

STANDARDIZED PATIENT PROGRAM

MANUAL FOR STANDARDIZED PATIENTS

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STANDARDIZED PATIENT PROGRAM

Clinical Learning and Simulation Centre, Faculty of Medicine, Memorial University

RESPONSIBILITIES AND EXPECTATIONS

We are committed to the educational needs of the learners and faculty with whom we work, and the wellbeing and professional development of the standardized patients who make this program possible. To ensure the satisfaction of all parties, it is important that you understand the following list of responsibilities and expectations.

Standardized Patient (SP) Responsibilities

Professionalism:

- I will attend all required training sessions and events in which I have agreed to participate.
- If unable to attend a training session or event, I will contact my trainer as soon as possible so that a replacement can be arranged.
- I will arrive punctually for all sessions.

On the Job:

- I will portray each role as I was trained.
- In teaching situations, I will provide feedback objectively and honestly, as trained.
- I will avoid contact with the students "out of role" before or during the simulation.
- I will not take advantage of my access to physicians during SP encounters for unrelated personal consultations.

Confidentiality: Protecting the confidentiality of our learners is essential to providing them with a safe learning environment. As well, keeping case materials confidential is key to maintaining the integrity of the simulation process and the trust that we have with our clients.

For that reason:

- I will protect the privacy of learners/tutors/facilitators, examinees/examiners by not discussing their performance with anyone except those directly associated with the project.
- I will protect the security of case materials by not discussing the role or sharing case material with anyone other than staff/faculty directly associated with the project.
- I will keep secure any exam cases, including checklists, and return them to the SP Program at the completion of the project.
- I will refer all persons who approach me about any case I have portrayed to my trainer.

SP Expectations:

- I can expect to be treated with respect and consideration by SP Program staff, healthcare professionals, and students.
 - In a physical examination, I can expect to be provided with appropriate draping and privacy, bearing in mind that these are some of the skills that we are helping the learners to acquire and they may require our patience and constructive feedback as they learn.
 - I can refuse a role if I feel uncomfortable with the topic and physical exam sessions if I am uncomfortable with any aspects of the exam.
 - I can expect to be informed in advance of the nature and purpose of the event.
 - I can expect to get feedback from the SP Program if my work needs improvement.
 - I understand that standardized patient work is occasional.
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SECTION 1 – GENERAL INFORMATION

THE SP PROGRAM

The role of SP was first conceived by neurologist Dr. Harold Barrows in the 1960's at McMaster University in Hamilton, Ontario. He found that the real patients available for teaching and examination were not providing consistent and valuable experiences for his medical students and were often too sick to practice on. He gathered a group of people who could simulate medical conditions. The first SP Program was formalized in 1971 at McMaster and this modality of teaching has since spread around the world.

The SP Program at MUN has steadily increased in use since its formation in the late 1990's. The program, originally developed to support the Medical Council of Canada, is now used to assist in the education and assessment of health care professionals through undergrad, post grad and continuing education events primarily within the Faculty of Medicine. The SP Program also provides its services to the following:

- School of Nursing
- Centre for Nursing Studies
- School of Pharmacy
- Faculty of Business
- Distance Education, Learning and Teaching Support
- Doctorate of Psychology Program
- Marine Institute
- Centre for Collaborative Health Professional Education
- Medical Council of Canada
- Pharmacy Exam Board of Canada
- Research projects
- Eastern Health special projects
- Provincial Government

WHO ARE SPs?

SPs are healthy people who have been carefully trained to realistically reproduce the history and the physical and emotional findings of an actual patient. They offer a readily available and standardized tool for the education and the evaluation of student performance. This allows for teaching and assessment of clinical skills in a patient oriented and problem based manner. Presented with a realistic patient problem, the student is expected to determine what kind of person or problem is represented. This allows him/her to experience the personal responsibility of assessing, managing and dealing with a patient's problem(s).

We currently have approximately 350 active SPs in our data base from a wide variety of backgrounds. All of our SPs have a special interest in improving the learning opportunities for and evaluation of health care professional students. SPs are willing to represent an unending variety of patients to students, at any level of training, to practice and/or evaluate the 'art and science' of therapeutic communication, history taking and physical examination.

