Online Simulation to Build Competence in Assessment and Documentation With Clients Experiencing Opioid Use Disorder

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Abstract: *Synchronous simulation—an experiential learning approach replicating "real-world" practice contexts—offers important opportunities for social work students to apply course concepts, rehearse skills, and increase their competence. However, scant research has considered approaches to delivering synchronous simulation opportunities to students online. This case study examines the experiences of master of social work (MSW) students (n = 52) who participated in a synchronous online simulation activity designed to promote the development of students' assessment and documentation skills in the context of working with a client with suspected opioid use disorder. Multiple data sources were leveraged, including activity recordings, exit surveys, and submitted materials. Data were analyzed via thematic analysis. Three overarching themes emerged: (1) the realism of the assessment and documentation process; (2) student performance of assessment; and (3) student performance of documentation. Social work educators should consider the use of synchronous online simulation as an approach to enhancing students' practice readiness.*

Keywords: *Simulation; social work education and practice; online education; assessment; documentation; substance use disorders; opioid use disorders*

Social work education provides learning opportunities that permit students to apply course concepts and practice foundational skills, with the goal of increasing their competence to engage in evidence-based, ethical practice with diverse populations (CSWE, 2020; Goldingay et al., 2012; Scheiderer, 2021). Simulation is one such applied approach, encouraging students to implement their knowledge and build their skills by replicating practice interactions, permitting low-risk learning and potentially mitigating harm to future clients (Bogo et al., 2014). Yet while simulation has been proven to be an effective mechanism for increasing social work student competence in traditional educational settings (e.g., classrooms; Bogo et al., 2020), scholarship on its adaptation and application to online learning environments remains sparse.

This paper considers the implementation of synchronous online simulation with master of social work (MSW) students (n = 52). Synchronous online simulation refers to a specific approach wherein students participate online in the presence of their peers and educators (Scheiderer, 2021). The simulation discussed herein used live standardized clients (i.e.,

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trained actors) to enhance student competence on two foundational practice skills: assessment and documentation (Senreich & Straussner, 2013). This occurred in the context of working with adults experiencing opioid use disorder. The topic was chosen as opioids (e.g., oxycodone, fentanyl) are a persistent health crisis in the United States and a critical need has been identified to increase the number of social workers trained in this practice area (National Institute on Drug Abuse, 2019; Serrano & Conley, 2021).

Simulation

Simulation is a learning approach used in a range of professional practice fields (e.g., medicine, nursing; Bogo et al., 2014; Cooper et al., 2012). However, social work education has generally lagged behind other disciplines in its implementation (Bogo et al., 2014). Social work has long relied on approaches like role-play for students to gain competence, wherein students and instructors adopt the roles of social worker(s) and client(s) (Doel & Shardlow, 1996; Hargreaves & Hadlow, 1997; Skoura-Kirk et al., 2021). While role-play is relatively easy to implement, students struggle to suspend disbelief and generally report it to be unrealistic (Kinney & Aspinwall-Roberts, 2010). A more rigorous approach for increasing competence is simulation, including employing trained actors to portray standardized versions of clients specifically designed to facilitate specifically identified learning outcomes (Bogo et al., 2014; Carter et al., 2011). The increased realism and replicability of simulation offers students enhanced opportunities to build practice skills in lower risk and well-supervised formats (Bogo et al., 2014; Keskitalo et al., 2014).

While offline (i.e., in-person) simulation has been empirically validated to strengthen social work students' practice competencies (Bogo et al., 2020; Kourgiantakis et al., 2019a, 2019b), there remains a lack of inquiry into online adaptations for social work education. However, research from other disciplines is promising. A recent systematic review on using virtual simulation in online nursing education found significant evidence of a "positive impact on student knowledge, skills, [and] affective learning outcomes" (Tolarba, 2021, p. 48). Yet, across disciplines, approaches to technology-based simulations in the literature are overwhelmingly asynchronous and/or designed for independent learning, and thus are more limited in providing opportunities for collective online learning that include immediate, individualized feedback, a key tenant of simulation design (Asakura et al., 2018; Khan et al., 2018; Washburn et al., 2020). Even one of the few examples of technology-based, synchronous, group simulation still used virtual avatars as opposed to live actors (Penalo & Store, 2023). Moreover, fragmentation and variation in the approaches to online simulation currently in the literature limit the usefulness of existing assessments on the effectiveness of any specific approach (Penalo & Store, 2023). Thus, additional research is needed on synchronous online simulation as a tool for applied learning and student assessment in social work education (Kirkpatrick et al., 2022).

