

The School of Nursing Collaborates with the Department of Theatre to Apply Live Simulated Clinical Experiences

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Received: July 20, 2026; Accepted: July 27, 2026; Published: August 07, 2026

ABSTRACT

Aims/Objectives: This study explored an additional choice or substitution for more traditional simulated experiences for pre-licensure nursing students enrolled in the nursing mental health course.

Background: Standard patient methodology evolved in medical education, with limited research published, and later introduced in nursing programs to enhance the clinical experiences in mental health nursing. The region has limited clinical experiences for mental health.

Methods: This convenience study included all undergraduate students (N=90) enrolled in the mental health nursing course comprised the sample. Instruments selected were Student Satisfaction and Self Confidence in Learning, Educational Practice Questionnaire, and the Simulation Design Scale. The students completed three of these instruments which were developed by various authors for an NLN/Laerdal study on simulation. The Creighton Competency Evaluation Instrument was completed by the clinical faculty. Data were analyzed with descriptive statistics.

Results: The data revealed mixed findings; however, there students consistently voiced agreement with positive active learning experiences, that the cues provided were appropriate and effectively promoted their understanding, and that they highly valued the support they receive throughout the learning process. Challenges with COVID-19 protocols delayed implementation.

Conclusions: The live clinical experience was a choice during a period when limited mental health clinic partners were shut down during the COVID-19 epidemic and essential in meeting course requirements. Observation of acute mental health state is minimal as treatment days are short.

Keywords: Interprofessional, Collaboration, COVID-19, Standard Patient Methodology, Simulation, Competency

Purpose

The interprofessional collaboration of the School of Nursing with the Department of Theatre resulted in the development of an additional choice or substitution for more traditional simulated learning experiences for pre-licensure students enrolled in the

nursing mental health course. This approach supported the goals and objectives of this practice experience while also benefiting the student actors in the Department of Theatre to develop skill with health care events. This experience for the student actors provided insight to an alternative workforce opportunity in the field given the extensive use of standard patient methodology in health care primarily in medical education.

Citation: Eloisa G. Tamez, Yudu LI, Aaron Salinas, Nelda Martinez, Peter Mikolasky, et al. The School of Nursing collaborates with the Department of Theatre to Apply Live Simulated Clinical Experiences. J Med Clin Nurs Stud. 2026. 4(4): 1-9. DOI: doi.org/10.61440/JMCNS.2026.v4.125

Significance

While standard patient methodology evolved within medical education [1-3], this simulated experience has been successfully introduced in some nursing programs to enhance the clinical experiences in mental health nursing [4, 5]. The development and implementation of technology-enhanced learning supported clinical education and assured compliance with program accreditation standards [6, 7] regarding the evaluation of student performance by the assigned faculty. The addition of standard patient methodology supported the goals for each student to master communication and clinical reasoning skill in nurse-patient therapeutic relationships.

Clinical Education Significance is described by Hillier, et. al. (2023) as follows [8]:

1. Promotes consistency among learners and provides enhanced preparation for future healthcare providers.
2. A diverse standard patient pool is essential to achieve learning objectives.
3. The “process to hire and retain standard patients will ensure delivery of a high-quality learning experience (application level).
4. An organized program will assure “systematic evaluation of standard patients and contribute to improved performance, learning outcomes, and programmatic success.
5. Sustainable continuing education and training of standard patient staff is key for effective performance.

Need

The incorporation of standard patients and/or simulated patients has long been a standard of practice in schools of medicine [3]. While the methodology's effectiveness is documented in various periodicals, the training and preparation are a lengthy process. Challenges reported include the recruitment of qualified individuals to perform within the unique medical and health environment, the real-time simulation, requirements for standardization, and pertinent debriefings. Sunnqvist, et al (2016) reports findings of a pilot study confirming the potential for this form of training, received positively by students, as a tool for lifelong learning [9].

