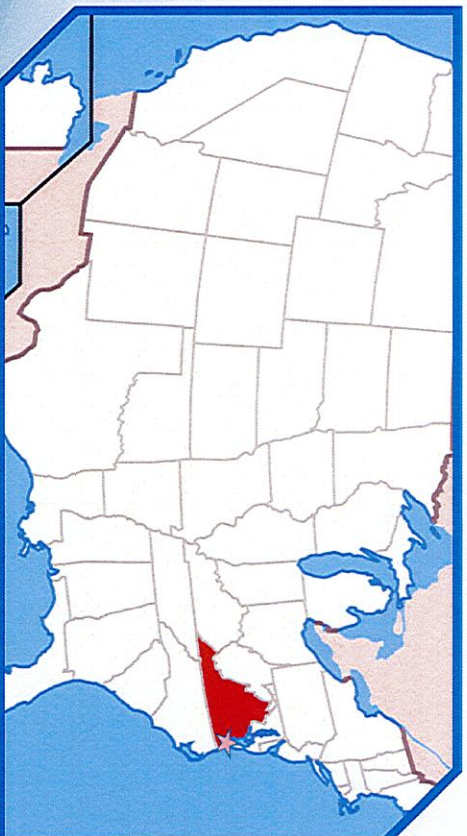


## The Myths and Facts about Simulated/Standardized Patients

Gayle Gliva-McConvey

Sentara Center for Simulation & Immersive Learning  
Eastern Virginia Medical School

## Eastern Virginia Medical School Norfolk Virginia USA



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**Do you currently work with SPS?**

**YELLOW:** Yes  
**Red:** No

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**A Brief History: Simulated  
Patient Methodology is  
53 years old**

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1960: Howard Barrows meets Sam



*“Don’t worry, I fixed him – I put my Babinski on the other foot and changed my sensory findings.”*

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1963: Need for a reproducible and realistic experience for his neurology students

**“Hollywood Invades USC Medical School”**  
**“scantily clad models are making life a little more interesting for the USC medical students”**

1964: The First article: **The Programmed Patient:**  
A Technique for Appraising Student Performance in Clinical Neurology in the journal of Medical Education

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1968: “**Simulated Patients**” in Medical Teaching (Canadian Medical Association Journal)

- *The term Simulated Patient was more “fitting” as the persona acting the patient role didn’t offer a fixed performance as suggested by the term “programmed” but would be like an actual patient during the interview*
  - Howard Barrows

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## The Original Definition

A person who has been carefully coached to simulate an actual patient so accurately that the simulation cannot be detected by a skilled clinician.

In performing the simulation, the SP presents the “gestalt” of the patient being simulated, not just the history but the body language, physical findings and the emotional and personality characteristics as well.

HS Barrows

- Task:
- Portray the patient
- Provide feedback (patient eyes)

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1972 Paula Stillman



## The need for an assessment model

Standardizes mothers ("Paraprofessionals") who completes checklists on content (what questions were asked) and process (how questions were asked)

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## 2 Theologies Collide

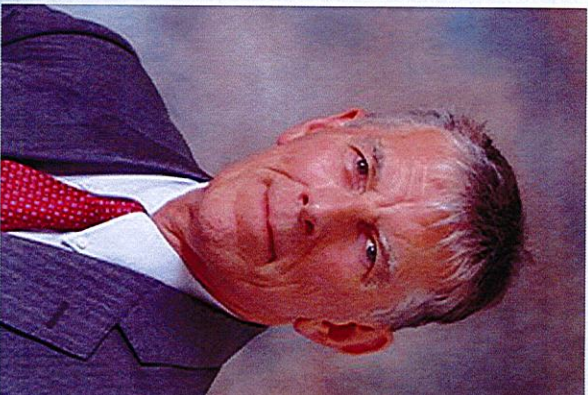


- Reform Medical Curriculum: looking for alternatives
- Clinical reasoning: integrating cognitive learning and practical experience
- Patient centered feedback
- Use simulated patients with checklists from (patient's eyes)
- Improve traditional educational methods
- Concrete behaviors, basic skills, thoroughness
- Structured feedback instruments & Checklists
- Use real patients as instructors

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## OSCEs

1975 Ron Harden publishes a report in the British Medical Journal on the Assessment of Clinical competence using objective structured clinical examination.



