Original Article

Construction and validity of a simulated scenario for motivational interviewing in nursing

Construção e validação de cenário simulado para entrevista motivacional na enfermagem

Elaboración y validación de un escenario simulado para entrevistas motivacionales en enfermería

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How to cite:
Pereira CF, Ramirez EL, Santos J, Damim MS, Vargas D, Tamashiro LM. Construction and validity of a simulated scenario for motivational interviewing in nursing. Acta Paul Enferm. 2026;39:eAPE000131i.

DOI
http://dx.doi.org/10.37689/acta-ape/2026A00000131i

Keywords
Mental health; Motivational interviewing; Education, nursing; Simulation exercise

Descritores
Saúde mental; Entrevista motivacional; Educação em enfermagem; Exercício de simulação

Descriptores
Salud mental; Entrevista motivacional; Educación em enfermería; Ejercicio de simulación

Submitted
January 31, 2025

Accepted
October 8, 2025

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Data availability:
The authors did not make the data from this article available in repositories prior to submission.

Abstract

Objective: To build and validate a high-fidelity clinical simulation scenario on motivational interviewing in an undergraduate nursing course.

Methods: This methodological study was conducted in three phases: 1) scenario and simulation content development, developed by three mental health and psychiatric faculty with experience in clinical simulation; 2) simulation scenario content validity, performed by ten judges; 3) scenario testing, performed by 32 sixth-year nursing students at a public university. The scenario's educational objectives were developed using the cognitive, affective, and psychomotor domains, based on Client-Centered Therapy's theoretical framework, following the units of significance that guided and directed the entire narrative. The Content Validity Index was used to analyze the content validity data. Using a Likert scale, it assesses the percentage of agreement with each criterion established in the assessment instrument, allowing to determine the relevance and/or acceptance of an assessed item. In order to test the scenario with the target population, the Learning Satisfaction and Self-Confidence Scale was used as an assessment instrument after simulation debriefing.

Results: The simulation scenario was validated by ten judges, eight female and two male. The scenario's Content Validity Index was 100% for structure, presentation, and relevance. Thirty-two students participated in the scenario testing with the target audience, and most found the resources used by the professor during the simulation useful; however, they still do not feel fully mastered.

Conclusion: The constructed scenario achieved high fidelity according to judges' and students' assessments. Therefore, it can become a facilitating tool for educators in training undergraduate nursing students through the use of the "motivational interview" tool.

Resumo

Objetivos: Construir e validar um cenário de simulação clínica de alta fidelidade sobre entrevista motivacional em curso de graduação em enfermagem.

Métodos: Estudo metodológico, conduzido em três fases: 1) construção do cenário e conteúdo da simulação, desenvolvida por três docentes na área da saúde mental e psiquiátrica com experiência em simulação clínica; 2) validação de conteúdo do cenário de simulação, realizada por dez juízes; 3) teste do cenário, feito por 32 alunos do sexto ano do curso de graduação em enfermagem de uma universidade pública. Para a construção dos objetivos educacionais do cenário, utilizaram-se os domínios cognitivo, afetivo e psicomotor, embasados no referencial teórico sobre terapia centrada no cliente, seguindo as unidades de significância que nortearam e direcionaram toda a narrativa. Para análise dos dados da validação de conteúdo, foi utilizado o Índice de Validade de Conteúdo, que avalia, por meio da escala Likert, a porcentagem em concordância de acordo com

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Conflicts of interest: nothing to declare.

cada critério estabelecido no instrumento de avaliação, sendo possível determinar a pertinência e/ou aceitação do item avaliado. A fim de testar o cenário com a população-alvo, a Escala de Satisfação e Autoconfiança no Aprendizado foi utilizada como instrumento de avaliação após o *debriefing* da simulação.

Resultados: A validação do cenário de simulação foi realizada por dez juízes, sendo oito do gênero feminino e dois do gênero masculino. O Índice de Validade de Conteúdo do cenário foi de 100% no quesito estrutura e apresentação, e relevância. Para o teste de cenário com o público-alvo, 32 discentes participaram dessa fase e, para a maioria, os recursos utilizados pelo professor durante a simulação foram úteis; entretanto, ainda não sentem domínio total sobre o tema.

Conclusão: O cenário construído obteve alta fidelidade pela avaliação dos juízes e estudantes. Portanto, pode se tornar um instrumento facilitador para educadores na capacitação de estudantes da graduação de enfermagem por meio da utilização da ferramenta "entrevista motivacional".