To reduce the previously identified challenges of recruiting qualified individuals the School of Nursing (SON) partnered with the Department of Theatre to develop this learning option. The purpose of the interprofessional collaboration between the SON prelicensure cohort (BSN) and the Department of Theatre was to develop a clinical standard patient methodology to enhance student active experiential learning and competency assessment. Given that this study was in force during the COVID pandemic, remote access to learning activities to model telemedicine were included if students were quarantined.

This collaboration between the School of Nursing and the Department of Theater was sustainable and productive in meeting the nursing accreditation requirements and boards of nursing standards while promoting innovative active learning modules for students. Incorporating a constructivist theoretical and active learning approach [10,11] confirms effectiveness and promotes the retention of these programs with high enrollment given student satisfaction. The sustainability of the standard

patient methodology as applied in the NURS 3212 Mental Health Nursing Clinical demonstrates the relevance of a live presentation with the learning orientation of most of the cohort of students who are visual learners.

Program

Once the proposal for creating the standard patient methodology was approved by the two departments and by the Institutional Review Board, the key individuals responsible for implementation held several planning meetings. The courses were identified and are described below.

The academic groups collaborating in this study included the SON and the Department of Theatre from the College of Liberal Arts. Pre-licensure Bachelor of Science students enrolled in NURS3312 Mental Health Nursing were the participants from where data were collected. This course utilizes nursing concepts in the care of clients experiencing alterations in mental health. The nursing process emphasized relates to altered psychosocial integrity. Standard Patient Methodology was added as a learning activity. A cohort of prelicensure BSN students enrolled in NURS3312 SS I & II needed a clinical practice option due to loss of the clinical site affiliation due to COVID-19 restrictions.

The Department of Theatre created a special topics course, THTF 4303 Special Topics: Acting in Medical Simulation/Standardized Patient Training specifically for this program. The course was listed as THTF 4303 Special Topics: Acting in Medical Simulation/Standardized Patient Training: This course focused on the training of student actors to work within the areas of health as standardized patients. The intent was that the actors would learn basic improvisational exercises, verbal and nonverbal context clues relating to specified health ailments, either physical or mental. The course covered safety, scope of interpersonal simulated actions found within the medical context applied, working in a professional medical environment, action/reaction interaction and improvisational theory and finally, actors were expected to partake in simulated scenarios with pre-licensure nursing students.

There were six clinical laboratory sessions in which the option for standard patient methodology was deployed. The THTF4303 course content included learning and practicing mental health clinical scenarios prepared by the SON course coordinator. The NURS3312 students were required to conduct a physical and mental health assessment on the standard patients who presented at a clinical site for care. Clinical faculty were assigned to each pair of students as they completed the assessment and performance data were collected. Following the completion of the clinical laboratory experience, the course coordinator, along with faculty present, held a briefing with all the students.

Planning included the development of various patient-centered mental health scenarios. Nursing faculty joined the Department of Theatre faculty with the development of various scenarios and assisted the theatre students to model the projected behaviors relevant to a designated behavioral diagnosis. Students enrolled in THTF 4303 Special Topics who were hired to fulfill the standard patient role.

The scenario selected for application in all six groups involved a 31-year-old male/female patient who was admitted following an incident where he/she fell off a stage at a bar and fractured the right ankle. According to the paramedics the patient had climbed the stage to declare that he/she was the only one who could help rectify the Washington DC problems. Family members had been searching for the patient with concern as he/she had been diagnosed with bipolar disorder six years back and had been concerned over her accelerated behavior and compliance with medication. The student entered the bedside to find an intravenous fluid (IV) was flowing and a dressing over the right ankle which was to remain elevated. The patient kept saying that she needed to leave the hospital immediately because she had an important message for the President of the United States. No family member or significant other present and attempts to recover history information was interrupted by her pleas for immediate release from the hospital, tugging at the IV and wanting to get out of bed. At times, the patient seemed to be talking to herself or responding to someone.

The Course Coordinator (CC) and the Principal Investigator (PI) briefed the students and the faculty about the purpose of the study and their role and their consent was obtained at that time. The student assignment was to conduct a physical and mental status assessment using the mini mental status scale. The scenario was presented to the student upon the start of the clinical laboratory experience. Faculty were instructed on the use of the Creighton Simulation Evaluation Instrument (C-SEI) [12]. The CC was the overall supervisor of all six groups.

