Featured Article

Simulations with Standardized Patients for Nursing Students in Preparation for Clinical Placements in Mental Health Care ☆,☆☆

Åsne Knutson de Presno, RN, MSc[a,*], **Anita Øgård-Repål, RN, MSc**[a],
Mariann Fossum, PhD, MScN, RN[b]

[a]*Department of Health and Nursing Science, Faculty of Health and Sport Sciences, Centre for Caring Research,
Southern Norway, University of Agder, Grimstad, Norway*
[b]*Department of Health and Nursing Science, Faculty of Health and Sport Sciences, Centre for Caring Research,
Southern Norway, University of Agder, Grimstad, Norway*

Abstract
Background: Nursing students often express uncertainty about clinical placement in a mental health care setting. Simulation with standardized patients may provide an opportunity for students to explore clinical situations in mental health nursing before their clinical placement, thereby increasing these students' overall satisfaction and confidence levels with regard to mental health nursing.
Method: A qualitative descriptive design was selected. Twenty-four undergraduate nursing students participated in four focus-group interviews after mental health simulations with standardized patients were conducted. Thematic analysis was used to analyze the data.
Results: Three main themes were identified: (1) preview into everyday life in a psychiatric ward, (2) adjusting assumptions and apprehensions regarding mental health nursing and, (3) mutual respect during the nurse-patient meeting.
Conclusions: The simulations were valuable in preparing students for mental health clinical placements by increasing their belief in capability to act appropriately in clinical scenarios.

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Background

The identification of approaches that properly prepare students for clinical placements in mental health care is a necessary component of nursing education. Such approaches contribute to reducing student apprehension and providing a positive view of mental health nursing (Kameg, Szpak, Cline, & McDermott, 2014). Current research suggests that undergraduate nursing students experience different levels of uncertainty before entering their mental health clinical placement (Alexander & Dearsley, 2013; Kameg et al., 2014; Lehr & Kaplan, 2013). The prospect of unknown situations, expectations regarding how to interact with people with mental illness, and fear of harming patients through poor communication are all related to negative emotions students may experience (Lehr & Kaplan, 2013).

Recent research has suggested that simulations with standardized patients (SPs) may enhance student learning outcomes by increasing satisfaction and confidence (Brown, 2015; Goh, Selvarajan, Chng, Tan, & Yobas, 2016, Garvey et al., 2020). Simulations with SPs are also used to enhance interprofessional collaboration by highlighting differences in nursing and psychology students' approaches to handling patients (Munoz-Rubilar et al., 2020). Recent reviews of simulations with SPs as preparation for mental health clinical placements have indicated that simulations may contribute to reducing anxiety levels, reducing/eliminating assumptions, thus increasing students' levels of self-confidence, self-awareness, and understanding of mental health nursing (Brown, 2015; Øgård-Repål, De Presno, & Fossum, 2018). Different assessment skills learned in the classroom can also be transferred to the actual practice setting using simulations (Goh et al., 2016; Speeney, Kameg, Cline, Szpak, & Bagwell, 2018). Moreover, clinical simulations involving SPs may prepare undergraduate nursing students for the clinical realities of mental health nursing by reducing levels of uncertainty, increasing confidence, and enhancing therapeutic communication skills (Choi, 2012; Doolen, Giddings, Johnson, Guizado de Nathan, & Abadia, 2014; Lang & Hahn, 2013).

Øgård-Repål et al. (2018) highlighted the need for research that considers possible links between anxiety and confidence levels in nursing students and their learning outcomes in mental health clinical placements. During simulations, SPs engage students in realistic, life-like scenarios. This provides opportunities for the students to be exposed to the unfamiliar before entering their clinical placement (Brown, 2015; Foronda, Liu, & Bauman, 2013). Students have reported that simulations with SPs in a safe environment increased their self-esteem and knowledge (Choi, 2012), which may be understood in light of Bandura's theory of self-efficacy (1977). This theory refers to an individual's belief that they are capable of completing situational, task-specific courses of action. More specifically, an individual's belief about their own personal efficacy is the most crucial incentive for them to take action (Bandura, 1977, 1997). Indeed, this belief is an important motivator in this process (Bandura, 1997), and an individual will become less motivated to act if they do not believe that their actions can or will lead to desired outcomes. Studies that involve nursing practices and resuscitation training have shown that when students conduct simulations before starting their clinical placement, this action improves their learning outcomes with regard to personal efficacy (Kirkpatrick et al., 2018; Roh, Lee, Chung, & Park, 2013). However, these studies have not included mental health clinical placements; hence, there is a need to investigate how simulations with SPs may be perceived by nursing students before entering their mental health clinical placements. This study aimed to describe nursing students' perceptions of simulations with SPs in preparation for their clinical placement in mental health nursing.