Resumen

Objetivos: Elaborar y validar un escenario de simulación clínica de alta fidelidad sobre entrevistas motivacionales en una carrera de grado en enfermería.

Métodos: Estudio metodológico, realizado en tres fases: 1) elaboración del escenario y contenido de la simulación, desarrollada por tres profesores del área de salud mental y psiquiatría con experiencia en simulación clínica; 2) validación del contenido del escenario de simulación, realizada por diez jueces; 3) prueba del escenario, realizada por 32 estudiantes de sexto año de la carrera en enfermería de una universidad pública. Para la elaboración de los objetivos educativos del escenario, se utilizaron los dominios cognitivo, afectivo y psicomotor, basados en el marco teórico sobre la terapia centrada en el cliente, siguiendo las unidades de significado que guiaron y orientaron toda la narrativa. Para el análisis de los datos de la validación de contenido, se utilizó el Índice de Validez de Contenido, que evalúa, mediante la escala Likert, el porcentaje de concordancia según cada criterio establecido en el instrumento de evaluación, lo que permite determinar la pertinencia o aceptación del ítem evaluado. Con el fin de probar el escenario con el público destinatario, se utilizó la Escala de Satisfacción y Autoconfianza en el Aprendizaje como instrumento de evaluación tras el *debriefing* de la simulación.

Resultados: La validación del escenario de simulación fue realizada por diez jueces, ocho de ellos mujeres y dos hombres. El Índice de Validez de Contenido del escenario fue del 100 % respecto a la estructura y presentación, y relevancia. Para la prueba del escenario con el público destinatario, 32 estudiantes participaron en esta fase y, para la mayoría, los recursos utilizados por el profesor durante la simulación fueron útiles; sin embargo, aún no sienten un dominio total sobre el tema.

Conclusión: El escenario construido obtuvo una alta fidelidad según la evaluación de los jueces y los estudiantes. Por lo tanto, puede convertirse en un instrumento facilitador para los educadores en la formación de los estudiantes de la carrera de enfermería mediante el uso de la herramienta "entrevista motivacional".

Introduction

Nursing education undergoes constant change, with clinical simulation being an important teaching tool and methodology used. It helps develop essential skills for daily healthcare professionals, such as decision-making, leadership, communication, critical-reflective judgment, and problem-solving. This contributes to the development of students better equipped for entry into the job market. It also creates a safe environment, without exposure to real patients, allowing students to feel comfortable learning from their mistakes without fearing them. This ensures greater self-confidence and establishes a solid practical-theoretical relationship throughout the course.[1]

In this context, the scenarios used to conduct the simulations are based on clinical cases already experienced by the professor, enabling the application of technical and non-technical skills acquired throughout the course. This creates an environment for reflection that closely reflects the clinical reality experienced by many healthcare professionals in their daily work.[2]

Teaching about the care of users with problematic use of psychoactive substances (PSAs) during undergraduate healthcare programs has proven relevant, given the significant epidemiological incidence of a portion of the population affected by the consequences of problematic use of these substances. Given this situation, the likelihood of a healthcare professional encountering these users is considerable. Studies indicate that nursing professionals represent more than half of the global healthcare workforce, making nurses a prime target population for teaching care techniques for the identification, prevention, and appropriate treatment of individuals with problematic use of PSAs.[3]

Among the models used in nursing care for patients with problematic PAS use, motivational interviewing (MI) stands out. A MI model suggests that the subject may be located on a continuum of different stages of motivation for behavior change, and for each of these stages, individuals require different types of approaches appropriate to that moment.[4] The MI technique creates a connection between healthcare professional and patient, creating a more conducive environment for patients to

recognize and surface their personal motivation for commitment and target behavior. Thus, professionals, through empathy and acceptance, explore individualities and impulses, aiming to create a stronger bond, a safe environment, and patients' ability to perform appropriate self-care.[4]

Studies have shown the benefits of using MI in improving self-care and service delivery, particularly with regard to communication with patients, influencing a change in habits that encourages healthier behavior and reduces potential risks.[5,6] Furthermore, the technique demonstrates extensive relevance, as it has great applicability in various scenarios, being low-cost, easy to implement, and with promising results, improving both healthcare professionals' practice and students' learning process in the same area.[7] It is extremely important for future healthcare professionals and caregivers to receive adequate training related to the use of MI from higher education onwards so that students can effectively approach future patients and increase behavioral counseling.[8]

Given the potential of realistic simulation teaching strategies for motivational content for nursing students, a detailed characterization of this process and validity of a simulation scenario for MI in undergraduate nursing programs are necessary. In this context, this study aimed to develop and validate a high-fidelity clinical simulation scenario for MI in an undergraduate nursing program.

