

*This is a pre-copyedited, author-produced version of an article accepted for publication in Social Work Research following peer review. The version of record Eaton, A. D. (2019). Filmed simulation to train peer researchers in community-based participatory research. Social Work Research, 43(3), 195-199. is available online at: <https://doi.org/10.1093/swr/svz011>.*

## RESEARCH NOTE

Filmed simulation to train peer researchers in community-based participatory research

Andrew D. Eaton<sup>1</sup>

<sup>1</sup>Factor-Inwentash Faculty of Social Work, University of Toronto. 246 Bloor St. W. Toronto, ON, Canada, M5S 1V4; 416-978-8895; [andrew.eaton@utoronto.ca](mailto:andrew.eaton@utoronto.ca)

### Abstract

Peer researchers share identities and/or experiences with a study population. Their involvement is crucial to community-based participatory research (CBPR), however there is a lack of attention to training peer researchers. A blended learning (multimodal) training curriculum for peer researchers in CBPR has been developed; its key component is the use of filmed simulation. In two instances, HIV-positive peer researchers were filmed during simulation and then watched their simulation to reflect on their performance. Such an activity can accommodate multiple learning styles (e.g., learning best through practice, listening, or seeing) and help refine verbal and non-verbal interview skills. The activity can also benefit social work researchers, who can see interview guides in practice and refine accordingly prior to data collection. This article discusses the educational benefits of filmed simulation for peer researchers, the reciprocal benefits that academic researchers may gain from the activity, and practical considerations for implementation of this activity in community-based settings.

**Keywords**

Simulation; peer researchers; community-based participatory research; HIV/AIDS

**Acknowledgements**

This work was supported by community-based research grants from the Ontario HIV Treatment Network (OHTN #1043 and #1074).

## **Introduction**

Filmed simulation, an activity in which learners engage in recorded role-play simulations, is gaining prominence in social work education and other health professions as it allows for repeated viewing and greater opportunities for reflection and feedback (Neander et al., 2018). This activity may also be of use in social work research, especially as it pertains to the profession partnering with peer researchers (i.e., members of the population under study) for the conduct of community-based participatory research (CBPR). This research note responds to recommendations for capacity-building strategies for peer researchers (Devotta et al., 2016; Greene et al., 2009) and expands on existing peer researcher training models (Eaton et al., 2018; Greer, Amlani, Pauly, Burmeister, & Buxton, 2018). The purpose of this article is to discuss the educational benefits and practical considerations regarding filmed simulation as a tool to train peer researchers. Terms and concepts (i.e., peer researchers, CBPR) will be defined, followed by educational considerations, an explanation of the filmed simulation activity, and its implications for social work research.

## **Concepts and Considerations**

Peer researchers identify with a population under study through shared demographics (e.g., age, ethnicity, gender, sexual orientation, etc.) and/or lived experience (e.g., health or mental health condition, income, housing, substance use, etc.) (Eaton et al., 2018). This section discusses peer researchers in the context of CBPR with considerations for training.

### **Peer Researchers**

Peer researchers are often recruited to a research team due to their connection to community (Logie et al., 2012). They can perform numerous tasks during a study, from conceptualization to publication. These tasks can include designing the study, determining

objectives, recruiting participants, collecting data, analyzing data, and dissemination. Thoughtful capacity-building activities for peer researcher partnerships can be beneficial, both for peers and the academic researchers that they partner with (Minkler, 2005). Peer researchers can have a direct impact on their communities by demonstrating leadership through the practice of research activities (Eaton, Tsang, Craig, & Ginocchio, 2018) and their competence in research enhances their ability to take on this leadership role (Greene, 2013). Further, adequate preparation for the role may reduce burnout (Greer et al., 2018) and motivate peer researchers to join subsequent studies (Eaton et al., 2018). Academic researchers can foster team-building by engaging peer researchers in training, and may also learn more about their study population prior to data collection (Minkler, 2005). Training helps address issues of equity, which is key for successful community-academic relationships as: a) peer researchers hold staff positions or co-investigator roles on studies led by social work researchers (Eaton, Craig, & Wallace, 2017; Greene, 2013; Logie et al., 2012) and other professions (Closson et al., 2016), so an employer-employee hierarchy is present; and b) peer researchers often join a study with little or no formal research training, so they may feel inadequate in the language and conduct of research (Logie et al., 2012; Vaughn, Jacquez, & Zhen-Duan, 2018). These two factors can cause a power differential and lessen the benefits that both parties receive from a partnership (Greene, 2013). Such tensions may be mitigated when capacity-building activities are thoughtfully implemented; this aligns with the framework of community-based participatory research (CBPR) (Israel et al., 2011; Wallerstein & Duran, 2006).