Method

Sample

All students (N=90) enrolled in NURS 3312 Mental Health Nursing had access to the standard patient model. As this event was not incorporated in the course grade, students enrolled in NURS 3312 Mental Health Nursing who did not wish to participate in the study were not subjected to prejudice. Those students enrolled in the special topics course who opted to participate in the standard patient model were selected. Students enrolled in the special topics course who did not wish to participate in the standard patient model were not subjected to prejudice.

Measures

Measures selected included the Student Satisfaction and Self Confidence in Learning, Educational Practice Questionnaire, and the Simulation Design Scale. The students completed three of these instruments which were developed by various authors as part of the NLN/Laerdal study on simulation [12]. The Creighton Competency Evaluation Instrument was completed by the clinical faculty.

Student Satisfaction and Self-Confidence in Learning

This is a 13-item, five point scale measures student satisfaction with the simulation activity with five items and measures self-confidence in learning. With eight items. Reliability was tested using Cronbach's alpha: satisfaction = 0.94; self-confidence = 0.87 [13].

Educational Practices Questionnaire (Student Version)

The student version of the Educational Practices Questionnaire includes 16 items on a five-point scale and measures the presence

of active learning, collaboration, and diverse learning ways. The educational practices were derived from the work of Chickering and Gamson (1987). Reliability was assessed using Cronbach's alpha. Presence of specific practices = 0.86; importance of specific practices = 0.91 [14].

The Simulation Design Scale (Student Version)

This is two parts, 20-item instrument using a five-point scale instrument, that first evaluates the importance of the following features to the learner: 1) objectives/information; 2) support; 3) problem solving; 4) feedback; 5) fidelity. The second part measures the presence of specific features in the simulation experience [15]. Ten content experts in simulation were tasked with establishing content validity. Reliability was tested using Cronbach's alpha, resulting in 0.92 for presence of features, and 0.96 for the importance of features [15].

Creighton Competency Evaluation Instrument

This is a 23-item, dichotomous scale to measure student performance with human patient simulation on five categories: assessment, communication, clinical judgement, and patient safety. The interrater reliability, calculated using intraclass correlation (2,1) and 95% confidence interval, was 0.952 (0.697, 0.993). The interrater reliability, calculated using intraclass correlation (3,1) and 95% confidence interval, was 0.883 (-0.001, 0.992), and the internal consistency, calculated using Cronbach's alpha, was $\alpha = 0.979$ [12].

Data Collection

Mental health clinical practice settings are few in the Rio Grande Valley and the hospital stay of patients is short resulting in use of pharmacotherapeutics early to stabilize the behavioral manifestations. Therefore, nursing students rarely see cases in the acute stage and the charge of faculty from both entities was to recreate this deficit in practice. In the post conferences, some students commented on the significance of the experience and stated that it would have been beneficial if the activity had been presented earlier in the semester. Measures recorded included the following: Student Satisfaction and Self Confidence in Learning, Educational Practice Questionnaire, Simulation Design Scale, and Creighton Competency Evaluation Instrument. Students completed the first three scales and supervising faculty completed the latter.

Challenges surfaced due to restriction imposed by the COVID-19 pandemic in relation to the number of participants in a clinical laboratory, the masking, and the distancing criteria. These challenges brought about delays in initiating the standard patient methodology. Thus, the simulated experience was adapted to meet COVID-19 protocols that mimicked actual clinical care. Assigned faculty from the SON and the Department of Theatre were readily available to meet and develop the scenarios that would eventually be implemented.

Data were collected on six different clinical laboratory events. The same mental health scenario was used in each of the six events. The standard patients were all prepared by the Department of Theatre faculty. Each nursing student would enter the scene accompanied by a faculty to conduct a mental health assessment. Clinical faculty used the Creighton Competency Evaluation Instrument to evaluate the student performance.

