

A PILOT STUDY OF SIMULATED LEARNING EXPERIENCES: A  
COMPARISON OF SOCIAL WORK STUDENTS' ENGAGEMENT  
SKILLS WITH HIGH FIDELITY PATIENTS AND  
STANDARDIZED PARTICIPANTS

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of  
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of the Requirements for the Degree  
of Master of Social Work

By  
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CERTIFICATION OF APPROVAL

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## DEDICATION

All of the hard work, sacrifice, and commitment necessary to complete this work is dedicated to my loving husband and biggest supporter. Honey, your humor, your distractions, and your focus made this possible. I would also like to dedicate this work to my nieces and nephews. You can do anything your heart desires!

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## ABSTRACT

Engagement skills are central to the practice of professional social work. These skills are taught through a variety of traditional teaching techniques. Recently, simulated learning has begun to build traction in schools of social work but has not yet infiltrated the standard pedagogical approach. This pilot project studied how Master of Social Work students' engagement scores are impacted by simulated learning experiences using the four components of simulation: vignettes, patient type, engagement skills, and debriefing. This pilot program was a collaborative project between the nursing department and the Master of Social Work program at California State University, Stanislaus. Specifically, the research explored the relationship between engagement scores between high fidelity patients and standardized participants after engaging in a simulated learning experience. While the research indicated no statistical difference between patient type, this pilot program can be utilized to build further research as the data reflected positive scores for the students who participated. The implications of further research on simulated learning can shape social work curriculum, build interdepartmental collaboration amongst professionals, and create Competency Based Learning that standardizes social work education.

## CHAPTER I

### INTRODUCTION

#### **Statement of the Problem**

Professional social work practice begins with a desire and commitment to advancing social justice. This idealistic career choice requires values including honoring diversity, a commitment to advocacy for social justice, and a willingness to promote social change that supports advancements in the ending of human suffering. It also includes specially honed “soft” skills that are often counter-intuitive to societal and cultural norms but are the foundation for creating change. Martin and Hollows (2016), assert “that social workers need tools that are easily applied across a wide range of practice contexts,” (p. 577) thus, the Council on Social Work Education requires consistent curriculum structure in Master of Social Work programs that teach through five core sequences: Social Work Practice, Policy, Human Behavior in the Social Environment, Research, and Field Experience. Embedded in social work education programs, is an attempt to teach and practice engagement skills to comply with core competencies for professional social work practice that will enhance anti-oppressive social work practice.

The Council on Social Work Education requires programs to teach, practice and evaluate MSW students’ engagement skills to support professional practice. Professional practice is grounded in the utilization of engagement skills, specifically “soft skills,” such as greeting the client, attending skills, rapport building,

interpersonal skills, trust-building and empathy. Some non-verbal techniques that convey engagement and build rapport with clients are appropriate eye contact, facial expressions, body positioning, and positive regard. Azusa Pacific, Master of Social Work School, identifies these skills as “relationship building (e.g., engagement, trust-building, collaboration), assessment (e.g., interaction between person and environment), promoting helping processes and engaging in change strategies (e.g., contracting and monitoring the change process), effective use of self in fostering client empowerment, and use of empathy and cultural sensitivity,” which are the skills necessary for effective micro- practice in social work (Azusa Pacific, 2012).

A current challenge facing MSW programs is how to implement competency-based education (CBE) to teach and evaluate engagement skills in a standardized way that imitates real-world experiences of professional practice. CBE “is characterized by learner-centeredness and active learning, but is mainly oriented to learning outcomes attainment,” (Lavoie, et al, 2018, p.240). Lavoie, et al. continue to describe CBE as “a robust and multifaceted approach to define and assess student learning outcomes and to provide trainees with feedback about their competency development,” (Lavoie, et al, 2018, p.240). Yet, there is an inherent challenge in teaching and evaluating engagement skills which are subjective by nature and their quality and meaning differ between and within cultures.

Engagement skills are taught and practiced in the classroom but in most MSW programs they are also frequently practiced and evaluated through the field practicum. Logie, Bogo, Regehr, and Regehr (2013) argue that “evaluation of

practice competence takes place primarily in the field practicum” (p. 66-67). Other methods of teaching and evaluating students’ engagement skills include the use of role plays during class, recorded competency demonstrations, and written competency evaluations, however, Crisp and Lister (2001) assert there is a lack of assessment in general for social work students. This gap between classroom learning, field practice, and student evaluation can leave the profession with an unaddressed dilemma of advancing social work students without appropriate assessment of their engagement skills needed to promote and empower change for positive outcomes for the individual, families, groups, and communities that professional social workers serve.

An emerging teaching and evaluation method that has gained popularity in other disciplines such as medicine, nursing and psychology, is the simulated learning experience. Lateef (2010) describes the simulated learning experience as “a technique (not a technology) to replace and amplify real experiences with guided ones, often “immersive” in nature, that evoke or replicate substantial aspects of the real world in a fully interactive fashion,” (p. 348). Simulated learning experiences that substitute real life learning experiences with mock experiences could be another educational tool that professors utilize to elevate and evaluate student competency of engagement skills.

While research regarding the use of simulated learning experiences in Master of Social Work programs is limited, simulated learning is becoming increasingly popular within other disciplines. In MSW programs, simulated learning experiences

are conducted with the use of either or both, standardized participants and high-fidelity patients. Logie et al. (2013) define standardized patients “as actors specially trained to enact a situation typical of that profession” (p. 67). Laurel Iverson Hitchcock, PhD, MPH, LICSW, PIP, an assistant professor of social work in the Department of Social Work at the University of Alabama described high-fidelity patients as mannequins that can “blink, mimic symptoms such as a rapid pulse or heart palpitations, and even speak via remote control with a live person,” (2019).

“In general, students rated the standardized (participant) encounters as realistic, beneficial to skill development, and helpful with application of social work knowledge, and they recommended future use in social work education,” (Logie et al., 2013, p. 76). Logie et al. (2013) noted in their review of studies focusing on simulation practice and assessments in social work programs, an absence of information in these studies during the 14 years simulations have been studied in social work programs, that prevent the use of simulation experiences due to lack of standardized information that is “potentially effective in measuring student practice competence and are well accepted by students, an impetus for replication across different schools of social work may be evident. However, without standardized, reliable, and valid tools, progress is hampered.” (p. 76). Lateef (2010) asserts that simulation may have the added benefits over “traditional didactic instruction, enhance performance, and possibly also help reduce errors,” (p. 348). Dr. Hitchcock (2019) suggests that including simulated learning into the pedagogical approach in conjunction with “field education, social work can benefit [from] what the fields of

medicine and nursing, and even pilot flight training programs have been doing for years—an evidence-based teaching practice that increases students’ and practitioners’ skill levels while improving client outcomes.” (para 4).

### **Statement of Purpose**

Due to the importance of engagement skills and the need for research-based learning experiences, the purpose of this descriptive study is to focus on the use of simulated learning experiences to teach engagement skills. This study will seek information to describe the impact of a simulated learning experience with high fidelity and standardized participants on Master of Social Work students’ competency in utilizing engagement skills to engage diverse populations. The descriptive method that will be utilized in this quantitative study will focus on post-simulation self-reported mean scores of MSW students’ engagement skills. Patterns will be explored to describe observations regarding the impact, if any, on engagement scores between standardized and high-fidelity patients (Faulkner & Faulkner, 2014). The purpose of this study is to explore how simulated learning experiences can improve the engagement skills and learning experiences of Master of Social Work students. The guiding research question is, are Master of Social Work students’ engagement scores quantitatively different in high fidelity (HF) versus standardized patient (SP) types during the simulated learning experience? If so, which skill areas are different?

### **Significance of the Study**

The significance of this study can impact MSW programs’ approach to teaching, practicing, and assessing the soft skills that are necessary for ethical,

culturally sensitive, and socially justice professional practice. The study of simulated learning experiences can contribute to building more effective programs that produce students who will be efficient in promoting micro-, mezzo-, and macro- level skills because research will indicate the consequential outcomes regarding engagement. For example, by utilizing simulated learning experiences as a standardized assessment of clinical skills, one could hypothesize that any MSW graduate would have the necessary skills to provide appropriate clinical work with clients after having had the simulated learning experience before completion of the MSW program.