WHO CAN BE AN SP?

Our SPs range in age from the very young to the elderly. We use SPs that meet the specific characteristics required for the sessions in which they will be participating. For example, we provide preschool and school aged children for the Pediatrics component of clinical skills for undergraduate medical education. SPs from as young as 12 and 13 to seniors in their 70s and 80s participate in a variety of SP activities from role plays to clinical skills and examinations.

Most SPs are physically healthy and able-bodied, as some significant, visible physical symptoms would distract from the particular 'illness' the SP is portraying at the moment. However, we also have a group of SPs called Teaching Patients who have actual medical histories and physical symptoms. For more information on Teaching Patients, please see below.

WHY DO WE USE SPs?

SPs have several advantages for health professional education:

- availability whenever the curriculum requires;
- reliability;
- multiple standardized patients can perform the same case in a standardized way;
- repeatability with numerous students;
- experience with difficult patient cases or sensitive situations;
- eliminate risks to patients with inexperienced students;
- safe environment for students to practice different communication and management techniques;
- can provide immediate feedback from a patient's point of view.

HOW ARE SPs USED?

SPs are presently used in a number of different ways.

- Psycho-social role plays: topics include spousal abuse, giving bad news, death and dying, mental health, organ donation, sexuality, immigrant issues, ethical dilemmas, disclosure training, conflict resolution
- Clinical Skills: history taking and physical examinations
- OSCE (Objective Structured Clinical Examination): Local/National
- Specialized Programs:
Teaching Patients

These teaching patients, because of their own medical histories, offer a unique learning opportunity for the students. In their sessions they meet one on one and share their own stories with the students. There is no role playing involved. We also use child and adolescent SPs with medical conditions as teaching patients, and they're usually accompanied by a parent or family member during their sessions.

UTA – Urological Teaching Associate

UTAs are a specialized group of male SPs who have been trained to teach and demonstrate the proper techniques of a prostate exam, sexual health history and genital exam. These SPs are responsible for meeting student objectives during the session without the assistance of a physician tutor.

GTA – Gynecological Teaching Associate

GTA's are a specialized group of female SPs who have been trained to teach and demonstrate the proper techniques of breast and pelvic examinations. Correct insertion of speculum as well as bi-manual exams are also covered during this session along with proper technique for obtaining a well woman's sexual health history. These SPs are responsible for meeting the student objectives during this session without the assistance of a physician tutor.

WHAT DO WE MEAN BY PROFESSIONALISM FOR THE SP?

- professionalism consists of the behaviour, attitudes and qualities of a professional person. A professional has an interest and desire to do every job well and demonstrates a reasonable work morale and motivation.
- the professional demonstrates a high standard of professional ethics.
- the professional owes a higher duty to a client, with the responsibility of maintaining confidentiality. Often the professional is required to put the interest of the client ahead of his/her own interests.
- the professional conducts relationships with colleagues in an appropriate manner.

GOALS AND PRIORITIES OF THE SP PROGRAM

To promote and enhance the therapeutic relationship in the delivery of health care

- by facilitating the integration of interpersonal and professional behaviours with clinical skills
- by promoting the importance of the human element in medicine and deepening the awareness of patient needs and expectations

To systematically improve delivery of the health professional curricula

- by broadening the scope of students' clinical experience through exposure to a full range of patient scenarios
- by reducing variability in assessment (OSCEs)

To improve the utilization of standardized patients as a dynamic learning resource

- through collaboration with course developers and directors
- through faculty development

To contribute to health professional scholarship

- through research collaboration, publications and presentations

SECTION 2 – BEING AN SP

SPs IN TEACHING

- Feedback is given at the end of the encounter. It is usually not appropriate to give feedback during a time out or between student interactions. Realism will be better maintained if the students do not see you out of role until the encounter is ended.
- If there is no opportunity for feedback until later in the session rather than immediately after the interaction, this will often mean you will be expected to talk about several different student interactions. Be aware that the feedback might be more general. It is important not to compare students.
- Personal issues such as learners' dress, body odour, bad breath, etc. are the responsibility of the tutor and should be dealt with in a private setting. You can certainly mention these issues to your trainer who will follow up with the tutors.
- Sometimes the learner is hard to understand because of a heavy accent or fluency. Be honest; tell the student that you have had difficulty understanding them.