### **Community-Based Participatory Research (CBPR)**

Community-Based Participatory Research (CBPR) is a framework that combines the ideals of Participatory Action Research (PAR) with the practical recommendations of

Community-Based Research (CBR), with a significant focus on peer researcher engagement (Jill, Giles, & Graham, 2017; Wallerstein & Duran, 2006). PAR contributes concepts such as striving for community change action (i.e., local shifts in attitudes based on research findings), an equity lens (i.e., mitigating power dynamics), and co-ownership of study findings (Fine & Toree, 2006). CBR offers guidance on peer researcher human resources, methods of finalizing data collection tools, and analysis strategies (Harris, 2006). Through this combination, the CBPR framework helps researchers maximize facilitators and limit barriers to peer researcher participation on both conceptual (i.e., sense of leadership) and practical (i.e., appropriate compensation) levels (Jacobs, 2010). Yet, there is a gap to CBPR models. While ethical considerations (Greene, 2013), hiring practices (Closson et al., 2016), and epistemology (Greene et al., 2009) of peer researchers have been explored, the methods of training peer researchers in CBPR are infrequently reported (Greer et al., 2018). Thoughtful consideration of peer researcher training needs may mitigate unintended consequences (e.g., confidentiality breaches, burnout, and resignation) that can arise from projects involving peer researchers (Greene et al., 2009).

### **Considerations for Training Peer Researchers in CBPR**

As peer researchers in health research (such as HIV/AIDS) are often recruited due to their lived experience, it is unlikely that they have received prior training in research that would be sufficient for an intensive peer researcher role on a study (Logie et al., 2012). In the health sector – where peer researchers are often drawn from (i.e., as patient leaders) – blended learning has been proposed as one strategy that can help peer researchers develop research aptitude, especially in qualitative data collection (Eaton et al., 2018; Bierema, 2018). Blended learning is a multifaceted approach to education, where numerous teaching methods (e.g., simulation, webinars, group discussion, etc.) are employed to accommodate multiple learning styles (e.g.,

visual, verbal, physical learners) (Coyne et al., 2018). Such an approach is particularly appropriate for a CBPR context, where accessibility is key to achieving equitable participation of all team members (Wallerstein & Duran, 2006; Vaughn, et al., 2018). The simulation component of blended learning has been identified as particularly helpful (Coyne et al., 2018), and its benefits may be enhanced when the activity is filmed (Asakura, Bogo, Good, & Power, 2018).

### **Simulation**

Simulation, or role-play exercises where learners apply skills to real-world scenarios, are hallmarks of blended learning (Coyne et al., 2018) and of social work education (Craig, McInroy, Bogo, & Thimpson, 2017). In both blended learning and social work education, simulation is used to help learners apply theory to practice and enhance their professional socialization (i.e., acclimatization to the role they are being trained for) (Linsk & Tunney, 1997). The learner takes on the role they are training for (such as a peer researcher) with another person (recommended to be a trained actor but can also be the instructor or another student) using a written description or script as a guide to simulate the subject (Craig et al., 2017). By performing a role in simulation (such as a research participant), learners can better appreciate the interpersonal complexities that can arise when applying values (such as accessibility) and skills (such as probing questions) to an actual conversation (Brummel, Gunsalus, Anderson, & Loui, 2010). Filming simulation can further enhance its professional socialization benefits, by offering the learner a view of themselves in their desired role (Koc, 2011). Additionally, the use of film provides learners with insight into their verbal (e.g., voice tone, speech content, etc.) and non-verbal (e.g., body posture, facial expression, etc.) dynamics (Brummel et al., 2010; Koc, 2011).

