Influence of Social Work and Nursing Interprofessional Collaboration Skills at the Undergraduate Level: A Pilot Study

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Abstract: *This study investigates the impact of simulation-based learning on fostering interdisciplinary collaboration between nursing and social work students. Interdisciplinary teams are essential in healthcare settings, requiring practitioners to possess effective communication and collaboration skills. Nursing and social work are disciplines that frequently collaborate, making undergraduate education a vital place to prepare students for this teamwork. Simulation work offers a safe and controlled environment for students to practice skills. A convenience sample of 44 students, consisting of 20 social work and 24 nursing students, participated in this study. Data collection involved observations of student interactions during the simulation and subsequent focus group discussions. Thematic analysis identified key themes related to four competencies of interprofessional collaboration: values and ethics, roles and responsibilities, teamwork, and communication. Students demonstrated practice skills including respect, empathy, and cultural sensitivity, while also exhibiting active listening and a willingness to learn about each other's roles. Overall, this study suggests that simulated-based learning is a valuable tool for promoting collaboration between nursing and social work students. Future studies can investigate students' uncertainty about each other's roles at the onset of a simulation and the impact of enhanced communication via role clarification at the beginning of a simulated experience.*

Keywords: *Social work, nursing, collaboration, simulation, curriculum, interprofessional*

Healthcare requires an interdisciplinary approach to optimize patient outcomes and ensure safe and competent care. Interdisciplinary teams work together collaboratively to enhance individual skills, provide support, and develop strategies that improve healthcare. Improved patient outcomes and decreased mortality and complications are potential benefits of successful interdisciplinary teams (Bendowska & Baum, 2023). Because a teamwork approach is essential in healthcare, undergraduate student educational methods must integrate these concepts and opportunities for collaboration into the educational curriculum.

Social workers and nurses are often the first providers to interact with clients making teamwork and communication essential practices (Childress et al., 2024). It is essential for social work and nursing students to be involved in activities with one another that promote interprofessional teamwork in undergraduate education and prior to professional practice. The integration of interprofessional collaboration in undergraduate social work education can be facilitated in a multitude of ways. The following practice tips are encouraged:

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allowing students to participate in authentic team situations; high level interactions; team-based critical thinking; intergroup support; creation of common goals and objectives; opportunities to listen and talk to and alongside one another; opportunities to navigate case scenarios together; sharing equal status; and exploring each discipline's focus, language, and approaches to practice. Interprofessional collaboration implemented at the undergraduate level can promote team-based care practices and communication to support healthcare systems which can reduce healthcare costs, improve patient safety, and positively impact population health (Banks et al., 2019).

Simulation-based learning is a method in social work and nursing education that allows students to engage in real-life patient scenarios in a safe environment. Students are able to connect theory to practice, work collaboratively with peers, and improve confidence while achieving success in the field (Mishra et al., 2023; Sims, 2011). Social work and nursing students are afforded opportunities to apply practice skills learned from prior courses. When nursing and social work students are integrated together in one simulated learning experience, they are able to assess the nuances of how other disciplines approach communication and engagement with clients. As a result, simulation-based learning can be utilized to promote collaboration with other disciplines that are present in healthcare. Social work and nursing are two disciplines that work together in a variety of healthcare settings, and because of the high frequency of interaction between the two disciplines, more inquiry is necessary to understand the learning needs of students as they prepare for employment and direct practice. The use of simulation learning can be utilized to facilitate collaboration among nursing and social work disciplines through a hands-on approach in a safe learning environment. Nursing and social work students must be provided with more opportunities to collaborate in simulated or real experiences to positively impact healthcare.

Literature Review

Interprofessional education and collaboration in the fields of nursing and social work have proven to be valuable tools in helping students develop key competencies for practice (Banks et al., 2019; Chan et al., 2010; Costello et al., 2017; MacLeod et al., 2022; Zenani et al., 2023). A study using seminars and a case study to educate social work and nursing students on cross disciplinary practices found that doing so strengthened students' ability to make timely decisions about patient care and increased knowledge about each other's roles in that care (Chan et al., 2010). Banks et al. (2019) conducted a study that identified how social work and nursing students need simulation-based learning to enhance communication and care coordination for preparation for clinical practice. Another study which examined social work and nursing students in a simulation experience found that the collaboration increased the students' feelings of self-efficacy and deepened their understanding of the importance of communication between fields (MacLeod et al., 2022). Additionally, the results of an integrative review on the use of interprofessional education in nursing education found that collaboration among healthcare disciplines promoted patient safety, increased effective teamwork and knowledge of differing roles, and advanced self-awareness and the identification of strengths and weaknesses (Zenani et al., 2023). Because of increasingly complex health issues, social work and other healthcare

professions have shifted toward interprofessional team-based practice (Powers and Kulkarni, 2022).

The World Health Organization (2010) has issued a call to action to employ the use of interprofessional education in teaching health care workers due to its positive contribution to the health care system and patient outcomes. Similarly, the Council on Social Work Education (2022), commonly referred to as CSWE, recognizes that interprofessional collaboration is necessary to successfully engage, assess, and intervene with clients. The 2022 CSWE Educational Policy and Accreditation standards, which outlines nine core competencies that all accredited social work programs must integrate into their curriculum, encourages social work programs to incorporate interprofessional research and education into their programs as a purposeful strategy to respond to the needs of a complex and changing society. Competency 1, which focuses on the demonstration of ethical and professional behavior, calls on social workers to have knowledge of the roles other professionals play in the workplace and systems they occupy (CSWE, 2022). Simulation-based educational experiences that foster collaboration of students in differing disciplines allow students to experience this in real-time and develop an understanding of the importance of teamwork. Competencies 5 through 9 detail the expectations of social workers to effectively engage, assess, intervene, and evaluate their practice with clients (CSWE, 2022). Through interdisciplinary simulation, social work students not only practiced building rapport with and gathering information from the patient but also developed a care plan alongside nursing students for the most comprehensive care that aligns with the core competencies. Additionally, having the opportunity to evaluate their own performance allows students to reflect on the effectiveness of their interventions and the quality of their collaboration efforts, again aligning with the competences of the CSWE EPAS.

The American Association of Colleges of Nursing (n.d.) also encourages an environment of learning that provides interdisciplinary educational experiences to augment the practice of different disciplines. The use of a simulation exercise in interprofessional education has the benefit of allowing students to practice their skills and prepare for work on an interdisciplinary team (Costello et al., 2017). Social workers are natural partners in interprofessional education as they are employed in a variety of healthcare settings such as hospitals, long-term care facilities, and outpatient clinics. This case study aims to contribute to the field of research on interprofessional collaboration in collegiate education and explore further implications for partnership and the use of simulation for faculty and students.