Material and Methods

This study used a qualitative descriptive design comprised of focus group interviews with undergraduate nursing students, all of whom were recruited from a nursing education program at a local Norwegian university.

Setting and Sample

An eight-week (240 hours) mental health clinical placement is a required part of the undergraduate nursing program, which begins following a two-day simulation intervention. Clinical placements are located in either a local mental health facility or an inpatient psychiatric care unit at a local hospital. All students following the two-day simulation training sessions were given both information about the study and the opportunity to volunteer in focus group interviews scheduled for the last week of their clinical placement. Initially, 147 students were given information

Key Points
- Twenty-four undergraduate nursing students participated in four focus-group interviews.
- Nursing students' perceptions of simulations with standardized patients in preparation for their clinical placement in mental health nursing was described.
- Simulation with standardized patients provided students a nuanced picture of their upcoming clinical placement.
- Simulation with standardized patients is a well-suited learning method in preparing undergraduate nursing students for clinical placement in mental health nursing.

about the study before the simulation session. A total of 24 students (ages 21-31) participated, including 5 men and 19 women.

Scenarios

The learning goals of the scenarios used in the two-day simulation training were based on previous student feedback regarding desired preparation before entering their mental health clinical placement. Learning goals were also based on the clinical supervisor's feedback regarding what students should be prepared for before entering their clinical placements. Registered nurses (RNs) from the local hospital interpreted and portrayed the roles of SPs based on this feedback. In the first scenario, an SP was trained to present as a person in a manic phase, exhibiting behavior that was both encouraging and without boundaries. Student learning goals included being aware of and communicating their personal boundaries to the patient in a therapeutic and nonoffensive way and observing the symptoms of mania. In the second scenario, an SP presented as a person with depression. The learning goals included establishing a therapeutic alliance and communicating with the SP. RNs and faculty members involved in the study had experience in simulation education and collaborated in constructing SP portraits, which included symptoms, history, personality, and behavior.

Simulation

The two-day simulation was conducted the week before the students entered their mental health nursing clinical placement. This involved simulation training with SPs, which was implemented as part of the undergraduate nursing program's second year of study. The intervention was planned and carried out in accordance with best practice guidelines for nursing education (Lioce et al., 2015). A total of 147 students were divided into 18 groups of seven or eight students. Each group was led by two RNs from the acute psychiatric ward at the local hospital, one RN in each group facilitated the simulation exercise, and the other played the role of the SP.

The simulation began with a briefing phase, where the facilitator presented the scenario, the SP, and the learning goals in the simulation's various scenarios. This phase was led by the facilitator and lasted approximately 30 minutes. The briefing phase included group reflection based on the scenario, learning goals, the patient's perspective and possible approaches in communicating with a patient in an actual situation. Students either participated in the scenarios or acted as observers. The simulation phase lasted approximately seven minutes. This was followed by a facilitator-led debriefing phase lasting 20 to 30 minutes, where the students' performances in the scenarios were analyzed and discussed. The SP and observing students were present during all three phases.

Semi-Structured Interview Guide

A semi-structured interview guide was developed by two of the researchers. This guide was based on literature and the researcher's own experiences from running simulation training sessions with nursing students. It included various questions about the students' experiences to ensure all aspects of the study's aims were explored (Grønmo, 2004). Initial questions included: "How did you feel about the simulation training?"; "Can you describe a situation in the simulation that you found instructive?" and; "Have you experienced situations related to patients/service users that were similar to the scenarios in the simulation?" These initial questions were followed by follow-up prompts such as "*please tell mote about that*" and "*please give me examples*".

