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# Exploring the efficacy of forum theatre and online high-fidelity simulation to challenge unconscious bias

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## Abstract

There is an ongoing commitment within nursing curricula to ensure that student nurses are fully prepared to support a person with an intellectual disability. In response to COVID-19 restrictions, universities rapidly adapted to digital technologies to continue the delivery of nurse education. The aim of this research study was to evaluate the effectiveness of an online educational initiative – Digital Community Health Awareness Training (DCHAT) – in comparison to attending the face-to-face version of CHAT. This research study adopted a two-phase qualitative approach using questionnaires to discern the knowledge of participants prior to and after attending a DCHAT workshop. The workshop was facilitated by actors with an intellectual disability using forum theatre. Open and closed questions were analysed using thematic analysis.

The findings revealed that engaging in the online workshop increased participants' knowledge and skills. This was in aspects of supporting people with intellectual disabilities in health as well as an increased understanding of unconscious bias. Additionally, this research found that following the DCHAT workshop, relationships developed from passive learners to friends and compatriots. This study found that delivering DCHAT was effective and appropriate in preparing student nurses to support people with intellectual disabilities. The implications of the findings suggest that the DCHAT can be delivered by actors assuming the role of patients with intellectual disabilities to global audiences.

## Background

### Context

Supporting people with a learning disability/intellectual disability in a healthcare environment is not straightforward. This is because people with intellectual disabilities have diverse and sometimes complex needs, thus nurses need the skills to provide the right care. All Registered Nurses must be adequately prepared to do this; their skills must be person-centred and fit for purpose (Doyle et al., 2016). The use of the global definition of intellectual disability includes learning disability and learning difficulty and is now becoming more widely used (Cluley, 2018). Therefore, the term intellectual disability will be referred to throughout this paper. It is widely accepted that people with intellectual disabilities may need assistance with everyday living, particularly those with moderate or profound disabilities. As such, nurses must have appropriate skills, knowledge and attitudes to support a person who has an intellectual disability.

An expectation of nursing curricula in the UK is to prepare nursing students for anti-discriminatory practice including unconscious bias to marginalised groups (Nursing and Midwifery Council, 2018). This is achieved by using a variety of teaching and learning modalities, such as high-fidelity simulation. This is a valuable pedagogical approach adopted in nurse education and imitates reality in a safe and controlled learning space (Presado et al., 2018; Bøje et al., 2024) and has been noted to be a valuable educational resource (Billon et al., 2016) in nurse education and other fields such as medicine (Grafton et al., 2024). This approach can equip students with the relevant skills and support the development of positive attitudes towards people with intellectual disabilities. Forum theatre has been used in education as a catalyst for social change, where learners are active participants rather than passive observers (Thambu & Rahman, 2017). Additionally, this approach can support simulation activities and has been noted to challenge taken-for-granted views and promote conversations (Nordentoft & Olesen, 2023). That said, the role of the facilitator is crucial and needs to encourage reflexivity, otherwise the learner will revert to normative assumptions and misconceptions about people with intellectual disabilities (Olesen, 2021).

Between 2016 and 2020, it was estimated that there were 1.5 million people with an intellectual disability in England, equating to 2.16% of the adult population (Public Health England, 2016; Office for National Statistics, 2020). Historically, people with intellectual disabilities have been treated differently from the general population, often with negative consequences, as noted in Death by Indifference (Michael & Richardson, 2008). It is widely known that people with intellectual disabilities are more likely to die younger than the general population (Adam et al., 2020; National Health Service England, 2020), and lessons need to be learned to avoid overlooking this vulnerable group or causing any more unnecessary deaths. Additionally, people with intellectual disabilities are more vulnerable in a healthcare setting, experience disparities in healthcare and are more likely to die up to twenty years earlier than their peers without intellectual disabilities (Gulati et al., 2021; National Health Service England, 2020). They are often repeatedly devalued and treated with indifference (Gates, 2019), with an added concern that people with intellectual disabilities would be adversely affected by the COVID-19 virus (Heslop et al., 2021). Therefore, it was a critical time, crucially to continue nurse education and to prepare nurses to be able to support patients with intellectual disabilities. While the general population grappled with a 'new normal' and social distancing measures, studies indicated that people with intellectual disabilities would be disproportionately affected by COVID-19, resulting in increased co-morbidity and death (Armitage & Nellums, 2020; National Health Service England, 2020). Unfortunately, this means that COVID-19 posed a further risk to people with intellectual disabilities, thus, presenting an even greater need for raising awareness, having an understanding, and possessing the knowledge and skills to be able to effectively support a marginalised group in a healthcare environment.