It is the responsibility of Master of Social Work programs to provide the best educational experiences possible to MSW students because their practice will directly result in the ameliorating of oppression, or collective liberation of marginalized populations that professional social workers serve. While maintaining ethics in education is imperative, it is also important to remember that not just one learning experience will produce the level of engagement skills that are necessary for a professional social worker but this study will describe how the simulated learning experience can contribute to that knowledge.

## CHAPTER II

### LITERATURE REVIEW

#### **Overview**

An important consideration when conducting research is to reflect on current and past research pertaining to the area of study. The following sections of this chapter explore the important aspects of a simulated learning experience, the benefits and limitations of using high fidelity patients and standardized participants, and definitions of engagement skills as they relate to social work. Given that simulated learning is a relatively new tool to the profession of social work education, research in other professional fields is utilized to support the understanding of simulated learning and the potential benefits simulated learning can have on improving the engagement skills of Master of Social Work students.

#### **Simulated Learning Experience**

Simulated learning experiences have been utilized for different reasons and in different fields of education, preparing professionals for real-life practice. In the field of social work education, learning experiences similar to simulation are practiced in the classroom in the form of role plays, case reviews, and other activities that demonstrate how to apply the knowledge of theories learned from readings and lectures. These types of experiences are much different than the simulated learning experience being studied through this research. While simulated learning experiences, as a teaching method, is relatively new to the education of professional social

workers, it is not new to the fields of medicine and nursing, aviation, or military training. This method of teaching should not be confused as a technology but rather as a technique for practicing skills and applying theories that have been learned (Lateef, 2010).

First, it is important to understand the type of simulated learning experience this research focuses on. Simulated learning experiences can be defined as the use of realistic scenarios that provide a space for students to apply learned skills in conjunction with theory and research while completing an assessment or specific tasks for a client (Becker et al, 2006; Hitchcock, 2019; Ignacio et al, 2015; Sunarich & Rowan, 2017). It gives opportunity to contemplate ethical dilemmas, as they will arise in professional work, without risk of consequence to a client. It can allow students to take risks with semi-familiar interventions and give opportunity to receive feedback on their implementation of the skill (Becker et al, 2006; Hitchcock, 2019; Ignacio et al, 2015; Lateef, 2010). There appears to be a consensus that the simulated learning experience could have several components, including the use of a multi-disciplinary team, a or several well contrived vignette(s) that are exhibited during the simulated experiences by patients, and a debriefing session (Becker et al., 2006; Hitchcock, 2019; Ignacio et al., 2015; Logie et al., 2013; Sunarich & Rowan, 2017). These components are further explained in the following sections.

### **Multi-disciplinary Team Approach to Simulation**

It is common for professional social work practice to include collaboration between themselves and almost any other professional when working with clients

because individuals have complex needs that social workers strive to effectively support. This aspect of social work suggests simulated learning can incorporate a non-traditional approach of including students from other disciplines during simulated learning experiences to improve interprofessional collaboration and effectiveness. Bolin and Chapman (2015) assert that integrating other professionals into simulation “can enhance and deepen the knowledge gained in the classroom with tangible skill building which leads to positive learning experiences” (p. 24). The professors further emphasize that integrating the educational experience with other professions aligns with the National Association of Social Work Code of Ethics and the Council on Social Work Education (Bolin & Chapman, 2015).

This method of collaborative simulation learning has distinct advantages for both sets of students. For example, students will be introduced to their role as a professional member of a multi-disciplinary team. According to Nimmagadda and Murphy (2014), increased “emphasis is now placed on better outcomes. Interprofessional team work and team-based care is seen to play a crucial role in order to achieve this within the healthcare setting (p. 540). Furthermore, the importance of health care professionals working collaboratively with social workers is significant in that aligns with legislative standards governing health care.

Simulation may be the first time a student is working as a professional member of a team. The experience allows students from both programs to begin thinking about how they should function on the team to promote the best outcome for the client. The simulated experience creates a safe space for students to practice

communicating and to work as a team toward the treatment needs of the patient (Nimmagadda, & Murphy, 2014). Simulation also allows space for the necessary self-reflection, and group reflection, of how the interactions took place, which skills were performed well, and what interactions could be done differently in future practice. The students will begin building respect and trust for the other members of the treatment team, thus increasing patient safety (Becker et al., 2006; Nimmagadda, & Murphy, 2014).

### **Vignettes**

Simulated learning experiences should include vignettes that actors will dramatize to evoke specific skills from the social work students. The vignettes should be “reflective of challenging client situations commonly encountered by social workers” (Sunarich & Rowan, 2017, p. 2) and can be developed from the curriculum that has been taught to the students (Becker et al, 2006). It is suggested that the development of the vignettes is derived from the expected learning outcomes that are hoped for by the faculty and staff of the social work department (Kaas, 2011). Before entering the simulation, the social work student should have been taught the skills that are expected to be utilized during the simulated learning experience and the students should be prepped on the vignette. The students should also be made aware of the reason the referral is made to social services.

Whether working with standardized participants or high fidelity patients, it is important for the actors to be trained by clinical staff in the objectives, symptoms, and emotional intensity that the social work student is expected to assess, prior to the

simulated experience occurring (Logie et al., 2013; Becker et al., 2006; Ignacio et al., 2015; Sunarich & Rowan, 2017). According to Logie et al.'s (2013) examination of 17 simulation studies, actors have been drama students, trained actors, and faculty. This careful training of the actors standardizes the learning experience for the students and proves an effective tool for measuring competency (Ignacio et al., 2015).

### **Debriefing**

Another important component of simulated learning is the debriefing session that should occur after the simulated learning experience. The debriefing is an opportunity for the patient to give feedback to the students and for the educator to facilitate “identification and discussion of each student’s demonstrated areas of strength, challenges experienced, and areas for improvement,” (Sunarich & Rowan, 2017, p. 4). Both Logie et al. (2006) and Sunarich and Rowan (2017) claim that the debriefing provides an opportunity to the students to learn to accept feedback and engage in reflective practice, a critical component of social work practice, according to the National Association of Social Work and the Council on Social Work Education.

Becker et al. (2016) identified a strong theme in their research findings that students believed debriefing to be “invaluable in reinforcing and extending the learning that had occurred in the SP (standardized participant) interview. The unique opportunity to discuss and exchange ideas and opinions with other students regarding the “same patient” was repeatedly emphasized by students” (p. 109). While many simulations have utilized debriefing sessions in research, there seems to be no

consistent or standardized debriefing tool that is clearly defined as the best method for the debriefing session for social work education. This could be due to the lack of research on the topic, or the varying aspects of simulation that are being studied by the researchers; however, it is evident that it is a necessary component of the simulated experience.

The field of healthcare has identified a standardized tool to utilize during debriefing. The Pearls Debriefing method (see Appendix A) was created through extensive research and underwent several revisions to create a method that best supports the goals of the debriefing session of the simulated learning experience outcomes (Baja, Meguerdichian, Thoma, Huang, Eppich, & Cheng, 2018). The Pearls Debriefing tool is comprised of five sections: Setting the Scene, Reactions, Description, Analysis, and Application/Summary. Within each section, the tool outlines the objective, task and sample phrases that can be used to guide the debriefing for meaningful outcomes (Baja, Meguerdichian, Thoma, Huang, Eppich, & Cheng, 2018). This tool does not focus specifically on healthcare and is able to be adapted to simulation focused on social work practice and education.

### **Standardized Participant and High-Fidelity Patients**

For this research project, it is of consequence to understand the difference between high fidelity patient and standardized participant. When looking at how instructors and researchers can utilize standardized patients in learning simulations to improve nurses' therapeutic communication, Becker et al., defines standardized participants as "individuals who have been carefully trained to present an illness or

scenario in a standardized, unvarying manner” (2006, p. 103). Most important of note, the standardized participant is a living person, in contrast to a mannequin (high fidelity patient). Becker et al. (2006) and Logie et al. (2006) describe studies in which standardized participants participate in the simulated experience, then give feedback via an instrument or survey and/or verbally during a debriefing with the students, to heighten the learning experience for the students. To utilize standard participants in simulation as an effective teaching tool for social work programs, Logie et al. (2006) suggested further study of the role for the standardized participant due to the lack of research that suggests and guides a homogeneous definition for the standardized participant across simulation experiences.