In review of other scholarly sources, one systematic review showed that simulation improved attitude, knowledge, and skills (Jackson et al., 2024). This is often a goal in social work education as students develop in social work competencies. The purpose of this systematic review was to identify the effects of simulation when compared to traditional teaching methods. Simulation can provide hands-on experience to prepare future professionals in a comprehensive and holistic manner. It offers the physical opportunity to practice actions and communication techniques. Bullard et al. (2019) found in their quasi-experimental pilot study that interdisciplinary simulation-based education improved relationships, attitudes, enhanced learning, and built interprofessional relationships.

Simulation offers a unique opportunity to enhance student learning, foster understanding of social work and nursing to improve teamwork, and work towards improving patient outcomes. A meta-analysis of RCT and systematic reviews also found that interdisciplinary simulation-based teaching provided a significant positive approach for interprofessional knowledge of healthcare providers (Saragih et al., 2024). These studies provided the necessary guidance to use simulation as a holistic approach to teaching social work and nursing student's communication, respect, and understanding of each healthcare team roles.

While studies support the positive outcomes of interdisciplinary work the Interprofessional Education Collaboration (IPEC, 2011) identified four general domains of competencies in interprofessional collaborative teamwork to achieve beneficial outcomes for students preparing for employment in healthcare. The first domain focuses on values and ethics and involves fostering mutual respect and shared values. The second domain emphasizes using knowledge of one's own role and roles of other professions to assess and address healthcare needs. The third domain encourages members to communicate with patients, families, communities, and other health professionals in a responsive and responsible manner to support a team approach. The last domain involves applying the relationship building values and principles of team dynamics to perform effectively in team roles to plan and deliver patient centered care that is safe, timely, efficient, effective, and equitable. These themes are supported by other researchers and include the use of IPEC core competencies in education (Powers & Kulkarni, 2022). In the 2023 revisions, IPEC retained these four domains while updating many of the subdomains that fall within each category.

Systems Theory

The decision to employ systems theory as the guiding conceptual framework stems from the recognition that interprofessional education and collaborative healthcare are inherently embedded within systems. Undergraduate social work students are expected to interact with systems theory concepts. Systems theory asserts that individual components of a system, such as each individual IPEC domain, interact dynamically with one another and with their broader environment, thereby influencing and being influenced by these relationships (Bronfenbrenner, 1979). Collaboration between disciplines is not an isolated activity, rather involves interconnected subsystems working together toward a shared purpose. For social workers in healthcare, the result can be effective person-centered care.

Through the application of systems theory, the study conceptualizes interprofessional collaboration as a microcosm of the healthcare system, where each healthcare worker functions as an integral component within a larger structure. The pre-briefing, simulation, and debriefing phases represent interactive subsystems that influence knowledge integration, communication processes, and role enactment. The simulation activity operates as a dynamic system where input (i.e., student preparation and disciplinary perspectives), throughput (i.e., interaction, problem-solving, and in-the-moment reflection), and output (i.e., enhanced interprofessional competencies) are continuously exchanged and modified through feedback loops. Throughout this process, student

collaboration is influenced by interpersonal interactions and environmental conditions, such as faculty facilitation, institutional culture, and simulation design.

Social Systems theory proposes that society is understood through ongoing communication rather than through shared membership, with communication serving as the primary factor influencing social systems (Rodger, 2022). Through this framework, professional disciplines like nursing and social work are understood to be distinct subsystems, each guided by their own teachings, values, and ethical codes. For these professions, interdisciplinary collaboration requires using communication to coordinate and execute tasks while understanding meanings and goals across differing professional guidelines. The simulation used in this study creates an environment where communication processes among students can be practiced, observed, and reflected upon. Through these experiences, students begin to recognize how effective practice in their professions depends on developing strong communication and an understanding of the work of others within complex systems such as the healthcare field.

Methods

A qualitative descriptive approach for thematic analysis was utilized to understand the data in this case study. This approach is best suited for the goals of this pilot study, which was to identify, analyze, and report themes within the data (Braun & Clarke, 2006). Direct structured observations of participants during the simulation activity were the primary methods for collecting data when exploring the collaboration between nursing and social work participants and were reinforced by subsequent focus groups. Observational methods were selected to capture real-time interactions and behaviors of students allowing for a detailed understanding of their collaborative practices. The observations allowed for insight into participants' use of skills and knowledge within a simulated context as they interacted with pre-selected tasks. Observation protocols were developed to guide data collection, identifying behaviors including communication patterns, decision-making processes, and interdisciplinary teamwork. Field notes were taken to document the observations in real-time and to record descriptions of the observed behaviors and any contextual factors.

Focus groups were chosen to supplement observational data and to elicit rich and in-depth insights from participants. Focus groups were led by the study researcher and nursing faculty members. A semi-structured interview approach was adopted to allow students flexibility in describing their experiences, perceptions, and challenges to collaboration. Semi-structured interviews were important as this allowed participants to guide the conversation around interdisciplinary concepts while allowing spontaneity in their questions and reflections. This approach encouraged participants to reflect on the application of their skills and provide a richer insight into the rationale of why certain decisions were made. This also allowed participants to communicate their perspectives and ask questions to further understand students of the other degree discipline. The four domains identified by the Interprofessional Education Collaboration were used to guide the observations and focus group sessions.

Participants and Recruitment Procedures

Convenience sampling was utilized to recruit participants due to the accessibility and feasibility of obtaining data from students within the researcher's academic institution. A total of 44 students from the university participated in the study. Social work students (n=20) and nursing students (n=24) from upper-level undergraduate classes were recruited and participated in the study. Of the 20 social work students, 15 identified as women and 5 identified as men. Of the 24 nursing student participants, 17 identified as women and 7 identified as men as seen in Table 1.

Table 1. *Participant Demographic Characteristics*

Discipline	n	Women	Men	Academic Level
Social Work	20	15 (75.0%)	5 (25.0%)	20 Undergraduate
Nursing	24	17 (70.8%)	7 (29.2%)	24 Undergraduate
Total	44	32 (72.7%)	12 (27.3%)	44 (100%) Undergraduate

The study details were initially planned and reviewed by faculty from nursing and social work departments. Upon receiving IRB approval, nursing and social work faculty began recruiting students from their departments. In social work, students enrolled in their internship class were invited due to the nature of this course's flexibility in applying special topics and students' current focus of collaborating with professionals in other degree disciplines at their internships. Prior to entering their third semester in the nursing curriculum, nursing students were invited to volunteer their participation. Nursing students enrolled in the mental health course were invited while the same recruitment procedures were used for social work students. Prospective students were emailed consent forms, with a second reminder initiated three weeks later.