A partnership was created in 2009 between a UK university and The Lawnmowers Theatre Company – an independent company run by and for people with intellectual disabilities, identifying themselves as agents of social change (name identified at the request of the group). The aim of The Lawnmowers is to tackle social injustices, discrimination and stereotypical views held by those without intellectual disabilities. Workshops challenging Unconscious Bias (UCB) have been delivered by The Lawnmowers (The Lawnmowers Independent Theatre Company, 2024) to nursing students for over thirteen years, using forum theatre and high-fidelity simulation as the pedagogical approach. It was agreed to continue to deliver the workshops using an online platform and delivery during the pandemic and to explore the efficacy of delivering the forum theatre online.

### Simulation

The Nursing and Midwifery Council (NMC) (2018) promotes the use of blended learning in nurse education by using different modalities, one of which is simulation-based learning (SBL). Simulation fidelity has three types: low, medium, and high. High-fidelity simulation is a complementary teaching strategy as it presents nursing students with opportunities for experiential learning in a safe environment, where learners can work through complex real-world clinical situations in an academic setting, supported through debriefing, reflection, feedback, and evaluation (Nursing and Midwifery Council, 2018; Labrague et al., 2019; Sedgewick et al., 2021; Hill et al., 2024).

One mode of high-fidelity simulation is forum theatre. Forum theatre, a form of applied drama, has the potential to connect the clinical and academic worlds as its purpose is to allow the exploration of difficult real-life situations, issues, or dilemmas by applying problem-solving techniques (Labrague et al., 2019; Tuxbury et al., 2012; Nordentoft & Olesen, 2023). Forum theatre stemmed out of Boal's 'Theatre of the Oppressed', which draws audience members into the performance, thus empowering them to co-create the characters' development within the real-life narrative depictions (Massó-Guijarro et al., 2021).

Any simulation-based activity relies on the active participation of students, and this is evident within forum theatre as the audience members are equal participants in the performance. As such, they are offered the opportunity to enter one of the roles to offer alternative solutions or practise a multitude of interactions in a safe environment with the support of the facilitators (Sevrain-Goideau et al., 2020; Tuxbury et al., 2012). Performance participation and discussion enable students to experience associated emotions and initiate understandings into complex interactions. It also elicits critical reflection by challenging one's feelings and biases, as confronting bias is often uncomfortable (Nordentoft & Olesen, 2023; Rizk et al., 2020; Sevrain-Goideau et al., 2020).

The collaboration developed the initiative 'Community Health Awareness Training' (CHAT). This is a two-hour workshop which incorporates a face-to-face forum theatre performance called 'Brian's Story'. The performance presents a sequence of events based on the real-life experiences of the actors in healthcare settings and depicts occurrences where mistakes were made. The forum of actors then engages with the audience (student nurses) to discuss what went wrong and why, then discuss what could have been done differently. Followed by several high-fidelity simulated case studies where the actors are 'in character' and the nursing students are tasked with carrying out a nursing skill, e.g., taking blood pressure. Subsequently, there is a reflexive discussion and debriefing based on the De-briefing with Good Judgement model (Rudolph et al., 2007).

### Aims

The aims were:

1. To use simulation in an online teaching session as a safe space to challenge pre-existing stereotypes towards people with an intellectual disability in a healthcare environment.

2. To evaluate the pre and post-workshop knowledge of student nurses.

3. To evaluate the effectiveness of the online educational initiative – Digital Community Health Awareness Training (DCHAT) as an effective approach to preparing student nurses to support a person with an intellectual disability.

