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Experiences of Simulated Patients Involved in Difficult Conversations With Undergraduate and Postgraduate Health Professionals

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Introduction: Simulated patients (SPs) are trained to simulate real patient scenarios for health professionals' education and training. The value of including SPs in simulated scenarios, particularly in relation to difficult and complex conversations, has been studied in various contexts, with a focus on learner experiences and outcomes. What has not been as extensively explored is the impact of difficult and complex conversations on the SPs. The aim of this study was to explore the perspectives, motivations, and experiences of SPs, particularly regarding difficult or complex conversations.

Methods: A qualitative approach was taken to gather and interpret SP experiences. Open-ended interviews were the primary means of obtaining data. Thematic analysis guided the interpretation of interview data to generate key themes that encapsulated the SP experience.

Results: Twelve participants shared their experiences of working as SPs in scenarios that involved difficult or complex conversations. From these data, 4 major themes were determined: *Care for Students*, *Pedagogical Focus*, *Emotional Regulation*, and *Organizational Environment*. The importance of empathy and safe design and support for simulations was apparent.

Conclusions: This study presents insights into the experiences and perspectives of SPs regarding difficult and complex conversations. Participants highlighted the necessity of uniformity in standards of practice in simulation and the need for advocacy for awareness of simulation-based practices.

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Key Words: Simulated patients, health professionals, difficult conversations, simulation-based education, altruistic empathy.

Simulated patients (SPs) are individuals who are trained to realistically portray patients and clients for the purposes of education, training, and assessment of prospective and established health professionals.[1,2] Simulated patients are increasingly present in health professions education, with research of this simulation modality focusing largely on the feasibility, reliability, and validity of SPs who are employed in different disciplines and for various simulated scenarios.[3]

Initially featuring in medical education, SPs have been introduced in the training programs of a variety of health professions fields, including nursing, physiotherapy, and pharmacy.[1,4] Some fields, such as psychology, counseling, and social work, have introduced SPs in more recent years.[5] The addition of simulation as a teaching modality in these fields has widened the scope for SPs and introduced an increasing range of scenarios.[6]

An extensive body of research, standards of practice, and practical guides have been published by expert educators and associations regarding the successful and safe operation of simulations.[1] This research has led to various standards and protocols, including one specifically for SPs: the Standards of Best Practice (SOBP) published by the Association of Standardized Patient Educators (ASPE).[7] Despite being classified as stakeholders,[8] the perspectives of SPs are underrepresented within research outputs, with only a handful of studies focusing on SPs' perspectives.[1,3,7,9,10] There is need for further research examining the experiences and perspectives of SPs. Of particular interest to the authors are the experiences SPs have when working in scenarios that focus on difficult and complex conversations.

Difficult or complex conversations, which are the focus of this study, include those where students or health professionals are tasked with discussing or delivering "bad news" to a patient or their relatives (eg, new diagnosis of cancer or death of a loved one), where students were required to manage challenging behaviors (eg, resulting from delirium or strong emotions exhibited by the SP) or where students were required to have a discussion about socially stigmatized topics (eg, diagnosis or treatment of a mental illness or illicit substance use). Rather than focusing on 1 specific type of difficult conversation, or 1 particular scenario, this study sought to investigate the broad and collective experiences of SPs when working in an environment where they are involved in "difficult conversation" scenarios regularly and routinely.

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The aim of this study was to examine, interpret, and communicate the perspectives, motivations, and experiences of people who perform in the role of SPs, particularly with regards to difficult or complex conversations. The question being addressed was "What are the experiences of SPs involved in difficult conversations with undergraduate and postgraduate health professionals?"

METHODS

To address the study aim, a constructivist-interpretivist research paradigm was selected to make meaning from interviews conducted with SP participants: this approach relies on the participants' views on the subject being researched[11] SPs were invited to participate in an audiovisually recorded online interview conducted by the lead author (L.W.). Data from interviews were analyzed using a thematic analysis (TA) approach guided by Braun and Clark.[12] Thematic analysis offers an accessible and theoretically flexible method of analyzing qualitative data and was determined to be an effective method for analyzing data in this study. Braun and Clark's framework for TA involves 6 stages: 1) familiarization with data, 2) generating initial codes, 3) generating themes, 4) reviewing themes, 5) defining and naming the themes, and 6) reporting the results.[12] Details relating to how these stages were adhered to are documented in the next section.