Once each student had experienced the patient event and completed the mental health assessment, a post conference was gathered for the students to complete the Student Satisfaction and Self-Confidence in Learning, and the Educational Practice Questionnaire, Simulation Design Scale. Students engaged in a general discussion once all had completed the measures.

Findings

Measures recorded included the following: Student Satisfaction and Self Confidence in Learning, Educational Practice Questionnaire, Simulation Design Scale, and Crieghton Competency Evaluation Instrument. The first three scales were completed by the nursing students and the latter instrument was completed by the supervising faculty.

Table 1: Demographic Information

Items	N	%
Gender	90	
Male	18	20
Female	63	70
Other	1	1.1
Age	90	
18<		
19-24	57	63.3
25-30	14	15.6
31-36	4	4.4
37-42	4	4.4
43-47		
48-52	1	1.1
53-57	2	2.2
58-63		
>64		
Marriage	90	
Married	11	12.2
Single	64	71.1
Partnership	5	5.6

Table 1 presents the demographic information of the student nurse participants. Out of the participants, the majority (70%) are female, while 18 are males. The respondents ages vary from 19 to 57, with the majority between 19 and 24. Regarding marital status, over 80% are single, with only eight indicating that they are married.

Table 2: Active Learning Statistics

Active Learning	N	Mean	SD
I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students	83	4.62	.64
I actively participated in the debriefing session after the simulation	82	4.69	.56
I had the opportunity to put more thought into my comments during the debriefing session.	82	4.66	.61
There were enough opportunities in the simulation to find out if I clearly understand the material.	84	4.52	.70

I learned from the comments made by the teacher before, during, or after the simulation.	83	4.69	.53
I received cues during the simulation in a timely manner.	82	4.34	.79
I had the chance to discuss the simulation objectives with my teacher.	84	4.46	.87
I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	84	4.68	.66
The instructor was able to respond to the individual needs of learners during the simulation.	82	4.48	.93
Using simulation activities made my Learning more productive.	84	4.67	.81

Table 2 presents the analysis of the students' rating of their Active Learning experience, measured using 10 survey questions. All responses to the questions were collected using a Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5). The analysis revealed that the mean values for these ten questions ranged from 4.34 to 4.69, indicating a consistently high level of agreement with the statements. The standard deviation (SD) values ranged from .53 to .93, suggesting moderate to low variability in the responses. Overall, the results demonstrate positive consistent feedback from the students regarding their Active Learning experience.

Table 3: Active Learning Importance

Active Learning	N	Mean	SD
I had the opportunity during the simulation activity to discuss the ideas and concepts taught in the course with the teacher and other students	77	4.73	.55
I actively participated in the debriefing session after the simulation	77	4.61	.73
I had the opportunity to put more thought into my comments during the debriefing session.	77	4.61	.69
There were enough opportunities in the simulation to find out if I clearly understand the material.	77	4.68	.64
I learned from the comments made by the teacher before, during, or after the simulation.	77	4.71	.58
I received cues during the simulation in a timely manner.	77	4.45	.80
I had the chance to discuss the simulation objectives with my teacher.	77	4.61	.74
I had the opportunity to discuss ideas and concepts taught in the simulation with my instructor.	77	4.69	.59
The instructor was able to respond to the individual needs of learners during the simulation.	76	4.67	.62
Using simulation activities made my Learning more productive.	77	4.73	.66

Table 3 presents the analysis of students' ratings regarding the importance of ten items related to their Active Learning experiences. All responses to the questions were measured on Likert scales, ranging from "No Important" (1) to "Very Important" (5). The analysis revealed mean values that varied from 4.45 to 4.73, while the standard deviation (SD) values ranged from 0.55 to 0.80.