## Method

### Study design

This was a qualitative study designed with two phases. Phase 1 was a pilot run of DCHAT, attended by students and academics who had attended the face-to-face CHAT. In Phase 2, participants were asked to complete a questionnaire pre and post-session about their experience and confidence levels supporting a person with an intellectual disability, as well as their level of knowledge and understanding of unconscious bias.

### Participants

Participants in Phase 1 involved convenience sampling to recruit participants easily accessible and available (Simkus, 2022) i.e., eligible participants were staff (n=2) and students (n=3) who had attended the in-person version of CHAT beforehand. Participants in Phase 2 (n=5) were final-year adult nursing students who were attending an online workshop on DCHAT as part of a nursing practice module.

The digital workshop involved watching a subtitled video of forum theatre called 'Brian's Story'. The film was based on real-life events and portrayed the main character, Brian, who has an intellectual disability, and his experiences of accessing healthcare. Students were placed into virtual breakout rooms for the high-fidelity simulated scenario, then invited to engage with the 'patient/actor' to elicit relevant information from a variety of simulated characters to complete the hospital passport. This is an effective tool for enhancing safety and person-centred care for people with intellectual disabilities when accessing acute healthcare (Northway et al., 2017). Facilitated by the theatre company's Creative Director and academic staff, the workshop ended with all students and actors returning to the main virtual room for a large group discussion and feedback.

The workshop enabled participants to reflect based on the 'Debriefing with Good Judgement model' (Rudolph et al., 2007), because this approach creates a safe space for careful feedback as well as authentic inquiry. Feedback included dialogue between participants and the actors, which centred around what they did well and what could be improved upon. The first phase involved a pilot of DCHAT with staff and students who had experienced in-person CHAT and to probe their views on its effectiveness, then to evaluate the digital version of DCHAT with a group of pre-registration nursing students and new module staff members.

The workshop lesson plan included time for debriefing, which was based on the 'De-briefing with Good judgment model' (Rudolph et al., 2007). This approach is often used for a debrief after a simulation (Murray, 2019) and provides the framework for a safe, open space for participants and actors to speak freely. In DCHAT, following a similar format to CHAT, participants watched a subtitled video of Brian's story. Following this, simulated scenarios, focusing on the completion of subsections of a hospital passport, occurred in Zoom's breakout rooms. Participants had to elicit relevant information from the actors, facilitated by the Lawnmowers Creative Director and academic staff. Phase 1 participants were invited to watch CHAT digitally (DCHAT) via Zoom. It followed a similar format to CHAT. However, the simulated scenarios occurred in breakout rooms and focused on the student practitioner eliciting relevant information required to complete the hospital passport for a variety of clients.
Data collection

Participants of Phase 1 were invited to answer three questions based on their experience of the face-to-face CHAT, their experience of the DCHAT session and finally, if the DCHAT session challenged unconscious bias in a similar manner to the face-to-face sessions. The participants completed a short questionnaire with open and closed

questions about their comparative experiences of CHAT and DCHAT. Additionally, whether the DCHAT still challenged unconscious bias to prepare healthcare professionals to effectively support people with intellectual disabilities. Finally, any recommendations for improvement to the DCHAT format were requested.

Table 1. Questions asked in Phases 1 and 2.

| Phase 1 participants were staff/students who had attended the face-to-face CHAT workshop-the questions asked were; | Phase 2 participants were student nurses who attended the online DCHAT workshop-the questions asked were; |
|---|---|
| Please record below, your experience of face-to-face CHAT workshop, your level of knowledge and understanding of supporting people- prior to today's session | Do you have previous experience of supporting a person with a learning/intellectual disability? |
| Please write down your experience of DCHAT, including knowledge and understanding of supporting people with a Learning/Intellectual Disability in Health care environments at the end of today's session | Did you engage with the prior reading before attending this session? |
| Do you think the DCHAT challenges unconscious bias to adequately prepare a healthcare professional to support a person with an intellectual disability? | How would you rate your confidence in supporting a person with an intellectual disability in a health care environment prior to the workshop? |
| Do you think DCHAT can be improved? | Do you understand the term unconscious bias? |
| Please record anything else in the space below | Please record below, your level of knowledge and understanding of unconscious bias and supporting people with intellectual disabilities in Health care environments - prior to the start of today's session. |

Participants were invited to comment on improvements in readiness for the Phase 2 delivery. These focused on pre-session preparation, delivery, and post-session discussion. Session practicalities included a pre-session instruction sheet on how Zoom works, such as how to raise one's hand and to bring note-taking material. Participants could elaborate on the written questionnaire.