Ethics approval for this study was granted by The University of Adelaide School of Psychology Human Research Ethics Subcommittee (#22/34). All participants signed a consent form before participating in their interview.

Participant Selection

Purposive sampling was used to recruit SPs from Adelaide Health Simulation (AHS). Eligibility criteria included the following: 1) worked for AHS within the last 2 years, 2) self-identified as having participated in "difficult conversation" simulations with undergraduate and/or postgraduate students, 3) proficiency in English, and 4) 18 years or older.

Context

Participants were recruited from AHS, The University of Adelaide, an accredited center that facilitates the full spectrum of simulation-based education (SBE) modalities for health professions students, graduates, and external organizations requiring sophisticated examination and training facilities.

At the time of writing, AHS employs 74 casual SPs: 43 (58%) are trained actors. Simulated patient ages range from 19 to 80+, with 32 identifying as women, 37 as men, and 2 as nonbinary. The SPs who work at AHS have worked in SP roles for between 1 month and 20 years, with most working for at least 3 years. In 2022, the total number of SP hours was 10,399 (average 200 hours per week). Regular, tailored training is provided to SPs, with focus on authenticity, providing feedback to students, maintaining safety in simulated scenarios, and accurately demonstrating clinical signs and symptoms. Training is provided by SPs who are permanently employed by AHS, in collaboration with clinical lecturers and tutors. In all simulation scenarios, simulation coordinators and course coordinators aim to work in partnership with SPs to ensure the physical and psychological safety of all participants. Most of the SPs who work at AHS participate in difficult conversations, in the context of simulated scenarios, on several occasions throughout the academic year.

Data Collection and Analysis

Interviews were conducted by the lead author (L.W.) between May and June 2022. The duration of interviews ranged from 48 to 74 minutes, averaging 57.6 minutes. Interviews were held via Zoom. Zoom's inbuilt software was used to audiovisually record interviews and produce interview transcripts. Open-ended questions were used throughout the interviews and were participant led, in line with the constructivist-interpretivist research paradigm.[11]

Credibility, trustworthiness, and rigor were addressed in part through facilitating member checking within 2 weeks of interviews, whereby participants reviewed their transcript for accuracy and additional commentary. Participants were sent a summary of the research findings and had an opportunity to provide feedback.

Data analysis followed Braun and Clark's TA methods.[12] In Stage 1, interviews were rewatched and transcripts were cross-checked and edited to amend digital transcribing errors. Deidentified transcripts were reread multiple times with initial codes, and an audit trail established at the commencement of the research project was maintained throughout the study to track research content and to facilitate the consistent practice of reflexivity.[13]

In Stage 2, the lead author (L.W.) analyzed transcripts using NVivo (Lumivero, V14) to code data. The coding process was regularly shared with coauthors, and interpretations of data were discussed. An inductive approach was used for the identification of themes in Stage 3. This method was deemed appropriate because it allowed for themes to correspond directly with the data and were not purposefully driven by the researchers' theoretical interests in the topic.[11] There were no disagreements regarding themes as TA progressed.

The included thematic map (Fig. 1) provides visual representation of the data and demonstrates clear connections between themes, codes, and extracts. This process was undertaken in Stage 4, with careful consideration to ensure claims made from the analysis were produced with methodological integrity.[12] Stage 5 of the TA process involved considering results relative to existing literature, and through the consideration of a theoretical framework that could be used as a lens to view study results and inform naming of the themes. This publication is the product of Stage 6.

RESULTS

Overview

Twelve SPs participated: 6 identified as men (n = 6) and 6 as women (n = 6). Ages spanned between 24 and 86 years. Eleven were trained actors. The SP experience spanned from 3 to 40 years (mean = 18.8, median = 14). All but 1 had worked as SPs for organizations other than AHS. Eight participants had worked in simulations for both undergraduate and postgraduate students, whereas 4 had only worked with undergraduates. All participants had worked in simulations for various fields of health professions education, including, for example, medicine, nursing, psychology, and allied health.

