



Transforming professional performance through the power of human interaction

Social Workers See Role for Standardized Patients in Continuing Education

By Jess Williams, IRETA Pittsburgh

In June, the University of Pittsburgh and the Institute for Research, Education and Training in Addiction (IRETA) hosted a national conference focused on training healthcare teams to recognize unhealthy drug and alcohol use. Titled “Screening, Brief Intervention and Referral to Treatment (SBIRT) for Alcohol and Other Drug Use: An Interprofessional Conference,” it highlighted the ways standardized patients (SPs) can help practitioners learn how to talk to their patients about substance use.

Social workers were well-represented among the attendees. While some of the nurses, physicians, and all of the medical students were familiar with SPs, many of the social workers were new to the idea.

None of the social workers we spoke with had encountered SPs in their social work education. That’s because the use of SPs in schools of social work is currently very rare.

One exception to that rule was described by conference presenter Heather Gotham, PhD, a researcher at the University of Missouri School of Nursing. Gotham and her research team used SPs to assess the effectiveness of training students in the Masters of Social Work program at University of Missouri. After a series of lectures about the process of engaging patients in discussions about substance use, the students’ skills are evaluated using SPs, who are able to offer students individualized feedback.

Elsewhere, standardized patients have been used to train social work students to work with older adults. At the University of Washington, an SP methodology has been determined to be more effective than role-plays for gerontological social work students, but the program currently uses the course instructor as the SP rather than a professional. At the University of San Francisco, social work students are included in SP exercises designed to engage an interprofessional team in the care of an older adult. Outcomes from the SP program at UCSF indicate that social work students (as well as participants from the schools of dentistry, medicine, nursing, nutrition, pharmacy, and physical therapy) increased their ability to work as part of a team.

Although these preliminary results are intriguing, the use of SPs for training social workers is very much in its infancy.

However, at the June conference on risky substance use, attendees got to work with actual SPs, which was a new experience for most of the social workers. Many responded positively.

“It felt just like interacting with a real patient,” said Beatrice Koon, LMSW, a clinical social worker who now consults for the South Carolina SBIRT program. “I appreciated that he was able to give me useful feedback afterwards.”

Koon also appreciated the opportunity to solicit feedback midway through an interaction.



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“One of the standardized patients was a challenging case because she was very emotionally raw in kind of an angry way...The social worker who was working with that patient stopped in the middle and asked the group, ‘Where did this go wrong and how do I proceed from here?’ I think it’s great that you can call a time out and get help from peers.”

Participants remarked that SPs hold promise for seasoned professionals, not just students or early-career social workers.

“Traditionally, clinical behavioral health work happens behind closed doors,” said Lee Ellenberg, LICSW, who leads SBIRT training for the state of Massachusetts. He pointed out that the use of SPs for continuing education could increase the transparency of clinical practice and help current practitioners continue to improve.

Koon, who’s been in the field for seven years, agreed. She said working with an SP helped her pinpoint what she was doing *right* so she would know to repeat it in the future. “He was very affirming of certain things that I did that I didn’t think of as being that big of a deal,” she said.

But making a mistake with an SP poses no real risk; more often, it’s a learning experience.

“It’s a great way to try out something new without worrying you’ll do some harm to the patient, to take some chances and expand your own skill base,” said Ellenberg.

For one thing, “The standardized patient affords providers a real-time assessment of an actual patient response,” said Cameron Mager, MSW, LSW, a case manager in Pittsburgh.

And perhaps even more importantly, said several participants, the SP helps the practitioner gauge his own response to the patient.

“What do I do in high emotion cases, how do I not look scared?” said Koon. “Standardized patients can provide an opportunity for people to face their fears and feel less uncomfortable when dealing with actual patients.”

“Our patients’ behaviors are in part influenced by how we respond to them during interview,” said Mager. “If we feel uncomfortable, they’re going to pick up on that discomfort, which may make them less willing to share valuable information with us.

This is particularly important with patients whose lifestyle and culture differ significantly from the clinicians’.

“SPs offer a teaching opportunity for providers to identify and explore their feelings about people who challenge the misnomer of the ‘average’ patient,” said Mager.



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Cultural competence is an area that begs for training with SPs, said Mager. For example, as more people come out about their sexuality and gender identity, practitioners have the responsibility to be prepared to speak to their patients using language that confirms these identities and positively addresses their general health and sexual health concerns.

Mager argued that a practitioner's cultural competence with LGBTQ patients impacts the effectiveness of screening and brief intervention for risky substance use. "And there's such a high prevalence of substance use in that minority population and mental health issues confounding it," he said.

It's an observation that can be extended to other populations. Simply put, recognizing and addressing substance use disorders is easier when a practitioner is comfortable talking to a patient, no matter what the patient's background or behavior.

SPs appear to be promising tools for helping practitioners develop the skill and comfort level to effectively discuss substance use—not just within the medical field, but the field of social work as well.

Resources

[Competency-based SBIRT training for health-care professionals: nursing and social work students](#) (Gotham et al., 2015)

[Teaching Note: Using a Standardized Patient Approach to Enhance Clinical Skills in Gerontological Social Work](#) (Emlet, 2014)

[Interprofessional Standardized Patient Exercise \(ISPE\): The Case of "Elsie Smith"](#) (2013)