- Content Disclosure: This learning event does not use any specific products, systems, or agencies from which financial gain can be made.
- Sponsor Disclosure: No external sponsors are involved with this event.

2

Learner Outcomes

Attendees will be able to:

- identify steps in a training model that leads to both clinicians' and actors' confidence in gained knowledge and skills because of clinical simulations,
- describe the benefits of collaborating with actors who can display characteristics of people with communication disorders to improve student clinician learning outcomes, and
- apply simulations in the workplace for employee development and improved service to clients.

3

Takeaways

- Including clinical simulations in initial training for treatment of disorders can increase the level of confidence, improve ability for empathetic interaction, and allow practice of communication for clinical learners.
- Models on how to include clinical simulations in all phases of training from initial clinical learning to ongoing employee improvement programs are available.
- Collaboration with performing arts organizations can provide partners and resources for clinics, hospitals, and university settings incorporating clinical simulations.

4

Simulated Patients in Health Care

- 1963 University of Southern California – Dr. Howard S. Barrows
  - Pioneered Interactive Assessment of Clinical Skills
    - "Standardization" of Client Simulations creates title: Standardized Patient (in USA)
    - Confederates, Embedded Actors, Role Players, Simulated Clients are other identifiers.
- The Society for Simulation in Health Care (www.ssih.org)
  - "an individual who is trained to portray a real patient in order to simulate a set of symptoms or problems used for healthcare education, evaluation, and research" (Lopreiato et al., 2016, p. 35).
  - Code of Ethics
    - Integrity, Transparency, Mutual Respect
    - Professionalism, Accountability, Process Oriented

5

Performer Resources

- Association of Standardized Patient Educators (aspeducators.org)
  - Best Practices for Training of all *Simulated Participants*
    - Safety, Quality, Professionalism, Accountability, Collaboration
  - Transforming Professional Performance through the Power of Human Interaction
- Simulation Enhanced Interprofessional Education (Sim-IPE)
  - Train-the-Trainer Programs
  - Authentic, Challenging, Reality-Based experiences reviewed by professionals
- Theatre in Tandem (theatreintandem.com)
  - Customized Participatory Learning in Higher Education
    - Theatre professionals design and facilitate experiences
    - Trained theatre artists guide reflection

6

Simulated Patients in CSD

- Use of simulated patients in CSD have been reported to serve as a "bridge" between knowledge gained in the classroom and the honing of skills in clinical rotations (Edwards & Rose, 2008).
- Targets include further developing critical reasoning in real time –
  - Recognizing client misunderstanding
  - Realizing the stress the activity places on the client
  - Learning when to change direction when original plan is not working
- Best practices (Zraick, 2020) –
  - A case developed
  - Standardized patient is trained in the disorder
  - A means of evaluation is developed (OSCE)
  - Judges are recruited and trained
  - Measurement and evaluation are included

7

Goals for "Theatre" Participants

- To provide a "real-world" volunteer opportunity to demonstrate reliability, collaboration, professional communication, and skills learned in theatre training
- To demonstrate a Cross-Disciplinary application of Theatre skills
- To share the experience of connection and empathy that theatre students gain from acting with students who do not take performance classes
- To support high quality training of future Speech Language Pathologists.

8

CSD Goals

- To support high quality training of future speech-language pathologists in which the students learn the remediation process.
- To allow future speech-language pathologists to experience real emotions from clients.
- To provide future speech-language pathologists the opportunity before they see real patients to recognize when to change tactics
- To build confidence in future speech-language pathologists as they encounter their first real patients

9

Student Clinician Preparation

- The client is chosen – deidentification process
- The evidence-based practice (EBP) paper is written – case study is written by the instructor
- The initial case summary is developed
  - A treatment plan for the upcoming term
  - Goals and objectives
- The treatment plan is developed
  - A full session of procedures
  - One procedure will be chosen

10

Performer Preparation

- Improvisation Training
  - Representing the "Universal Human" (cf. Augusto Boal)
  - Listening and Responding to the Treatment Plan
- Learning the Standards of Best Practice
  - Realistic and Accurate
  - Consistent (and Repeatable as needed)
  - Safe
    - How to step out
    - How to mitigate fatigue
    - How to report
  - Professional
    - Confidentiality Respected
    - Clear Expectations and Understanding of Project
    - Communicate and Respect Boundaries

11

Event Specific Assignments

- Screen and Assign SPs
  - Avoid conflict of interest and compromising physical or psychological safety
- Work with the Client Case Study
  - Each client is unique and specific.
  - Each Clinician (SLP Student) is unique and specific.
- Research
  - Understand all terminology and conditions described
  - Meet with Speech Language Pathologists