Assessment

Minimal literature addresses the teaching and learning of assessment (Kourgiantakis et al., 2020), with virtually none on the adaptation of assessment or documentation curricula for online delivery (Putney et al., 2019). The Council on Social Work Education

(CSWE) Educational Policy and Accreditation Standards (EPAS) enumerate core competencies that social work programs are expected to instill, including proficiency in assessment as an integral component of practice (CSWE, 2022). Emerging practitioners must be able to engage in culturally adapted assessment via evaluation of client information, application of theoretical and practical knowledge, collaboration with clients in creating agreed-upon goals, and selection of appropriate intervention strategies (CSWE, 2022; Milner et al., 2020).

Students in field internships often have little prior training in assessment and may be expected to learn these skills through experience and mentorship (Wayne et al., 2010). However, field internships vary greatly in the types and quality of experiences available, with many not providing opportunities to practice requisite competencies (Ellis et al., 2013). Even when students participate in field-based client assessments, there are often few opportunities to engage in extended reflexivity on their performance. The ethical implications of this lack of attention to assessment are substantial, as students often work directly with vulnerable populations in their field internships who may be harmed by inadequate or incompetent service provision (Bogo, 2015). This is where synchronous online simulation offers a potential mechanism to better prepare students for engaging in assessment and mitigating risks of harm to client populations.

Documentation

Social workers have ethical and professional responsibilities for accurate documentation (Dziegielewski & Leon, 2001), as it is frequently key to decision-making on care (Cumming et al., 2007; Reamer, 2005). However, students who otherwise have strong practice skills may not be capable of engaging in professional writing at an acceptable level (Horton & Diaz, 2011). In a brief of social work managers' reactions to new practitioners, writing deficiencies were cited as "the area that most consistently troubled [them]" (Welch et al., 2014, p. 14). Attempts to address these concerns have employed specialized writing curricula; several of which have demonstrated improvements in professional writing (Horton & Diaz, 2011; Leon & Pepe, 2010). Yet, implementation of these types of programs is limited and attention to documentation as a specific type of professional writing is scarce. No research investigates the enhancement of student documentation skills via simulation exercises, either offline or online. Importantly, as use of artificial intelligence (AI) continues to expand, social work will also need to address the ethical use of AI for many kinds of academic and professional writing, including documentation.

Study Purpose

This article outlines a collaborative effort to develop, implement, and evaluate a synchronous online simulation designed to realistically replicate practice interactions and enhance students' competence in assessment and documentation when working with clients experiencing opioid use disorder. It presents a case study in integrating online simulation into social work education, from initial preparation to post-simulation reflections, across multiple cohorts of MSW students. The scenario was designed

specifically to provide students with an experiential learning opportunity in client engagement, assessment, professional documentation, and ethical decision-making in a structured environment. Using multiple data sources including recordings, exit surveys, and submitted documentation, both the processes and outcomes of the simulation activity were assessed, generating insights for educators interested in adopting similar instructional strategies. The overarching research question was: how can synchronous online simulation enhance MSW students' preparedness for real-world assessment and documentation?

Methods

This study investigated the hypothesized usefulness of synchronous online simulation, using standardized actors to encourage MSW students (n = 52) to apply knowledge and build skills. Nine synchronous online group simulation sessions were completed via Zoom: three in each December 2020, July 2021, and November 2021. The study was approved by the Ohio State University Institutional Review Board.

Simulation Design and Format

The Prebriefing

Prebriefing participants is a key element of a well-designed simulation (Chmil, 2016; Penalo & Store, 2023). Approximately one week prior to participating in the simulation, students attended an hour-long Zoom session and were talked through an assessment form that: (1) would guide them during the simulated assessment and (2) they would use to complete their documentation. This assessment form consisted of standard elements, including presentation of the problem, substance use history, mental health history, a mental status exam, assessment of client stage of change, and treatment recommendations.