Simulation Procedures

Students were divided into 12 sessions: 2 sessions occurring in Spring 2023 and 10 sessions in Fall 2023. Within each session, there were 1-2 social work students and two nursing students. Due to the differences in enrollment sizes between programs, occasionally there was only one social work student participant in the simulation experience (Table 2). Please also see Appendix B for a visual outline of the simulation. Students were not given this outline, and this was used for simulation planning purposes only.

Social work students were asked to sign up for a session using a faculty's Calendly account. Although this allowed students to partner with a peer whom they were comfortable with, this was the best approach allowing flexibility in coordinating the session time with their required internship hours for the class. In Spring 2023, nursing students were asked to volunteer for sign up. In Fall 2023, nursing students were selected from a mental health course in which they were enrolled. Nursing students were randomly assigned to a simulation experience by the nursing faculty.

Table 2. *Summary of Simulation Sessions, Duration, and Mean Focus Group Time*

Simulation Session	# of Participants		Duration (Minutes)		Special Notes (if applicable)
	SW	Nursing	Simulation	Focus Group	
Spring 2023					
1	2	2	19	32	Included viewing of recorded simulation (10 min)
2	2	2	20	34	Longer discussion due to complex case scenario
Fall 2023					
1	2	2	20	30	Focused on interdisciplinary communication
2	2	2	21	36	Technical issues slightly shortened debrief
3	1	2	18	30	Debrief phase—more reflective discussion noted
4	1	2	20	32	
5	2	2	21	38	
6	2	2	19	30	
7	1	2	20	32	
8	2	2	22	30	
9	2	2	24	35	
10	1	2	20	28	
Mean	1.6	2	24.4	38.7	

Note. The total session time represents the combined length of the simulation and debrief/focus group discussions. Across all sessions, the simulation phase averaged approximately 30 minutes, and the focus group phase averaged 36 minutes, including time spent viewing brief portions of the recorded simulation.

On the day of their session, students arrived on campus and waited outside of the simulation room. It was the intention of the researchers for students to then enter a pre-briefing exercise together. However, due to social work students living on campus at a different building, the shuttle bus and class offering times meant a relatively few social work students missed the nursing section of the pre-briefing. Despite this, these students were still allowed to be introduced to one another. These relatively few students were still allowed to participate in the simulation because social workers might not always be involved in pre-briefing meetings in a hospital setting and the initial social work orders might come much later in a client's treatment. During the pre-briefing, faculty identified the purpose of the simulation and the roles of the participants, where the nursing faculty detailed objectives for nursing students and the social work faculty identified objectives from their coursework. All students were provided with a report on the fictitious patient by nursing faculty. Students were given basic information about their case which included initial reasons for admission (i.e., symptoms) and diagnoses. The pre-briefing phase lasted up to 15 minutes.

Following the pre-briefing, students were asked to transition to a hallway outside the simulation room while faculty awaited inside the simulation control room. In the hallway, nursing and social work students were afforded a few minutes alone without faculty to

prepare how they would enter the room and participate in the simulation. When the simulation experience started, faculty pressed a button turning on a light in the hallway to signal students to enter the simulation room. Students were expected to immediately interact in the case simulation. Both social work and nursing faculty were located behind a two-way mirror. The nursing faculty gave direct commands through a voice box located inside a patient manikin and later acted as family members. Social work faculty participated in direct observation of student behaviors and skills. Overall, this segment lasted about 20 minutes.

Following the simulation, all participants entered a post-briefing with faculty which acted as the focus group. During this time, students viewed a video recording of their session. Because this initiative was tied to student coursework, faculty paused at times during the video recording to point out skills that were demonstrated well and choices that needed further exploration. After reviewing the video recording, participants engaged in the focus group discussions to reflect on their experiences of their case simulation while also answering questions from their own peer students. This segment lasted up to 30-40 minutes (See Figure 1). Utilization of reflective prompts was used by the facilitators to help demonstrate a formal structure for the simulation process while maintaining transparency related to the semi-structured format (Appendix A).

Data Collection

Qualitative data was collected by three faculty members while an additional faculty member was charged with the task of facilitating the simulation experience. The faculty members who conducted qualitative data observation and collection possess extensive training and prior experience in qualitative research methods, including ethnographic and phenomenological observation techniques. One faculty member has over ten years of experience teaching and hosting sessions in professional social work conferences.

Observations and focus groups were utilized to investigate the experiences of each participant. While the focus groups were designed to foster free-flowing discussion and participant-led discussion, an interview guide was used during the debriefing. The debriefing stage was important, as it allowed greater depth in understanding student perspectives. Other studies have noted how debriefing can further improve student confidence and readiness for practice (White et al., 2025). Open-ended questions promoted interprofessional dialogue by encouraging participants to explore their experience of collaboration to stimulate reflection and increase participant inquisitiveness about the roles and tasks of others from different programs. Students were asked to provide appraisal of each other's engagement, role contribution, clinical assessment, and communication. The faculty used probing questions such as, "how did your team members' communication influence the client's response" or "what strengths did you observe in your partner discipline's approach" to stimulate constructive peer reflection. The use of clarifying and probing for deeper insights improved conceptual accuracy of the data collected and interpreted.

Figure 1. *Timeline of Simulation Process*

Phase	Duration	Key Activities	Participants/Roles	Focus Prompts
Pre-brief	~15 minutes	- Orientation to simulation objectives/purpose of the simulation - Review of case report & confidentiality guidelines - Brief discussion on interprofessional communication	Faculty facilitator, all student participants	During the pre-briefing, faculty identified the purpose of the simulation & the roles of the participants; where the nursing section detailed objectives for nursing students, & the social work section identified objectives from their coursework. Example information/objectives provided to students: - Basic case information name, DOB, reason for admission/ medical diagnosis - Role identification & expectations & purpose of simulation - Objectives: Collaboration in a realistic setting - Prior to entering patient's room students were able to prepare together
Simulation	~20 minutes	- Enactment of interprofessional scenario with client interaction from nursing faculty through manikin - Observation & note-taking by non-active participants - Facilitator observed & recorded group dynamics -Case was video recorded	Student actors (assigned roles as RN/SW), observers, facilitator	Focus on communication, decision-making, & role boundaries
Debrief / Focus Group	~30-40 minutes	- Viewing of recorded simulation (selected clips) with discussion of the general communication & interaction - Guided reflection & group discussion - Identification of key learning points & emotional responses - Summary of takeaways of each discipline's roles & responsibilities	Faculty facilitator leads group discussion; all participants contribute	- Shared each professional roles for patient care "What stood out to you during the simulation?" "How did team communication influence outcomes?" "What would you do differently next time?" - Example Question from nursing students to SW students was what the role of a social worker in the acute care setting is

Note. The figure depicts the structured flow of each simulation session, including the mean times for the preparatory pre-briefing, the role-based simulation exercise, and the post-simulation debriefing. While sessions were intentionally open and exploratory, facilitators used consistent guiding questions to encourage reflection and connection to practice.