Some of the benefits of utilizing standardized participants in simulation are specific to the standardized participant and some benefits extend to the high-fidelity patient. Ignacio et al. (2015) findings suggested that a benefit of utilizing standardized participants is its ability to provide students with an authentic experience of interacting with a live person, mimicking the need to manage *en vivo* stress and emotions that students will experience when working with people. Washburn, Bordnick and Rizzo (2016) acknowledged the standardized participant “can mirror the vast diversity in age, ethnicity, socioeconomic class, and sexual orientation seen in clients encountered in community practice,” (p. 678) thus enriching the students’ learning experience. Another common benefit of utilizing a standardized patient is its effect on research. Washburn et al. (2016) noted standardized participants “are

considered the “gold standard” for simulations in the fields of nursing, medicine, and psychology,” (p. 677) due to their reliability and validity.

Several researchers document similar limitations of the standardized participant. These limitations encompass the following: the fatigue that standardized participants experience after running through several simulation experiences and the potential impact on the student’s experience; the lack of flexibility for the students to pause and contemplate the appropriate intervention for the patient due to the *en vivo* aspect; and the cost-effectiveness and time intensive resources that are required due to training and paying for the standardized participant. Most researchers agree that despite these limitations, standardized participants provide students with meaningful learning experiences when used in simulations (Washburn et al, 2016; Becker et al, 2006; Logie et al, 2006).

High fidelity patient simulation often consists of mannequins, computers, and software to engage students in practice. A benefit of utilizing high fidelity patients include the simulation’s ability to provide extreme circumstances that a student might encounter in clinical setting but may be difficult for a standardized participant to present (Lateef, 2010). Ignacio et al. (2015) found that nursing students reported feeling less stress and emotion when working with high fidelity patients, which could suggest an increase in the student’s ability to think clearer during the simulation. Washburn et al. (2016) identified several benefits including high fidelity patients are more cost effective than standardized participants, they can be used repeatedly

without fatigue occurring, and they allow for the simulation to pause and resume without impact on the scenario, giving students time to consult for best practice.

The major critique of the high fidelity patient is the lack of realness and the impact this can have on the learning experience. Regardless of patient type the simulated learning experience is a safe, low-stakes situation that provokes high levels of stress that can impact decision making and outcomes (Ignacio et. al., 2015; Lateef, 2010). It can be surmised that increased stress levels can result in either positive or negative impacts during the simulation. In a study comparing the impact of high fidelity patients and standardized participants on the stress levels of nursing students, Ignacio et al. noted that “perceived realism was higher when standardized participants were used; however, communication with ‘real’ patients was more stressful and produced higher anxiety in students,” (2015, p. 1162) suggesting that the students’ interactions with the high fidelity patients evoke less stress. Ignacio et al. (2015) further assert that stress can augment performance outcomes because the student is more likely to engage in “conscious recall” due to the engagement of the amygdala during emotional, or stressful situations. While lower stress levels are necessary for steps in the learning process, in the study by Becker et al. (2006), students indicated that their preference was to have life-like experiences that prepare them for engagement in real world practice.

### **Engagement Skills**

Simulated learning experiences can be utilized to practice and sharpen engagement skills: fundamental skills to social work practice. First, it is critical to

understand engagement skills as they relate to professional social work practice. Schreiber, Fuller, and Paceley (2013) found in a study conducted in Scotland that parents involved with Child Protective Services identified CPS workers' engagement skills as one of the biggest barriers to family success while suggesting that social workers with poor engagement skills tend to rely on coercive measures to force family acquiescence with case plans.

Kirst-Ashman and Hull (2012) have categorized several strategies of engagement by identifying skills that generate non-oppressive social work practice. Some of these skills include greeting clients in a culturally appropriate manner, demonstration of attending skills, being able to discuss services and expectations using language the client understands and is comfortable with, and communicating effectively by using culturally appropriately eye contact, facial expressions, and body positioning. Tompsett, Henderson, Byrne, Mew, and Tompsett (2017) acknowledged "Communication skills are also seen as underpinning skills in negotiating, mediating, advocacy supervision, cross-disciplinary assessments, decisions and care and higher-level communication skills that may be needed if encountering resistance and anger from parents/adults and families in practice" (p. 7).

One foundation level skill of communication is active listening. According to Kirst-Ashman and Hull (2102), active listening is in essence, being able to take what a person is saying, considering how it was intended, differentiating between intention and how it was interpreted, and then examining cultural, or outside factors, that influence how it is intended and received. There is a significant difference between

listening and hearing. Active listening, as an engagement strategy, is vital to social work practice and teaching the skill of active listening is imperative to social work education. Roger and Welch (2009) suggest that many “social work instructors do not have the time to focus on more in-depth teaching of interviewing skills or faculty members assume that students will learn how to apply these skills once they are in their practicum placements” (p. 156). Roger and Welch (2009) further suggests that students need multiple opportunities to practice active listening skills “to better understand the importance and relevance of effective listening skills to the helping process, which tends to be lost on students when skills are only practiced in classroom,” (p. 157).

Schreiber et al., (2013) found that parents working with CPS identified the two most important engagement skills were the workers’ ability to portray trustworthiness and empathy. A display of trustworthiness and empathy was further explained to include the worker: “following through on promised tasks, promptly returning phone calls, showing up for appointments without multiple cancellations, and showing knowledge and expertise in their job,” (Schreiber et al., 2013, p. 708). In terms of engagement, following through on promised tasks, returning phone calls, and consistency with scheduling is directly related to the engagement strategy of discussing services and expectations. The second effective engagement skill that parents recognized was the workers’ “ability to project a sense of warmth, empathy, and reassurance,” (Schreiber et al., 2013, p. 708) which in turn increased cooperation creating sustainable and authentic change within the family systems. This study

further suggested that clear, effective communication promoted relation trust through respectful and non-judgmental interactions (Schreiber et al., 2013).

The understanding of the engagement process that employs multiple strategies for success are relevant and necessary to effect change in marginalized populations that social workers serve. As such, it imperative that social workers are taught engagement skills and strategies using methods that are able to transform the social worker from knowing the skills to practicing them in everything they do.

### **Conclusion**

This literature served to reinforce what is already known: effective engagement skills are necessary to anti-oppressive social work practice; however, these skills can be difficult to teach and even more difficult to prove competency with traditional practice approaches. Simulation based learning is an adaptable process that can enhance and solidify the conceptualization and practice of engagement skills for social work students. Simulated learning can be structured in different ways; yet the research suggests the main components of simulation to adhere to include: multi-disciplinary collaboration as an important and fruitful aspect, purposefully designed vignettes, specially trained actors, whether high fidelity or standardized, and a meaningful debriefing session that provides praise, feedback, and goals for the students to further expand their skills. The literature also suggests there needs to be more research regarding specific components of simulation before a best practice can be established for the social work field to adapt, but at this time, simulation appears to be the “gold standard” for student learning.

CHAPTER III  
METHODOLOGY

**Overview**

The purpose of the study is to explore how the simulated learning experience impacted Master of Social Work student's engagement skills. This researcher hypothesized self-reported engagement mean scores would have been higher after having the opportunity to participate in a simulated learning experience with a standardized participant compared to the mean scores of students who engaged in a simulated learning experience with a high-fidelity patient. This research project is exploratory in nature and is guided by the questions: are Master of Social Work students' engagement scores quantitatively different in high fidelity (HF) versus standardized participant (SP) types after the simulated learning experience? If so, which skill areas are different and how do they differ?

**Research Design**

The study utilized a pre-experimental research design that was exploratory in nature. It allowed the researcher to collect and explore data on the understudied topic of simulated learning experiences in the social work field (Faulkner and Faulkner, 2014). The exploratory design consisted of a systematic examination of self-rated engagement skill scores after participants participated in a simulated learning experience with either a high fidelity or a standardized participant (see Appendices B and C for photo of patient types) The study utilized a survey as a standardized method

of data collection. The survey was completed by students after utilizing engagement skills to complete a psycho-social assessment in collaboration with a student nurse. See Appendix D for vignette utilized. This quantitative data was analyzed to determine if there are any differences between the simulated learning experience with a standardized participant versus a high-fidelity patient. The research may discover that there is a correlation between using one type of patient over the other during simulated learning, thus recommending a standard for simulated learning settings.