Additional Tools and Materials. Participants were introduced to tools and materials during the prebriefing that could assist them during the simulation, including information on harm reduction (e.g., needle exchange services) and other psychoeducational material. It was made clear that use of these materials was optional. The American Society of Addiction Medicine (ASAM, 2022) Criteria for levels of care were also provided to assist students in determining the client's recommended level of treatment for the documentation. The ASAM Criteria were selected as the "the most widely used and comprehensive set of standards for placement, continued service, and transfer of patients with addiction and co-occurring conditions" (ASAM, 2022, para. 1).

The Simulation

Each simulation session was three hours and students participated in small groups (three to eleven per session). The scenario was delivered consistently (using several different actors) via a detailed standardized client profile: a young, unhoused woman struggling with opioid use disorder and involved with the county children's services agency regarding her child. The case scenario was purposefully designed to focus on the foundational skills of assessment and documentation, while facilitating students' readiness for practice with individuals experiencing opioid use disorder. The twelve core functions

of a substance use disorder counselor (Ohio Chemical Dependency Professionals Board [OCDPB], n.d.) were used as a framework to design the simulation scenario. Core functions include specific criteria on screening; intake; orientation; assessment; treatment planning; counseling; case management; crisis information; client education; referral, report, and record-keeping; and professional consultation (OCDPB, n.d.).

In each simulation session, individual student volunteers took on the role of the social worker in turn (typically 10 minutes per student). Meanwhile their peers actively observed and documented the scenario using the assessment form. Volunteers were able to pause to ask for assistance or stop their turn as the social worker at any time. Typically, three to six students per session took on the role of the social worker (depending on group size and time available). Over approximately 1.5 hours, students collectively worked through a full substance use and mental health assessment of the client. The "round-robin" approach of interchanging students was used for several reasons. First, the focus on assessment and documentation required an extended scenario to fully reflect the realities of carrying out those types of tasks in practice. Second, research has found that students enjoy group-based formats, particularly opportunities to interact with and learn from their peers. Observers may benefit from a simulation as much as those who volunteer to actively participate (Foronda et al., 2020).

Clinical Experts. In addition to a simulation coordinator, students were joined in the sessions by 2–3 expert clinicians; licensed social workers whose professional experience included significant training and practice in the treatment of substance use disorders. Integration of clinical experts is a common approach to enhancing simulations (Laschinger et al., 2008). Experts came from a small pool of volunteers (to encourage consistency), and provided support, direction, and ongoing feedback throughout the activity.

The Postbriefing

Postbriefing is a critical component of simulation (Penalo & Store, 2023). Following the simulation a group discussion occurred (approx. 20-30 minutes) for students to collectively receive feedback from the clinical experts and the "out-of-character" actor. Students were also able to reflect on their experiences, consider alternate approaches to the scenario, and discuss best practices. Students were then given time to work on their documentation and were able to ask questions of the expert clinicians and collaborate with their peers (e.g., sharing missed information, exchanging strategies for completing the form). A distinctive aspect of this simulation was the option for students to submit completed assessment forms to the clinical experts, who provided written feedback. This process sought to enhance students' learning by addressing a specific competency (professional writing) students are often inadequately prepared for (Horton & Diaz, 2011; Welch et al., 2014).

Recruitment and Data Collection

Students participating in the December 2020 sessions were recruited from a program focused on increasing competence in treating opioid use disorder. For subsequent sessions,

any currently enrolled MSW student was eligible to participate. The simulation format, case scenario, assessment form, and exit survey were identical for all groups. Eligible students were sent an email informing them of the opportunity to partake in a simulation via the field department and that they would receive credit equivalent to three field hours for participation. Informed consent was obtained and three sources of data were collected: (1) optional exit surveys, (2) submitted assessment forms, and (3) video recordings of the simulation sessions (via Zoom).

The optional exit survey was completed by a sub-sample of students in each iteration (n = 35, 67% of total participants) via Qualtrics. It included: (1) demographics; (2) questions on self-perceived readiness for practice related to substance use disorders; and (3) open-ended questions soliciting feedback on the experience. Respondents were asked on a seven-point scale (*not prepared – extremely prepared*) their self-perceived readiness to perform each specific function of a substance use disorder counselor (OCDPB, n.d.). Open-ended questions included: "What do you think you learned about how to screen and assess clients with opioid use disorder through your participation?" and "What did you like most about the experience of participating in the simulation?"