Data Analysis

The participant observations were recorded during the case simulation, and additional notes were taken while watching the video recording. To maintain student confidentiality, the video recordings were deleted following each session as this is congruent with already existing standards for nursing students during their coursework and other simulation activities. The focus groups were also documented in real time for the same reasons of confidentiality. The observation notes and text were analyzed according to the method of qualitative thematic analysis described by Sundler and colleagues (2019).

Multiple steps were taken to increase the trustworthiness of the data collection and analysis. First, the researchers participated in an iterative reflexivity process before and after each simulation session, maintaining an audit trail of reflective memos that documented potential biases and interpretive decisions. Second, to ensure confirmability and credibility, all observational notes were reviewed and discussed with the research team following each session. The researchers engaged in peer debriefing on a later date to examine the interpretations, resolve discrepancies, and establish consensus regarding thematic meanings. This collaborative process provided a critical check on potential subjectivity and ensured alignment between the observed behaviors and the data interpretations. Third, field notes were triangulated with data from the focus group reflections and video-recorded sessions to strengthen the credibility of findings. This multi-source triangulation minimized the influence of any single researcher's perspective.

Data analysis involved four steps. First, the text from the researcher's writing was read and re-read to become familiar with participant responses and to begin the process of identifying relevant meaning units across participant responses. Next, meaning units were marked, and where appropriate, described using code notes. These were then compared and contrasted and systematically grouped to develop patterns. Third, the descriptions were then described and labeled into themes. Lastly, the meanings were organized into a wholeness with themes describing participant experiences with collaboration. The analysis was shared with all other researchers involved in the case simulation to clarify points and increase understanding of the observations until consensus was achieved.

Results

The participant data provided offered a comprehensive look at the dynamics of interprofessional collaboration in a healthcare scenario involving nursing and social work students. The themes from the data were organized using the four domains of interprofessional collaboration (IPEC, 2023): Values and Ethics, Roles and Responsibilities, Communication, and Teams and Teamwork. Rather than treating each IPEC sub-competency as an independent theme, the relevant sub-competencies reflected in the data were organized with the four broader IPEC competency domains established in the IPEC literature. Thus, the four domains served as the overarching thematic framework, while the sub-competencies provided a more specific lens for identifying and interpreting patterns of interprofessional behaviors within each theme (See Figure 2).

Figure 2. *Interprofessional Collaboration Domains* (IPEC, 2023, p. 15)

Theme 1. Values and Ethics

The sub-competencies reflected from this data were promoting the values and interests of people and populations; value diversity, identities, cultures and differences; and applying high standards of ethical conduct and quality in contributions to team-based care.

Beginning with the first sub-competency, there was a noticeable emphasis on showing respect and compassion toward the client. For example, one group of nursing students immediately and respectfully asked for the client's name while another group consistently displayed empathy and offered help. Most groups disclosed feeling uncomfortable with having four students in the room all at once, with one group directly asking nursing students "do you feel comfortable with all of us in the room?" This feeling and initial apprehension reflects values of respect, dignity, and privacy as their initial feelings suggested this process could pose a problem for the client. Students' feelings were validated each time when the client asked each group why there were so many people in the room. Another group further elaborated on this by stating "we wanted the client to be heard" and felt too many people in the room would prevent the client from being heard.

Regarding the second sub-competency, efforts to value diversity were evident. One group demonstrated a good understanding of cultural humility by discussing the client's name preference and addressing the name properly. In the post briefing, one group of students asked, "when you come in contact with a client who has cultural restrictions, how do you respond?" Multiple groups viewed the client as a person and not an illness. Students indicated "we wanted to assess strengths and be a support person," "we wanted to focus on building rapport before adding psychiatry or another person," and "we wanted to support and help." In all groups, students gave the client and family ample time to talk and participate in the helping process.

Regarding the last sub-competency in this domain, upholding ethical standards was noted in multiple groups. One group maintained confidentiality when prompted by the client about revealing medication information. When the conflict arose about the client's preferred name, all groups made efforts to correct the problem when the client's wristband did not honor the client's preferred name. Although beyond the scope of practice, one group became curious and wanted to know the history regarding the name change. Most groups thanked the client for raising their name preference, with one group summarizing all of these groups by stating directly "thank you for letting us know your name preference."

There were several gaps in behavior by students for domain one. At times, there was often uncertainty about roles and responsibilities between nursing and social work students which impacted engagement with the client (i.e., being silent or leaning away). For two groups, this led to moments where ethical conduct could have been compromised due to hesitation or lack of clarity. While some groups showed advocacy for clients by providing community resources, there were missed opportunities to advocate for social justice and health equity more robustly. None of the groups considered the CARES Act and how changing the wristbands and electronic records to the preferred name could impact the client's life if family viewed the material on MyChart or other related electronic medical record systems. Hosting this discussion in the room could allow the client to be fully informed and have greater self-determination. Because parents might have access to their child's electronic medical records and this child has yet to inform the parents of their identity change, they may want the formal change to wait.

An additional area where engagement was impacted occurred after one or more of the students accidentally disclosed the client's preferred identity to the parent. Following this disclosure, it was pre-planned for the parent to become agitated with that disclosure. Most groups reacted to the parent in adverse ways. One group threatened to call security when arguments between the client and parent continued. Another group stepped to the side and away from the client and parent. A third group made attempts at redirecting the conversation to a new topic by offering referrals. Two other groups attempted to get the client's parent to leave the room to talk privately. When the parent refused, one of those groups disengaged from the conversation by stating "we will let you all talk about this." One group did maintain good non-defensive communication while another group made good attempts at redirecting the conversation to be strength-based. In the debriefing, students continued discussing this topic, by asking "how do you address family members that are unruly," "how do you address confidentiality when family is in the room," "what

happens when the client mis-interprets confidentiality," and "is the parent typically overwhelming, and will this be a barrier to treatment?"