Table 4: Collaboration, Diverse ways of Learning, and High Expectation

	N	Mean	SD
Collaboration			
I had the chance to work with my peers during the simulation	80	4.56	.87
During the simulation, my peers and I had to work on the clinical situation together	80	4.31	1.09
Diverse ways of Learning			
The simulation offered a variety of ways in which to learn the material.	83	4.43	.74
This simulation offered a variety of ways of assessing my Learning.	83	4.48	.70
High Expectation			
The objectives for the simulation were clear and easy to understand	83	4.41	.84
My instructor communicated the goals and expectations to accomplish during the simulation.	83	4.48	.89

Table 4 presents the analysis of students' assessments of various educational practices. The assessments were based on a Likert scale, ranging from "Strongly Disagree" (1) to "Strongly Agree" (5). Regarding collaboration, the mean values of the two survey questions were found to be 4.56 (SD=0.87) and 4.31 (SD=1.09), respectively. Regarding the two survey questions on Diversity Ways of Learning, the mean values were 4.43 (SD=0.74) and 4.48 (SD=0.70). Lastly, the learning practice concerning students' High Expectations displayed mean values of 4.41 (SD=0.84) and 4.48 (SD=0.89) for the two survey questions, respectively.

Table 5: Importance of Collaboration, Diverse Ways of Learning, and High Expectation

	N	Mean	SD
Collaboration			
I had the chance to work with my peers during the simulation	76	4.57	.94
During the simulation, my peers and I had to work on the clinical situation together	76	4.54	.87
Diverse ways of Learning			
The simulation offered a variety of ways in which to learn the material.	76	4.64	.60
This simulation offered a variety of ways of assessing my Learning.	76	4.70	.54
High Expectation			
The objectives for the simulation were clear and easy to understand	76	4.70	.61

My instructor communicated the goals and expectations to accomplish during the simulation.	76	4.73	.55
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Table 5 presents the analysis of the student's assessments on the importance of selected educational practices rated on a Likert scale from Not Important (1) to Very Important (5). Regarding collaboration, the mean values of the two survey questions were 4.57 (SD=0.94) and 4.54 (SD=0.87), respectively. Regarding the two survey questions on Diversity Ways of Learning, the mean values were 4.64 (SD=0.60) and 4.70 (SD=0.54). Lastly, the learning practice concerning students' High Expectations displayed mean values of 4.70 (SD=0.61) and 4.73 (SD=0.55) for the two survey questions, respectively.

Table 6: Objective and Information and Support

	N	Mean	SD
Objectives and Information			
There was enough information provided at the beginning of the simulation to provide direction and encouragement.	84	4.01	1.20
I clearly understood the purpose and objectives of the simulation.	84	4.42	.85
The simulation provided enough information in a clear matter for me to problem-solve the situation.	84	4.37	.90
There was enough information provided to me during the simulation.	84	4.41	.87
The cues were appropriate and geared to promote my understanding.	83	4.60	.64
Support			
Support was offered in a timely manner.	83	4.37	.85
My need for help was recognized.	83	4.30	1.00
I felt supported by the teacher's assistance during the simulation	82	4.49	.89
I was supported in the learning process.	83	4.60	.80

Table 6 presents the analysis of students' assessments regarding the Objective and Information, as well as Support in the learning practice. The assessments were rated on a Likert scale, ranging from "Strongly Disagree" (1) to "Strongly Agree" (5). The Objective and Information were evaluated using five questions, with mean values ranging from 4.01 to 4.60, and SD values ranging from 0.65 to 1.20. Overall, students agreed that the cues provided were appropriate and effectively promoted their understanding. The Support aspect was measured with four questions, with mean values ranging from 4.30 to 4.60 and SDs ranging from 0.81 to 1.00. In general, students agreed that they receive adequate Support in their learning process.

Table 7: Importance of Objective, Information, and Support

	N	Mean	SD
Objectives and Information			
There was enough information provided at the beginning of the simulation to provide direction and encouragement.	77	4.81	.53

I clearly understood the purpose and objectives of the simulation.	77	4.77	.51
The simulation provided enough information in a clear matter for me to problem-solve the situation.	77	4.71	.58
There was enough information provided to me during the simulation.	77	4.78	.53
The cues were appropriate and geared to promote my understanding.	77	4.74	.52
Support			
Support was offered in a timely manner.	77	4.68	.68
My need for help was recognized.	77	4.70	.65
I felt supported by the teacher's assistance during the simulation	77	4.69	.67
I was supported in the learning process.	77	4.70	.63

In Table 7, the analysis of students' assessments regarding the importance of the Objective and Information, as well as Support, is presented on a Likert scale ranging from "Not Important" (1) to "Very Important" (5). The mean values for the five assessments related to the Objective and Information ranged from 4.71 to 4.81, with SD values ranging from 0.51 to 0.58. The analysis indicates that students place significant importance on the simulation objectives and information provided.