TRAINING FOR SP EVENTS

During the training session, the SP will be given all the necessary details in order to portray the role accurately. In addition, the trainer will provide information about the context of the assignment, so that the SP understands the objectives of the encounter. Here is the kind of information the SP needs in order to understand the context:

- Is this role for an exam, or teaching, or something else?
- What is the level of the learners?
- If this is a teaching session, what are the learning objectives?
- If this is an exam, what are the assessment criteria?
- Does this role include a physical exam? If so, what kind?
- Will feedback be required after the simulation?
- Is any special costume or makeup required for the role?

The training time will depend on the complexity of the case and the SP's own experience. SPs may be trained for several roles over a period of time. The more experience they have, the less time it takes for training.

SP ETIQUETTE AND PROTOCOLS IN ROLE PLAY SCENARIOS

Maintain professional behaviour inside and outside of the classroom.

- It's a good idea to meet with the tutor a few minutes prior to your simulation to discuss the structure of the encounter and review any questions you may have, e.g. how many students will be doing the interviews? How will the session be structured?
- Do not speak with the students out of role before or during the simulation – if at all possible, avoid the students seeing you out of role, except at the end when you are asked for feedback.
- A time out is a valuable learning process for the student. When you are in a time out period it is important for you to continue the simulation (i.e. facial expressions, body language, etc.). However, DO NOT interact with the student or group until the interview resumes. Time outs are good opportunities to collect your thoughts about the feedback you plan to give. Listening to what transpires during time outs will also give you insight into teaching and learning concerns of the group. Simply pause, stay in role in a neutral position. Disconnect from the learner and other attendees and wait for the signal to resume. Note: your subsequent performance must not be modified by the discussion during the time out period.
- You have been trained to be consistent for all students and groups. It is not appropriate to make changes or adjust your role for OSCE scenarios. If the tutor wants to change your simulation, explain that you need to remain as you were initially trained and refer him/her to the SP Program Coordinator or trainer. However, for other non-testing events such as communication skills, if the tutor wants to modify your affect (to increase your anxiety or decrease your anxiety, for example) or your setting (e.g. clinic, office, emergency room, etc.), this may be appropriate.

It is important to maintain a high quality simulation at all times.

As an SP you are responsible for this.

COMMON FORMATS FOR ROLE PLAY SCENARIOS

When preparing for an SP assignment in a role playing scenario, it is helpful to know different techniques that facilitators often use.

1. One complete interview after another

Usually, a number of students are chosen to interview the SP. They may wait outside the room or they may stay in the class to observe the other interviews. Each student completes an interview with feedback provided after each interview.

- Advantages: the classmates who are observing see three complete interviews with varying approaches to a problem. Feedback to each student remains specific and high in quality.
- Disadvantages: student(s) waiting outside don't have the benefit of observing and anxiety levels may rise as they wait. On the other hand, interviewers who have observed the others may find it difficult to forget what they have seen and heard so that the encounter seems less realistic each time.

2. Tag-team approach

The SP scenario runs from beginning to end with time-in/time-out breaks during which students switch into the interviewing chair. The interview continues from where the previous student left off.

- Advantages: all the students are potential interviewers so it keeps the class focused.
- Disadvantages: the SP does not come out of role until the end of the teaching session (perhaps after several students) so the quality and specificity of the feedback may diminish.

3. Alter-ego

Two students interview the SP as one. One student conducts the interview while the other student shadows them, offering suggestions. Either student may call a time out to confer about the progress of the interview.

- Advantages: the student has the support of a peer and time to shape questions and responses. This technique is helpful for students who are shy or reticent in front of others.
- Disadvantages: The flow of the interview is start and stop, which can make the SP's job of maintaining the role's integrity more challenging.