The result of TA yielded 4 major themes from 232 codes and 33 subcodes; these are *Caring for Students, Pedagogical*

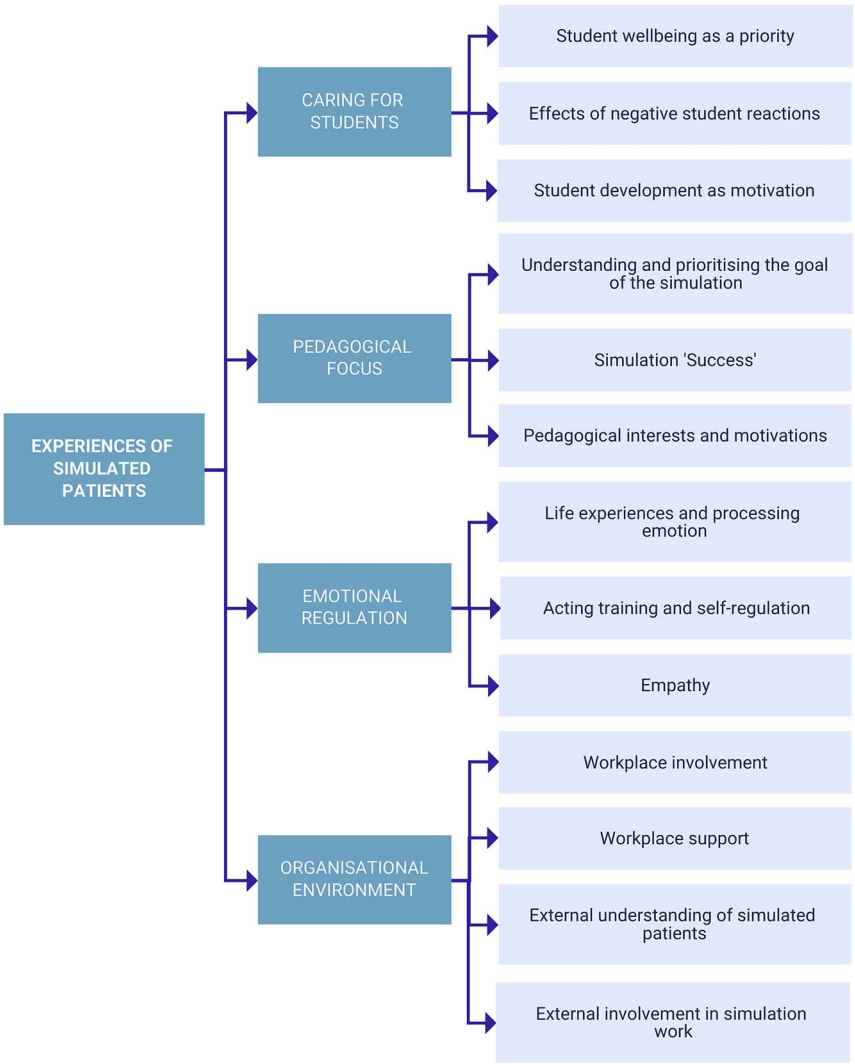

FIGURE 1. The figure is a thematic map. It provides an overview of the codes that were identified in the analysis phase, and how these were collated into subthemes and themes that are described in this article.

Focus, Emotional Regulation, and *Organizational Environment*. A thematic map (see Fig. 1) illustrates SP experiences as themes and subthemes. Themes are further substantiated with additional extracts from the data in a Supplemental Digital Content (SDC) file (Table, SDC 1, http://links.lww.com/SIH/B52, evidence supporting subthemes and themes).

Caring for Students

Caring for Students was identified as a priority of all participants. Participants described the importance of placing student well-being at the forefront of simulation work, particularly due to the challenging subject matters involved (eg, discussing or delivering bad news, managing challenging behaviors, and discussing diagnoses and treatment plans for stigmatized topics, such as mental illness or illicit substance use). Participants described negative experiences resulting from adverse reactions of students. They described satisfaction from seeing students' development as a significant motivator for participating as SPs.