### **Filmed Simulation to Train Peer Researchers in CBPR**

Filmed simulation has been used to train peer researchers in CBPR in at least two instances with seven people living with HIV (six gay men and one heterosexual woman), all of whom were financially compensated (Eaton et al., 2018). In both of these trainings, peer researchers were HIV-positive and research-naïve with lived experience on the study topics (i.e., HIV-Associated Neurocognitive Disorder - HAND, medication adherence, and substance use). In addition, the peer researchers had worked with people affected by these issues in service provider roles (as volunteers at community-based organizations). All research activities – including peer researcher training – were hosted by a community-based HIV organization in downtown Toronto, Canada. The author (a social work researcher) designed and facilitated these trainings in partnership with an HIV research education program titled Universities Without Walls.

Peer researchers completed a 1.5-hour pre-training webinar and two hours of in-person education (mix of didactic presentation and group discussion) on the study's goals, CBPR, and their peer researcher role (i.e., conducting interviews). This component of the training included discussions on confidentiality, the consent process, and a review of the draft interview guides. The peer researchers then engaged in a two-hour process of filming simulated interviews, whereby four 30-minute one-on-one simulations (with peer researchers rotating roles between interviewer and participant) were filmed so that each peer researcher had a recording of themselves as interviewer. Simulations were developed that were appropriate to the studies' context. In the first study, on social work's role in addressing HAND (Eaton et al., 2017), simulations included participants forgetting a question, displaying sudden irritability, and repeating information that they had already shared as these are characteristics of HAND

(Spudich, 2013). In the second study, on a pilot post-discharge peer telephone support program for people experiencing medication adherence challenges and problematic substance use, simulations included participants appearing groggy or slurring speech due to substance use and poor health (they were recently hospitalized), alongside expressing fatigue at being asked medication adherence and substance use questions as this population can feel over-researched (Chan Carusone et al., 2017). These recordings were then transferred to flash disc storage devices (i.e., USB keys) and given to peer researchers so that they could watch their recordings.

The team then reconvened the following day so that peer researchers could reflect on their recordings and attempt new simulations that incorporated their reflections, and for facilitator feedback. Peer researchers self-evaluated themselves based on their ability to probe for fulsome answers from the simulated participants. The training facilitators provided feedback on how to improve active listening skills, as these skills have frequently been taught through simulation in social work education (Huerta-Wong & Schoech, 2010). This included feedback on verbal skills (such as paraphrasing participant responses to confirm accuracy) and non-verbal skills (such as adjusting body posture and tone of voice to match the participant). After each study was completed, the peer researchers provided feedback on their experience through case study interviews with the first author (Eaton et al., 2018) as this method can be helpful in improving continued community-academic partnerships (Vaughn et al., 2018). In these interviews, peer researchers stated that the feedback process (i.e., group discussion of self-evaluation and facilitator feedback) improved their confidence in interviewing participants.

### **Implications for Social Work Research**

The field of social work research is evolving from its base in social justice to a field that is reflexive and responsive to the changing social world (Lein, Uehara, Lightfoot, Lawlor, &



Williams, 2017). Capacity-building activities that maximize community involvement in research, such as the filmed simulation activity presented here, offer a concrete step towards a research paradigm that is inclusive and accessible of multiple needs (i.e., physical learners can feel themselves in the role, visual learners can see themselves on playback) so that the CBPR goal of equitable participation can be achieved (Lightfoot, McCleary, & Lum, 2014; Israel et al., 2006). Benefits and limitations of this filmed simulation activity are listed below, for social work researchers to consider in training peer researchers for CBPR.

This activity was mutually beneficial to peer researchers and the academic researchers on the team. Peer researchers identified that the filmed simulations helped them better grasp the concepts, and that seeing themselves on camera helped solidify the verbal and non-verbal skills that they wanted to exhibit in actual interviews (Eaton et al., 2018). For the academic researchers, watching the videos provided insight into how the interview guides flowed in practice, which was bolstered by peer researcher discussion of their filmed simulations; this led to rearranging questions for an interview guide that transitioned better from one section to the next. Such adaptability to data collection methods aligns with a core concept of CBPR, of adapting to changes in the research process as new knowledge emerges (Vaughn et al., 2018). Social work researchers who are considering training methods for peer researchers could use filmed simulation to better prepare peer researchers for their role and to gain insight into their data collection materials. Feedback that is aligned with active listening principles and openly discussed with peer researchers as a group, which allows for peer researcher self-reflection, may contribute to greater fidelity of interview methods when multiple interviewers are collecting data.