4. Collective interview

The SP is asked questions by individuals from the audience much like in an interview show.

- Advantages: no student is put on the spot as the interviewer. A lot of content can be covered.
- Disadvantages: The focus is on the content rather than communication. There is little development of rapport with the patient in this model, and therefore little opportunity for specific feedback. Also, the flow of the interview can be start and stop, which may make the SP's job of maintaining the role's integrity more challenging.

THINGS TO DO AFTER A SIMULATION

1) Debriefing:

- It's often helpful to debrief after a simulation, especially if the role is emotionally demanding.
- If there are other SPs working at the same site, you may want to chat with them after the simulation.
- Speak to your educator if you have any concerns or comments about the role, your performance, the learners or the tutors.
- If you are on your own, are unable to meet with other SPs to discuss the simulation or can't reach your educator:
 - Write about your experience and how you felt. This is particularly important if you have issues or concerns about something that happened so that you have documented the details.
 - Give yourself a treat, especially after an emotionally demanding role. Try a bath or a shower, a long walk, listen to soothing music or anything that allows you to clear away the emotional state of the role.

2) Remember to sign out after your session. If you are off site for a session and it went longer than expected make sure to call in the additional time to your educator.

3) Remember role security and confidentiality:

- All case materials, whether exams or scenarios, are considered secure. Please ensure that you return all case materials to your trainer following the event.
- It is not appropriate to discuss issues or concerns about tutors/learners, or what did or did not happen in a teaching or examination session where others could overhear. This includes tutors, learners and other SPs. These issues should be discussed with your educator in private.
- Don't talk about confidential case materials with anyone other than your educator or other SPP staff.

TEACHING PHYSICAL EXAMINATION SKILLS WITH SPs

Giving students an opportunity to practice physical examination skills with an SP enables them to:

- practice new skills in a safe environment
- obtain feedback from the SP regarding how the examination feels from the patient's point of view
- experience what examination of a healthy person feels like, which provides them with a benchmark from which to assess patients with physical findings

In some physical simulations for teaching purposes there is no scripted role, but rather the SP is a warm body and the students take turns learning to perform the examination. Some of these sessions do involve role playing where the SP would present with a history and a variety of symptoms such as pain or range of motion issues. SPs would be trained for these sessions.

Clinical skills with first and second year medical students:

Each year, the first and second year medical students study the following systems with the assistance of our SPs: Cardiovascular; Respiratory; Head, Neck and Lymphatics; Gastrointestinal; Musculoskeletal; and Neurological. Our very young children come with their parents to participate in the Pediatric sessions.

WHAT IS AN OSCE?

An OSCE (pronounced os' key) is an objective structured clinical examination. It is a performance-based exam in which students are observed demonstrating various clinical skills as they rotate through a series of stations. Each station usually tests a different component of clinical competence such as taking a history, conducting a physical examination, ordering diagnostic tests, making a diagnosis, planning treatment, or communicating with patients.

The OSCE is **objective** because examiners use a standardized checklist (of expected clinical behaviours) for evaluating students. It is **structured**, or planned, so that every student sees the same problems and is asked to perform the same tasks. The OSCE is said to be **clinical** because the tasks are representative of those faced in real clinical situations. And finally, it is an **examination**.

Most OSCE stations require the candidate to interact with the SP under the observation of an examiner. The candidates rotate from room to room, until they have completed all the stations. Some stations have a written component, or require the candidate to demonstrate a maneuver on an inanimate model.

Our SPs are used in undergraduate OSCEs in medicine and pharmacy, as well as postgraduate OSCEs for medicine, the nurse practitioner program and the doctorate program in Psychology. We administer licensing exams for national licensing boards – the Pharmacy Examining Board of Canada and the Medical Council of Canada. In these cases, the same exam is held at several sites across Canada simultaneously, and candidates taking the exam experience the same scenarios and portrayals whether they are in St. John's, Toronto or Vancouver.

SP RESPONSIBILITIES IN AN OSCE

The SP's primary responsibility in an OSCE is to help to maintain the consistency and fairness of the exam by providing standardized and realistic portrayals.