Students' Well-Being as a Priority

Participants acknowledged that simulations could involve sensitive subject matters and take place within stressful contexts:

> *"You can throw yourself right into those difficult conversations around death, or negligence, or abuse, or all of those trauma kind of triggers … I suppose the thing is about having the room and having the mentor or the people who can help guide and all sit in that space together in a very equal way." (SP2)*

Participants identified strategies for facilitating student well-being:

> *"… to help the students relax by helping them, just, you know, to be a friendly face … I just like to make them feel very comfortable …So yeah it's good for them… to be able to connect with a person, so that when they are with people they don't see them as a patient they see them as a person." (SP1)*

Effects of Negative Student Reactions

When sharing negative experiences during simulation work, participants recalled situations that involved adverse reactions of students. Participants recounted examples of students reacting to the difficult environment of simulation work as an adverse effect of their work, sharing feelings of empathy, distress, and questioning their own role in the simulation.

"…my experience is most of the distress has not been from me but more from the student... I mean an SP can at least read the case and… just say you can't do it. But a student can't do that, they have to just do it." (SP8)

Participants noted that a required skill was to monitor student reactions in the simulation environment and navigate the simulation accordingly.

"He didn't know what to do, and he was really anxious. And I thought 'wow, they're due to get to work experience next week.' So…we did it together because I figured there's no point in letting him be uncomfortable and all over the shop because he was terrified… What 19-year-old young man who's perhaps had a fairly narrow life would know how to put on a bra?" (SP10)

Student Development as Motivation for SP Work

Participants identified students' positive reactions as providing work satisfaction and motivation. Participants noted seeing the emotional and educational development of students as a main reward in their work.

"The most beneficial aspects of being SP? I guess when the student gets a bit of a light bulb moment... Knowing that these young students are switched on and intelligent… knowing that they're going to go out there and really help people in the future… knowing that I'm hopefully making a difference to some of these extraordinary talented individuals." (SP9)

Pedagogical Focus

The theme of *Pedagogical Focus* encompassed common perspectives, practices, and interests relating to learning. The term pedagogy is defined as the theory and practice of learning.[14] Participants emphasized that having clarity regarding learning outcomes and prioritizing them during the simulation would result in simulation "success." Participants described the necessity of understanding learning outcomes to aid authenticity of character: a significant goal for SPs. The achievement of simulation "success" and the consequent participation in the educational development of students was noted as a key motivator for participants.

Understanding and Prioritizing the Goal of the Simulation

When preparing for a simulation, participants described role preparation, including rehearsal, background research, receiving feedback from tutors, and viewing demonstrations. These processes were said to aid authenticity in simulation.

"Doing a bit of research of how certain people act. Whether or not you'd be looking at videos or how other people have done it, what not to do, what to do. I also think it's helpful learning the expected outcomes of what a med or nursing student should sort of be looking for, what they should be doing, and what they shouldn't be doing." (SP3)

Participants suggested that ultimately, the best preparation is understanding desired student learning outcomes and goals because this enabled them to have clarity regarding what is required of them and why.

"It's not about me… It's about giving the student what they need… So very often it's simply respecting and understanding what the pedagogical outcomes are. And making sure you're giving the right front, the right data and consistent data to students across the course of an exercise." (SP7)

Simulation "Success"

Simulation success was defined by participants as the successful attainment of learning outcomes. The SPs' goals to obtain "simulation success" was viewed as a priority above any discomfort or difficulties faced within the simulation. Participants believed that valuable learning experiences facilitated through difficult or challenging simulations outweighed the discomfort they felt in the simulation.

"…I was like 'aw this is really uncomfortable.' I should probably have said [safe word] at that point but I had this sort of eye-opening moment where I saw how this scenario was affecting everybody and how much they're getting out of it and I just thought 'I can't end this now.' I didn't want to ruin it… I just felt it would have been too big an opportunity to pass up because everyone was getting so much out of it, the learning objective was being met, there was so much to debrief here." (SP3)

Pedagogical Interests and Motivations

Participants commonly noted an interest in learning and teaching. Participants identified motivation to work toward successful learning outcomes for students, and their job satisfaction was associated with successful simulation outcomes.

"It's providing them with you know, the skills that they need… you can see that they're actually really quite happy to be able to say 'yeah, we've learned something today' you know?.. and that makes us feel good because you know, we know that we've done our job… it's so important for the learning process. I think that's the biggest satisfaction I get out of it, for sure." (SP12)

Emotional Regulation

Emotional regulation is defined as the process of monitoring, evaluating, and modifying emotional reactions.[15] *Emotional Regulation* was identified as essential in dealing with sensitive topics present in simulations. Participants outlined that life experiences helped develop necessary skills to process emotions effectively. Participants argued the importance of using professional actors as SPs rather than those without acting backgrounds because their training assists with emotional regulation. Lastly, having empathy for others contributed significantly to the emotional aspects of being an SP.

