



Commentary: An Extension of the Australian Postgraduate Psychology Education Simulation Working Group Guidelines: Simulated Learning Activities Within Professional Psychology Placements

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A Commentary on

The use of simulated patients in medical education: AMEE Guide No 42

by Cleland, J. A., Abe, K., and Rethans, J. J. (2009). *Med. Teach.* 31, 477–486. doi: 10.1080/01421590903002821

Simulation based education

by Cleland, J. A. (2017). *Psychologist* 30, 36–40.

Building Academic Staff Capacity for Using eSimulations in Professional Education for Experience Transfer

by Cybulski, J., Holt, D., Segrave, S., O'Brien, D., Munro, J., Corbitt, B., et al. (2010). Sydney, NSW: Australian Learning and Teaching Council.

Student and staff views of psychology OSCEs

by Sheen, J., McGillivray, J., Gurtman, C. and Boyd, L. (2015). *Aust. Psychol.* 50, 51–59. doi: 10.1111/ap.12086

The Australian Postgraduate Psychology Education Simulation Working Group (APPESWG) recently published guidelines titled “A new reality: The role of simulated learning activities in postgraduate psychology training programs” (Paparo et al., 2021). The document was developed in the context of COVID 19-related disruption to practica within professional psychology training. As a consequence, many training providers adopted simulated training activities as a way to support course progression during the pandemic. Paparo and colleagues’ stated aims were to provide comprehensive guidance for the use of simulation as a competency-based training tool and in the interests of public and student safety, both during and after COVID 19. The guidelines included nine criteria for best practice in simulated learning activities in training, for example, that activities should be competency-based, should mirror real-life practice situations and should provide opportunities for active participation and trainee

TABLE 1 | Guidelines for simulated learning specifically within professional psychology placements.

Criteria	Guidelines	Practical Application
Mapped to the standards	In Australia, an approved 300 h placement is required at APAC* Level 3 in order to meet the Psychology Board requirements (Australian Psychology Accreditation Council, 2019), and students need to be assessed on each competency. A simulated professional psychology placement needs to fulfil the requirements of the standards in their entirety.	The placement should be developed based on the Level 3 competencies, and mapped and clearly linked to these Standards, to ensure all placement requirements and competency domains within the scope of practice are met in the simulated framework.
Knowledge application and experiential learning	Simulated placements offer a standardised way of applying the taught course-content and curriculum, to ensure effective translation of theory into practice (Cybulski et al., 2010). Simulation supports the standardised application of the Kolb learning cycle (Kolb, 1984) within skills development, incorporating experiential learning and reflective practice whilst minimising risk to the public. Experiential learning ensures students are applying taught concepts through interactive participation in skill development and demonstration (Nel, 2010). This ensures that students develop and demonstrate clinical skills and competence in addition to theoretical understanding.	Interactive learning tasks, whereby the student applies and practices the competencies and reflects on their performance, should be the primary learning tool of simulated placements.
Scaffolded skills development	Simulated placements need to be scaffolded from theoretical understanding and foundational skills (in the initial weeks) through to the demonstration of complex skills (in the final weeks). Successive skills development should build on existing competencies and proceed via a developmental trajectory of iterative learning opportunities.	Simulated placement allows students to build their confidence and competence conducting risk assessments prior to assessing and managing risk with clients.
Scenario-based learning which mirrors real-world practice	Simulated placements should provide practice-based learning that is reflective of real-life settings. Scenario-based learning allows for developing holistic and contextual thinking skills and professional practice skills within psychology training. Other professional tasks need to also be built into the placement in order to simulate real-life practice and to develop these necessary skills.	Presentations that are utilised within simulated placements should be authentic and mirror typical clinical presentations. Simulated placements should include simulation of scheduling sessions/appointments, note taking, administration, inter-professional liaison and reporting, report writing, ethical decision making, and demonstrating professionalism.
Supervision	Placements in professional psychology training must meet the supervision requirements stipulated by APAC and the Psychology Board of Australia. Supervisors must meet practice requirements, and be suitably qualified as current Board-approved Supervisors. Each supervisor is responsible for assessing student performance across all competencies, through both individual and group supervision. This supervision is different to the notion of 'supervised SLA*' in the Paparo et al. (2021) guidelines, and is consistent with supervision within traditional in-vivo placements.	Supervision (individual and group) should be scheduled and conducted in the same way as on an <i>in-vivo</i> placement. This includes setting expectations that students will attend (or provide a valid reason for non-attendance with reasonable notice) and will arrive prepared for supervision. Additionally, supervision should be provided to supervisors to ensure regular communication between placement coordinator and supervisor and also the standardisation of supervision.
Feedback	Feedback is recognised as an essential component of simulated learning (Issenberg et al., 2005). The simulated environment enables students to benefit from the intentional practice with feedback (Lateef, 2010). As such, simulated placements should have built in feedback opportunities, from both peers and supervisors.	Simulated placement experiences can offer in-built live and/or recorded practice opportunities in which specific feedback on performance is provided.
Assessment of competence	Training providers must enable supervisors to assess clinical performance of their students in simulated placements to ensure an adequate level of competence is attained. Assessment tasks must be practice-based, and go beyond theoretical written assignments. Practical skills must be assessed for competence.	Use of assessment tools such as Objective Structure Clinical Examinations (OSCEs), and multiple sources of feedback to support learning is recommended (Roberts et al., 2020). Simulated placements should incorporate regular and frequent competency assessment to allow for prompt feedback to assist students in gaining competence or to identify where remediation may be necessary.
Self-reflective practice	Post-graduate psychology students need to develop self-reflective practice (Nel, 2010), particularly within placement experiences. The Level 3 Standards (Australian Psychology Accreditation Council, 2019), identify self-reflection as a core competency of registered psychologists. Simulated placements need to teach self-reflective practice explicitly, and also build in activities that ensure students are reflecting on their competence development. This ensures students are implementing self-reflective practices routinely, and provides supervisors the opportunity to review reflections and guide performance development.	Incorporate tasks such as students watching their recorded practices and writing reflective pieces based on target skills.