When the client's anxiety and agitation increased during the simulation, all of the groups focused primarily on the here-and-now moments and none of the groups addressed transference reactions during the simulation. None of the groups fully explored how the client's symptoms and reactions in the hospital room are a manifestation based on experiences prior to their hospital visit. For example, a client's agitation regarding the mistake about their name could be based on past negative experiences or societal views related to the client's preferred name. A few groups superficially inquired about other factors when asking the client "how long have you been Jane," "why do you prefer this name," "tell us more about your home and running life," and one group explored potential sources of why the client was overwhelmed.

Theme 2. Roles and Responsibilities

The sub competencies reflected from this data include the full scope of knowledge, skills, and attitudes of team members and differentiate each team member's role, scope of practice, and responsibility. Despite occasional uncertainties regarding roles and responsibilities, numerous groups demonstrated a clear delineation of roles. One group exemplified effective role differentiation where nursing students concentrated on the medical aspects of the client's anxiety and social work students engaged in probing questions concerning the client's overall wellbeing. The dual focus on medical and psychosocial perspectives allowed for a comprehensive approach when engaging the client. Conversely, several groups experienced challenges in articulating their roles to the client upon entering the room. Two groups did not fully communicate their roles initially which could have led to confusion and a lack of clarity in their interactions. Another group, although initially apprehensive, provided a more thorough description of their roles towards the middle-end of their session. In another group, role communication occurred only during the debriefing with the students stating, "our role is to fix the problem now." A final group assessed their role communication post-briefing where they reflected on the necessity of setting expectations for advocacy and referrals rather than counseling.

There were several groups that effectively communicated their roles from the outset. One group explicitly stated, "Social work will talk to you about your anxiety." Similarly, another group, although later in the session, managed to set clear expectations for advocacy and referrals instead of facilitating counseling skills. A third group provided a brief role explanation with the social worker stating, "I am here to help out and refer." A fourth group addressed confidentiality when the client inquired about privacy concerning medication misuse, with the social work student responding, "I cannot make promises." This exchange demonstrated this group's understanding that confidentiality is a part of their role. A fifth group articulated their purpose and role as one of "helping," and social work students overall viewed their role as a support person. Overall, the groups believed social work would focus more on mental health aspects, connecting clients to services, and maintaining a solutions-focused approach.

A common thread across all groups was the limited time allocated for reviewing their roles before engaging with the client. The time constraint potentially hindered their ability to clearly articulate their roles. Despite this, some groups managed to demonstrate curiosity about each other's roles to foster interprofessional understanding. One group of social work students inquired about the nursing students' holistic approach, and vice versa, nursing students were interested in the social work's next steps when treating a healthcare client.

The handling of medications emerged as a critical area for role clarification and interprofessional collaboration. Two groups had discussions in the debriefing about the extent of their professional responsibilities concerning medications. Questions such as, "Do you feel telling the client no to medications could have ruined rapport?" "How do you deal with a client's medications?" and “Can social work prescribe medications?” were posed by students and suggested they were seeking further understanding each other's scope of practice. Another group of social work students inquired about responses to clients' requests for medications amidst worsening symptoms by asking “if the client wanted medications now with their worsening symptoms, how do you respond when a client asks for them?” Two other groups recognized the need to “focus more on medications,” while acknowledging their oversight in this area. Despite all groups consulting the physician, the students stated, “we overlooked aspects of medications and should have asked about this more.”

Regarding the second sub-domain, role differentiation was notably observed in one group, where nursing students explicitly informed the client that the social work student would specifically address anxiety-related issues. This clear communication facilitated the client’s understanding of each team member's scope of practice and facilitated an integrated approach to client care. Similarly, all social work groups demonstrated a level of understanding of role differentiation by appropriately redirecting the client's medication requests to the physician, thereby acknowledging the boundaries of their professional responsibilities.

Other groups also exhibited patterns of role differentiation and understanding scope of practice. One group revealed nursing students' curiosity about the "difference between social work and case managers." Concurrently, social work students in this group probed into what nursing students prioritize when faced with simultaneous physical and mental health issues, indicating an interest in the procedural aspects of nursing. Their questions in the debriefing reflected critical thinking about the various roles within the interdisciplinary team. Two other groups demonstrated a need for greater clarity regarding nursing roles. In these groups, social work students expressed, "we need to know more about what nurses do and their protocol and how to navigate through the hospital." This statement reflects an awareness of the importance of understanding the procedural and practical aspects of nursing to enhance collaborative efforts. Another group similarly sought specific procedural knowledge, with one student asking, "Do you have a list of steps?" During this time, a nursing student questioned, "what is your role?" which elicited a response from a social worker inquiring whether the team could "collaborate with outside therapists." This type of exchange was found to be important and necessary to delineate roles clearly.

There were several gaps in behavior by students within domain two around the themes of role confusion and overlap and scope of practice. There were instances of poor coordination, such as in one group where boundaries were left unclear, and in another group where roles were not well defined. This adversely impacted communication and engagement with their client. Reflection on team performance was often missing or superficial. One group recognized their strengths and weaknesses, but did not thoroughly explore how to improve future interactions. Two other groups discussed the challenges of dealing with client transference and role confusion which impacted students' ability to de-escalate situations effectively. Another recurring issue observed within groups was the handling of the client's symptoms, such as differentiating between anxiety and other medical conditions like pneumonia. Two other groups encountered difficulties in considering potential withdrawal symptoms as a contributing factor to the client's condition. Lastly, one group got close to addressing drug dependency issues, but directed their thoughts towards responding to repeated medication requests instead of exploring underlying withdrawal symptoms comprehensively.

Theme 3. Communication

The sub competencies reflected from this data were: communicate one's role and responsibilities clearly; practice active listening that encourages ideas and opinions of other team members; and examining one's position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts. Beginning with the first, many groups began their interactions with clear and professional introductions which established a positive tone for their engagement. One group of nursing students notably facilitated a strong initial connection by immediately asking the client their name and leading the initial conversations. Similarly, another group of students introduced themselves and leaned towards the client which helped to establish rapport. However, not all groups exhibited clear introductions. Three groups lacked clarity in this initial step which could potentially impact the subsequent communication and client engagement. It is crucial for all team members to articulate their roles and responsibilities clearly to ensure a cohesive and collaborative approach to client care.

For the next sub-domain, several groups demonstrated excellent active listening skills by validating the client's feelings and adjusting their approach based on client feedback. This practice enhanced the therapeutic relationship and prioritized the client's needs and perspectives. Three other groups sought concreteness in client responses by asking questions such as "would you like […]," "can you tell me more about that [...]," and "how does that make you feel [...]?" These open-ended questions facilitated deeper client engagement and allowed for a more comprehensive understanding of the client's concerns.