Regarding the Support aspect, the evaluation of the four survey questions ranged from 4.68 to 4.74, with SDs from 0.52 to 0.68. These results suggest that students highly value the support they receive throughout the learning process.

Table 8: Problem Solving, Feedback/Guided Reflection, and Fidelity

Problem Solving	N	Mean	SD
Independent problem-solving was facilitated.	82	4.65	.60
I was encouraged to explore all possibilities of the simulation.	80	4.61	.68
The simulation was designed for my specific level of knowledge and skills.	82	4.59	.63
The simulation allowed me the opportunity to prioritize nursing assessments and care.	82	4.66	.67
The simulation provided me an opportunity to goal set for my patient.	82	4.67	.59
Feedback/Guided Reflection			
Feedback provided was constructive	80	4.62	.75
Feedback was provided in a timely manner.	81	4.57	.77
The simulation allowed me to analyze my own behavior and actions.	81	4.73	.55
There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	80	4.64	.73

Fidelity (Realism)			
The scenario resembled a real-life situation	81	4.69	.58
Real life factor, situations, ad variables were built into the simulation scenario	79	4.82	.45

Table 8 presents the analysis of the students' assessments of Problem Solving, Feedback/Guide Reflection, and Fidelity (Realism) based on a Likert scale from Strongly disagree (1) to Strongly agree (5). The Problem-Solving aspect was evaluated using five questions, and the mean values ranged from 4.59 to 4.67, with SDs ranging from 0.59 to 0.69. The Feedback/Guide Reflection was measured using four questions, and the mean values ranged from 4.57 to 4.73, with SDs ranging from 0.55 to 0.77. For Fidelity (Realism), two questions were used for measurement. The mean values of the two questions are 4.69 (SD=0.59) and 4.82 (SD=0.45), respectively. Overall, these analysis outcomes suggest that students rated the Problem Solving, Feedback/Guide Reflection, and Fidelity (Realism) aspects highly, indicating positive perceptions of these elements in the learning experience.

Table 9: Importance of Problem Solving, Feedback/Guided Reflection, and Fidelity

Problem Solving	N	Mean	SD
Independent problem-solving was facilitated.	76	4.64	.60
I was encouraged to explore all possibilities of the simulation.	76	4.62	.74
The simulation was designed for my specific level of knowledge and skills.	76	4.70	.54
The simulation allowed me the opportunity to prioritize nursing assessments and care.	76	4.64	.64
The simulation provided me an opportunity to goal set for my patient.	75	4.72	.56
Feedback/Guided Reflection			
Feedback provided was constructive	75	4.72	.59
Feedback was provided in a timely manner.	76	4.71	.61
The simulation allowed me to analyze my own behavior and actions.	76	4.67	.60
There was an opportunity after the simulation to obtain guidance/feedback from the teacher in order to build knowledge to another level.	76	4.72	.56
Fidelity (Realism)			
The scenario resembled a real-life situation	76	4.75	.49
Real life factors, situations, and variables were built into the simulation	76	4.77	.48

Table 9 presents the analysis of the importance of Problem Solving, Feedback/Guide Reflection, and Fidelity (Realism) based on a Likert scale from Not Important (1) to Very Important (5). The assessment mean values of the five Problem Solving

questions of those five questions ranged from 4.62 to 4.72, and the SD values ranged from .54 to .74. The importance assessment mean values of Feedback/Guide Reflection ranged from 4.67 to 4.72, and SD values ranged from .59 to .61. The mean values of the two questions of Fidelity (Realism) items were 4.75 (SD=.49) and 4.77 (SD=.48).