### **Sampling Plan**

The current study examined first year Master of Social Work students at California State University, Stanislaus. Researchers gained access to participants by soliciting MSW students during the spring semester of classes. All students had completed the foundational Social Work Practice class. Due to the criteria for participants to be enrolled in the Master of Social Work program, purposive sampling was deemed most appropriate. The criteria necessary for the experiment was participants: 1) had to have completed their first generalist practice class; 2) had to be enrolled in the second generalist practice class or advanced practice class; and 3) had to volunteer to participate in the simulated learning experience. It is the researchers' impression that consistency in the sampling plan allowed for meaningful analysis of the data. The sampling design does limit the generalizability of the study from which the sample is drawn (Faulkner and Faulkner, 2014) and is intended to provide a basis for future research around simulated learning experiences in the social work field.

The researcher planned to recruit a group of 24 participants, but 8 participants were available for the study.

### **Instrumentation**

An instrument, “Student Self-Assessment” was designed by lead researcher, Dr. Sevaughn Banks, adapting some of the questions from *Understanding Generalist Practice* (Kirst-Ashman, K. K., & Hull, G. H. Jr., 2012). The instrument consists of 22 questions that focus on core competencies provided by the Council on Social work Education. For this research project, data from questions 3-8 was analyzed due to their focus on engagement skills. Three of these questions have subsections with specific engagement strategies identified for rating. The instrument included a Likert scale of 1-5, where participants rated their skills as 1-Poor (Demonstrates little understanding of the practice behavior or its implementation), 2-Fair (Beginning development of competency in the practice behavior), 3-Average (Understands the practice behavior and offers evidence of appropriate use), 4-Better than Average (Demonstrates effective use of the practice behavior most of the time), and 5-Superior (Consistent, appropriate, autonomous use of the practice behavior in moderately difficult situations usually encountered in practice).

The self-rated scores allowed the researcher to examine if there was a difference between participants’ outcomes in relating to the type of patient they were assigned during simulation. This grouping analysis allowed the researcher to explore themes within each group as well as the relationship to the group as a whole. By examining self-reported scores, the researcher better understood if type of simulated

learning patient provided better, or worse, outcomes for MSW students. The data also gave insight into how simulated learning experiences can impact self-reported engagement scores. See the Appendix E for the Instrument- “Student Self-Assessment”.

### **Data Collection**

Data collection was obtained through the use of the “Student Self-Assessment” survey. Each participant completed the survey following the debriefing of the simulated learning experience. The data was only collected this one time for this research project. The researchers will store the data in a locked cabinet for three years and only access the data to input it to SPSS when beginning data analysis, after which, it will be destroyed. The survey utilized a unique student identifier to provide anonymity to the participant’s survey and it was used to organize the data according to patient type. A strength of this data collection process is that each participant was given time to reflectively complete the survey after the simulated learning experience, thus producing the data that was examined through descriptive statistics. All data collection occurred after UIRB approval.

### **Plan for Data Analysis**

Since the current study is quantitative, the data collected was analyzed using SPSS. The data was sorted to focus specifically on the survey questions pertaining to engagement skills as defined as competency six by the Council on Social Work Education. Survey questions 3 through 8 were analyzed utilizing univariate and bivariate testing to determine frequency of responses, mean scores, and distributions

for each score for each participant, as well as to compare the mean scores of high-fidelity and standardized participant type. The Mann Whitney U test was utilized to compare the scores of each patient type due to the limited sample size of this pilot program.

### **Protection of Human Subjects**

The data collection for this study underwent the UIRB process and has been approved. The researchers informed the participants of the purpose of the research project and explained the rights and responsibilities of the participants. It was emphasized by the lead researcher that participation is voluntary and their participation would have no bearing, or influence on their academics, or future employability. Participants were informed of their option to withdraw their involvement in the study at any time. As such, it was the responsibility of the researcher to assure the anonymity of the scores of each participant through the assignment of a Unique Student Identifier. Participants consented to participating in the experiment by signing the Consent Form (see Appendix F).

Participants were informed that the data obtained through surveys is protected from inappropriate disclosure under the law and that only this researcher and the lead researcher access to the data. The data was stored under lock and key when not in use for data synthesis. It was explained to the participants that their names and identifying information would not be reported in the study. All findings were reported in aggregate. The destruction of the surveys would occur after three years. There is no negative outcome anticipated due to participation in this research project.

## CHAPTER IV

### RESULTS

#### **Overview**

The results of this pilot study are divided into four sections and focus on the self-reported mean scores of the engagement strategies on the *Student Self-Assessment* (Appendix E). First, the statistical results for the entire sample are presented and discussed. The second section focuses on the scores for students who were assigned to work with a high fidelity patient during the simulation, followed by a discussion of the results of the students who worked with a standardized participant during simulation. The last section focuses on a discussion comparing the data of the high fidelity experiences with the standardized participant and their relationship to the entire samples' engagement scores.

The purpose of this study was to explore how simulated learning experiences can be used to improve upon, and reinforce the learning experiences of Master of Social Work students, with engagement skills and strategies being the focal point of this exploration. The overarching research questions focused on the comparison of high fidelity patient types with standardized participants in simulated learning to determine if one patient type had better learning outcomes for MSW students.

#### **Engagement Skills: Aggregate Data of All MSW Student Participants**

The sample consisted of eight MSW student participants, who conducted a psychosocial assessment during a simulated learning experience with either a high

fidelity patient or a standardized participant after the handoff of the patient from a nursing student. The students completed a survey after the simulation that indicated a reflection of their use of specific engagement skills during the simulation. Twenty-two questions regarding engagement strategies were embedded in the survey created for this study and they can be grouped into three categories. The first group of questions, can be considered more complex, higher level thinking strategies, because they require the understanding of specific theory and knowledge combined with skills that increase the active engagement of a client. The second and third group of questions, reflect non-verbal communication strategies and verbal communication skills that MSW students use to engage clients.

### **Complex Engagement Strategies**

The mean scores of the first group of questions, questions three, four, and five on the survey was 3.56. Specifically, 6 of the 8 students rated themselves on the three items as *average* or *above average*. Question five contained two engagement strategies, *greeting the client* and *empathy*, which yielded identical means that also happened to be the highest mean, 3.88. This could suggest that MSW students feel more confident in using *greeting the client* and the use of *empathy* as strategies to engage patients. It could also be deduced that students feel most comfortable using these two skills during the first interaction with clients because social work programs focus so heavily on these strategies that students were able to directly apply them to the simulated learning experience.

Another interesting aspect of the data was the way students rated similar engagement strategies on different questions. The cumulative mean score for *Interpersonal Skills* (3.38), *Empathy* (3.88) and *Reflection* (3.50), was 3.56. Comparatively, the mean score for question four was 3.25. A noteworthy aspect of question four is the examination of the engagement strategies of interpersonal skills, empathy, and reflection in the context of engaging diversity. In comparing the means of these three strategies, when *engaging diverse clients* was specified, students rated themselves higher when the question did not specify that the skills were utilized to effectively engage diverse clients. Specifically, 37.5% (n=3) of students felt their ability to *utilize empathy, reflection and interpersonal skills to engage diverse clients* was *fair* (2), indicating a below average score and no student rated their skills as *average* (3) or *superior* (5). Yet, without the classifier of engaging diversity, the three strategies had 12.5% (n=1) of students rated their skills as *superior*, indicating he or she felt their use of the skills were consistent, appropriate and autonomous of the behavior in moderately difficult situations usually encountered in practice. Due to the small sample size, it would be interesting to better understand if the same person consistently rated themselves as superior and to further explore variables that contributed to those ratings.