Life Experience and Processing Emotion

Processing emotion was explained by participants as the ability to identify emotions being experienced and then regulate attitudes and responses. Participants identified their own life experiences as aids that facilitated the processes involved with SP roles because it facilitated a deeper understanding of their assigned character, personal limitations and boundaries, and the understanding of potential stressors and triggers.

"Life, I suppose, actually, as you get older and, and you experience more things in your life, it certainly helps with being an SP because you can think 'I remember that, yes', and you can put yourself into that situation and hopefully do a good job." (SP6)

Self-awareness and life experience were viewed as imperative skills for dealing with difficult conversations in simulation.

Acting Training and Self-Regulation

All but 1 of the participants were trained actors and identified their acting training as foundational for being able to manage the emotional content in difficult conversations. Participants suggested that the training provided to actors allows them to use emotional experiences to provide authentic portrayals for students, but more importantly, allows them to separate themselves from characters' situations.

> *"The other problem we do have is sometimes, and this does seem to be a problem, more with hobby actors, is if we have confronting, stressful, difficult, or challenging scenarios they might be booked for a whole day, say 8 hours or more of work, and they find after 4 hours they can't keep going. They're too tired, too emotionally run down from it, they're not able to separate themselves as well, which is another thing that training just really helps you with." (SP11)*

The participant with no acting training noted that they did not feel comfortable with portraying emotionally challenging roles. The participant felt they did not have the required skills to authentically portray the patient, nor did they feel they could effectively separate themselves from the character's distress.

Empathy

Participants identified empathy as an important quality for successful simulation work, explaining that it promotes respect and appreciation for the subject matters involved in the simulation. Because simulations are typically based on real cases, participants identified the importance of having empathy and respect for these individuals to accurately portray them.

> *"For me, it was the knowledge that, and this is true of the cases that you often do anyways as an SP, it's based on a real case. So, this was a real man, who had just had a child. He was 25 years old, who is finding out he has terminal brain cancer and will be dead within the year. That's pretty heavy stuff. It's one thing to do a role like that, where you have to go into quite an extreme emotional place, you know, shock and despair and all that." (SP11)*

Organizational Environment

The final theme relates to the O*rganizational Environment*. It was noted that workplace structure varied greatly between facilities and could have a profound impact on the well-being of SPs. Workplace involvement was defined by participants as the level in which the workplace is actively involved with the organization of simulations, contact with SPs, and supervision of the simulation process. Workplace support was noted as the capacity in which the workplace provides support to its SPs formally or informally. The last important contributing factor in this theme is external understanding of simulation work, referring to the opinions of those who are not employed by the simulation or education facility, but may be involved in simulation. This factor was identified as a key issue in simulation work due to variability and the effects it may have on the simulation process.

Workplace Involvement

The theme "Workplace Involvement" describes findings related to the direct contact between participants and places where they have worked. Participants noted that a lack of organizational structure and supervision could have detrimental effects on SPs and students. Lack of structure could put simulation participants at risk and lead to unexpected outcomes. Participants explained that adequate workplace involvement was essential for safe simulation work; however, this was not always experienced in organizations.

> *"So the fact that this one company was not organized and didn't have structure and didn't have a character. It, I did tap into something too personal, and it made it too personal also for this other girl that was too much. And, and the fact that I said, 'hey you know she needs support' and they said no, that traumatized me." (SP1)*

Workplace Support

Workplace support is an important aspect of any enterprise.[16] It was suggested by participants that organizations approached the hiring and contracting processes for SPs in varying ways.

> *"Um, I remember, I used to do some work for [a university] as well, doing SP work and I don't remember there being any briefing or even any communication before or afterwards… I don't even remember the course coordinator coming up to us, they just wanted to make sure we were here, and that was it." (SP3)*

In some instances, participants experienced poor communication, unsuitable preparation materials, and barriers to support relating to contracts and resources. In other instances, these processes were well supported and coordinated. Great variability in organizational processes was noted.