Table 10: Satisfaction with Current Learning

Satisfaction with current Learning	N	Mean	Sd
The teaching methods used in this simulation were helpful and effective	78	4.61	.63
The simulation provided me with a variety of learning materials and activities to promote my learning the medical surgical curriculum	77	4.51	.80
I enjoyed how my instructor taught the simulation	78	4.65	.72
The teaching materials used in this simulation were motivating and helped me to learn.	77	4.60	.76
The way my instructor(s) taught the simulation was suitable to the way I learn	78	4.55	.77

Table 10 reports the analysis outcomes of the students' Satisfaction with current Learning. Satisfaction was evaluated using five questions based on a Likert scale from Strongly Disagree (1) to Strongly agree (5). The mean values for those five questions ranged from 4.51 to 4.65, and the SDs ranged from .63 to .80.

Table 11: Self-confidence in Learning

Self-confidence in Learning	N	Mean	SD
I am confident that I am mastering the content of the simulation activity that my instructors presented to me	78	4.49	.66
I am confident that this simulation covered critical content necessary for the mastery of medical surgical curriculum	78	4.63	.59
I am confident that I am developing the skills and obtaining the required knowledge from this simulation to perform necessary tasks in a clinical setting	78	4.61	.59
My instructors used helpful resources to teach the simulation	78	4.60	.69
It is my responsibility as the student to learn what I need to know from this simulation activity	78	4.80	.40
I know how to get help when I do not understand the concepts in the simulation	78	4.67	.50
I know how to use the simulation activities to learn critical aspects of these skills	78	4.65	.50
It is the instructor's responsibility to tell me what I need to learn of the simulation activity content during class time	78	4.43	.99

Table 11 reports the analysis outcomes for students' Self-confidence in Learning perceptions. This item was measured using eight questions based on a Likert scale from Strongly Disagree (1) to Strongly agree (5). The mean values ranged from 4.43 to 4.80, and the SDs ranged from .40 to .99.

Table 12: Faculty Evaluation

Assessment	N	%
1. Obtains pertinent Data	90	
No-Demonstrate	7	7.8
Demonstrate	63	70
NA	7	7.8
2. Performs Follow-up Assessments as needed.	90	
No-Demonstrate	6	6.7
Demonstrate	58	64.4
NA	12	13.3
3. Assesses the Environment in an orderly manner	90	
No-Demonstrate	16	17.8
Demonstrate	61	67.8
NA		
4. Communicates Effectively with Intra/ Interprofessional Team (TeamSTEPPS, SBAR, Written Read Back Order.	90	
No-Demonstrate	7	7.8
Demonstrate	30	33.3
NA	40	44.4
5. Communicates Effectively with patient and significant other (verbal, nonverbal, teaching)	90	
No-Demonstrate		
Demonstrate	74	82.2
NA	2	2.2
6. Documents clearly, concisely, & accurately	90	
No-Demonstrate		
Demonstrate	27	30.0
NA	49	54.4
7. Responds to abnormal findings appropriately	90	
No-Demonstrate	7	7.8
Demonstrate	45	50.0
NA	23	25.6
8. Promotes professionalism	90	
No-Demonstrate	2	2.2
Demonstrate	76	84.4
NA		
9. Interprets vital signs (T, P, R, BP, PAIN)	90	
No-Demonstrate	1	1.1
Demonstrate	74	82.2
NA	3	3.3
10. Interprets lab results	90	
No-Demonstrate	1	1.1
Demonstrate	9	10
NA	65	72.2