Methods

This methodological study guided the development and content validity of a high-fidelity clinical simulation scenario for MI-based teaching. The study described the following phases: 1) simulation scenario development; 2) content validity by judges; 3) scenario testing by sixth-year undergraduate nursing students at a public university.

This type of study is a strategy that, through the systematic use of existing knowledge, seeks to develop, refine, validate, and assess instruments, devices, and mediation methods. This approach should contribute to the construction of knowledge in a specific area by proposing ways to measure phenomena. To this end, it uses tools such as questionnaires and scales, as well as translation and adaptation of materials.[9,10]

To construct the simulation scenario content, Client-Centered Therapy's theoretical framework on the MI approach and therapeutic communication was used.[11] Faculty experienced in the topic and a clinical simulation specialist participated in this development phase. The scenario's educational objectives were designed based on Bloom's Taxonomy, which addresses three domains: the cognitive domain, which relates to learning and new knowledge acquired; the affective domain, which encompasses feelings and attitudes; and the psychomotor domain, which involves physical skills.[12]

Additionally, to guide the development of the clinical simulation scenario proposed for this study and direct its entire narrative, the seven units of significance previously defined in research were followed[13,14] recently published, which are: 1) students' prior knowledge; 2) learning objective; 3) activity's theoretical basis; 4) scenario preparation; 5) scenario development; 6) debriefing; and 7) assessment.

To participate as an expert judge, the inclusion criterion was to achieve a minimum score of five points, out of a total of 14 points, according to the Fehring Validity Model Expert Classification in Chart 1, with those who did not meet the minimum score required being excluded.[15-18]

Chart 1. Judges' classification

Judges	Score
Doctoral degree	4 points
Master's degree	3 points
Publication of relevant research in the area of study interest	2 points
Clinical practice with one or more years of experience in the study topic	2 points
Specialization in the study topic of interest	2 points
Participation in scientific events in the last two years in the area	1 point
Total	14 points

Regarding the ideal number of judges, the Brazilian Association of Technical Standards recommendations were followed, based jointly on the International Organization for Standardization (ISO) and the International Electrotechnical Commission (IEC), which, in turn, offer the ISO/

IEC 25062:2011 standard, which recommends a minimum sample of eight participants.[17]

Data collection occurred in two stages. First, an assessment was conducted with experts to validate the scenario through email invitations. Invitations were sent to 11 experts, of whom ten responded within the specified ten-day period. One expert who did not respond received a second invitation within ten days, but received no response.

This scenario validity was based on the judgment of expert nurse judges who analyzed the content's representativeness and made adjustments, potentially suggesting the removal, addition, or modification of certain items. Validity allows the quality of the data to be assessed before it is implemented and put into practice through testing.

In phases 2 and 3, the Assessment Instrument (via Google Forms®), developed by the authors and based on a published study, was also presented to both the judges and the students,[19] being composed of four categories of content analysis: objective; structure; presentation; and relevance. Statements relating to each criterion were analyzed using a five-point Likert scale (totally agree (5); partially agree (4); neither agree nor disagree (3); partially disagree (2); totally disagree (1)), totaling a score between 5 and 20 points.[19]

The Student Satisfaction and Self-Confidence in Learning (SSSCL) scale was used as an assessment tool after simulation debriefing. This scale, translated and validated for the Brazilian context, has good overall reliability (α=0.84) for each of the constructs: satisfaction (α=0.84) and learning self-confidence (α=0.84). It is a five-point Likert-type instrument (strongly disagree (1); disagree (2); neither agree nor disagree (3); agree (4); and strongly agree (5)), consisting of 13 items: five to assess satisfaction with the simulation activity and eight to assess learning self-confidence.[18] The score can be calculated by considering each subscale as follows: satisfaction subscale from 5 to 25 points and self-confidence subscale from 8 to 40 points, with the total scale being calculated from 13 to 65 points. The score interpretation is proportional, i.e., a higher score indicates higher levels of satisfaction and self-confidence.

The simulation scenario was tested by 34 students in the sixth semester of an undergraduate nursing program at a public university, who were invited to participate in the study. Students who had completed the theoretical portion of the mental health and psychiatric nursing course were included, given the need for prior knowledge to achieve the scenario's objective.