### **Nonverbal Communication Engagement Strategies**

The second section of the survey focused on nonverbal communication strategies. There are three skills identified in this group of engagement strategies: *eye contact*, *facial expressions*, and *body positioning*. The cumulative mean score for the

nonverbal strategies was 3.5. More specifically, 62.5% (n=5) of students consistently rated their *facial expression* and *body positioning* strategies at average (3) while only 50% (n=4) rated their use of *eye contact* as average (3). *Body positioning* did not receive any superior (5) ratings yet 12.5% (n=1) of students rated his or her eye contact and facial expressions as superior (5). All other students rated these skills as better than average (4), demonstrating effective use of practice behavior most of the time.

### **Verbal Communication Engagement Strategies**

The third section of the survey captured verbal communication strategies. In this section, the cumulative mean score was 3.28. The skill that had the highest mean score was *Empowerment*, at 3.75, with 37.5% (n=3) of students rating their use of *empowerment* as average (3), 50% of students rating their use of *empowerment* as better than average (4) and 12.5% (n=1) of students rating his or her use of *empowerment* as superior (5). The scores demonstrate that all students in the study felt they could understand the practice behavior of empowering clients to engage them and that the simulation offered evidence of their appropriate use in practice.

This section also captured the most Fair (2) ratings of engagement skills. The results reveal that 12.5% (n=1) of students highlighted beginning development of competency in the following practice behaviors: *Rephrasing*, *Reflective Responding*, *Interpretation*, *Self-disclosure* and *Eliciting Information*. These engagement skills are taught in first year practice classes in MSW programs. It would be interesting to

better understand reasons why the students rated themselves this way and how they fared in the program overall.

While the two strategies indicating the lowest means of the 22 engagement strategies analyzed were *Reflective Responding* and *Interpretation*, both were verbal communication strategies and both verified that students felt they could understand practice behavior and offer evidence of appropriate use. Both strategies yielded the following results: 12.5% (n=1) Fair (2), 75% (n=6) Average (3), and 12.5% (n=1) Above Average (4). Students reported feeling that their strategy to utilize *Interpretation* and *Reflective Responding* was neither Poor (1), nor Superior (5), showing that students are, overall, comfortable with utilizing these skills to engage clients.

### **All Engagement Strategies**

Ratings less than average (3) were observed in the following ways: of the 22 skills analyzed on the survey, seven skills had 12.5% (n=1) of students rating their skills as fair (2). Question four was the only question that had more than one student rate themselves as fair (2), with 37.5% (n=3) of students rating themselves as less than average in the area of *engaging diverse clients utilizing empathy, reflection, and interpersonal skills*. This is critical because it could speak to the confidence level that MSW students feel regarding working with diverse populations, and/or it could reflect the student's confidence in using those three specific strategies to engage diverse populations.

Another area of note is 12.5% (n=1) of students rated their use of *summarization* as a strategy to engage clients as poor (1), demonstrating the student felt they could demonstrate little understanding of the practice behavior or its implementation. This was the only question to have a poor (1) rating on the questions analyzed from the survey, suggesting that most MSW students felt they understood how to engage clients and utilized appropriate engagement skills to accomplish this during the simulation experience.

There were 13 engagement skills that did not have a rating of less than average (3). The significance of this is that the students who participated in the study identified their ability to engage clients using those 13 skills were at least average, or better, after the simulation experience. More than half the strategies had self-scores of average or above.

The mean score of all 22 engagement skills for the entire sample was 3.42 on the Likert scale. That is to say, on average, students rated themselves between average (3) and better than average (4), overall. As a group, skills that had the highest means were *Greeting the Client* and *Empathy* at 3.88. Students rated themselves lowest on *Reflective Responding* and *Interpretation* as average (3.0). Subsequently, after the simulation experience, regardless of patient type, MSW Students felt they understood practice behavior and demonstrated understanding of appropriate use to engage clients.

### **High Fidelity Patient Data (Independent Variable)**

A brief overview of the engagement scores of students who completed simulation with a high fidelity patient will be presented to provide context for the comparison of the two simulation types. This context will be helpful in understanding the answer to the guiding research questions. A snap shot of the scores from the high fidelity group leaves room for exploration about how engagement skills can be practiced even though the client does not exhibit non-verbal cues that social workers rely upon when assessing and engaging.

Within the high fidelity patient simulation group, 100% (n=4) of students rated their ability to utilize *empathy, reflection, and interpersonal skills to effectively engage diverse clients* (Question 4) as *better than average* (4), attesting to a belief they can demonstrate the skills in their practice behavior, most of the time, specifically when engaging clients of diverse populations.

The data on the high fidelity simulations also showed that all students (4 participants) rated themselves *Average* (3) or better, in all of the categories except the following: *Rephrasing, Reflective Responding, and Summarization*. Within the *Rephrasing* and *Reflective Responding* mean scores, 25% (n=1) of students rated themselves as *fair* (2), a rating that is below average, meaning they were only beginning to develop competency in this practice behavior. The skill of *rephrasing* is understood to be “stating what the client is saying, but using different words,” (Kirst-Ashman & Hull, 2012, p. 69). Kirst-Ashman & Hull (2012) defined *Reflective Responding* as needing nonverbal cues as well to enable the social worker to translate

what they think the client is feeling into words. When teaching or assessing competency on strategies that rely on their presence for interpretation, this data brings up an interesting point about the effectiveness of using high fidelity patients that do not present with non-verbal cues that a typical patient would present with.

A similar trend was observed in the *Summarization* skill, as 25% (n=1) of students rated themselves as Poor (1), signaling the MSW student felt their use of this strategy demonstrated little understanding of the practice behavior or its implementation when working with the high fidelity patient. It would be interesting to know if the high fidelity patient responded positively to the student's use of summarization because this could have impacted how the MSW student rated their skill.

Also, important to note, the data reflected 25% (n=1) of students rated their competency in using the following strategies as *superior* (5): *Greet the Client*, *Providing Information*, and *Self-disclosure* when working with high fidelity patient. This MSW student rated himself or herself as being able to use this strategy appropriately in moderately difficult situations that may be encountered in social work practice.

### **Standardized Participant Data (Independent Variable)**

A brief overview of the Standardized Patient will be explored below. This data will reflect the engagement categories containing high and low scores. Highlighted data is presented in an attempt to create a picture of how MSW students rated their engagement skills after the simulation with standardized participants.

All students rated themselves *Average* (3) or *Better than Average* (4) when reporting on their use of skills in all categories except the following: *rate your use of empathy, reflection, and interpersonal skills to effectively engage diverse clients, discuss services and expectations, complete paperwork and interpersonal skills, interpretation, self-disclosure, and eliciting information*. In each of these categories, at least one person noted they felt their skills were below average when working with the standardized participant; however, none of these skills are classified as non-verbal strategies, suggesting that all students who worked with a standardized patient felt their skills were average or better in the other 16 engagement categories.

Within the standardize participant simulation group, 75% (n=3) of students rated their ability to utilize *empathy, reflection, and interpersonal skills to effectively engage diverse clients* as Fair (2), indicating that they did not fully understand the practice behavior and may be just starting to show some competency in their practice behavior when engaging diverse clients. Further research should be done to determine if MSW students feel competent in using empathy, reflection, and interpersonal skills and if their confidence level changes when directly used to engage diversity, as it would appear in this study.

### **Comparison of Independent Variables**

After understanding the data set as a whole, the independent variables were analyzed using the cross tabulation method to understand the correlation between high fidelity patients and standardized participants. This method of analysis, as well as the Independent Samples T Test were used to discuss the answer to the guiding

research questions. The data reflected whether patient type impacted the simulated learning experience of MSW students during simulated learning.

The engagement strategy, *Rephrasing*, showed 25% (n=1) of students rated themselves fair (2) when working with a high fidelity patient while all students rated themselves average (3) or better than average (4) when working with the standardized participant. It is open to interpretation as to why students with standardized patients rated themselves higher as a group. One important aspect of the high fidelity patient experience is though it looks somewhat life-like, the voice came from an overhead speaker in this particular simulation and could have been confusing for some patients. When using rephrasing, the student may look for non-verbal cues that might not be present with the high fidelity patient.

The engagement strategy, *Interpretation*, reflected 25% (n=1) of students rated themselves as Fair (2), a below average rating, which is contrary to the hypothesis of this research project. It was anticipated that this skill would have been rated higher with students who participated in simulation with a standardized patient because, as Kirst-Ashmaan & Hull (2012) explained, interpretation is the strategy of going deeper and looking past what the patient is saying and this can be perceived to be more difficult to do when non-verbal body language is not present. Conversely, students may have rated themselves lower because they were tasked with interpreting the non-verbal skills that the standardized participant presented.