SPs who participate in an OSCE are responsible for:

- adherence to the goals of the exam and the purposes of the roles they play, not to pursue their own goals in terms of performance or influencing the medical system
- complying with the procedures of the exam itself, such as correctly following the rotations and timings, and completing necessary paperwork
- keeping exam materials and the nature of their roles **CONFIDENTIAL**
- remaining in role at all times while they are in the OSCE station

It's important to remember that, for the candidates, the OSCE can often be a worrisome experience. Their performance on the exam may determine whether or not they pass a particular course. For high-stakes licensing exams, failing the OSCE will place a huge obstacle in the way of their career plans. We need to be mindful of the candidates' apprehensions, and strive to provide a seamless and comfortable exam so that they can do their best.

TRAINING SESSIONS FOR OSCEs

Whenever possible, all people assigned to a particular station will be trained as a group. The most important reason for this is standardization.

So that every candidate has an equal opportunity, it is important that the simulation remain as consistent as possible from the first to the last performance. The trainer will explore the following issues with the group:

- what information may be volunteered to the candidate
- what information must be elicited from the SP
- prompts (if required)
- strategies for responding to good open-ended questioning or poor questioning
- strategies for responding to unanticipated questions ie. neutral answers
- strategies for making the transition in and out of role – especially important in very difficult or highly emotional scenarios

Group training is invaluable to the art of standardization, because each SP can practice doing an interview with all SPs present, and observe their colleagues playing the same role. The educator will play a variety of candidates so that SPs are exposed to good, bad and mediocre interviews during their training. A practice script may be provided to enhance the training session. The educator will try to include all possible questions that may be asked by candidates so that SPs are not surprised on the day of the exam. It is important to remember that, even though SPs are thoroughly trained, they should strive to sound as natural and spontaneous as possible. The more realistic the portrayal, the better the candidate performs.

SECTION 3 – ADMINISTRATIVE

WHAT TO DO WHEN CONTACTED FOR WORK

Our preferred method for contacting SPs is through email. If you use email you will want to monitor it daily so that you don't miss requests from the SP educators. If you don't use email please let us know so that we can contact you by phone.

Things you need to know:

(Your educator will cover most of this information in the training session.)

- date of job
- location of job
- time you should check in before the simulation
- name of person you should check in with
- actual start and finish time of the job
- when will the training take place?
- what role will you be doing?

Things you need to do:

- write the details in your calendar and your SP Activity Record
- review the role before the day of the event to be certain of the details

SP Activity Record

Every SP activity you participate in, whether it's training or simulation, should be noted on your personal SP activity record. It's a good idea to compare your pay against this record, to ensure that you have been paid for all hours worked. It will also help you to better keep track of the various sessions and the different educators for those sessions. The Activity Record is included under SP Resources on the website, and extra copies are available in the SP Training Room.

WHEN WILL I WORK AGAIN?

We often get calls from SPs wondering about upcoming work opportunities. You will find that SP work can be very sporadic, but don't get discouraged. Some SPs prefer to work infrequently, perhaps doing only the occasional weekend exam. Others want to work more frequently. We need to get to know what your preferences are, your level of availability, and your range of skills.

Because of the nature of our business, it's difficult to predict what jobs the future holds, or what demographic groups will be required. Sometimes there will be a big project approaching, or a particularly busy period, and we'll be able to give you some indication of upcoming work. But most of the time this just isn't possible.

Most of our work occurs during business hours and large exams tend to happen on weekends. Because of the sporadic nature of this work most SPs have other jobs. They are actors, writers, students, teachers, and retired professionals, to name a few.

Availability: If you are anticipating a time when you won't be available for SP work please call and let us know the dates when you would like to take a temporary leave from the program, and then call us back when you're available for work again. We're always happy to accommodate when we have notice.

Cancellations: Most SPs have to cancel a training or simulation booking at some time, perhaps because of a work or school conflict and we try to accommodate this when it happens. We do ask in those instances that you give us as much advance notice as possible. However, repeated cancellations (even for a good reason) will discourage us from calling you.