Students completed a scenario-testing assessment through an in-person presentation of the research's objective prior to the simulation activity in a public university laboratory. Immediately after the debriefing, participants completed the assessment instrument provided at the end of the simulation scenario.

The convenience sample totaled 32 students, as there were two dropouts throughout the process.

In phase 2 for content validity, the Content Validity Index (CVI) was followed, which assesses the percentage of agreement according to each criterion established in the assessment instrument, making it possible to determine the relevance and/or acceptance of an assessed item, adding the responses with Likert 4 and 5, dividing by the total number of possible responses, making the minimum resulting value of 0.80 or 80% acceptable.[15]

The population involved in the study (judges and undergraduate nursing students) was instructed to sign the Informed Consent Form in electronic format.

This study was approved by the Research Ethics Committee of the School of Nursing, *Universidade de São Paulo*, under Opinion 5,000,933, following Resolutions 466/2012 and 510/2016 of the Brazilian National Health Council/Ministry of Health (Certificate of Presentation for Ethical Consideration 50941421.8.0000.5392).

Results

Phase 1 - Simulation scenario development

As shown in Chart 2, the scenario was constructed based on Bloom's Taxonomy, using the proposed cognitive, affective and psychomotor domains.

[12] The theoretical-practical script for the simulated activity was developed based on seven units of significance: 1. Student's prior knowledge - a prerequisite for participating students; 2. Learning objectives - intended student learning outcomes; 3. Theoretical foundation - theoretical basis based on scientific evidence; 4. Scenario preparation - elaboration of clinical situation, material resources, and supporting documentation; 5. Scenario development - script description for the actors and expected actions of students; 6. Debriefing - development of reasoning and judgment skills through the reflective learning process; and 7. Assessment - identification of the competence level of the students involved in simulation.[13]

Phase 2 - Content validity

The simulation scenario validity was performed by ten judges, eight female and two male. The mean length of training was 21.8 years (minimum 11 and maximum 41 years, with a mode and median of 20 years), and the mean length of professional experience was 21 years (minimum 8 and maximum 41 years, with a mode and median of 20 years). Concerning judges' professional experience, eight were undergraduate and graduate professors, and two were undergraduate only. The areas of expertise cited were as follows: clinical simulation (2); technical professional education in nursing (2); mental health in primary care and epidemiology (1); mental health and health management (2); adult health, medical-surgical clinic (1); teaching