While there were some differences in how students rated themselves in this pilot, the Mann Whitney U and the Independent Samples T Test both reflected no

statistical difference between the engagement scores of MSW students who participated in simulation with a high fidelity patient and a standardized participant. The researcher hypothesized students' engagement scores would be greater with the standardized participant but this was not what the data reflected, thus, the hypothesis was not supported.

The study was a pilot research project. The sample size was small, consisting of eight MSW students. The results of this study should not be dismissed but it should be understood that they should not be generalized either. The scores have given invaluable insight that supports the use of simulated learning experiences in social work programs. This study provides additional support to the existing knowledge that both high fidelity patients and standardized participants are good options to increase competency based learning outcomes for social work students.

## CHAPTER V

### DISCUSSION

#### **Overview**

The purpose of this study was to explore the impact of simulated learning experiences on Master of Social Work students' engagement skills. Specifically, this study focused on two types of simulated patients- high fidelity and standardized participants. To research whether the patient type had a significant impact on engagement scores, this quantitative study collected self-reported data from eight MSW students. The research focused on the scores of 22 different core engagement strategies social workers commonly use. In this chapter, the major findings are discussed while acknowledging this research project as a pilot program with a limited sample size. This chapter also compares findings of the study with the existing literature. Finally, limitations and implications for social work policy and practice are discussed and recommendations for future research are presented.

#### **Overview of Major Findings**

The major findings of this study show that students can have a positive learning experience with both a high fidelity patient and a standardized participant. The findings in this study answer the two guiding research questions of the study. To understand the results of the study, it is important to consider that simulation is a learning experience where students can practice their social work skills, specifically their engagement skills, as was done in this study. The MSW students completed self-

assessments, rating their own skills on a tool derived from competencies mandated by the Council on Social Work Education. From their self-assessments, students were able to reflect on their use of different engagement skills while interacting with the client during the simulated learning experience. Because students had the opportunity to examine how they implemented what had been taught in the classroom and during practicum, they were able to explore what they did well, where they would have used skills differently and what they plan to do to improve areas they felt were weaker.

While analyzing data to determine if there was a statistically significant difference between the scores of MSW students participating in simulation with a high fidelity patient and those working with a standardized patient, it was evident that there is no statistical difference between the two types of simulation. While this finding must be viewed in the context of the small sample, it does suggest that both approaches seem to provide students with an equal educational experience that positively impacts learning outcomes and competency in social work skills.

It was clear that students rated themselves in different and interesting ways regarding some engagement strategies. For example, students rated themselves average and better in the areas of empathy, reflection and interpersonal skills when they rated those skills alone. When the question expanded to include engaging diverse clients, the students who participated with standardized participants rated themselves lower. Interestingly, students who worked with the high fidelity patient showed no difference. While this specific data does not specifically answer the research questions, it should evoke pause in considering how students are being taught to

engage in diverse populations and if this gives students confidence to carry this out in social work practice. It's essential to keep in mind that students rated their skills positively overall, which reflects the promise this pedagogical approach can have on a students' skill attainment.

### **Findings and Existing Knowledge**

The research confirmed results varied but not correlated to patient type. The variation in scores could be due to a number of factors that may or may not correspond to the simulation experience. Logie et al. (2013) reported that out of 17 studies the researchers were able to analyze regarding simulation in the field of social work, none focused specifically on comparing high fidelity patients and standardized participants. Some studies utilized only standardized participants who were given training, but the trainings provided to them varied widely. Some participants in these studies were trained actors, others were students, and others were volunteers, which could have impacted the authenticity of the simulation, ultimately impacting students' scores. In the simulated experience for this research project, actors were given a vignette to perform. The actors were all paid student actors from the local drama department.

The existing literature examines student competency based on a variety of different evaluation methods- pretest vs posttest, rater's scores vs student scores vs standardized participant scores, comparing demographic information (such a years of social work practice experience) with student or rater's scores. The field has not determined one specific evaluation method to determine positive impact of the

simulation experience. Much less research has been done to determine if high fidelity patients or standardized participants provide better learning outcomes for students, thus, results from this research are merely a contribution to a knowledge base that needs further research to create a standard for the field.

Another important aspect of existing literature as it relates to this simulation is that there is evidence suggesting that a student may present competence in certain skills with a specific population but if there is a change in the population, their skills may appear less or more adequate (Logie et al., 2013). In this research project, that was evident regarding the skills of reflection, empathy and interpersonal skills. When evaluated as stand-alone skills, the scores were all above average. When evaluated in the context of engaging a diverse population, the scores were lower. This conundrum presents a much larger question to the field: how can social work skills be taught in a standardized way and transferable across populations and setting? It is evident that simulated learning experiences increase competency, but the lack of research in the field of social work education compels educators and researchers to do more to create a standard for simulation similar to nursing, medicine and psychology.

### **Limitations**

The study presented a variety of limitations that should be considered when reviewing the findings. First, the research conducted was a pilot, the first of its kind in the MSW program at CSU, Stanislaus. As such, the sample size was small, with eight participants. The sample size included students who volunteered, thus allowing, first year, second year, and third year students to participate in the simulation without

focusing on fidelity to student level. That is to say, the status of the participants in the program could impact the data in that it could be suggested that students scored higher because they were further along in the program. It is important that the interpretations of the findings of this study are not generalized but rather are treated as a contribution to knowledge base. The study can be reviewed to create new studies that build upon what has been done to provide additional information and tools for continued research of simulated learning in social work education.

Another limitation of the study is that it looked specifically at the engagement skills as students rated themselves. Because it is common for people to reflect on their skills with modesty, it might be beneficial to compare how students rate themselves pre- and post- simulation as well as to compare the student's ratings with the observers' ratings. This could add additional depth into how simulated learning can positively impact MSW student's learning and competency in social work skills. It could also give further insight into different learning experiences that may occur between high fidelity patients and standardized participants.

### **Implications for Social Work Practice and Policy**

To reiterate, the major findings of this study show that students can have a positive learning experience with both a high fidelity patient and a standardized participant. This has several implications for social work and social work policy. For example, social work has often been referred to as a soft science by other sciences such as physics and chemistry. Using simulated learning experiences gives validity and scientific support that social work practice is in fact, able to be highly scientific

and evidence based. Simulated learning in social work can provide educators with a standardized way to prove competency in students that can improve practice outcomes and support improvement of skills for students as they transition to the workforce.

Another implication of this study is that students can graduate without ever showing that they have learned the skills necessary for competent social work practice. Simulated learning cannot replace field practicum and fieldwork, it is a low stakes environment that can bridge the gap between practicing difficult skills, such as engaging diversity, and receiving professional feedback on how to improve. This has the potential to improve social work practice overall by increasing patient outcomes.

An implication of simulated learning is its ability to expose areas in the curriculum that are weak. The feedback from student's engagement scores can show areas where additional classroom learning can be improved. This provides an opportunity for instructors to improve teaching engagement skills in areas that they factually know students need additional support. Furthermore, if simulated learning were to look at additional social work skills, curriculum could be improved to make more effective classroom and practicum experiences as they vary by cohort.

Finally, simulated learning can increase employment opportunities for newly graduated students that have participated in the simulated learning experience. For example, if a recent graduate sought employment at a hospital, but did not have hospital social work experience, but did participate in a simulated learning experience that was a collaboration between the nursing department and the social work

department, they would naturally be more qualified than a graduate who had neither experience. Collaborative simulation has utility and benefit with many disciplines and can be tailored to specific population needs that the social work program serves.

### **Future Research**

It is imperative that additional research be conducted on simulated teaching and learning experiences. Simulation has been proven to be effective in many fields. There has not been an uptake in social work as there has been in other fields, but social work has the potential to catch up to current trends that can make the profession much more competitive and substantial. While simulation is not the only tool for effectively teaching social work skills, it can be invaluable in assessing competency with specific skills and for providing feedback that supports growth in students.