External Understanding of SP Work

The nature of simulation work means that SPs work with numerous individuals, including those who do not regularly work in simulation contexts. When educators were not familiar with simulation modalities and had little understanding of SPs' scope, experience, and role, it could have detrimental effects on the simulation and SPs themselves. This led to feeling underappreciated, misunderstood, and what was described as "unsuccessful" simulation. Participants advocated for increased awareness of SBE and the SP role among educators.

> *"But I think at the end of the day, it's still around valuing the role of the artist, the actor, or whatever, however, we want to frame it. I still think it is intrinsically linked to you know why, when I talk about what it is that I do people go 'oh, that would be so much fun' and it's like, no it's really freaking hard work..." (SP2)*

External Involvement in SP Work

Participants noted involvement from organizers, educators, and health professionals could have significant effects on their perceived quality of work and well-being. Feeling valued within the simulation by students and educators was identified as a significant contributor to the well-being of participants.

> *"I think it's about just acknowledging the value of the work that we do. And if things arise… and if you need to access… some counseling or some extra support… I think it would be amazing if there were some approaches… like a protocol, a framework or something that was just commonplace." (SP2)*

Participants believed simulation coordinators held some responsibility for selecting appropriate simulations for SPs, for ensuring adequate training for the role, and negotiating with SPs their suitability for different roles, particularly when they involved emotionally or mentally challenging or complex conversations. Suitability was not always linked to level of skill, but also to the individual's emotional capacity to be in a particular role at that point in time. The suitability of the role was described as having significant impact on the quality of simulation work and the well-being of SPs. Similarly, consideration of SP welfare by organizers was identified as an important factor in ensuring mental well-being.

> *"Yeah, and sometimes the repetition of you know, like one of our actors has done the palliative care case so many times, like for years and he just said, one day, he did it and it just hit differently, and he was like I don't think I can ever do this again, like it's just, it's heavy stuff. You can't expect to know what the response will always be." (SP5)*

DISCUSSION

The present study aimed to explore experiences of SPs involved in difficult or complex conversations. We identified 4 major themes: *Caring for Students, Pedagogical Focus, Emotional Regulation*, and *Organizational Environment*. These identified themes provide insight into the experiences, perspectives, motivations, and practices of SPs.

The Altruistic-Empathy theoretical framework is a lens through which findings from this study can be viewed. The defining feature of the Batson Altruistic Empathy Theory is the assertion that emotional reactions, specifically, sympathy, compassion, tenderness, and sensitivity to others' emotions, cause empathetic arousal, which is the integral source of altruism.[17,18] Altruistic-Empathy theory argues that empathy is an important contributor to altruistic motivation.[17] Altruistic-Empathy theory does not suggest that humans are only motivated by altruism. Instead, the theory suggests that motivation can be egoistic, altruistic, or a mixture of both.[17] Interestingly, research from Altruistic-Empathy theorists suggests that empathic concern contributes to long-term welfare.[19] Much of the content from participants in this study refers to reasons and motivation for working in this field, particularly in scenarios that contain challenging, difficult, and complex topics and interactions.

Participants of the present study confirmed previous research that caring for students is an important aspect of student interaction.[1,20] Findings from this study suggest that SPs believe caring for students is an integral component of supporting a beneficial learning experience for learners who are practicing difficult or complex conversations with an SP. The findings also suggest that caring for students has considerable influence on SP job satisfaction and motivation.

We know from previous research that SPs can be both negatively and positively affected by this work.[1,21,22] Identified positive impacts have included financial remuneration, socialization, student interaction, performance satisfaction, and improved medical literacy and health-seeking behaviors.[8,23,24] Negative impacts have included feelings of anxiety, shame, and pain; physical discomfort, such as fatigue and irritability; and psychological disturbances.[1] The most commonly identified negative factor affecting SPs is stress.[1] It has been documented that stress-related symptoms from simulations are consequences of types of roles played, repetition, acting style, and the impact of transitions, which refers to the process of entering and leaving a role.[10] Participants of this study echoed some findings from previous studies, referencing the adverse effects of negative student reactions in simulation.[1,10] Participants highlighted the gratification they felt from positive student reactions and interactions.

What this study adds is knowledge relating to the experiences, attitudes, and perceptions of SPs who regularly partner with clinical educators and students to facilitate learning experiences. Participants indicated that empathy was an important quality for a competent SP, suggesting that empathy for students, and the patients they were portraying, was key to successful simulation. Participants felt motivated to contribute to the education of health professionals who would then address the needs of future patients or clients.