PLEASE NOTE: If MUN closes due to weather, all SP sessions are cancelled. Visit www.mun.ca for updates.

SP PAYROLL

What we need from you:

- A void cheque or a form from your bank to authorize direct deposits for the current account to which you want your pay to be deposited. If this account changes you must let us know. MUN will pay by cheque if you would rather not use direct deposit.
- We need your full name (as it appears on your birth certificate) and your social insurance number. You cannot be paid without this information.
- You may be asked to stay for a simulation longer than anticipated. If this happens, please let us know to ensure that you are paid for the extra time.

How you get paid:

- SPs are employed as casual employees with Memorial University of Newfoundland, and are paid on a bi-weekly pay schedule (posted online under SP Resources at www.med.mun.ca/CLSC/SP.aspx, and also posted in the SP Training room).
- You are responsible for signing in every time you are here for an SP event. You sign in separately for each event, even if they occur on the same day.
- Every two weeks your information is submitted by us to Payroll.
- Your pay for any work or training done in a two-week period is directly deposited to your bank account according to the pay schedule. To view your pay stub, you will have to create a MyMUN account via this link: <https://login.mun.ca/cas/login?service=https://my.mun.ca/Login#>. If you don't know your employee number, please contact us and we'll be happy to help.

Keeping records:

- It's a good idea to record all of your training and simulation sessions on an SP Activity Record so that you have something to check your pay notification against.

Pay Level Progression:

- The pay scale for SPs has 5 levels. Most SPs start at Level 1 (minimum wage) and move up the scale based on the number of sessions they do.
- After every second session at one pay level, SPs are moved to the next pay level until they reach the top of the scale.
- SPs who have participated in a Medical Council of Canada or Pharmacy Exam Board of Canada OSCE automatically move to the top of the pay scale.

Who to call if you have questions:

- Call the Administrative Support person at the SP Program if you have questions about your pay, such as the timing of your pay or problems with your direct deposit. Contact: 709 864 6322
- Please make sure to update us on any changes to your personal information.

SP WORK SITES

SPs are responsible for their own parking. This is often an issue and many times it is quite challenging to find a parking space. Some suggestions to help with this include:

- Leaving home early enough to allow ample time to find a parking space
- Consider having someone drop you off and pick you up after your session
- Car pool with other SPs

Most of our work takes place in the Health Sciences Centre, where we are based, and also at St. Clare's Hospital. We also occasionally work at other sites throughout the city, including the Miller Centre. Your educator will discuss that with you should you be required to work at other sites.

The Health Sciences Centre is the site for most of our work and where the SP program is housed. There are 260 public spaces available inside the parking garage, located opposite the new medical school. These spaces are located mainly on the first level, with some on the second level. You park your car, pay for a ticket stub from a kiosk, then place the ticket stub on your windshield or dash. Parking in the garage is 75 cents per hour (as of Sept 2015 - subject to change).

St. Clare's Mercy Hospital is located at 194 LeMarchant Road. The main entrance of the hospital, however, actually faces St. Clare Avenue. If you have been instructed to meet a tutor at the main part of the hospital you would go in through that entrance and wait in the lobby. Some of the sessions take place in the South Building which is attached to the main St. Clare's hospital through a pedestrian overpass. Often it is easiest to find your way if you go directly into the South Building avoiding the main hospital building.

When driving on LeMarchant Road, go in the entrance to St. Clare's as if you were going to the emergency department. It is a little road that goes between two buildings of the hospital complex and then exits on St. Clare's Ave. The two buildings are connected by an overhead walkway. The South Building is the one on the right as you are driving on that little roadway. There is an entrance on the right, just after the overhead walkway, but it is not particularly flashy! There is no sign at the door, but you can tell where there used to be a sign. Once you go in that door, you will see a sign that indicates the different Doctor's offices. Go directly to individual doctor's office and let the receptionist know you are there.