Data Collection

The focus group interviews were conducted during the last week of the eight-week mental health clinical placement. Students were randomly divided into four focus groups (six students in each group), and the interviews were conducted by two of the authors (XX and XX). The interviews lasted 35 to 60 minutes (mean, 44 minutes), and were conducted at locations convenient to the participants. Four interviews were conducted in a classroom at the university campus and two in private rooms at the clinical placement location. The focus group interviews were audio recorded and transcribed verbatim.

Data Analysis

A thematic analysis comprised of an inductive six-step approach was used to analyze the qualitative data, as described by Braun and Clarke (2006). The strength of a thematic analysis is the researcher's flexibility regarding all aspects of the analytic process, which provides detailed and rich data content (Braun & Clarke, 2006). Therefore, it is crucial that researchers are sufficiently involved in the data to see the extent and depth of the content (Braun & Clarke, 2006).

In the first step of the analysis, two of the present authors (ÅdP, AØR) read through all of the transcripts together and took notes of potential issues and patterns of meaning that occurred in the data. NVivo software (QSR International Pty Ltd, 2018) was used for data management. In the next step, interesting and distinct words and segments from the dataset were manually coded. Quotes were organized and labeled under related codes. In the third step, citations were read by two of the authors. Similarities, differences and contradictions were identified, sorted/combined, and further condensed into subthemes. Each subtheme was individually considered and then combined to determine whether they represented

Table 1	An Example of Data Analysis From Text to Themes	
Data Extraction	Subtheme	Theme
"I was very stressed and did not quite know what to expect. So then I thought it was very good to talk to someone who actually worked with it daily that could calm me down in a way" (Focus Group 1)	• Stress reduction • Mental pictures of how the patients will appear/look, and what the ward is like	Adjusting prejudices regarding mental health nursing

the same overarching theme. Ten subthemes were identified at this stage. During steps four and five, the citations and quotes in each subtheme were reviewed, discussed, and considered. Subthemes were then revised, and themes were identified; subsequently, the report was finalized in step six. Table 1 shows an example of the coding.

Ethical Considerations

This study was approved by the Norwegian Centre of Reseach Data. . All second-year undergraduate nursing students about to enter their mental health clinical placement received oral and written information about the study the week before they began their placement. Participating students signed a voluntary, informed consent form. The opportunity to withdraw from the study at any time without consequences was emphasized.

Results

Three themes were derived from 10 subthemes that reflected the students' perceptions and experiences of the simulations with the SPs: a preview of everyday life on a psychiatric ward, adjusting assumptions and apprehensions regarding mental health nursing, and mutual respect in the nurse-patient meeting. The number next to each presented quote identifies the focus group (FG). Table 2 displays the themes and subthemes.

Preview of Everyday Life on a Psychiatric Ward

The facilitators described their workplace in relation to the SP and the simulation scenario and answered student questions. Students stated that this experience was valuable because it challenged their assumptions and provided insights into the different tasks RNs undertake in a psychiatric unit. Students received a preview of everyday life in the mental health placement they were about to enter: *"…but when you got to talk to someone from the ward, it was very good...you got some insight into how everyday life in a psychiatric ward could be..."* (FGs 2, 3, and 4). The students also reported that the facilitators shared stories that provided credible insights into everyday life on a psychi-

Table 2	Themes and Subthemes
Subthemes	Themes
• Meeting with nurses from actual practice • Preview of the reality of the mental health placement • Reflection on assumptions	Preview into everyday life in the psychiatric ward
• Stress reduction • Mental pictures of how the patients will appear/look, and what the ward is like • Discredit rumors	Adjusting assumptions and apprehension regarding mental health nursing
• To be as truthful and respectful to patients as to others • How to start a conversation • Silent presenceSilent presence • Awareness of one's own personal limits, and how to verbally express this to patients	Mutual respect during the nurse-patient meeting

atric ward: *"...you created an inner picture of it, what it looks like, and how it is going to be"* (FGs 3 and 4).

Participating students perceived that the RNs possessed high professional competence and that they, as facilitators, gave answers and reflections that were highly credible: *"I think it was useful because they used their own experiences. They were kind of experts in the field. They knew what to do and how the patients were..."* (FG 3).