In the present study, participants identified the importance of being able to self-regulate emotion. When connecting with the emotional content of simulations, participants noted that they would have to delve into their own emotional experiences to give accurate performances. To avoid harmful ramifications from dealing with such experiences, participants noted the importance of self-awareness and support. Specifically, participants noted the necessity of adhering to clear emotional boundaries, having deep comprehension of person triggers, and articulating any distress to trusted individuals. Participants also suggested the process of emotional regulation was aided by age and life experience. Protective factors for SPs are documented in previous studies and published practices.[8] The Association of Standardized Patient Educators' Standards of Best Practice, for example, provide simulation educators with methods that contribute to participant emotional comfort.[7] The emphasis of SPs' emotional self-regulation was a finding not yet explored in other literature.

The suitability of employing professional actors as SPs is well documented.[25] Specifically, it is noted that the training actors undertake can contribute to authentic simulation performances, superior improvisation, and reliable character memorization.[4,26] Some studies have documented the benefit of hiring professional actors to participate in emotionally challenging simulations.[1] The learnt skills of trained actors aids authentic emotion portrayal and reduces the risk of emotional harm.[27] In the present study, participants acknowledged the suitability of trained actors. It was emphasized by the trained actors of the participant pool that their training was vital in separating from the patient experience and prevented risk of trauma from emotionally challenging simulations. This concept was reflected by the nonactor participant who reported abstaining from emotionally challenging simulations because they felt they did not have the necessary skills for safe and authentic emotional portrayals.

Research regarding simulation participant safety is ample and has influenced Standards of Best Practice, simulation program guidelines, and procedures of simulation-practicing bodies.[7,26] Participants of the current study noted that organizational support and structure could be either a protective or harmful factor to their occupational and emotional well-being.

It was recognized that involved and effective workplace support was imperative in ensuring SP well-being and recognizing potential risks of simulation. Choosing appropriate simulations for individuals, providing adequate training, and actively providing emotional support were distinguished as vital protective factors of the organizational environment of simulation as identified in previous research.[7,26]

Strengths and Limitations

Much of the literature on SBE focuses on perspectives of educators or students.[3] Studies that examine SP experiences are either general in nature or have focused on areas such as identity or stress.[3,9,10,27] The results of this study explored the multifaceted experiences of SPs who work in health simulation and identified a theoretical lens through which to examine these experiences.

The study offers areas for further exploration. For example, the delineation between what is a "real emotion" being brought into the simulation, and what a "simulated emotion" is and how these might be distinguished. Examining whether a simulated emotion reflects the physiological changes that are felt when experiencing a real emotion, and if the differences impact on the experience for learners, is an area that warrants further discussion.

A potential limitation is likely that SPs were recruited from one geographical area, that is, metropolitan South Australia. The variability of simulation-based practices means there is still much to learn of SP experiences globally. Nonetheless, the findings were consistent with those articulated by researchers internationally,[1,3,9,10,27] which strengthens the confidence in transferability.[28]

Implications

The findings from the present study provide several implications for future SBE practices. Analysis of participant perspectives and experiences has provided comprehensive insight into motivations, principles, adverse elements, and positive factors of SPs and in simulation practices. Participants in this study advocated for consistency across simulation organizational environments. Participants asserted that when SBE organizations implemented structured and consistent standards of practice, simulations were more likely to run smoothly, students and SPs had more support available, and risks of distress were mediated. Therefore, these findings may influence current standards of practice, as well as persuade simulation-practicing bodies to implement such guidelines.

CONCLUSION

Health care simulation research has largely focused on the perspectives of educators and the experiences of students. Relative to the comprehensive body of literature on SBE, the perspectives of SPs are largely underrepresented. The present study contributes to the literature through exploration of SPs' experiences of difficult and complex conversations. Caring for students was emphasized by participants as an integral motivating factor, whereas emotional self-regulation was determined a significant protective factor. Because SPs are becoming increasingly employed in modern health professions education, it is vital that organizations implement adequate protocols and practices to ensure SP well-being and management. The increased awareness of SP roles, improved workplace practices, and consideration of SP perspectives may lead to a safer simulation environment for all participants and improve the quality of health professions education.

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