Data Analysis

Exit Surveys

Exit surveys included mixed-methods data from 35 participants. Quantitative data were analyzed using descriptive statistics in SPSS 27. Qualitative data were analyzed using thematic analysis alongside the other two qualitative data sources.

Assessment Forms and Documentation

The submitted assessment forms (n = 52) were also analyzed using thematic analysis due to its flexibility to examine data and integrate findings across multiple formats (i.e., video recordings, short answer questions; Clarke & Braun, 2017). Each assessment form was analyzed by one independent coder.

Simulation Recordings

Thematic analysis was again used to analyze the video recordings. Recordings were analyzed in their entirety (rather than as transcripts) to contextualize verbal communication (i.e., what is said) with other forms of communication by participants (e.g., tone of voice, body language, facial expressions; Craig et al., 2021). Two independent coders analyzed each simulation recording to identify emergent codes and preliminarily interpret patterns and themes.

A series of meetings were convened to review and build upon the initial qualitative analyses of all three data sources through discussion and contextualization. The team was composed of researchers, educators, and expert clinicians, resulting in the combined expertise necessary to evaluate the data and students' performance. Given the range of

professional experiences, emphasis was placed on active contributions from all team members, including those with minimal prior research experience. Strategies employed to ensure the trustworthiness and credibility of the analysis included self-reflexivity, regular de-briefing, consensus-building, and a replicable audit trail (Clarke & Braun, 2017).

Results

Participant Demographics

Demographic details are available only for the subset of students who completed an exit survey. These participants (n = 35) were from all three time points of simulation delivery and were most likely to be cisgender women (82.9%) and white, non-Hispanic (68.6%). The second largest racial group was Black or African American (11.4%). Students ranged in age from 23–55. This sample broadly reflects the typical demographic composition of MSW programs (CSWE, 2024). Most were in their second year of the two-year MSW program (71.4%). Only two (5.7%) were in the first year of the two-year program. The remainder (22.9%) were in the Advanced Standing Alternative Program (ASAP). Students currently in field internships tended to be placed in healthcare settings, including outpatient mental health or substance use (37.1%), inpatient mental health or substance use (17.1%), primary care (14.3%), or hospitals (8.6%).

Quantitative Results

Participants reported in exit surveys their self-perceived readiness to perform the functions of a substance use disorder counselor (OCDPB, n.d.). When asked how prepared they felt to complete an assessment which identified and evaluated an individual's strengths, weaknesses, problems, and needs for the development of a treatment plan, 72% of students felt at least adequately prepared (one point above the midpoint). When asked how prepared they felt to document the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data, 68% of students felt at least adequately prepared. Finally, when participants were asked (on a scale of one to ten) if the simulation helped them better prepare for their current and/or future social work practice, the mean was 8.7 (SD = 1.01). This indicates participants found the simulation experience very helpful in preparation for practice.

Qualitative Results

The following is a comprehensive thematic analysis of qualitative data from all sources. Three overarching themes emerged regarding students' experiences of the simulation and their performance of competencies related to assessment and documentation. These were: (1) realism of the assessment and documentation process; (2) student performance of assessment; and (3) student performance of documentation. Each consists of one or more subthemes.

Realism of the Assessment and Documentation Process

A distinct theme emphasized by many participants in their statements (recordings) and written feedback (exit surveys) was the perceived realism of the experience. A student with some prior practice experience shared in their exit survey: "everything…was realistically presented…[the standardized client had] the same mannerisms and defense mechanisms as many clients I have encountered in the field." Another student concurred in their exit survey: "I have completed these [types of] assessments in my field placements and although the [documentation] forms are different, the information was the same."

The realism of the simulation was sometimes contrasted with other, "less-realistic" approaches to teaching assessments (e.g., lecture, role plays). Yet, some students acknowledged that while the simulation was "fairly realistic," it was notably "less in-depth than actual assessments in field." For a more detailed discussion of realism in synchronous online simulation and its benefits, please see McInroy and Kirsch (2025).

Student Performance of Assessment

Another thematic category concerned the proficiency of students at the core competency of assessment. This finding was generated from the session recordings and review of the completed assessment forms. This category consisted of three sub-themes identifying students' general strengths and weaknesses, specifically: (1) engaging with the client, (2) structure and completeness of the assessment, and (3) collaboration and use of self.