Chart 2. Scenario description

Scenario planning
Apprentice's previous experience: Students in the sixth semester of the nursing degree program who had already taken the subjects "ENP0155 - Fundamentals of interpersonal relationships in nursing", administered in the first period of the degree program, and "ENP0253 - nursing in mental and psychiatric health", administered in the sixth period, participated in the activity.
General learning objective: To equip students with the necessary tools in the use of motivational interviewing as a psychosocial approach in nursing consultation. Specific objectives: To identify the principles of motivational interviewing and its application, identify the motivational stages during the service, and record the intervention carried out.
Scenario duration: 15 minutes for scenario development and 45 for debriefing.
Prior reading material: Classes and references available on the *E-Disciplinas* online platform on the foundations of interpersonal relationships in nursing, the communication process in nursing, therapeutic communication, and psychosocial approaches in nursing practice in the care of people with disorders related to the use of psychoactive substances.
Human resources: Two mental health nursing professors, in which one will be a standard user (service user), the other, the scenario and debriefing facilitator, and a student who voluntarily simulates a nurse.
Setting the scene: Proposed theme: Motivational interviewing approach - "Nursing consultation: Approach to psychosocial practice with emphasis on motivational interviewing". Scenario fidelity: High fidelity. Modality: Clinical simulation using a standard patient. Case/clinical situation: Mr. João Mendes is 40 years old. He is married and has two children, one aged 15 and the other 20. He is a mechanic and works near home with some colleagues. In previous appointments, Mr. João expressed concern about his financial situation, as a few times he drank with colleagues meant he was unable to deliver work the next day, causing him to lose some clients. Furthermore, two years ago, he was diagnosed with Diabetes Mellitus and has had difficulty following treatment, which sometimes harms his health and ultimately affects his work performance. He also noted that his vision sometimes becomes blurry and that he sometimes injures his feet due to decreased sensitivity. His wife and children are treated at the unit, and during some appointments, they have expressed concern for Mr. João's health. Student Information: You are a nurse at the Alcohol and Drug Psychosocial Care Center, and one of the patients, Mr. João Mendes, requests an appointment with the nurse. Nurse Fernanda conducted the intake consultation the previous day, conducting a complete interview with Mr. João. Upon arriving at the Alcohol and Drug Psychosocial Care Center and taking over your shift, you review the information contained in the medical record. Then, you will meet with the patient to assess him and identify his motivational stage through a nursing consultation, emphasizing motivational interviewing with a psychosocial approach. Script for training the simulated patient: The standard user is João Mendes, a 40-year-old mechanic with a high school diploma. Motivational stage: pre-contemplation. He is married to Mariana and has two children, a 15-year-old (Marcos) and a 20-year-old (Elena). More information is included in Figure 1. Actor characterization: An actor representing the service user (professor) is required. Material resources: Permanent resources: nursing consultation room with a sign on the mirrored room door (simulating the Alcohol and Drug Psychosocial Care Center), with two chairs and an office desk. Resources provided by faculty: printed materials for students, such as the Singular Therapeutic Project, nursing notes previously prepared during the previous consultation, and a blank nursing note form for the student (actor/nurse). Faculty will need a scenario script, medical records, clinical case, debriefing checklist, and pencils (for faculty and students).
Documentation: Medical record containing medical prescription, Singular Therapeutic Project - assessment of psychic functions, medical prescription, groups in which the user is inserted, other activities such as ECOSOL, agreements made with the user, nursing notes (1. Appearance, with posture, hygiene, facial expression being assessed; 2. General activity; 3. Social behavior - interaction, psychic functions; 4. Communication - verbal and non-verbal).
Scenario development: as shown in Figure 1.
Briefing: First, welcome the students, ask them to turn off their cell phones and refrain from eating during their time in the simulation room, and establish a fictitious contract: confidentiality regarding the simulation, not talking to fellow volunteers or observers during the simulation, explain the activity dynamics, but do not reveal the simulation's objectives. Then, request two volunteers and show them the scenario, explain that there will be a simulated family member, present the available materials and the patient's medical record, and read the case. Therefore, there will be two nurses as volunteers and five nurses participating as observers.
Debriefing: Once the student has completed the case interpretation, they will be invited to rejoin the group. The student-actor (nurse), along with the students (observers), professor (observer), and professor (actor-user), will list the positive aspects identified in the scenario. The facilitators (two professors—observer and actor-user) should guide the discussion, aiming to adequately identify, with the students, whether MI principles and techniques were applied in the scenario and the user's motivational stage. Using the following guiding topics: What is the motivational stage? What are the basic principles identified? What do you think of the approach? What would you do more? What communication techniques were used? Discuss the nursing note made by the student (actor-nurse) (follow the chart note template, adding the motivational stage): begin by thanking the volunteer user and the volunteer participant (nurse) for their participation; ask the volunteer nurse, "How was the scenario?"; Ask them to highlight the positive points, such as what they did correctly, what was easy to accomplish (ask them to justify their actions); repeat the above question to the observing participants; ask the volunteer participant what they found most challenging. In the debriefing, a checklist with the following questions can be used: Did the student introduce themselves in a cordial and welcoming manner? Did they use open-ended questions to initiate the session? Did they identify the main focus that brought the client to the service? Did they use reflection to develop the behavioral discrepancy based on the elements evoked? When resistance occurred, did they back off and apologize (flow with the resistance)? Did they use the summary to guide the session (summarize)? Did they request permission to offer information? Did they conclude with realistic goals for the next meeting? Did they use few questions during the session? Did they demonstrate empathy throughout the session? Did they steer the conversation toward focus? Did they identify the client's motivational stage?
Assessment: Use Student Satisfaction and Self-Confidence in Learning scale[18], in printed version, for students to complete in pencil in the laboratory.

(1); health promotion and public health (1); nursing (1). In relation to academic qualifications, none of the judges had a specialization, and all held doctoral and master's degrees. For each item assessed by judges, a score of +1 was assigned for the options "agree" and "partially agree", with zero for the option "indifferent" and -1 for "I disagree" and "totally disagree".[1,4,20] Table 1 presents the CVI of the scenario validity process among judges, which shows that the minimum index for the assessed items was 90%. Therefore, all judges approved the presented items (Figure 1). Table 2 shows the individual assessments of judges.