Participants in Phase 2 were asked to report on their level of knowledge and understanding prior to and following the DCHAT workshop. In particular, the questions asked were about knowledge of unconscious bias and experience of supporting people with intellectual disabilities in a healthcare environment. Following their attendance at the DCHAT workshop, participants were asked to document their knowledge and skills on unconscious bias and confidence in supporting a person with an intellectual disability in healthcare.

### Data analysis

Liamputtong (2013) explained that qualitative approaches offer the flexibility and fluidity required when the focus is on meaning and interpretation. Data from the open-ended pre and post-questions from both phases were analysed using qualitative inductive thematic analysis (Karavadra et al., 2020). Thematic analysis is used across a variety of frameworks and paradigms to provide rich accounts and deeper understanding (Clarke & Braun, 2017). Thematic analysis is useful for interpreting themes or patterns of meaning. Following Clark and Braun's (2017) steps, familiarisation began by reading the participants' responses to identify and interpret key data; this led to initial code generation, which was further refined into broader themes with quotes, culminating in overarching themes (Clarke & Braun, 2017; Karavadra et al., 2020).

### Ethics

Ethical approval was granted by the University Ethics Committee, project ID number 26503 for this study to proceed. All potential participants had access to the participant information leaflet and consent forms. Consent to participate was obtained on the day, and the consent forms, along with other data, were stored in accordance with General Data Protection Regulations, (Data Protection Act, 2018). The opportunity to withdraw was stated at the beginning of the workshop and then re-stated at the end. Confidentiality was maintained throughout the study and participants were allocated a numerical non-identifier.

## Findings

### Phase 1 findings

In relation to evaluating the effectiveness of the online delivery, pre-session suggestions were around Zoom functionality and how to navigate it, for example, how to raise one's hand and advising attending students to bring note-taking material. Proposals on session delivery focused on the comfort of the actors, the audience and the format. It was felt that more breaks were required as postures were adopted for lengthy periods of time. Suggested implementations were to divide the video into segments and invite audience discussion or suggestions for improvements such as alternative communication style. Another proposal was to have fewer simulated specific scenarios in the breakout rooms, due to the digital lag. This would free up time for more discussion and a debrief post-session.

One staff member and two adult nursing students who had experienced CHAT in a face-to-face classroom setting described how watching the film allowed them to explore unfamiliar situations with people with intellectual disabilities safely. This safety allowed for a depth of discussion and honesty of one's worries and/or biases when working with this clientele and provided an opportunity to make mistakes. The participants appreciated hearing from the actors' experiences as this aided them in breaking down certain stereotypes or barriers and realising the need for connection.

For all participants, there was a connection to the actors and skills required, as highlighted in the data:

> "The importance of communication importance of adapting, positive body language, listening skills and clarification". [P1]

Using high-fidelity simulation, such as forum theatre, followed by students engaging with professional actors in simulated scenarios, enabled a distinct split between observation

Table 2. Themes after attending the CHAT face-to-face workshop.

| Overarching theme | Sub-theme |
|---|---|
| Connectivity | Importance of communication<br>Reinforces communication skills and consequences |
| Stereotypes | Breaking barriers<br>Confidence |
| Self-growth | Self-confidence<br>Self-honesty<br>Extended learning opportunity |
| Challenging unconscious bias | A safe space to do so<br>Raises the same issues online or face to face, but some might be more comfortable online<br>Safe to make mistakes |
| Improvements for delivery | Student accessibility |

and simulation (the 'doing'). By enabling the 'doing', the participants felt the students were able to gain practical skills; thereby, a perceived growth in their self-confidence was noted as the CHAT session progressed. Following the student and staff exposure to CHAT, the participants were positive in their appreciation of such a learning opportunity within a nursing programme and predominantly expressed similar themes as they had done in the face-to-face delivery.