There are limitations to the approach as presented here. This approach was used for qualitative data collection; as such, feedback on active listening and self-evaluation on probing questions were relevant. For quantitative research, this type of training may be less relevant. Regarding access needs, peer researchers may not have the technological means to use a flash disc to view a video file. Uploading the video file to a web streaming service (e.g., YouTube, Vimeo) with a private viewing link is possible, so the video can only be viewed by people who have the unique web link. This may mitigate flash disc access issues (peer researchers may own a mobile phone with internet access). However, the streaming service's privacy policies should be reviewed and peer researchers should thoroughly understand who will have access to the file and where it may continue to be stored, even if the uploader deletes the file. Social work researchers should consider the context of their peer researchers' lives in the design and delivery of training methods. As this activity was applied with seven peer researchers in two quasi-experimental studies, a more robust evaluation (such as a study comparing this type of peer researcher engagement with the more traditional academic interview style) is needed to decisively conclude its effectiveness.

### **Conclusion**

Filmed simulation continues to gain prominence in the fields of blended learning and social work education, and its applicability can extend to train peer researchers in community settings. This activity can enhance the peer researcher training experience while providing academic researchers with reciprocal benefit on their methods, so long as issues of access, equity, and privacy are accounted for.

### References

- Asakura, K., Bogo, M., Good, B., & Power, R. (2018). *Social work serial: Using video-recorded simulated client sessions to teach social work practice. Journal of Social Work Education, 54*(2), 397-404. doi:10.1080/10437797.2017.1404525
- Bierema, L. L. (2018). Adult learning in health professions education. *New Directions for Adult and Continuing Education, 157*, 27-40. doi:10.1002/ace
- Brummel, B. J., Gunsalus, C. K., Anderson, K. L., & Loui, M. C. (2010). Development of role-play scenarios for teaching responsible conduct of research. *Science and Engineering Ethics, 16*, 573-589. doi:10.1007/s11948-010-9221-7
- Chan Carusone, S., O'Leary, B., McWatt, S., Stewart, A., Craig, S. L., & Brennan, D. J. (2017). The lived experience of the hospital discharge "plan": A longitudinal qualitative study of complex patients. *Journal of Hospital Medicine, 12*(1), 5-10. PMID:28125825
- Closson, K., McDougall, P., Fernando, S., Collins, A. B., Baltzer, R. T., Howard, T., & Parashar, S. (2016). Meaningful engagement of people living with HIV who use drugs: Methodology for the design of a peer research associate (PRA) hiring model. *Harm Reduction Journal 13*(26): 1-7. doi:10.1186/s12954-016-0116-z
- Coyne, E., Frommolt, V., Rands, H., Kain, V., & Mitchell, M. (2018). Simulation videos presented in a blended learning platform to improve Australian nursing students' knowledge of family assessment. *Nurse Education Today, 66*, 96-102. doi:10.1016/j.nedt.2018.04.01

- Craig, S. L., McInroy, L. B., Bogo, M., & Thompson, M. (2017). Enhancing competence in health social work education through simulation-based learning: Strategies from a case study of a family session. *Journal of Social Work Education, 53*(Suppl 1), S47-S58. doi:10.1080/10437797.2017.1288597
- Devotta, K., Woodhall-Melnik, J., Pedersen, C., Wendaferew, A., Dowbor, T. D., Guilcher, S. J., ... & Matheson, F. I. (2016). Enriching qualitative research by engaging peer interviewers: A case study. *Qualitative Research, 16*(6), 661-680. doi:10.1177/1468794115626244
- Eaton, A. D., Craig, S. L., & Wallace, R. (2017). The intersecting cognitive and aging needs of HIV-positive older adults: Implications for social work practice. *Social Work in Health Care, 56*(8): 733-747. doi:0.1080/00981389.2017.1339759
- Eaton, A. D., Ibáñez-Carrasco, F., Craig, S. L., Chan Carusone, S., Montess, M. Wells, G. A., & Ginocchio, G. F. (2018). A blended learning curriculum for training peer researchers to conduct community-based participatory research. *Action Learning: Research and Practice, 15*(2), 136-146. doi:10.1080/14767333.2018.1462143
- Eaton, A. D., Tsang, A. K. T., Craig, S. L., & Ginocchio, G. F. (2018). Peer researchers in post-professional healthcare: A glimpse at motivations and partial objectivity as opportunities for action researchers. *Action Research Journal*. doi:10.1177/1476750318811913
- Fine, M., & Toree, M. (2006). Intimate details: Participatory action research in prison. *Action Research, 4*(3), 253-269. doi:10.1177/1476750306066801
- Greene, S. (2013). Peer research assistantships and the ethics of reciprocity in community-based research. *Journal of Empirical Research on Human Research Ethics 8*(2): 141-152. doi:10.1525/jer.2013.8.2.141

Greene, S., Ahluwalia, A., Watson, J., Tucker, R., Rourke, S. B., Koornstra, J., ... & Byers, S.