Engaging with the Client. Students tended to rush through the client's introduction to the assessment process, typically providing minimal (or no) introduction to the structure or purpose of the assessment, including setting client expectations. For example, only a few groups proactively considered when and how to complete the release of information included with the assessment form, despite working with a client whose completed assessment was anticipated to be shared with other agencies (e.g., county children's services). Participants were often unsure of how to approach the release of information. One shared in the recording: "…like she's mandated, so we are going to have to release this information and how do I make her feel comfortable about that…so I think that's like really tough."

Another student reflected on some of the consequences of this hastiness in their exit survey, and how their group worked to countermand earlier errors later in the simulation:

> *[We] navigated several moments where the client did not know what something meant or had a misunderstanding of how the information was going to be used. Once the student took the time to explain to the client in more detail what the assessment would result in, or what a term meant, the client was more engaged.*

Opportunities for engaging the client and building rapport were initially overlooked in favor of rapidly asking content questions, often resulting in (planned) confusion and agitation from the client. In response, the clinical experts worked collaboratively with students to more effectively structure the assessment process to clarify the client's expectations, as well as rebuild rapport to encourage participation in the assessment process.

Reflecting on the simulation experience and expert-facilitated discussion, participants acknowledged the importance of rapport-building when managing completion of the assessment in a confined timeframe, particularly related to gaining client cooperation. One student asked in the post-simulation discussion (recording):

> *I think the challenge is you want them to come back…right? So how do you do that, while still getting all the information that you need? Without them feeling like they're being interrogated or like they haven't made a connection with you?*

Structure and Completeness of the Assessment. Despite quickly progressing to the content of the assessment, groups generally did not follow the structure of the provided form that was organized into an order typical of mental health and substance use assessments. Also, while students mostly performed well at identifying the client's current situation (e.g., presenting challenges and difficulties), they frequently struggled with completing several specific portions of the assessment. These included substance use history and the mental status exam. Student groups tended to bounce from topic to topic, struggling to balance completing all assessment sections while simultaneously eliciting the necessary information to complete the documentation process.

These difficulties seemed to stem at least partially from students' acknowledged discomfort and/or anxiety due to their self-perceived lack of knowledge and foundational skills concerning assessment (and oftentimes opioid use disorder). Discomfort manifested in multiple ways (e.g., abrupt topic changes, strained tone of voice, and body language). For example, a participant articulated anxiety related to time management during the simulation (recording):

> *I was trying to get a little background information to get the ball rolling and realized how much time I had so it was all just like a bunch of things going on in my mind as I was talking and also trying to figure out how best to start the assessment.*

A student shared during the post-simulation discussion that engaging in the simulation experience "reinforced the importance of asking for clarification" from clients. Another student gave a more specific example in their exit survey of the importance of acquiring all necessary information:

> *It is important to go through all the substances…listed in the assessment. Clients may forget substances that they have previously used…It is important to identify if they have used [substances] and when.*

Assessment Versus Therapy. A related issue was students approaching the client interaction as if for a therapeutic session, as opposed to an assessment. A student explained a common reason for this approach in their exit survey—lack of experience; "having not done an assessment prior to this, I was in my head that this was just like a counseling session, so I approached it as such." In short, students struggled to balance their desire to affirm the client's experiences and "help them" with the need to gather all necessary information to complete the assessment. A participant explained during the debrief: "I don't want to push them too far or they just shut down, but then it's hard to not go into full therapy mode and just validate their feelings too much and not get the answers to your

questions."

In response, the clinical experts worked collectively with students to develop their approach to the simulation scenario and create a better understanding of the differences between assessment and treatment. A student reported in their exit survey: "I learned it is OK to just stick with the questions and not get into therapy mode too deeply when assessing [clients]." The ability to gather needed information was a skill gained for many, as participants became more comfortable working with a client they perceived as challenging. As stated in an exit survey: "I learned about asking questions more directly and even 'pushing' the client more. We need to get the right information to provide the clients with the best treatment plan."

Notably, despite being provided ample psychoeducational and harm reduction materials, few students engaged in any conversation about these resources with the client. The rare students who did use the materials to engage the client did do so with reasonable success.