By participating in this extended learning opportunity, participants became aware of alternative sources of information as the simulated task was to elicit the likes and dislikes of the character when filling in the hospital passport. The staff participant felt the audience should be encouraged to take notes due to the complex and multiplicity of issues occurring within the storyline. Yet, this observation was not mentioned for the face-to-face delivery. The digital delivery reinforced the need for advanced communication skills as it is the client who bears the consequences, as highlighted in P3's quote below:

> "it [DCHAT]displayed how a lack of understanding and skills such as communication can be decremental to individuals with learning/intellectual disability which can put this individual at high risk of unintentional neglect."

Participants said DCHAT was successful in challenging unconscious bias, as a safe environment was enabled. This provided an immediate reflection on the scenarios and was perhaps more successful as some students were comfortable in the virtual environment.

**Phase 2 findings**

Phase 2 was an evaluation of learning from the online DCHAT workshop. Participants were halfway through an eighteen-month programme, with no previous exposure to CHAT. Additionally, these participants had no academic content about supporting patients with intellectual disabilities or on the subject of unconscious bias in their programme to date.

**Pre-workshop themes**

At the beginning of Phase 2, participants were asked to comment on their level of knowledge and understanding of unconscious bias, and about supporting people with intellectual disabilities, one participant (P12) said they had no previous experience. Prior to the workshop, participants said they had some knowledge of people with an intellectual disability and an awareness of unconscious bias; there were varying levels of increased understanding of supporting people in health care with intellectual disabilities. The themes at this stage were Recognition and Terminology.

***Recognition***

Participants recognised that supporting people with intellectual disabilities required a different approach, although no depth was provided as to what the different approach would be.

> "Dealing with the patients in different ways supporting their needs…". [P5]

Similarly, participants stated that they recognised unconscious bias and gave examples of how communication and respect were important. This was linked to awareness and understanding of unconscious bias, as well as equality and person-centredness.

> "unconscious bias is making assumptions about patients based on generalisations or your own prejudices that affect the way you treat them" [P7]

One participant's definition incorporated other constructs such as stereotyping and behaving differently towards people with intellectual disabilities, "*looking at people with preconceived perception of that person and acting differently towards them*" [P12].

Participants acknowledged candidly the limited knowledge they had in supporting a person with an intellectual disability.

> "I lack knowledge ...unless I am signposted by colleagues…still learning and not ashamed to say" [P6]

***Terminology***

Participants frequently homogenised and created group[s] or cohort[s], "supporting **their** needs…supporting **them** through **their** stay …" [P5]. "…escorting **them**… what is important to **them**…in **their** own words" [P7]. Using third-person pronouns creates a concept of unconscious bias whilst paradoxically commenting on how "dealing with

patients in different ways…treating each person with respect" [P5]

**Post-workshop themes**

Participants were asked to comment on their level of knowledge and understanding of unconscious bias and supporting people with an intellectual disability. The thematically analysed data produced overarching themes and sub-themes as shown in Table 3.

Table 3. Themes after attending the Digital CHAT workshop.

| Overarching theme | Sub-theme |
|---|---|
| Cultural Competence | Cultural intelligence<br>Reasonable adjustments/Adaptability<br>Unconscious bias |
| Pedagogy | Enhanced understanding<br>Learning from simulation |
| Power paradox | Professional actors<br>Getting the language right |

**Cultural competence**

Cultural competence is an active, ongoing process with three dimensions: awareness, knowledge and skills (Sue et al., 2022). A culturally competent workforce is crucial in nursing (Douglas et al., 2014), more importantly so when supporting people with an intellectual disability (van Herwaarden et al., 2021).

***Cultural intelligence***

Themes from the post-workshop data indicated an increased level of knowledge, skills and understanding. Moreover, participants gave examples of how clinical practice can be adjusted to meet the needs of those with an intellectual disability.

Data demonstrated there was increased knowledge and understanding across a range of cultures, and the importance of a culturally competent workforce.