Students reported that the simulation training eliminated rumors that were supported by their own beliefs concerning mental health institutions and people with mental illnesses. These rumors included the ideas that psychiatric patients were dangerous and unpredictable and the importance of being cautious and generalized when speaking about oneself to a patient: *"...before entering this mental health placement, you might have an idea that psychiatry was a little more dangerous...that you must not say where you are living or something like that"* (FGs 2 and 4).

Participating students had formed mental pictures of patients with mental illness before the simulation training that

were related to their assumptions. Simulation training adjusted these mental pictures based on how the SP appeared and provided information about what a psychiatric ward was actually like. Students reported a reduction in their stress levels from before the simulation training because they had an opportunity to meet RNs from the psychiatric ward acting as simulation-training facilitators, as well as with SPs that looked like "normal" people. The RNs complemented the simulation by describing actual patients and the unit in which they worked. This created a nuanced mental image of what the ward and patients were like: "*I was very stressed and did not quite know what to expect. So, then I thought it was very good to talk to someone who actually worked with it daily, that could calm me down in a way*" (FGs 1 and 2).

Mutual Respect in Meeting Patients

Students encountered the SP as a person, not unlike themselves, only with a mental illness and corresponding difficulties. This helped them understand the importance of being honest and respectful to patients, as they would be to others. They also confronted situations where dishonestly answering patient questions or requests complicated the situation. An important part of this experience was understanding that if they are dishonest, it becomes a testimony of strength to return to the patient with sincerity: "*...when you first have gone into the trap of lying to protect yourself, you can go back to that person and say, 'you know what, I have not been completely honest with you.' It is possible to recover such impulsive actions. It's a normal person, only with a disorder*" (FGs 1 and 3).

Students described how being asked numerous personal questions by the SP, without having the skills to respond to the demands of the situation, gave them the unpleasant feeling of being personally intruded upon. Furthermore, they experienced the importance of being aware of their own personal limits and how to convey these limits to the patient in a nonrejecting, friendly manner. Students reported similar situations to those encountered in the simulation during their clinical placement, which supported their thoughts during the simulation about how to set limits: "*...you notice now when you are in this placement, that it is important to set some limits for oneself, to be careful about how you do it...not to reject the patient...to set a limit and be friendly at the same time*" (FG 4). Another approach was to find their own balance in being personal rather than private when responding to the patient's questions: "*...but I've ended up telling a lot about myself, because I feel I need to, to get in touch with the patients*" (FG 2).

In the simulation training, students found it challenging to initiate a conversation with a patient. They also found it difficult to find appropriate topics and experienced slow progress in these conversations. The simulation training showed students that conversation topics based on concrete surroundings could be ice-breakers: "*...to use some things that you saw around you to start a conversation with a patient who is not very convivial. It has worked well in that we have had a very long conversation, despite the fact that the patient does not really want to chat*" (FG 3).

Students also found that during the scenario involving the patient with depression, there was a delay between the students' questions and the patient's responses. This waiting period was described as unbearable and made the students unsure of themselves. Through this scenario, they learned that enduring a silent presence with a patient is important and considered an essential part of establishing a relationship: "*...I have experienced that if you are able to withstand the silence you will eventually get a response and manage to establish a relationship with the patient*" (FG 2).

Discussion

This study explored the perceptions of second-year nursing students on simulations involving SPs. The results suggest that the simulations influenced these students' understanding of mental health nursing, self-confidence levels and preparedness for clinical placement.

Awareness of Interpersonal Skills

The SPs provided students with a patient experience they could expect to encounter that was not based on assumptions. The SPs presented themselves as equals and as someone to whom the students could relate to. This appearance of a "normal looking." vulnerable person helped to dispel any preconceptions of patients as unpredictable and dangerous. Through the one-to-one simulation encounters, student focus shifted from a "crazy psychiatric patient' to a 'person with mental illness and certain difficulties." The students described having compassionate feelings for patient, and their choice of actions toward them were a result based on respect, equality, and moral commitment. Hence, these experiences reflect the basic components and skills required to establish therapeutic relationships (Santos & Cutcliffe, 2018). These findings also appeared in two review studies (Brown, 2015; Øgård-Repål et al., 2018).