For the third sub-domain, several social work students exhibited non-verbal communication patterns that reflected their nervousness and uncertainty regarding their roles. For instance, one group of social work students let nursing students take the lead and stood away from the client for a majority of the time and explained this behavior as an attempt to avoid "overstepping boundaries." While maintaining appropriate boundaries is a key social work value, it is essential to distinguish between good and bad boundaries to

avoid undermining the effectiveness of the team. This non-verbal behavior also suggests social work students view themselves as having less power than other interdisciplinary team members which relates to prior student testimonies they are there to “support” and “help” the team. One group explained their hesitance by stating, "we wanted to think of ways of helping instead of diving in first" which indicates a thoughtful but passive approach. Another group noted, "I would speak up more. I thought we were transitioning, but I was overthinking it.” A third group of students initially modeled nursing student behaviors before eventually moving closer and engaging more actively (i.e., watched before engaging). Another group of social work students recognized that their nervousness was evident through their non-verbal communication such as staying quiet and keeping a distance during initial dialogues. Similarly, another group admitted to feeling nervous and expressed a desire to see a simulation prior to practicing to reduce anxiety. Previous interprofessional social work education similarly found social work students frequently hesitate to assert their professional perspectives early in team interactions until greater familiarity develops (Wharton & Burg, 2017).

There were several gaps in behavior by students related to the themes of communication barriers and conflict management within domain three. Miscommunications were noted, such as in one group where the client’s name preferences were not consistently respected, leading to confusion and potential rapport issues. Another group struggled with managing family dynamics which indicated a need for better strategies in addressing conflicts and ensuring effective communication with the team. In all groups, the client’s mother assumed a major role in the dialogue. This involvement can be beneficial, yet it posed a challenge of ensuring the client’s voice was prioritized.

Theme 4. Teams and Teamwork

The sub competencies reflected from this data were: appreciate team members’ diverse experiences, expertise, cultures, positions, power, and roles; reflect on self and team performance to inform and improve team effectiveness; and facilitate team coordination to achieve safe, effective care, and health outcomes. Many groups displayed strong collaboration. One group supported one another by offering deep breathing exercises to ensure the client felt heard. Another group displayed shared leadership by allowing both nursing and social work students to take lead roles at different times to foster a balanced team dynamic.

Several groups identified areas for improvement in the second sub-domain which reflected team performance. For example, one group reflected upon their collaborative effort when nursing students assessed the client's heart rate while the social worker focused on breathing or supportive exercises, eventually moving closer to offer support. This reflection on coordinated actions helped inform better practices in their subsequent interactions. Another group initially observed more than interacted. However, when the client complained of a wrong wristband, social work and nursing students immediately and jointly addressed the issue with students ultimately proclaiming, "we are fixing that." This shift from observation to engagement improved their team’s effectiveness in the remaining simulation time. Another group of nursing students focused on medical aspects and

uncovered the client's anxiety. Social work students then rallied to probe further into the client's anxious state to facilitate a comprehensive dialogue from a social work perspective. This allowed the team to adapt and address the client's primary concern effectively, while later asking questions about the extent to which medications or counseling is prioritized.

For the last sub-domain, effective team coordination was evident in several groups. One group demonstrated this by having nursing students redirect the client to discuss medications with their physician, while social workers reinforced the next social steps, such as considering the determinants of health. This seamless coordination improved this group's success in providing recommendations that addressed both medical and psychosocial aspects related to the client's problems. In another group, students articulated how the client's medical symptoms of pneumonia, panic attack, anxiety, gender orientation, and relationship with their mother were interrelated. Their comprehensive thoughtfulness was a result of coordinated efforts to integrate various facets of the client's experience, leading to more effective care. However, some groups faced challenges in achieving optimal coordination. For example, several social work students in one group stood back and did not initiate conversations, which showed there were power dynamics that hindered team effectiveness. This issue was also observed in multiple other groups where social work students stood far away and impacted their ability to engage actively in client care.

There were several gaps in behavior by students around the themes of team coordination and reflective practice within domain four. There were instances of poor coordination, such as in one group where boundaries were left unclear, and in another group where roles were not well defined. This adversely impacted communication and engagement with their client. Reflection on team performance was often missing or superficial. One group recognized their strengths and weaknesses, but did not thoroughly explore how to improve future interactions. Two other groups discussed the challenges of dealing with client transference and role confusion which impacted students' ability to de-escalate situations effectively. Another recurring issue observed within groups was the handling of the client's symptoms, such as differentiating between anxiety and other medical conditions like pneumonia. Two other groups encountered difficulties in considering potential withdrawal symptoms as a contributing factor to the client's condition. Lastly, one group got close to addressing drug dependency issues, but directed their thoughts towards responding to repeated medication requests instead of exploring underlying withdrawal symptoms comprehensively.

Discussion

The findings of this study are promising when assessing the role of effective communication and a comprehensive understanding of students' knowledge, skills, and attitudes of team members in enhancing interprofessional collaboration. Interestingly, several authors also found professional identity and roles were important themes in collaboration (Childress et al., 2024; Sims, 2011). While uncertainties in role delineation were evident in this study, clear articulation of roles, when it occurred, significantly improved team efficiency and ensured a holistic approach to client care. This progression

from uncertainty to greater collaboration has also been observed among nursing and social work students in simulation, where anxiety was reported early in the collaboration, but with greater confidence resulting (Banks et al., 2019). Future studies and curriculum will benefit by investigating or incorporating this further. While there is a growing awareness and understanding of role differentiation and scope of practice among interdisciplinary teams, there remains a need for continuous communication and clarification. Consistent with the present findings, simulation-based collaboration has been indicated to increase students' understanding of other professions while strengthening team functioning (Kuehn et al., 2017). Groups that actively communicated and engaged in role clarification demonstrated more effective and cohesive team functioning. This outcome was previously identified where social work reliance on nursing medical expertise enhanced psychosocial assessment and prevention, and nursing staff benefitted from social work insights into residents' histories and family dynamics when understanding medical needs (Bonifas, 2015). The importance of clear communication of roles and responsibilities, active listening, and a reflective examination of one's position and power within the team are critical to effective interdisciplinary collaboration. Social work students were able to help nursing students look beyond treatment and diagnosis to understand how social factors can influence the treatment process. Dempsey et al. (2024) found similar outcomes in their results where improved understanding of professional roles and stronger communication and teamwork skills were important in collaboration with their students.