> "Understanding different cultures, and addressing concerns" [P5]

***Reasonable adjustments***

Participants were candid in expressing the limited knowledge they had, although this was clarified in the sense of progressing through their programme of study and gaining confidence in the journey. "*Getting better as I go through my training and gain confidence*" [P5] and to "*Quite good but there is always more to learn from patient's own experiences*" [P7]. This highlights the insight into understanding service user perspective, and being able to accommodate and make adjustments, *"…understanding the patients have different needs and adjust your care…*" [P5]. The analysed data revealed that students were able to give examples of precisely what that may mean for practice. Demonstrating they were able to bridge the theory to practice gap.

Participants commented on adaptability and the need for reasonable adjustments, identifying the individual, needs-led personalised approach.

> "… using alternative methods to engage patients who struggle with verbal communication, such as pictures or hand signals by discussion discussing patience likes and dislikes it helps to engage them in the conversation and open up put them at ease and help you discover more about them as a person…" [P12]

***Unconscious bias***

Participants' definition and description of unconscious bias, demonstrated in-depth knowledge and insight as to how this can be addressed in healthcare;

> "…displaying attitudes and stereotypes that people unconsciously attribute to another person or group of people, that affect how they understand and engage with that person or group…in a healthcare setting people are sometimes scared to ask questions that may or may not appear sensitive or uncomfortable for people with a learning disability , and therefore do not find out important information about how best to care for them." [P12]

**Pedagogy**

***Enhanced understanding***

Appreciation of high-fidelity simulation as a pedagogical approach was shown through enhanced understanding,

> "…it's a good way to practise our communication skills and how to adapt to the different situations before doing it for real in practise… loved the use of the subtitles on the video… learned more about the passport and how to apply to practise and the importance of this passport especially the likes and dislikes of that individual…" [P6]

***Learning from virtual simulation***

Participants' feedback demonstrates the aims of the workshop were met,

> "…I think the DCHAT worked well the play was impactful through the screen…" [P13]

Additionally, the use of simulation was successful,

> "…especially simulations helped me to understand more to supporting people with learning disabilities…" [P12]

However, suggested refinements in the format were given, "*Good use of the video although it may be beneficial to break up the video and tough discussions around every situation where we felt could be improved in this scenario…*" [P6].

The participant's quote below captures the appreciation of forum theatre as an immersive approach of High-Fidelity Simulation; it highlights the enhanced understanding and expansion of knowledge achieved through peer learning, an integral feature of high-fidelity simulation.

> "This has been a knowledgeable session…I enjoyed the teamwork and support from the students in each area." [P6]

DCHAT demonstrated how simulation supports the development of practical skills in exploring patient needs as depicted in the following quote.

> "…simulations helped to understand more to supporting people with learning disabilities." [P13]

This participant quote displays the need for simulation in pre-registration nursing programmes.

> "In a health care setting, people are sometimes scared to ask questions that may or may not appear sensitive or uncomfortable for people with a learning disability and therefore do not find out important information about how to best care for them." [P12]

**Power paradox**

In the post-workshop de-brief, participants were candid in expressing their gratitude to the actors, to a level of servitude and ingratiation. Paradoxically, the power tends to lie with the professional when supporting people with intellectual disabilities healthcare. The participants acknowledged the actor's professionalism and expertise, as well as expressing gratitude.

> "Thank you for your time, patience and knowledge…" [P6]

***Getting the language right***

Terminology emerged in the pre and post-workshop data. During the workshops, the term learning disability was used interchangeably with learning difficulty. The actors preferred the term learning difficulty, and post-workshop data demonstrated an increased level of confidence accepting and using the term learning disability. There seems to be a dissonance of terminology use between participants and actors, yet the actors gave license to use such terms. However, in the complexity of the narrative, an argument can be made that using the term learning 'disabilities' creates an atmosphere to increase unconscious bias as it does not focus on abilities.

Participants reported on having an increased ability to communicate, *"…better engage with patients with a learning disability such as not using jargon or overly technical terms to confuse patients"* [P7].

Furthermore, participants demonstrated the ability to use terms themselves, and using acceptable and preferred words, confidently articulated.

> "…people with learning disability…" [P13]

Additionally, participants described that by attending the workshop they had a better understanding of communication, accessible language and how to overcome the barriers to communication.