APPENDIX 1

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Visit our website: www.med.mun.ca/CLSC/SP.aspx

Visit our Facebook page: Clinical Learning and Simulation Centre, Memorial University

APPENDIX 2

COMMON TERMS

There are many terms and acronyms that are used throughout this manual. For ease of reference, the most common ones you are likely to hear are listed and explained below.

STANDARDIZED PATIENT (SP) – REGULAR SP WORK

Healthy people who have been trained to realistically reproduce (simulate) the history and the physical and emotional conditions of an actual patient. SPs are used as a teaching tool in the education and evaluation of learners at all levels.

TEACHING PATIENT (TP) – SPECIALIZED SP WORK

These people, because of their own medical histories, offer a unique learning opportunity for our students. These patients are not role playing but are telling their own stories. They include both adults and children up to 18 years of age.

GYNECOLOGICAL TEACHING ASSOCIATE (GTA) – SPECIALIZED SP WORK

Are women who are specifically trained to teach, assess and provide feedback to learners about accurate breast and pelvic examination techniques. They are also able to guide students in how to take a focused sexual health history. The associates are responsible for meeting the student objectives without the assistance of a physician tutor.

UROLOGICAL TEACHING ASSOCIATE (UTA) – SPECIALIZED SP WORK

Are men who are specifically trained to teach, assess and provide feedback to learners about accurate urogenital and rectal examination techniques. They are also able to guide students in how to take a focused sexual health history. The associates are responsible for meeting the student objectives without the assistance of a physician tutor.

LEARNER

We work with a variety of disciplines in health education at both the undergraduate and post graduate level.

- **Undergraduate programs**

These are the students who are working towards a degree in their chosen field of study and include:

Pre-Clerkship – medical students in their first and second years of study

Clerks – medical students in their third and fourth years of study

Nursing students

Pharmacy students

- **Postgraduate programs**

Medical residents – residency programs vary in length from two years upwards, depending on the field of study.

Nurse practitioner students – already have an undergraduate nursing degree and have worked as registered nurses. Nurse Practitioners have advanced knowledge and decision-making skills in health assessment, diagnosis, and health care management of common and complex conditions.

Doctorate of Psychology students - are working towards their Doctorate (PhD) degree.

TUTOR/FACILITATOR

These terms refer to those who teach and facilitate the educational sessions with learners. These include physicians, nurses, psychologists and social workers.

SIMULATION/SCENARIO/EVENT/SESSION

We use these words interchangeably to describe the different types of regular SP work that we do as part of the Standardized Patient Program. These are described below:

- **Clinical Skills Sessions (Pre-Clerkship)**

These sessions are how medical students learn the communication and physical exam skills they need to become doctors. SPs are trained to role play a scenario (the details of the presenting complaint) and are also prepared for the physical exams, including the simulation of certain physical conditions and symptoms (e.g. shortness of breath).

- **Live Model/Warm Body Sessions**

No training is required for these types of sessions because there is no simulation required. The SP simply follows the directions and instructions of the students or tutors.

- **Role Plays**

Role play is defined as: An instance or situation in which one deliberately acts out or assumes a particular character or role. The participants assume the attitudes and actions of another in an effort to understand a differing point of view or social interaction. In medical education, role play scenarios are often used to teach effective communication skills and to allow learners to practice dealing with difficult situations. Role plays have been used for years as a valid and reliable way of assisting learners to gain experience and confidence in the skills they need to do their work well.

- **Objective Structured Clinical Exam (OSCE)**

This is a performance based exam in which learners are observed demonstrating various clinical skills as they rotate through a series of stations. Most OSCE stations require the learner to interact with an SP under the observation of an examiner.

TRAINING SESSION

For most work that we ask SPs to do, there is training involved before the actual event. During a training session, the SP Educators prepare SPs by covering who the learners are, what level they are at, the objectives of the session, what the session entails, and what the SPs have to know and do.

FORMATIVE/SUMMATIVE ASSESSMENT

Formative assessment is part of the instructional process. When incorporated into classroom practice, it provides the information needed to adjust teaching and learning while they are happening. Summative assessments (tests, exams etc.) are given periodically to determine at a particular point in time what learners know and do not know.