12

Clinic Night – Before Sessions

- Meeting "Out of Character"
  - Clarify Goals
    - Assessment tools are clear to all
  - Sharing Training
    - Stating expectations from our differing perspectives
  - Confirming Permission/Consent for Session Partners
  - Relaxation!
  - Observation of Sessions

13

Clinic Night – During sessions

- Clinician and patient enter the room
- Rapport is established
- The activity is explained by the clinician, an activity that the patient has not been told of prior to the session
- Clinician delivers the stimuli, the patient responds, reinforcement and performance feedback are given, and data is registered
- At ten minutes, the session ends with closing remarks to the patient, goodbyes are said, and it's over

14

Clinic Night – Immediately following sessions

- Clinicians will report results on their treatment plans as found on their data sheets
- SOAP notes are written
- All meet back in one room to discuss the experience

15

Clinic Night – Director After Sessions

- Coach Student Feedback
  - Reflection is where learning happens
  - Empathy is key
- Provide "Director's Notes"
- Encourage continued Feedback/Reporting

- Later:
  - Evaluate my Training Methods

16

Clinic Night – The Supervisor After Sessions

- As the supervisor and instructor, evaluate the evening for goal completion.
- Determine if students are demonstrating the empathy and curiosity needed to understand their clients, and how I can prepare them in the latter half of the term
- Consider their documentation and where they are in the learning process
- How do my students feel about their approaching clinical assignments?

17

Student reflections – on procedures

...the entire experience is something I am glad I got the opportunity to do and think this should be done every year. Implementing session ideas and the paperwork helped it click in my mind by actually putting it into practice.

I learned that unexpected actions from clients don't always have a negative connotation and that if it isn't interfering with learning, it is ok.

18

Student reflections – on confidence

Though it was an actor and not a true client, it made me feel more confident in my ability to have a real client in the future. I previously thought it would be more difficult to interact with my client simply because I was inexperienced and rigid. But I realized that you naturally connect with your client and become much more fluid and personable in the session.

19

Student reflections – on reality

The theatre student, playing the role of a seven-year-old client, brought the scenario to life with her convincing performance, which made it easier for me to immerse myself in the task.

I was grateful that the actress was displaying a more realistic idea of Ariel who was shy but was also willing to learn.

20

Student reflections – on the role of the SLP

It also made me understand what Dr. Karner and Mrs. Goodwin are saying when they talk about how we affect the outcome of a child. It makes sense that since we are the face of their therapy sessions, we are the ones who can make or break a good session.

21

Many thanks for videography and editing by Jacob Finck, USAO Alumnus!

We appreciate the help of these students, who participated in this activity in 2025, and who were willing to return for filming.

Gissell Castillo, Theatre
Abigail Dansereau, Theatre/Art
Madilynn Duszynski, Communications/Theatre
Envy Perez, Theatre
Jolee Williams, Speech Language Pathology
Kinzie Williams, Speech Language Pathology

22

References

American Speech-Language-Hearing Association. (n.d.). *Certification Standards for Speech-Language Pathology Frequently Asked Questions: Clinical Simulation*. Retrieved July 14, 2025, from Carterhttps://www.asha.org/certification/certification-standards-for-slp-clinical-simulation/#CS

, R. E. (2012). Starting a standardized patient program using a theater model. *Virginia Commonwealth University Scholars Compass*. Virginia Commonwealth University, 1-50.

Edwards , H. & Rose, M. (2008). Using simulated patients to teach clinical reasoning. *Clinical reasoning in the health professions*, 423-431

Lewis, K.L., Bohnert, C.A., Gammon, W.L. *et al.* The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP). *Adv Simul* 2, 10 (2017). https://doi.org/10.1186/s41077-017-0043-4

23

More References

Lopreiato, J. O. (Ed.), Downing, D., Gammon, W., Lioce, L., Sittner, B., Slot, V., Spain, A. E. (Associate Eds.), and the Terminology & Concepts Working Group. (2016). *Healthcare simulation dictionary*.

Martin, K. L. (2024). A Viewpoint on Simulation Debriefing to Optimize Student Learning. *Perspectives of the ASHA Special Interest Groups*, 9(2), 403-412.

Penman A, Hill AE, Hewat S, Scarinci N. Does a simulation-based learning programme assist with the development of speech-language pathology students' clinical skills in stuttering management? *Int J Lang Commun Disord*. 2021 Nov;56(6):1334-1346. doi: 10.1111/1460-6984.12670. Epub 2021 Sep 14. PMID: 34519389.

Zraick, R. I. (2020). Standardized patients in communication sciences and disorders: Past, present and future directions. *Teaching and Learning in Communication Sciences & Disorders*, 4(3), 4.

24