Phase 3 - Scenario testing

Thirty-two students participated in the scenario assessment with the target audience, out of a total of 34 students in the class. Two students requested to withdraw during the activity for extracurricular reasons. All participants in the simulation were in their sixth semester of their nursing degree and therefore

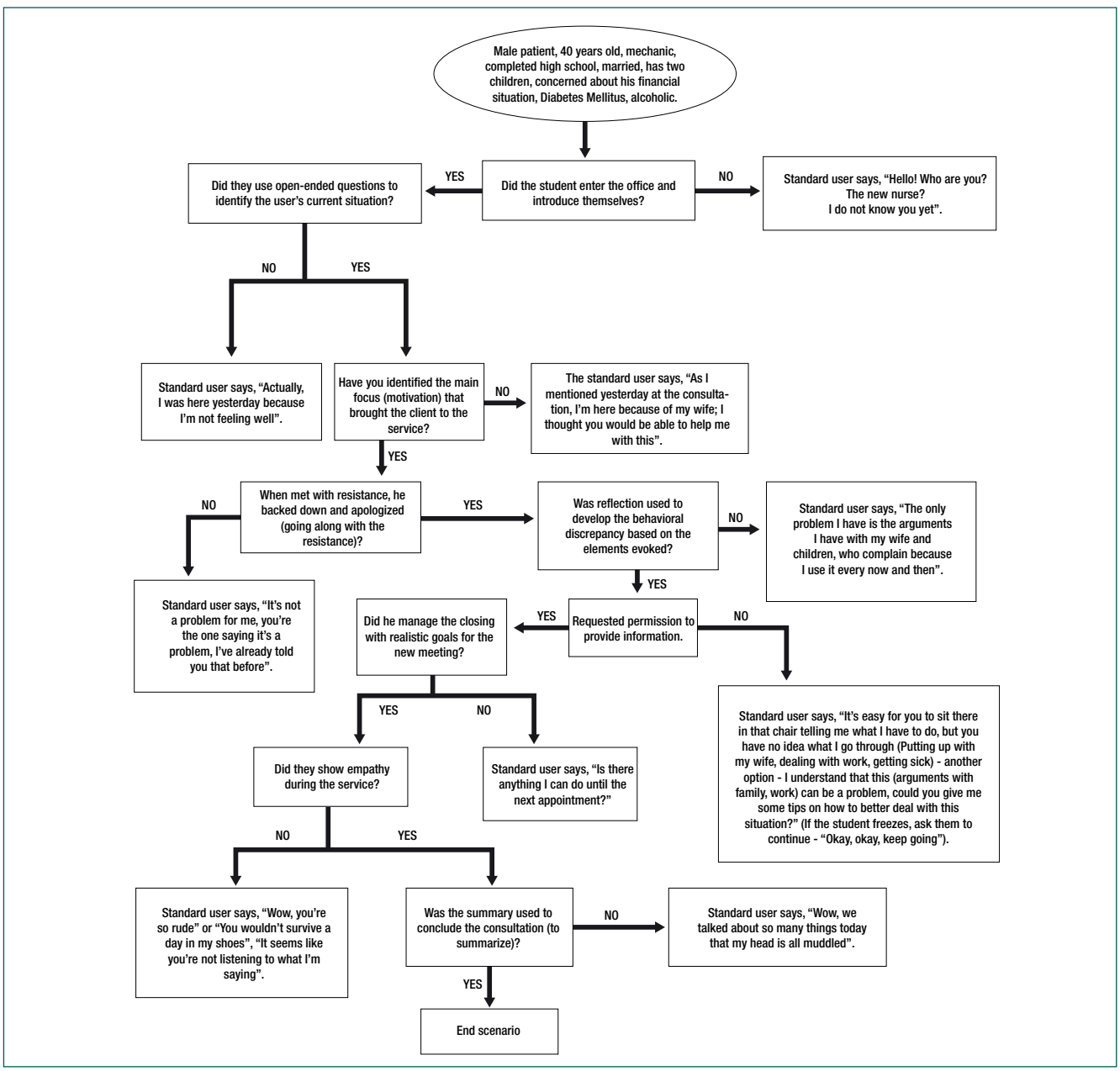

Figure 1. Scenario development with what is expected of volunteer participants and standard users' actions