(2009). Between skepticism and empowerment: The experiences of peer research assistants in HIV/AIDS, housing and homelessness community-based research.

*International Journal of Social Research Methodology*, 12(4), 361-373.

doi:10.1080/13645570802553780

Greer, A. M., Amlani, A., Pauly, B., Burmeister, C., & Buxton, J. A. (2018). Participant, peer and PEEP: Considerations and strategies for involving people who have used illicit substances as assistants and advisors in research. *BMC Public Health*, 18(834), 1-11.

doi:10.1186/s12889-018-5765-2

Harris, G. E. (2006). Practicing HIV/AIDS community-based research. *AIDS Care*, 18(7), 731-738. doi:10.1080/09540120500307735

Huerta-Wong, J., & Schoech, R. (2010). Experiential learning and learning environments:

The case of active listening skills. *Journal of Social Work Education*, 46(1), 85-101.

doi:10.5175/JSWE.2010.200800105

Israel, B. A., Coombe, C. M., Cheezum, R. R., Schulz, A. J., McGranaghan, R. J., Lichtenstein, R., ... & Burris, A. (2011). Community-based participatory research: A capacity-building approach for policy advocacy aimed at eliminating health disparities. *American Journal of Public Health*, 100(11), 2094-2102. doi:10.2105/AJPH.2009.170506

Jull, J., Giles, A., & Graham, I. D. (2017). Community-based participatory research and integrated knowledge translation: Advancing the co-creation of knowledge.

*Implementation Science*, 12(150), 1-9. doi:10.1186/s13012-017-0696-3

- Koc, M. (2011). Let's make a movie: Investigating pre-service teachers' reflections on using video-recorded role playing cases in Turkey. *Teaching and Teacher Education*, 27, 95-106. doi:10.1016/j.tate.2010.07.006
- Lein, L., Uehara, E. S., Lightfoot, E., Lawlor, E. F., & Williams, J. H. (2017). A collaborative framework for envisioning the future of social work research and education. *Social Work Research*, 41(2), 67-71. doi:10.1093/swr3svx008
- Lightfoot, E., McCleary, J. S., & Lum, T. (2014). Asset mapping as a research tool for community-based participatory research in social work. *Social Work Research*, 38(1), 59-64. doi:10.1093/swr/svu001
- Linsk, N., & Tunney, K. (1997). Learning to care: Use of practice simulation to train health social workers. *Journal of Social Work Education*, 33, 473-489. doi:10.1080/10437797.1997.10778887
- Logie, C., James, L., Tharao, W., & Loutfy, M. R. (2012). Opportunities, ethical challenges, and lessons learned from working with peer research assistants in a multi-method HIV community-based research study in Ontario, Canada. *Journal of Empirical Research on Human Research Ethics* 7(4): 10-19. doi:10.1525/jer.2012.7.4.10
- Minkler, M. (2005). Community-based research partnerships: Challenges and opportunities. *Journal of Urban Health*, 82(Suppl 2); ii3-ii12. doi:10.1093/jurban/jti034
- Neander, L., Hanson, B. L., Edwards, A. E., Shercliffe, R., Cattrell, E., Barnett, J. D., ... & King, D. K. (2018). Teaching SBIRT through simulation: Educational case studies from nursing, psychology, social work, and medical residency programs. *Journal of Interprofessional Education & Practice*. doi:10.1016/j.xjep.2018.08.002.

- Spudich, S. (2013). HIV and neurocognitive dysfunction. *Current HIV/AIDS Reports, 10*, 235-243. doi:10.1007/s11904-013-0171-y
- Vaughn, L. M., Jacquez, F., & Zhen-Duan, J. (2018). Perspectives of community co-researchers about group dynamics and equitable partnership within a community-academic research team. *Health Education & Behavior*. doi:10.1177/1090198118769374
- Wallerstein, N., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice, 7*(3), 312-323.  
doi:10.1177/1524839906289376