Activating Belief in Personal Capability

Through interacting with the SP during the scenario (as well as the facilitators' positive feedback, and reflections on the student's choice of actions during the debriefing phase) the students described how they gained an understanding of the patient's need for patience and equality in the relationship. These reflections may have contributed to acquiring greater insight into their own interpersonal skills, which are needed for acting appropriately in these

situations, as well as a strengthened belief in their own ability to establish positive relationships with patients.

This result supports the results of studies concluding that students who participated in simulations in mental health nursing experienced significantly increased confidence, knowledge, and ability in mental health care (Kunst, Mitchell, & Johnston, 2017, Garvey et al., 2020). This learning process might indicate there is some reinforcement of the students' belief in coping with similar nurse-patient meetings in their upcoming clinical placements. This reinforcement can be seen as an important motivator (Bandura, 1997) and, thus, an incentive to act during their mental health clinical placement.

A Nuanced Picture of the Placement

The RNs' stories regarding their own everyday work experiences provided students with an overview of the clinical context and challenges of daily life on a psychiatric ward. Students stated that these stories helped make the mental health clinical placement more transparent and predictable. It also gave them insight into the professional work that nurses do, thereby providing a good idea of what is expected of them during their placement. This contributed to changing students' preconceptions and expectations of mental health practice. Moreover, this may also indicate a reinforcement of their belief in themselves regarding their capability to meet the demands of the mental health clinical placement. Bandura (1997) has suggested that beliefs regarding the production of desired effects from one's own actions provide an important motivation for action, with the gradual growth of self-efficacy connected to belief in one's capability to manage tasks required in a specific situation. These findings are supported by Brown (2015) and Øgård-Repål et al. (2018), whose simulations with standardized patients were reported as increasing students' self-confidence levels to the point where they could effectively care for patients in mental health care settings.

Meeting With "Real" Nurses

During the simulation, RNs shared their clinical experiences through narratives and personal stories based on recent, concrete examples from their own work. This practical and contextual knowledge provided a broader perspective of the patients and the mental health placement and helped adjust the students' perceptions of the nurse's role. These findings have first been established in the existing literature and then strengthened to highlight the importance of ongoing dialogue and cooperation between faculty, mentors in mental health clinical placements, and students, which can contribute to integrating theoretical and practical knowledge based on the students' learning experiences (Grav, Juul, & Hellzén, 2010). Such integration will also contribute to avoiding potential discrepancies be-

tween theoretical instruction by faculty and clinical realities (Grav et al., 2010).

Limitations and Recommendations

There were several limitations of this study. First, researchers had met some of the participating students in the simulation training before the focus-group interviews. The researchers did not supervise students during their clinical placement; this lack of supervision may have had an effect on the data gathered from the students during the focus groups. Due to this situation, it was important to inform the students at the beginning of the focus-group interviews that their participation in the interviews was completely independent from the assessment of their clinical placement. Second, during the analysis process, two researchers (XX and XX) coded the data and discussed the coding with a third researcher (XX) to strengthen the validity of the analyses. There was a time span of over 200 hours from when the simulations took place and the conduction of the interviews. This gap may have affected the students' ability to recall details from the simulation. However, students experienced similar situations to these scenarios during their clinical placement, which may have extended the experience of the simulation training itself.

Further studies are needed to verify the effects of simulation training on learning outcomes, behavior change during clinical placement, and any effect on patient outcomes. In future studies, it would be interesting to explore aspects of the SP's role in terms of how they are trained and their interpretation of portrayed patients. It may also be useful to involve people with a mental illness to ensure that the SPs are authentic and reflect real-life situations from the perspective of people living with mental illness.

Conclusions

This study showed that nursing students found simulations with SPs that occurred before entering their mental health clinical placement to be a valuable method to improve interpersonal skills and contributed to increasing their perceived levels of self-efficacy. This resulted from adjusting their apprehensions and assumptions regarding mental health nursing, gaining a preview of everyday life in a psychiatric unit, and developing a belief in their own capability to act on the required demands of the situation they were about to encounter. However, organizing simulation trainings can be resource demanding due to required collaborations with local hospitals. Another challenging issue may be that some students fear simulation training with SPs because they view it as a performance rather than a learning experience. Despite these issues, increased self-efficacy following simulation training is an important motivator and incentive to act and, therefore, increases

student learning outcomes during their mental health clinical placements.

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