Table 1. Content Validity Index of the scenario validity process among judges

Items assessed	Judges					
	A	PA	I	D	TD	CVI (%)
Objective						
The content is consistent with the purpose of the simulation scenario	9	1	-	-	-	100
Learning objectives are clear and concise	8	2	-	-	-	100
The scenario content facilitates critical thinking	7	3	-	-	-	100
The information presented is scientifically accurate	6	4	-	-	-	100
There is a logical sequence of proposed content	10	-	-	-	-	100
The information presented in the scenario (quantity and level of depth) covers the motivational interviewing content	5	4	1	-	-	90
The clinical simulation scenario's objective is to invite and/or instigate a change in students' behavior and attitude towards users of psychoactive substances	5	5	-	-	-	100
Structure and presentation						
The scenario script is appropriate for nursing students	9	1	-	-	-	100
The language used is easy for students to understand	9	1	-	-	-	100
The scenario has an attractive visual style that keeps students engaged	9	1	-	-	-	100
The data is presented in a structured and objective manner	8	2	-	-	-	100
Contextual details provide clues based on desired outcomes	7	3	-	-	-	100
The scenario's presentation contributes to student learning	8	2	-	-	-	100
Relevance						
The scenario script allows for the transfer of knowledge and learning regarding the use of motivational interviewing	5	5	-	-	-	100
The scenario script proposes the construction of knowledge	8	2	-	-	-	100
It can be used by healthcare professionals and/or educators	9	1	-	-	-	100
The clinical simulation scenario on motivational interviewing can be circulated within the scientific community	8	2	-	-	-	100

A = agree; PA = partially agree; I = indifferent; D = disagree; TD = totally disagree.

Table 2. Individual assessment of judges in relation to the topics of the analyzed items of the simulation scenario

Judges	Objective (%)	Structure and presentation (%)	Relevance (%)
Judge 1	100	100	100
Judge 2	100	100	100
Judge 3	86	100	100
Judge 4	100	100	100
Judge 5	100	100	100
Judge 6	100	100	100
Judge 7	100	100	100
Judge 8	100	100	100
Judge 9	100	100	100
Judge 10	100	100	100

met the prerequisite for the study. Table 3 describes the data obtained through the SSSCL completed by students at the end of the debriefing. It can be noted that, for most students, the resources used by professors during the simulation were useful, but they still do not feel fully mastered of the topic.

Discussion

The development of a clinical simulation scenario for undergraduate students plays an important

Table 3. Student satisfaction and self-confidence in learning after debriefing

Item	Mean	Standard deviation
The teaching methods used in this simulation were useful and effective (S*1).	1.34	0.54
The simulation provided me with a variety of teaching materials and activities to further my learning (S2).	1.46	0.62
I liked the way my teacher taught through simulation (S3).	1.31	0.69
The teaching materials used in this simulation were motivating and helped me learn (S4).	1.34	0.48
The way my teacher taught through simulation was adequate for the way I learn (S5).	1.31	0.59
I am confident that I mastered the content of the simulation activity that my teacher presented to me (SC*1).	2.34	0.97
I am confident that this simulation included the content required to master motivational interviewing (SC2).	1.68	0.78
I am confident that I am developing skills and gaining the necessary knowledge from this simulation to perform the necessary procedures in a clinical setting (SC3).	1.84	0.95
My teacher used useful resources to teach the simulation (SC4).	1.25	0.50
It is my responsibility as the student to learn what I need to know through the simulation activity (SC5).	1.46	0.56
I know how to get help when I don't understand the concepts covered in the simulation (SC6).	1.46	0.80
I know how to use simulation activities to learn skills (SC7).	1.56	0.84
It is the teacher's responsibility to tell me what I need to learning the topic developed in the simulation during the class (SC8).	1.78	0.87

*The letters S and SC refer, respectively, to satisfaction and self-confidence, numbered according to the order in which the question appears in the original scale

pedagogical role by integrating the theoretical and practical aspects of a given topic in a safe environment. This encourages active student participation, develops new skills, and fosters critical thinking that will be used later in clinical situations. In this regard, integrating content such as MI meets these precepts, contributing to improved student development throughout their training. Evidence suggests that MI is essential for promoting holistic and comprehensive healthcare that guarantees the population's rights and autonomy.[4]

The study scenario was planned with well-developed learning objectives and a clear and concise determination of the actions expected by participating students, in order to direct them to carry out actions appropriate to the simulation, as presented in the available evidence.[14] The simulation presented general and specific objectives, with the general objectives being the broadest, with essential aspects and specific objectives, which included psychomotor, affective and cognitive skills, as presented in another medium-fidelity simulation study, in addition to validity by experts.[19]