(Continued)

TABLE 1 | Continued

Criteria	Guidelines	Practical Application
Self-directed	Simulated placements in psychology need to be founded on self-directed practice, rather than being limited to expert-teacher led practice (Nel, 2010). The simulated learning environment is well suited to creating opportunities for self-directed practice, as compared to a traditional in-vivo placement, given the priority to ensure public safety within the accreditation standards. Repetitive practice is recommended in simulation (Lateef, 2010), providing iterative learning opportunities and skills progression.	Simulated placements should enable students to repeat activities and tasks as needed to develop competence and self-efficacy.
Collaborative	Psychology simulated placements should be built to be collaborative (Nel, 2010). This can promote rich and shared learning journeys, beyond what is traditionally possible in in-vivo settings that are limited in the number of students at one time.	Simulated placements should incorporate systematic peer learning and feedback, as well as small supervision groups to facilitate participation.
Adaptability	Psychology simulated placements need to be adaptive and regularly reviewed to ensure training materials remain consistent with the evidence-based literature, accreditation standards, and reflect real-world trends in psychological practice and societal events.	Materials used in simulated placement and assessment of student competency should be reviewed annually and updated in accordance with current literature, previous learning outcomes, and relevant guidelines.

*APAC, Australian psychology accreditation council.

*SLA, simulated learning activities.

reflection (see Paparo et al. for detail). The document provided helpful guidance on the use of simulated learning activities (SLA) as part of course content within an Australian professional psychology training context, however the guidelines did not cover simulated placement experiences. Considerations especially around supervision and the development of professional and ethical practice within a simulated learning environment need to be made to effectively apply the APPESWG Guidelines within a placement context. Here, we extend these guidelines for provision of simulated professional psychology placements based on our successful development and implementation of large-scale simulated placements at an Australian University (2020—current). Previously, all professional psychology placements in Australia were limited to *in-vivo* options, however the latest version of the Accreditation Standards for Psychology Programs (Australian Psychology Accreditation Council, 2019) now make provision for simulated learning within required placement experiences at Level 3, Professional Competencies. This extension of the Paparo et al. (2021) article provides guidelines specifically for the use of simulation with professional psychology placements, with a focus on the Australian context.

