



How to Work with Standardized Patients in Medical Teaching A Primer for Clinical Skills Tutors, MD Program

A Guide for Clinical Skills Tutors

This primer is prepared by the Standardized Patient Program (SPP), Temerty Faculty of Medicine for Clinical Skills Tutors, MD Program in support of their education roles and activities especially relating to working with Standardized Patients in Medical Teaching.

What is a Standardized Patient?

A Standardized Patient (SP) is an individual trained to simulate the symptoms or characteristics of a real patient in a reliable and valid manner, providing the learner an opportunity to learn and/or be evaluated on learned skills in a simulated clinical environment.

Based on the learning objectives of a session and client preferences, Standardized Patients (SPs) can also be referred to as Simulated Patients, Standardized Clients or Simulated Clients (SCs). For this document, they are referred to as Standardized Patients (SPs).

In **Medical Education**, SPs are incorporated by assisting in the teaching of clinical, communication and interpersonal skills. Also, by:

- Providing a supportive space for learners to practice:
 - Physical exam skills
 - Psychosocial interviews (e.g., breaking bad news)
 - Diagnosis, treatment, and management
 - Introducing professionalism
- Assisting with the evaluation of communication and clinical skills
- Providing immediate feedback from the patient's perspective

How are Standardized Patients selected for an assignment or project?

Standardized Patients are selected based on:

- Client specifications or case blueprint requirements, such as age, gender, ethnicity, physical characteristics (e.g., no chest scars, no heart murmur), sensitive case content (e.g., comfortable simulating end of life scenarios), etc.
- Ability to integrate learner-centered feedback, if required
- Case requirements (e.g., affect to be portrayed, case difficulty)
- SP availability (this could include timely/first response, availability based on requirements, etc.)



Does the SPP assign diverse SPs to Medical Teaching Projects?

The SPP endeavors to assign a diverse group of SPs from its pool to medical teaching projects. Although the SP population may appear to be homogenous, diversity within our SP population does exist across age demographics. Some student groups may see variation among identity groups, others may not during a particular session.

Some challenges are systemic in nature e.g., SPs are offered **Casual Employment** as the nature of the work is casual, where **SP work hours are irregular and sporadic in nature**. This is dependent on multiple factors – projects, U of T academic year, etc. The SPP cannot guarantee a fixed minimum or maximum number of hours of work. **Availability for an Assignment** – the SPP reaches out to a pool of SPs based on demographic and role requirements for a project and books SPs on a **first come, first serve basis**. While the SPP aims to recruit a diverse cross-section of SPs, there is no guarantee that a SP will be available for the required training and/or session time.

How are Standardized Patients trained by the Standardized Patient Program?

- SPs are trained by a SP Trainer with a case that is provided by the client. Training includes a review of the session details, and the educational context of the role followed by a read-through of the case.
- SP Trainer will observe and standardize responses as well as any emotional or physical affect.
- SPs will not change their role portrayal from the way they were trained and are expected to always stay in role when in the presence of learners except when giving feedback to the learner.
- Training may include a review and practice of the SPP Feedback Methodology.

What type of roles do Standardized Patients simulate for the Standardized Patient Program?

History Roles

- For teaching sessions, an SP's performance can be influenced by many factors; case specific affect, learning objectives or level of learner; how an SP delivers information can also vary in reaction to the learner's behavior.
- During assessments, SPs are trained to adhere closely to the assessor's content-specific checklist, ensuring they respond only to the questions posed without offering additional information that could inadvertently influence the scoring process.

Physical Roles

- Physical roles unfold in a clinic setting, with the learner performing a physical exam on the SP – the physical exams to be performed may link to a history component of the case that the SP will also be trained on (e.g., respiratory exam, back pain, abdominal exam), or it may be a physical exam role that requires no training for the SP.
- No invasive physical exams will be performed on SPs, unless the SP has been specifically booked for and agreed to such an exam (e.g., breast exam, urology exam).



Standardized Patient Feedback Methodology

How does the SPP Train SPs to give feedback?

SPs are provided training on the Feedback Methodology used by the SPP through a three-hour workshop that introduces the feedback model and theory and allows SPs to practice with guidance from SPP staff. SPs are not content experts and may not have insight into a session's learning objectives, the focus of feedback is purely experiential from the patient's perspective.

SPP Feedback Methodology

- The Feedback Methodology the SP is trained to use is 'When this happened, I felt ____'.
- SP feedback is specific to the emotional impact the learner had on the patient, so the learner can begin to understand what communication techniques were effective and which were areas for improvement.
- SPs **will not comment** on medical process or things that didn't happen, e.g., 'you didn't ask me about my blood pressure or headaches'.

The Value of Feedback

The purpose of SP feedback is to act as a springboard for deeper conversations around patient communication. SPs are occasionally asked what the learner should have done or should have said to elicit a desired response. SPs are trained not to answer that question, as it varies from patient to patient. Instead, SPs can replay a certain moment with the learner. One of the benefits of experiential learning is the opportunity to experiment with different strategies to discover their impact on the outcome.

What are the expectations of SPs in simulation?

SPs work in accordance with the University of Toronto statements, policies and guidelines. SPs will:

- Always exhibit professional and ethical behavior and maintain professional boundaries with clients, learners, and tutors and limit interactions to the workplace setting.
- Exhibit sensitivity and respect for other beliefs, opinions, genders, races, cultures, religions, sexual and gender preferences, and status.
- Keep all scenarios, cases, procedures, communications, and other related information confidential.
- Not discuss learner performance, behaviors, or interactions outside of simulation.

How can Clinical Skills Tutors provide feedback about a SP to a SPP Project Manager?

For SP performance or feedback concerns, Clinical Skills Tutors can provide feedback via email to SPP Project Manager and Simulation Lead, Chris Peterson at chris.peterson@utoronto.ca. Provide the session name, date, teaching academy, SP name and a brief description of the feedback. For role content questions, provide feedback via email to the Clinical Skills Director or session lead and copy Chris Peterson.

There may be times when a learner has a strong emotional reaction during an SP interaction, due to either how the SP reacted to them or the SP feedback. This can be more common when the simulation involves a sensitive topic. If tutors find SP behavior or feedback to be unclear or confusing, it is acceptable to question the SP during the session. By asking the SP in the moment to clarify, the SP may be able to add details or explanations that could mitigate the learner's emotional reaction.