There are a variety of ways to structure a simulated learning experience. Further research needs to focus specifically on creating tools and standards for simulated learning that produce the best outcomes for students. While this research project had only eight participants, the data revealed that students are scoring themselves average while it is necessary to maintain a B in a master's program, signaling above average competency. Additional research should explore if a correlation exists between students' grades and students' competency scores rated during simulated learning. Additionally, students' self-rated scores should be compared in a pretest-posttest evaluation and well as compared to scores from observers and the patient/participant.

Overall, simulated learning in the field of social work education needs significant additional research. While simulation is gaining traction and popularity, it has roadblocks, as any new ideas. One such hurdle is student investment and trust in the simulated experience. This can be scary for some students and careful attention needs to be given to increase student involvement. Another challenge is that simulation can be a costly event. Interdepartmental collaboration can help minimize this barrier. Social work education is tasked with overcoming these obstacles to create a standard for simulated learning experiences to provide the best education possible to see positive impacts in social work practice and improvement in outcomes for the populations served, whether micro-, mezzo, or macro- in nature.

## REFERENCES

## REFERENCES

- Azusa Pacific University (2012) Macro social work practice review. Retrieved from <http://home.apu.edu/~ksetterlund/20122013/Macro%20Social%20Work%20Practice%20Review%202012.pdf>
- Baja, K., Meguerdichian, M., Thoma, B., Huang, S., Eppich, W., & Cheng, A. (2018). The PEARLS healthcare debriefing tool. *Academic Medicine*, 93(2), 336.
- Becker, K., Rose, L., Berg, J., Park, H., & Shatzer, J. (2006). The teaching effectiveness of standardized patients. *The Journal of Nursing Education*, 45(4), 103-111.
- Bolin, B., & Chapman, S. (2015) Graduate social work students: reflecting on inter professional education with medical school students. *Reflections: Narratives of Professional Helping*, 19(4), 24-27. Retrieved from <https://reflections narratives of professional helping.org/index.php/Reflections/issue/view/108>
- Eppich, W. & Cheng, A. (2015). How cultural-historical activity theory can inform interprofessional team debriefings. *Clinical Simulation in Nursing*, 11(8), 383-389 doi:10.1016/j.ecns.2015.05.012
- Hitchcock, L. (2019) Learning social work skills from simulations. *Social Work Today*. Retrieved from [https://www.socialworktoday.com/news/enews\\_0917\\_1.shtml](https://www.socialworktoday.com/news/enews_0917_1.shtml)

- Ignacio, J., Dolmans, D., Scherpbier, A., Rethans, J., Chan, S., & Liaw, S. K. (2015). Comparison of standardized patients with high-fidelity simulators for managing stress and improving performance in clinical deterioration: A mixed methods study. *Nurse Education Today*, 35(12), 1161-1168. Retrieved from <http://dx.doi.org/10.1016/j.nedt.2015.05.009>
- Kaas, M. (2011). Evaluation of simulated learning: Looking backward and forward. *Journal of the American Psychiatric Nurses Association*, 17(3) 253 –254.
- Kirst-Ashman, K. K., & Hull, G. H. Jr. (2012). Understanding generalist practice. Belmont, CA: Brooks/Cole, Thomson Learning.
- Lateef, F. (2010). Simulation-based learning: Just like the real thing. *Journal of Emergencies, Trauma and Shock*, 3(4), 348–352. Retrieved from <http://doi.org/10.4103/0974-2700.70743>
- Lavoie, P., Michaud, C., Belisle, M., et al. (2018) Learning theories and tools for the assessment of core nursing competencies in simulation: A theoretical review, 74(2). 239– 250. Retrieved from <https://doi.org/10.1111/jan.13416>
- Logie, C., Bogo, M., Regehr, C., & Regehr, G. (2013) A critical appraisal of the use of standardized client simulations in social work education, *Journal of Social Work Education*, 49(1), 66-80. Retrieved from <https://doi.org/10.1080/10437797.2013.755377>
- Martin, E. M., & Pyles, L. (2013). Social Work in the Engaged University. *Journal of Social Work Education*, 49(4), 635–645. Retrieved from <https://doiorg.libproxy.csustan.edu/10.1080/10437797.2013.812827>

- Martin, R., & Hollows, A. (2016). Practising for social work practice: Integrating knowledge and skills for social work with children and families. *Social Work Education, 35*(5), 576-588. Retrieved from <http://dx.doi.org/10.1080/02615479.2016.1163330>
- McKay, M. M., Hibbert, R., Hoagwood, K., Rodriguez, J., Murray, L., Legerski, J., & Fernandez, D. (2004). Integrating evidence-based engagement interventions into "real world" child mental health settings. *Brief Treatment and Crisis Intervention, 4*(2), 177.
- McKay, M. M., Nudelman, R., McCadam, K., & Gonzales, J. (1996). Evaluating a social work engagement approach to involving inner-city children and their families in mental health care. *Research on Social Work Practice., 6*(4), 462–472. Retrieved from <https://login.libproxy.csustan.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=9610235287&site=ehost-live&scope=site>
- Orwat, John. (2018). Class participation as a pedagogical tool in social work education. *Social Work Education, 37*(3), 361-377.
- Rogers, A., & Welch, B. (2009). Using standardized clients in the classroom: an evaluation of a training module to teach active listening skills to social work students. *Journal of Teaching in Social Work, 29*(2), 153-168. doi: 10.1080/08841230802238203
- Schreiber, J., Fuller, T., & Pacey, M. (2013) Engagement in child protective services: Parent perceptions of worker skills. *Children and Youth Services*

*Review*, 35(34), 707-715. <https://doi.org/10.1016/j.childyouth.2013.01.018>

Sunarich, N. & Rowan, S. (2017). Social work simulation in the field. *Field*

*Educator*, 7(1), Retrieved from

<http://fieldeducator.simmons.edu/article/social-work-simulation-education-in-the-field/>

Tompsett, H., Henderson, K., Byrne, J.M., Mew, E.G., & Tompsett, C. (2017) On the

learning journey: what helps and hinders the development of social work

students' core pre-placement skills?, *Social Work Education*, 36(1), 6-25. doi:

10.1080/02615479.2016.1249836

Washburn, M., Bordnick, P., & Rizzo, A. (2016). A pilot feasibility study of virtual

patient simulation to enhance social work students' brief mental health

assessment skills. *Social Work in Health Care*, 55(9), 675–693.

doi:10.1080/00981389.2016.1210715

Wilkins, David. (2018). A golden thread? The relationship between supervision,

practice, and family engagement in child and family social work. *Child &*

*Family Social Work*, 23(3), 494-503.

## APPENDICES

## APPENDIX A

## THE PEARLS HEALTHCARE DEBRIEFING TOOL

The Pearls Healthcare Debriefing Tool				
	Objective	Task	Sample Phrases	
1	<b>Setting the Scene</b>	Create a safe context for learning	State the goal of debriefing; articulate the basic assumption	"Let's spend X minutes debriefing. Our goal is to improve how we work together and care for our patients." "Everyone here is intelligent and wants to improve."
2	<b>Reactions</b>	Explore feelings	Solicit initial reactions & emotions	"Any initial reactions?" "How are you feeling?"
3	<b>Description</b>	Clarify facts	Develop shared understanding of case	"Can you please share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"
4	<b>Analysis</b>	Explore variety of performance domains	See backside of card for more details	<b>Preview Statement</b> <i>(Use to introduce new topic)</i> "At this point, I'd like to spend some time talking about [insert topic here] because [insert rationale here]" <b>Mini Summary</b> <i>(Use to summarize discussion of one topic)</i> "That was great discussion. Are there any additional comments related to [insert performance gap here]?"
<b>Any Outstanding Issues/Concerns?</b>				
5	<b>Application/ Summary</b>	Identify take-aways	Learner centered Instructor centered	"What are some take-aways from this discussion for our clinical practice?" "The key learning points for the case were [insert learning points here]."