ADVANTAGES OF SIMULATED PLACEMENTS

The provision of simulated placement experiences (beyond incorporation of simulated activities in teaching) has many benefits. Firstly, simulated placements provide standardization of professional psychology placements, reducing the variability of *in-vivo* placements. This has the additional benefit of making placement experiences reproducible (Lateef, 2010) and consistent across cohorts. Secondly, simulated placement experiences offer professional psychology training to those residing in rural and remote areas, which often have high demand for practitioners but very few opportunities to access supervised practicum. Thirdly, the option to consider simulated placement experiences has provided a viable and timely alternative for training in professional psychology programs within the COVID-19 context, which rendered face-to-face placements difficult to source (Cosh et al., 2021). Fourth, simulated placement experiences protect clients from novice practitioners (Lateef, 2010), and provide a lower risk context for students to practice working with difficult presentations (e.g., management of risk of harm) (Lucas, 2014). Fifth, simulation facilitates the assessment of student performance (Lateef, 2010), and ensures students are competent before seeing actual clients. Furthermore, simulation in placements offers the benefit of repeated and intentional practice with feedback to enhance retention and skills, and structured experience with presentations that are uncommon and rare for students to gain exposure to (Maran and Glavin, 2003; Lateef, 2010). Simulated placements are common in other health fields, such as nursing, medicine and allied health (Imms et al., 2018) and use of simulation for placements aligns psychology with these other disciplines.

GUIDELINES FOR SIMULATED LEARNING IN PROFESSIONAL PSYCHOLOGY PLACEMENTS

Table 1 provides guidelines for the explicit application of simulated learning within placement experiences in professional psychology.

EDUCATIONAL OUTCOMES

A considerable body of research from medical and allied health fields suggests that students who have engaged in simulation-based education perform better on subsequent clinical tasks. For example, a group of students who undertook simulated training prior to attending ward-based training performed twice as well, and in half the training time, as the group who only attended ward training (Lateef, 2010). Wright et al. (2018) found that simulation placements undertaken by final year physiotherapy students resulted in increased self-confidence across all skill areas. These students also achieved significantly higher competence grades compared to students who had undertaken the traditional *in-vivo* placement in their final year on a standardized clinical competence measure used in physiotherapy training. Beyond simulation reducing risk to the public during training, simulated training has been associated with increased performance (Liaw et al., 2010) and improved client outcomes (Lateef, 2010).

CHALLENGES

There are, indeed, some limitations to simulated placement experiences. For example, the limitations of role plays pose challenges in simulating a whole course of treatment or all psychometric assessments. Moreover, simulation precludes trainee exposure to the administrative side of running a service; and poses additional cost of developing with requisite training and support needed for staff to implement and sustain such models, although these challenges may be managed through explicitly specifying to the learner the differences between the simulated vs. real life clinical environment (Maran and Glavin, 2003). Furthermore, the real-world client outcomes after simulated psychology training have yet to be investigated, necessitating research in this area.

A further challenge is the limited evidence base for the effectiveness of simulated training in psychology. Paparo and colleagues reported that their guidelines represent the first

attempt internationally to establish consensus around best practice in the use of simulated learning activities. Cleland (2017) noted very low uptake of simulated learning within clinical psychology training in the UK, despite its obvious advantages in the context of competency-focused training and the need to ensure public safety. She drew a parallel between contemporary psychology training and medical training of two decades ago, citing barriers around the absence of a relevant evidence base and a lack of expertise in simulation amongst trainers. The current widespread use of simulation in medical training could therefore provide a model for the future of psychology training. Indeed, those at the forefront of introducing simulation-based training in psychology in Australia are adopting assessment techniques currently used in medical training e.g. the Objective Structured Clinical Exam (Sheen et al., 2015). This is appropriate in view of the overlap in quality markers for effective simulated training between medicine and psychology, such as repetitive practice, feedback and increasing difficulty (Issenberg et al., 2005; Cleland et al., 2009).

CONCLUSION

Simulation now offers a viable alternative or supplement to *in-vivo* options within APAC Level 3 Standards for professional psychology programs and can overcome barriers with sourcing placements and physical distances particularly for trainees in rural and remote locations, whilst providing a consistent training experience across the scope of psychological practice and reducing risk for actual clients. Training providers seeking to introduce a simulated placement should ensure that the simulated environment includes appropriate supervision and suitable opportunities for competency development and demonstration. We recommend incorporating experiential learning, reflective practice, skills-based assessment and self-directed learning. We also recommend the use of real-world scenarios which develop professional and ethical skills, including report writing and inter-professional liaison. Simulation can be used beyond SLAs to provide a standardized, practice-based, experiential training opportunity that meets all accreditation standards while safeguarding the public in early stage of learning.

AUTHOR CONTRIBUTIONS

KR wrote the draft of this article. All authors contributed to editing the draft of the article. All authors contributed to the article and approved the submitted version.

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