11. Interprets subjective/objective data (recognizes relevant from irrelevant data)	90	
No-Demonstrate	74	82.2
Demonstrate	2	2.2
12. Prioritizes appropriately	90	
No-Demonstrate	2	2.2
Demonstrate	76	84.4
13. Performs evidence-based interventions.	90	
No-Demonstrate	1	1.1
Demonstrate	65	72.2
NA	9	10.0
14. Provides evidence-based rationale for interventions	90	
No-Demonstrate	3	3.3
Demonstrate	63	70.0
NA	13	14.4
15. Evaluates evidence-based interventions and outcomes	90	
No-Demonstrate	2	2.2
Demonstrate	61	67.8
NA	15	16.7
16. Reflects on clinical experience	90	
No-Demonstrate	64	71.1
Demonstrate	14	15.6
17. Delegates appropriately	90	
No-Demonstrate	8	8.9
Demonstrate	22	24.4
NA	44	48.9
18. Uses patient identifiers	90	
No-Demonstrate	7	7.8
Demonstrate	72	80.0
19. Utilizes standardized practices and precautions including hand washing	90	
No-Demonstrate	7	7.8
Demonstrate	67	74.4
NA	4	4.4
20. Administers medications safely	90	
No-Demonstrate	68	75.6
Demonstrate	11	12.2
21. Manages technology and equipment	90	
No-Demonstrate	55	61.1
Demonstrate	23	25.6
22. Performs procedures correctly	90	
No-Demonstrate	1	1.1
Demonstrate	63	70.0
NA	15	16.7
23. reflects on potential hazards and errors	90	
No-Demonstrate	7	7.8
Demonstrate	45	50.0
NA	19	21.1

Table 12 presents the faculty's evaluation of students participating in the program is presented. Among the twenty-three assessment items, three items (#6, #10, and #17) need to be paid attention to because about more than half of the assessments did not apply to them. For the remaining items, the percentage of students who demonstrated the required skills ranged from 50.0% to 82.2%.

Specifically, most students (82.2%) demonstrated the skill of Communicating Effectively with patients and their significant others (#5). However, the evaluation also indicated that some students (17.8%) encountered difficulties in assessing the environment in an orderly manner (#3). This feedback provides valuable insights into the students' performance and highlights areas where improvements or additional Support may be needed.

Discussion

Participating students and faculty from the two programs benefited from this partnership as the shared skills enhanced student learning. Training in real world situations is invaluable to student actors; this methodology provides opportunities for employment outside of the main theatrical and film avenues for students enrolled in the special topics course. A current opportunity is employment with the UTRGV School of Medicine which has a well-organized standard patient program. Remote access to learning activities to model telemedicine were included if students were quarantined.

Faculty had difficulty with Creighton scale as some of the components were difficult to measure thus resulting in comment N/A. In contrast, Manz et. al (2022) report that five studies reviewed confirmed the effectiveness of the tool to identify competency factors. Similarly, Faculty in our study mentioned that professionalism was difficult to rate [16]. The professionalism category is one that the CCEI.20 developers have identified as requiring additional inquiry particularly factor analysis and reliability assessment [17]. Faculty comments emphasized assessment of physical findings such as "did not check the IV", "did not assess vitals", "did not ask about allergies", or did not assess the ankle injury". Some faculty commented on the students' attention to patient safety. Some faculty addressed communication skills and whether the patient was given time to answer questions. Some faculty noted that students addressed self-harm intent, whether the patient was experiencing hallucinations, and attempts to determine reality orientation,

The time factor was compelling, and the extension was helpful given the barriers encountered with restrictions due to the pandemic. The funding level was adequate for conducting a pilot study; however, additional fundings most likely would provide an incentive to those students in the standard patient role to travel to the different campus sites where that skill is in demand.

For the standard patient methodology to grow and be incorporated as a clinical option, funds are necessary for sustainability of this learning opportunity. Once the actors learn the skill, there are various opportunities in the health professions for this realistic simulation learning activity. Simulation in nursing education and other direct care health professions provide an excellent learning opportunity in healthcare education to improve patient safety,

promote nursing excellence in clinical practice, and enhance patient outcomes.

The standard patient methodology is applicable for other courses such Nursing Fundamentals, Physical Assessment, and Adult Health. Other disciplines that could find this methodology useful include the medical school, social work, psychology, and counseling.

Presently, nursing students rarely see mental health patients in the acute stage and the charge of faculty from both entities was to recreate this deficit in practice. In the post conferences, some students commented on the significance of the experience and stated that it would have been beneficial if the activity had been presented earlier in the semester.

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