> "After today's session I have learned several communication techniques to better engage with patients with a learning disability" [P7]

> "…the importance of communication…" [P5]

## Discussion

This study sought to evaluate the efficacy of a digital version of forum theatre (Brian's story), set to challenge pre-registration nurses' pre-existing stereotypes of people with intellectual disability in healthcare environments. Using forum theatre to challenge preconceptions is not new, however its delivery over a digital platform is innovative for both learners and educators. This supports the conclusions from McGrath et al. (2022) that presenting real-life situations (high fidelity simulation) and using forum theatre created an opportunity to manage difficult yet authentic scenarios in a safe space. This offers a unique simulated learning opportunity to challenge current thinking and break down barriers to enhance future practice. Thus, to evolve from providing standardised reasonable adjustments to individualised person-centred care.

It is accepted that simulation is an immersive platform for experiential learning (Erlam et al., 2017). Building on McGrath et al. (2022), participants experienced a sense of realism created through the interactivity of the simulation sessions and in the intimacy of the breakout rooms, were able to reflect on their own attitudes, practice, and communication skills. It is also known that simulation events provide a safe environment for making mistakes (Turner & Harder, 2018) and the professional actors guided students through some common pitfalls. The true power paradox in the data was the irony that the actors were consummate, experienced, well-rehearsed professionals leading the learners to learn, whereas the participants were passive vessels to drink the information provided. However, the active engagement/ learning from the participants during the workshop demonstrated that by the end, they could articulate the travesty in the healthcare needs of people with intellectual disabilities, provide details on what unconscious bias was and how to spot it. More importantly, the workshop had facilitated relationships that would never have happened. Participants expressed various levels of confidence when communicating with the actors and felt that following the workshop, their levels of knowledge relating to unconscious bias had increased somewhat.

By having smaller groups, this enabled greater participation for each participant to engage in this learning opportunity and develop their critical thinking, thus impacting more on their professional practice (Hao et al., 2022). DCHAT was effective for students to gain practice in assisting people with intellectual disabilities and to identify situations where reasonable adjustments can be operationalised, thus improving the person's healthcare experience.

This research study found that virtual high-fidelity simulation is an appropriate teaching and learning strategy to challenge and help student nurses' understanding of unconscious bias. The workshop facilitated over Zoom, was an appropriate and effective medium to prepare student nurses to support a patient with an intellectual disability in a healthcare environment. By using digital technology allowed for inclusive and developing pedagogy (Crawford et al., 2020), thus providing an alternative way to prepare student nurses, which may have otherwise been hindered.

Similarly, this workshop provided an opportunity for participants to hear experiences and challenges faced by people with intellectual disabilities when accessing healthcare, and to foster an understanding of what their role is to address the difficulties. An unintended consequence of the simulated activity (filling in the hospital passport) was the engagement of both learners and actors in virtual communication, as this would lend itself to future practice post-COVID in an ever-increasing use of telehealth. This approach would challenge health inequalities, traditional or virtual consultations using reasonable adjustments, adopt appropriate communication strategies, learn the importance of teamwork and foster reflexivity (Rudolph et al., 2007).

## Limitations

The limitations of this research study were the fact that this was a small study within one university in the Northeast of England with fourteen participants. Additionally, it introduces the students to an unfamiliar digital platform (in this case, Zoom) and acknowledges digital poverty amongst the students (Barker et al., 2024). This research opens opportunities for further exploration of virtual forum theatre high-fidelity simulation to prepare and equip healthcare professionals to support people with an intellectual disability. For example, expand the use of forum theatre for use with people with intellectual disabilities and student nurses in telehealth consultations.

## Conclusion

In response to the global pandemic, most higher education institutions (HEIs) moved content delivery to virtual platforms such as Blackboard, Moodle, Teams or Zoom, and it is important to learn from our own lessons for future pedagogical developments. Just as forum theatre has proved successful in supporting the development and improvement of nursing students' knowledge and communication skills with people with intellectual disabilities, an argument could be made that it is a useful portal to assist with the de-colonisation of nursing curricula for other marginalised groups.

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