While many groups demonstrated competency in interprofessional collaboration, many groups displayed areas for improvement, particularly in managing nervousness and ensuring clear initial introductions that impede practice skills. Dempsey et al. (2024) similarly found in their study how social work students struggled to assert their perspectives with students from other degree disciplines. Ongoing training and reflective practice are essential to enhance these communication skills and foster more effective and cohesive team functioning. The data reveals that appreciating diverse team experiences, reflecting on performance, and facilitating coordination are crucial to achieving safe, effective care and positive health outcomes. While many groups exhibited strong collaboration and shared leadership, some faced challenges related to power dynamics and the need for better role delineation. Differing degrees of power and influence are themes noted as important to further consider in collaboration (Sims, 2011). However, it might be worth noting that social work expectations for their own role could make it seem as if power dynamics are more prevalent than the results suggest. For example, Bonifas (2015) found in her study that social workers tend to focus on their role addressing psychosocial dimensions of care, while nursing staff focuses on managing behavioral risks. While originally viewing social work student behaviors of talking second and being physically distant from the simulation client as an issue of having less perceived power, perhaps instead social work students are simply acting in accord with their perceived role. While exploring whether role clarification or power dynamics are more influential in future studies, ongoing training in these areas is essential to enhance team effectiveness to ensure that all team members can contribute to and benefit from a coordinated, interdisciplinary approach to client care. Additional training, coupled with a regular MSW clinical curriculum, has been found to lead to greater student improvement (Powers & Kulkarni, 2022).

Overall, the debriefing sessions revealed students critically reflected on their interactions and was an important mechanism for discussing insights for improvement. Social work students often expressed curiosity about nursing tasks and felt a need to be more assertive. They also sought to understand the priorities of physical and mental health assessment in a healthcare setting. Nursing students were interested in learning about the roles and responsibilities of social workers, particularly in handling medications and providing mental health support.

Limitations

This was a pilot study with the purpose of investigating interprofessional collaboration among nursing and social work students. Limitations of this study included a small convenience sample size. Childress et al. (2024) notes the difficulty in recruiting students due to their demanding schedules. Although the sample size was a limitation to this study, it was the most ideal for this study and group of students. The sample size was limited to junior and senior level undergraduate students and may not accurately represent the broader population of social work and nursing students. Despite there being no focus on statistical significance, qualitative results were gleaned from the focus groups and observations. This study involved participants located in a specific geographic area, which may not be representative of other geographic areas. In addition, assessment of interprofessional collaboration was completed in one simulation setting, meaning students might benefit by having more exposure or introductions to simulation work. This would potentially defuse any nervousness that may have been caused by the simulation itself and not students' engagement within the simulation. Lastly, during the case simulation, student learning objectives were prioritized over the case study scripting. For example, when select groups seemed uncertain about their next steps, minimal additional prompting was given to students helping them consider the next steps in completing the case study. This means there were small deviations in how the client responded in each group, although each group received the same overall simulation objectives. While there were limitations, the results show the positive impact that collaborative simulations can have toward enriching both nursing and social work students' experiences.

Recommendations

A growing body of evidence suggests that repeated simulation experience increases student readiness for interdisciplinary care (Rachmawati et al., 2022). Based on the findings of this study, several recommendations emerged for the university. Faculty from both programs are recommended to embed opportunities for interdisciplinary collaboration into existing nursing and social work coursework rather than being limited to elective experiences. It is also recommended to expand the simulations to include students in other healthcare related disciplines, such as radiography, occupational therapy, psychology, and pre-med biology, to more accurately reflect the realities of interprofessional practice in a healthcare setting and provide students with a diversity of perspectives. Recent evidence further suggests that interprofessional simulation improves students' perceived competence across multiple disciplines (Oommen et al., 2026) and thus should be inclusive

to all other disciplines. These collaborations also provide the opportunity for faculty to from different disciplines to engage with each other, share expertise, and assist in facilitating simulations which promotes and strengthens interdepartmental relationships. Additionally, as it did in this study, simulation-based learning must include ethical considerations as they help prepare students to navigate similar situations in professional settings. Such ethical considerations should not be limited to issues of client confidentiality, informed consent, and gender identity but also include cases that address cultural differences, end-of-life care, equity and access, and boundaries and dual relationships. Lastly, it is also recommended to develop assignments based on simulation and collaboration experiences to encourage students to further critically examine their skills beyond the debriefing session.

Future Implications for Social Work

The results from this study demonstrate the importance of interprofessional collaboration implemented in education. Faculty in nursing and social work must incorporate innovative educational methods that promote interprofessional development and enhance collaboration. Prioritizing specific sub-domains, results from this study can increase interprofessional collaboration education in undergraduate nursing and social work curriculums. Specifically, the importance of promoting team dynamics and enhanced communication can improve client engagement and outcomes. From a social work perspective, interprofessional collaboration can serve as an exciting and practical way for students to build upon CSWE core competencies and prepare for a clinical setting. From a nursing perspective, supporting the American Association of Colleges of Nurses Essentials of interprofessional partnerships can be achieved by incorporating these domains, and assessment of student competency can be investigated in future research studies. Students greatly benefit from experiential learning opportunities because these experiences allow students to practice skills, reflect on their performance, seek feedback from faculty, and consult with classmates about their experiences. Future studies may also investigate how interaction with interprofessional competencies can demystify the hospital setting and attract students to the healthcare field, strengthening this vital industry.

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Appendix A. Interview Guide Questions

1) Questions Related to Values and Ethics
   a. In what ways did you observe ethical principles, such as respect, dignity and confidentiality as influencing your decisions or behaviors in the simulation? Articulate how the NASW Code of Ethics are important to this case.
   b. How did you navigate situations in which the client or family demonstrated distress, conflict, or heightened emotion? What guided your approach?
   c. What cultural considerations might be important to take into account during the data collection, goal setting, or evaluation aspects of the case?
   d. How might current or prior experiences of oppression influence the client's communication towards nursing and social workers? Will a client communicate the same to both professionals?
2) Questions Related to Roles and Responsibilities
   a. Describe a moment when you felt your professional role was clear or unclear. What contributed to this?
   b. What strengths did you observe in the other discipline's approach, and how did these strengths enhance your own understanding of collaborative practice?
   c. What systems of a client's life might strengthen or hinder their treamtent? Be specific as to what data you will get, or will not get, from these other systems.
3) Questions Related to Communication
   a. Discuss how communication between you and the other discipline helped or hindered the care of the client.
   b. What aspects of your non-verbal communication became more apparent to you during the debriefing video review?
4) Questions Related to Teams and Teamwork
   a. How did the initial orientation and case information shape your expectations for interprofessional collaboration during the simulation, including the way you entered and engaged in the simulation room?
   b. Describe a moment when interprofessional teamwork felt successful. What specific actions or interactions contributed to that sense of effectiveness?
   c. Were there moments team members held different perspectives or priorities? How did your team manage these differences in real time?
   d. Considering the entire experience, what key lessons about interprofessional collaboration and client-centered care will you carry into future clinical setting?
   e. How did you leverage the client's known strenghts to create goals and collaborate with other professionals?
   f. What is the impact of creating goals and objectives alongside nursing professionals, and not in isolation?