Collaboration and Use of Self. Working collaboratively to develop and implement a balanced approach to the assessment process was identified by students as one of the key benefits of participating in the group-based simulation activity. For example, one student shared in their exit survey: "observing my peers and their very different approaches to doing the assessment was very helpful." Other participants also highlighted the ability to learn from their peers, with one noting during the debriefing session that "it was cool to see other people do the assessment who I know do them all the time at their placement. I don't get that opportunity, but [I] feel like I got to benefit from seeing them use their skills." Students also felt that they benefited substantially from receiving immediate feedback provided by the expert clinicians.

The research team observed significant rapport and community-building among many of the groups as they went through the simulation experience. For example, students frequently praised one another in the Zoom chat feature and spent time during the debriefing session pointing out the strengths of their peers. This sense of communal support also extended to the clinical experts, with one student noting in their exit survey: "I really enjoyed how 'safe' this felt and how supported I felt. I think the experts were incredibly supportive and positive in their feedback." As mentioned, students varied significantly in previous exposure to the assessment process. However, even those with substantial prior experience expressed the benefits of practicing this skill in a collective, simulation-based context.

Student Performance of Documentation

A final thematic category assessed students' knowledge and skills with documentation. Results indicate that documentation skills were aligned with assessment performance. When examining the data two sub-themes emerged: (1) consequences of assessment gaps and (2) challenging components.

Consequences of Assessment Gaps. Participants expressed appreciation of the opportunity to work through a full documentation process and indicated a lack of previous

exposure to documentation during their social work education. A student explained in their exit survey: "[I] do not get a chance to do assessments…it was very helpful to be able to see and do the documentation for it." Nevertheless, at the end of the simulation, virtually all groups realized they lacked at least some basic client information to properly complete the documentation. One student elaborated during the debrief: "many questions were not confirmed in the assessment so not all information was gathered." In their exit survey, another highlighted the need to ask direct questions to complete documentation: "[while] it is important to assess the comfort of the client when discussing [various topics]. It is also okay to ask direct questions." In short, the experience reinforced that acquiring all necessary information was a critical element of both assessment and documentation. The supportive environment and mentoring by the clinical experts appeared to lead students to feel more able to ask difficult questions and fully document the realities of the client's circumstances.

Particularly Challenging Components. Based on analysis of the completed assessment forms, students tended to correctly document some portions of the simulation scenario. These included details of the client's current substance use and the involvement of children's services in her life. Students also generally did well at documenting client-identified coping skills (e.g., spending time with child), client needs (e.g., housing, employment), and obstacles she was encountering (e.g., current addiction, separation from child). Due to clinical expert advice, many utilized direct quotes in their documentation, which was an appropriate use of client input.

However, some sections of the assessment were especially challenging for students. For example, many seemed unsure how to approach completing the mental status exam, specifically the affect, mood, insight, judgement, and orientation sections. Several left this section blank in their submitted documentation. Family and substance use history were additional sections some participants seemed unsure how to inquire about. Again, this information was frequently not collected or was only captured at the surface-level. Thus, these sections of the assessment form were also often left blank, which is not appropriate, especially for an assessment of a client with a known history of substance use.

Finally, participants had difficulty identifying and properly documenting the client's stage of change. The previously mentioned gaps in the use of resources were re-evidenced when students were significantly incorrect about the client's stage of change or did not include a stage of change in their documentation. Similarly, despite being provided with the ASAM (2022) Criteria for levels of care, students struggled to provide accurate, comprehensive rationales for the level of treatment they recommended.

Discussion

Scholarship on online simulation in social work and related disciplines focuses primarily on asynchronous approaches and the use of avatars as clients (e.g., Khan et al., 2018; Penalo & Store, 2023; Washburn et al., 2020). While these approaches offer important learning opportunities, study findings demonstrate that synchronous, collaborative formats using standardized actors may also effectively meet learning objectives and curriculum requirements online (Tolarba, 2021). Previous empirical

validation of in-person simulations with standardized clients as strengthening social work students' practice competencies provides additional grounds for synchronous online simulation as an approach worthy of consideration (Kourgiantakis et al., 2019a, 2019b). A recent systematic review of simulation in medical education provides further reinforcement, indicating live simulated patients may result in "increased confidence and clinical competence when performing new skills…[compared to] peer practice, virtual reality, or real patients in a clinical setting" (Flanagan & Cummings, 2023, p. 1).