## The Analysis Phase

### Performance Domains

The analysis phase can be used to explore a variety of performance domains:



Decision Making



Technical Skills



Communication



Resource Utilization



Leadership



Situational Awareness



Teamwork

### Three Approaches

- 1 **Learner Self-Assessment**  
Promote reflection by asking learners to assess their own performance
- 2 **Focused Facilitation**  
Probe deeper on key aspects of performance
- 3 **Provide Information**  
Teach to close clear knowledge gaps as they emerge

### Sample Phrases

- What aspects were managed well and why?
- What aspects do you want to change and why?
- Advocacy:** I saw [observation], I think [your point-of-view].
- Inquiry:** How do you see it? What were your thoughts at the time?
- I noticed [behavior]. Next time you may want to consider [suggested behavior], because [rationale].

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APPENDIX B  
HIGH FIDELITY PATIENT TYPE PHOTO



Left to Right: Lead Researchers- Dr. Mary Jo Stanley (Nursing Department) and Dr. Sevaughn Banks (Master of Social Work Department)

APPENDIX C  
STANDARDIZED PARTICIPANT PHOTO



APPENDIX D  
SIMULATION VIGNETTE

Scenario 15

Basic Dysrhythmia Recognition and Management

Level: Advanced medical-surgical

Purpose To provide students with the opportunity to care for a 24-year-old female college student who experiences heart palpitations, epigastric pain, muscle weakness, and a near-syncopal episode.

Overview: Angel Funderburk is a 24-year-old Caucasian female with no previous medical problems. After nearly passing out at her desk, she was admitted to the medical-surgical unit by the nurse practitioner at her campus student health center. The scenario takes place on Wednesday at 1400, at which time the student meets the patient and performs an initial assessment. During this scenario, students will have the opportunity to recognize and manage care for a patient experiencing a basic dysrhythmia and to elicit the admission of an eating disorder.

Simulation Learning Systems

## APPENDIX E

## STUDENT SELF ASSESSMENT

## STUDENT SELF ASSESSMENT (POSTTEST)

My unique identifier is:

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Targeted Council on Social Work Education (CSWE) Competencies

#1	Demonstrate Ethical and Professional Behavior (#1)
#2	Engage Diversity and Difference in Practice (#2)
#4	Engage In Practice-informed Research and Research-informed Practice (#4)
#6	Engage with Individuals, Families, Groups, Organizations, and Communities (#6)
#7	Assess Individuals, Families, Groups, Organizations, and Communities (#7)

## DESCRIPTION OF SCORING

1	2	3	4	5
Poor	Fair	Average	Better than Average	Superior
Demonstrates little understanding of the practice behavior or its implementation.	Beginning development of competency in the practice behavior.	Understands the practice behavior and offers evidence of appropriate use.	Demonstrates effective use of the practice behavior most of the time.	Consistent, appropriate, autonomous use of the practice behavior in moderately difficult situations usually encountered in practice.

1	Rate your ability to apply critical thinking to engage in analysis of qualitative	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair
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	(research) methods and research findings. (#C4)	3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior	
2	Rate your ability to use and translate research evidence to inform and improve practice and service delivery. (#C4)	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior	
3	Rate your ability to apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies. (C #6)	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior	
4	Rate your use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies. (C #6)	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior	
5	Rate your engagement method(s) or strategy(ies). (C #6)	Greet the client(s)	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Demonstration of Attending Skills	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior

		Discuss Services and Expectations	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Explain the role of the social worker	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Complete Paperwork/ Interpersonal skills (C #6)	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Empathy (C #6)	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Reflection (C #6)	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior

6	Other engagement method(s) or strategy(ies) not listed? (C #6)		
7	List and/or describe your method(s) or strategy(ies) for building rapport. (C #6)		
8	Rate your communication method(s) or strategy(ies). (C #6) & (C #7)	Nonverbal Communication	
		Eye contact	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Facial expressions	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Body positioning	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Nonverbal Communication Additional Information:	
		Verbal Communication	
		Encouragement	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair

			3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Rephrasing	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Reflective Responding	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Clarification	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Interpretation	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Providing Information	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average

			4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Empowerment	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Self -Disclosure	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		summarization	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Eliciting information	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Verbal Communication Additional Information:	
9	Rate your professional demeanor in.....	Appearance	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair

	(C #1)		3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Oral	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
		Written	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
1	Rate your use of supervision and consultation to guide professional judgment and behavior. (C #1)		1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
1	Rate your current ability to apply and communicate understanding of the importance of diversity and difference in shaping life experiences. (C #2)		1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
1	Rate your ability to present yourself as a learner and engage clients and constituencies as experts of their own experiences. (C #2)		1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior

1	Rate your ability to apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies. (C #2)	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
1	Rate your ability to collect and organize data, and apply critical thinking to interpret information from clients and constituencies. (C #7)	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
1	Rate your ability to apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies. (C #7)	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior
1	Rate your ability to articulate components of the MSW Department's Integrative Practice Model in practice?	1. <input type="checkbox"/> Poor 2. <input type="checkbox"/> Fair 3. <input type="checkbox"/> Average 4. <input type="checkbox"/> Better than Average 5. <input type="checkbox"/> Superior

Some of the questions have been adapted from: Kirst-Ashman, K. K., & Hull, G. H. Jr. (2012). *Understanding generalist practice* (8<sup>th</sup> ed.). Belmont, CA: Brooks/Cole, Thomson Learning and the Council on social work competencies.

APPENDIX F  
CONSENT FORM



Informed Consent

Assessing Social Work Students' Professionalism, Engagement, Assessment and  
Competence Using a Simulated Learning Model

The CSU Stanislaus MSW Department SW 5030 practice students are invited to participate in a research project. This study seeks to assess social work students' professionalism, engagement, assessment and competence while conducting a psychosocial assessment in a simulated learning environment, on one of two patient types: high fidelity (programmable mannequin) and standardized patient (student actor). Your participation will require approximately two hours of your time, including a debriefing session.

Your participation in this research project means two things:

1. The MSW Department will learn summative information student skills and the department's need for curricular improvements.
2. You will be contributing to de-siloing of allied professions – social work and nursing.

Students will be asked to respond to the same scenario and randomly selected to participate in one of two 15 minute sessions:

1. Conduct a psychosocial assessment with a *high fidelity* (HF) *patient* in a medical setting, or
2. Conduct a psychosocial assessment with a *standardized patient* (SP) in a medical setting.

There will be a 45 minute debrief session, with social work and nursing students and faculty, after the simulation.

All simulations are audio and video recorded, all debriefings are audio recorded. The primary investigator, co-investigators and raters, will only access audio or video recordings for those students who consent to be audio or video recorded. Should audio recording be denied by a student, the primary investigators and co-investigators will take notes. For the purposes of this study, the primary investigator

and co-investigators will not use audio or video recordings for those students who decline participation in the study. All audio recorded material will be transcribed verbatim and saved in the primary investigator's computer which is password protected. All video content is saved and stored in the SimView Servers; all files are password protected. Only the simulation coordinator (co-investigator(s) for this study) can access these files.

Typical risks include performance anxiety and this is mitigated by practice exercises in SW 5030 and likely field seminar. It is possible that you will not benefit directly by participating in this study, although not likely. There is no cost to you beyond the time and effort required to complete the procedure(s) described above.

The information collected will be protected from all inappropriate disclosure under the law. All data will be kept in a secure location. If you desire, you may withdraw your participation at any time.

If you agree to participate, please indicate this decision by signing below. If you have any questions about this research project please contact me, Dr. Sevaughn Banks, at 209-667-3541. If you have any questions regarding your rights and participation as a research subject, please contact the IRB Administrator by phone (209)667-3493 or email [IRBAdmin@csustan.edu](mailto:IRBAdmin@csustan.edu).

I have read and understand the information provided above. All of my questions, if any, have been answered to my satisfaction. I consent to take part in this study. I have been given a copy of this form.

Signature		Date	
Name (printed)			
Signature of person obtaining consent		Date	
Printed name of person obtaining consent		Date	

#### CREATE A UNIQUE IDENTIFIER

Create a unique 6-digit personal identification code consisting of:

1. Two digits for your birth month
2. Two digits for your birth date
3. Two letters for your mother's maiden last name

Example:

If your birth month is March, they would write 03

If your birth date is March 9th, they would write 09

If your mother's maiden last name is Juarez, they would write Ju. If you are unsure about your mother's maiden last name, you can use your their name.

The personal code would be **0309JU**

My unique identifier is:

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