Appendix B. Case Simulation Template – Faculty Template

Date: **Discipline:** Social Work and Nursing **Expected Simulation Run Time:** **Location: Sim Lab 122**	**File Name:** Simulation with Social Work **Student Level:** Senior **Guided Reflection Time:** **Location for Reflection:** Debriefing Room 116

Admission Date: XX/XX/XX **Today's Date:** XX/XX/XX	
Brief Description of Client **Name:** James Harrison (Preferred name Jane. Students are not made aware of this preferred name in advance because faculty are assessing extent in which students address this area). **Gender:** Male, transitioning to female (students are not made aware of this in advance, and are given this knowledge when they correctly or incorrectly identify the client's preferred name). **Age:** 22 **Race:** Caucasian **Weight:** 176lb. **Height:** 5ft. 11 in **Religion:** Unspecified **Major Support:** None **Allergies:** PCN **Immunizations:** up to date **Attending Physician/Team:** Dr. Nelson MD	**Psychomotor Skills Required Prior to Simulation:** • Physical assessment of each individual body system. • Development of a strategy for implementing an integrated full physical assessment/targeted respiratory. • SBAR/handoff • Interprofessional communication • Patient safety and communication skills
Past Medical History: James is a 22-year-old male who is currently transitioning to a female. He has history of asthma as a child, but no symptoms since 13 years old. No prior surgeries.	**Cognitive Activities Required prior to Simulation** • Completion of assigned Reading
Social History: James is single, currently works in retail	**Nursing Diagnosis:** Impaired Gas Exchange
History of Present illness: Shortness of breath, cough, fever	**Collaborative problems:** None
Primary Medical Diagnosis: Pneumonia	**Preliminary Work:** **Read Chapter 27 & 30 in Lewis Textbook** Harding, M. H., Kwong, J., Roberts, D., Hagler, D., & Reinisch, C. (2022). *Lewis's medical surgical nursing: Assessment and management of clinical problems* (12th ed.). Mosby Elsevier.

FIDELITY

SETTING/ENVIRONMENT:
- ○ ER
- • MED-SURG
- ○ PEDS
- ○ ICU
- ○ OR/PACU
- ○ TELE
- ○ WOMENS HEALTH
- ○ BEHAVIORAL HEALTH
- ○ HOME HEALTH
- ○ PRE-HOSPITAL
- ○ OTHER_____

MEDICATION/FLUIDS:
- • IV fluids
- • Oral meds
- • IVPB
- ○ IVP
- ○ IM/SC

DIAGNOSTICS AVAILABLE:
- • Labs
- • X-rays
- ○ 12-Lead EKG
- ○ Other_____

SIMULATOR MANNIKIN NEEDS:

PROPS:

EQUIPMENT ATTACHED TO MANNIKIN:
- • IV tubing with primary line_____
- • Secondary tubing
- • IV pump
- ○ Foley catheter
- ○ PCA
- ○ IVPB w/running at cc/hr
- • O2_via NC 3L/min_____
- • Heart monitor attached
- • ID band
- ○ Other:

DOCUMENTATION FORMS:
- • Physician orders
- ○ Admit orders
- ○ Flow sheet
- • Medication administration record
- ○ Kardex
- ○ Graphic record
- ○ Shift assessment
- ○ Triage form
- ○ Code record
- ○ Anesthesia/PACU record
- • Standing orders
- ○ Transfer orders
- ○ Other_____

Equipment available in the room:
- ○ Bedpan/Urinal
- ○ Foley kit/Straight catheter kit
- ○ OB hemorrhage cart
- • Incentive spirometer
- • Fluids
- ○ Iv start kit
- ○ IV tubing
- ○ IVPB tubing
- • IV pump
- ○ Tube Feeding pump
- ○ Pressure bag
- ○ O2 delivery device
- ○ Crash cart & emergency medications
- ○ Defibrillator/Pacer
- ○ Suction
- ○ Other:

MODE OF SIMULATOR:
MANUAL
or
PROGRAMMED

Student information needed prior to scenario:
- ○ Has been oriented to the simulator
- ○ Understands the guidelines/expectations for the scenario
- ○ Has accomplished all pre-simulation requirements
- ○ All participants understand their roles
- ○ Has been given the time frame expectations

Roles/ Guidelines for roles: ○ Primary nurse ○ Student nurse ○ Clinical instructor • Family member #1 ○ Family member #2 • Observers ○ Recorder • Physician/APN ○ Repiratory therapy ○ Anesthesia ○ Pharmacy • Lab ○ Imaging • Social services ○ Unlicensed assistive personnel ○ Code team ○ Other: new graduate RN___ **Important Info related to roles:** The person running the simulation can take the role of the patient via providing the voice of the mannequin or a student can perform this function either from the control room or at the bedside. The patient is anxious and fearful.	**Reports the student will receive before scenario:** **Roles:** PN NG SN Vitals, assessment, comunication w/provider, documentation
Significant labs: CBC, CMP	

Scenario Progression Outline		**Nursing Student**	**Social Work Student**
Timing	**Mannikin actions**	**Expected interventions**	**Expected engagement**
First Phase	James is in bed, noticeable cough, c/o SOB. T-101.6 F, BP: 128/84 HR: 103 RR: 20 O2 sat 93% RA	Conducts initial and focused respiratory assessments. Identifies abnormal findings: a. Temperature b. Increased HR c. Low oxygen saturation d. Cough	Work through phase 1 of the helping process, including introductions and initial assessment.
Next Phase	James appears anxious as nurse tells them that their mother is asking to come into their room.	Student will continue to monitor patient's response to interventions Provides teaching and reassurance as appropriate Document findings and call physican with update.	Client initially attempts soliciting social work student to give a pre-mature recommendation for care. Faculty assess students practice skills. Client demonstrates a panic attack, further assessing student response and intervention.
Ending Phase			Review confidentiality if/when this is broken when family enters the room.