For greater accuracy, the professor playing the role of users was offered a script containing information about patients' life story and possible responses to certain situations that may occur during the simulation, based on questions and answers from the volunteer student, considering the available resources and students' level of prior knowledge, with the aim of producing a scenario that was faithful to reality and with complexity appropriate to the target audience.[19]

Briefing and debriefing were used to achieve more satisfactory results in students' learning process. During the briefing, prior to the actual scenario, facilitators should provide volunteer students with the context of the scenario, including information they will need to complete the activity. The facilitators' role is to guide the project's execution, ensuring greater student understanding and performance.[14]

For the debriefing, the final stage of this simulation, facilitators should lead a discussion about the interactions between the simulated patient and the volunteer student, connecting students' previous experiences with the new skills acquired and how they can be applied in a practical context. It is important to highlight factors that were not addressed in the scenario and those that were necessary for successful interaction and MI management. Considered the fundamental stage for reflection and synthesis of learning, it should take up the majority of the scenario's development time.[14]

Concerning the validity performed by judges, the results of this study show that the items "structure and presentation" and "relevance" achieved an average CVI of 100%, demonstrating success in scenario planning and organization of the simulation's stages. The topic "The information presented in the scenario (quantity and level of depth) covers the motivational interviewing content" generated a CVI of 90%, being the only item validated by judges that did not achieve its full validity. It is important to emphasize that, although one category was rated as indifferent by one of the judges, overall, the simulation passed the CVI based on the scores.

According to a study that identified and compared nursing students' satisfaction and self-confidence in learning through simulation in the Primary Health Care context, students are more satisfied after experiencing simulation, feeling more confident when faced with the same situations in real-life care. The study states that satisfied students become more motivated to learn, feel more proactive, and their experience during the scenario gains meaning. The results also demonstrate an increase in learning satisfaction proportional to the introduction of clinical simulation in the undergraduate nursing years.[20]

Thus, this research is similar to the results of this study, in which student satisfaction demonstrates the importance of continuing to apply this teaching method in the nursing program curriculum to increase student satisfaction and self-confidence. It is worth noting that this satisfaction is also influenced by the teaching method used and the way professors conduct the simulation. Therefore, the professor must always utilize different teaching and learning approaches, adapting to students' profiles, supporting them, and encouraging them to strive for excellence.[20]

Regarding the learning of mental health techniques, a study indicates that nursing students feel confident using MI in clinical practice, but do not consider its applicability important. This observed confidence may be related to the nursing program's greater mastery of open-ended questions. The feeling of not considering MI important may be due to the lack of standardized integration of its use into nurses' daily lives. Therefore, conducting simulations in the academic setting will serve as a stimulus for understanding the effectiveness of this technique with patients and the need for its application in nursing practice.[21]

Unlike the results indicated by the previously cited study, which state that nursing students do not consider the applicability of MI important, this research presented favorable averages among participants in relation to the reliability of the topic's usefulness. Of the 32 students, three felt indifferent to this topic and three were somewhat satisfied, demonstrating that the majority of students participating in simulation believe that MI applicability in the clinical context is important for patient care.

MI teaching for nursing students is widely present in undergraduate programs, and training conducted through practice simulation is gaining prominence in the curriculum, yielding promising results. The use of MI teaching techniques that incorporate simulation has proven to be as effective as in-person patient encounters.[21]

The limitations of this study include the small number of students participating in the scenario testing and the fact that the target audience was validated at only one university. Therefore, the study results cannot be generalized. Nevertheless, this study contributes to nursing students' understanding of MI's relevance in clinical practice and the importance of including this topic in more undergraduate courses.

Conclusion

This study constructed a clinical simulation scenario for MI and effectively validated it, achieving high fidelity through assessment by judges and students. The results demonstrate the need for continued application and improvement of this simulation scenario by faculty to enhance this teaching method, contributing to the teaching-learning process for students and future professionals. It is hoped that this study will contribute to further research on the importance of implementing simulation scenarios during undergraduate studies, as it provides students with the opportunity to participate in a situation as close as possible to clinical reality to improve their performance. Students will be able to identify their mistakes and have the opportunity to correct them, facing and dealing with challenges before working in a real-life scenario.

Acknowledgments

This study was financed in part by the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil* (CAPES) - Finance Code 001.

Collaborations

Pereira CF, Ramirez ELG, Santos J, Damim MS, Vargas D and Tamashiro LMC contributed to study design, data analysis and interpretation, article writing, relevant critical review of intellectual content and approval of the final version to be published.

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