Importantly, many best practices for simulation-based learning were successfully implemented in this study, such as the three-phase framework (i.e., prebriefing, simulation, debriefing; Penalo & Store, 2023) and the integration of clinical experts. Thus, synchronous online formats can effectively incorporate elements acknowledged as crucial to simulated learning. This approach may even offer novel advantages. For example, the online format may offer greater scalability, such minimizing participation barriers and increasing access to experiential learning activities, perhaps especially for students with constraints to in-person participation (e.g., distance learners, students with disabilities). This may be especially true in the context of rapid expansion in online social work courses and programs (CSWE, 2024). Other advantages of this synchronous, online approach may include: enhanced realism; lower risks to students; improved supervision, feedback, and reflexivity; and more collaborative learning environments (Bogo et al., 2014; Keskitalo et al., 2014).

Synchronous online simulation also addresses identified curriculum and training gaps, ensuring students receive robust opportunities for more comprehensive learning. Field internships continue to vary greatly in the quality of student experiences, with many not providing adequate opportunities to practice requisite competencies and skills (Bogo, 2015; Ellis et al., 2013). Further, when students participate in field-based activities, there are often few opportunities for direct supervision and extended reflexivity. This is significant, as students tend not to be the most effective evaluators of their own performance (McInroy & Kirsh, 2025). In this study students were asked how prepared they felt to undertake assessment and documentation, as well as engage in other professional writing (e.g., progress notes, discharge summaries). While the majority reported feeling at least adequately prepared, study findings demonstrate that the students struggled with foundational skills such as client engagement, distinguishing between assessment and therapy, assessment structure, and specific documentation tasks. Thus, social work education may need to increase experiential learning, as many students reported: (1) not having sufficient opportunities to develop their skills in assessment and documentation and (2) feeling that the simulation experience had assisted them in building expertise.

Finally, potential improvements to the online simulation activity should be highlighted. Revisions could include more in-depth pre-briefing on the scenario and integration of structured performance evaluation tools to facilitate individual and collective feedback. Peer review components could also be useful to explore in future group-based formats. Further, as reporting is a key responsibility of social workers (Cumming et al., 2007), simulation-based learning could generally include more professional writing tasks. Additional challenges for online simulations include time and resource intensiveness. In

addition to substantial effort during development and coordination, standardized clients and clinical experts also require training and compensation. Finally, it is probable that the online format limits realistic replication of some practice settings. Thus, the suitability and feasibility of online simulation should be assessed for specific learning opportunities before being attempted.

Limitations and Future Research

This case study had several limitations. First, students participating in the initial simulation sessions (December 2020) were enrolled in a specific program focused on opioid use disorder, which may have impacted their competence in the simulation scenario. Second, participating students evidenced specific demographic tendencies (e.g., predominantly cisgender female and White, Non-Hispanic) and thus their experiences with the simulation activity may not be representative of all MSW students. Third, reporting bias was possible given students received field education credit for their participation. Fourth, the sample size of the study was small, and only 67% of participants completed the exit survey. Fifth, the study was carried out during COVID-19 and these disruptions may have impacted the study findings in unforeseen ways. Sixth, interrater reliability was not calculated. Finally, the predominantly qualitative design of the study limits application of the findings.

Additional research is needed on all digital simulation formats (e.g., synchronous and asynchronous), as well as exploring online synchronous simulation as (1) a pedagogical approach for current students and (2) a possible format for continuing education. Future research should be more evaluative in design, potentially integrating pre/post measures of competence; longitudinal and comparative studies; and tracking the use of skills in field placements or post-graduation. Notably, while this study focused on online simulation, aspects of the approach may also prove useful in offline or hybrid learning contexts. Simulation should continue to be explored as an effective approach for teaching practice skills to graduate-level students across program formats. As a continuation of the current study, the research team is currently developing, implementing, and evaluating a simulation-based "digital field lab" for students to further increase their skills working with individuals with substance use disorders.

Conclusion

The ethical opportunities of simulation-based learning are substantial, as social work students often work directly with vulnerable populations who may be harmed by their lack of competence (Bogo, 2015). Students need additional low-risk opportunities for knowledge application, "hands on" skill development, and exposure to a range of practice contexts. This study indicates potential for using synchronous online simulation with standardized clients to foster MSW students' competence in foundational practices, while simultaneously providing opportunities for students to increase their practice skills with specific practice populations (e.g., adults with opioid use disorder). Researchers and educators should continue to explore using synchronous online simulation to increase students' competence and readiness for contemporary practice.

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