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## 1980-1990-2000

- Early 1980s Geoff Norman introduces the term “Standardized Patients”
- 1980 **OSCEs** continue to grow globally and in numerous disciplines
- 1987 Jan-Joost Rethans reports the use of SPs as **unannounced patients** in the Netherlands
- 1990 **National Board of Medical Examiners** starts research for national licensure exam: reliability, validity, feasibility, generalizability (implements 2004)

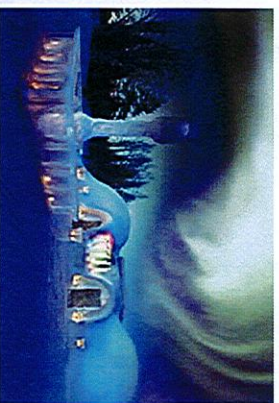
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## 1980-1990-2000

- 1992 **Medical Council of Canada** implements national licensure exam
- 1998 **Educational Commission for Foreign Medical Graduates** (ECFMG - US) implements an assessment
- 2000

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## Fact or Myth



linatar



**“Standardized Patients react the same way to all learners and interviews.”**

Not robotic and able to be flexible, realistic and reactive even in complicated portrayals.

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**YELLOW:** Fact  
**Red:** Myth

**“I would act differently if this were a real patient.”**



- Cannot suspend disbelief
- does not have the skills to navigate through the SP encounter and rejects the opportunity to learn.
- Many Studies show physicians cannot identify SPs in offices (Jan Joost Rehtans)

**YELLOW:** Fact  
**Red:** Myth

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**“You have to be an actor to be an SP.”**

- Because If you hire actors they will need less training

**YELLOW:**  
**Red:**

Fact  
Myth

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**“SPs are trained to respond to specific words/phrases before they will give information.”**

- SPs are trained to pace information to react to students questions. (learning objectives)

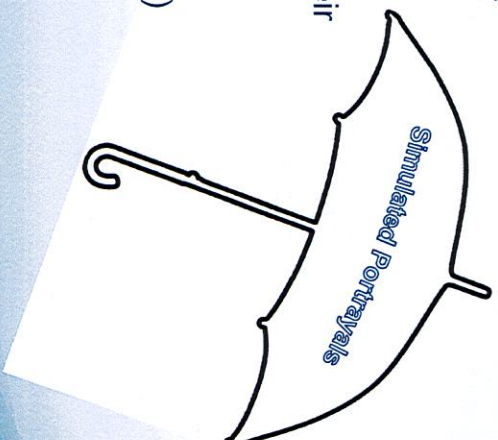
**YELLOW:**  
**Red:**

Fact  
Myth

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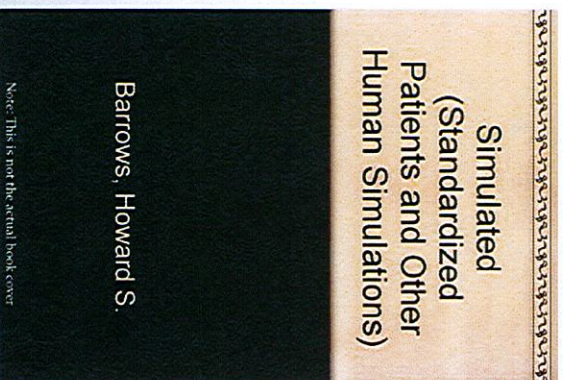
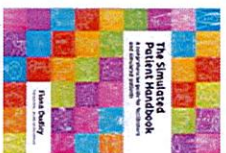
“It takes a long time to train an SP.”

- Role Play(er)
- Real patient (standardizing their own history)
- Simulated Patient
- Standardized Patient (formative)
- Standardized Patients (high stakes)



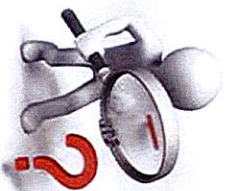
Yellow: Fact  
PINK: Myth

## Training



Note: This is not the actual book cover.

## “I’m better with real patients”



- *A comparison of resident performance on real and simulated patients.* Norman, G R; Tugwell, P; Feightner, J
- The results? No differences were detected in history-taking, physical examination or diagnosis and investigations.

**YELLOW:** Fact  
**Red:** Myth

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## “SPs can simulate many Abnormal Physical Findings.”

- Training Standardized Patients to Have Physical Findings
- Lists over 55 abnormal physical findings
- Norman study reported more abnormal findings documented from SP than real.



**YELLOW:** Fact  
**Red:** Myth

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“Communication Feedback is from the patient perspective and requires training.”

- Fact



Nursing Simulation Alive

**YELLOW:** Fact  
**Red:** Myth

## “SP Ratings are the same as Real Patient’s”

- Fiscella et al.: Unannounced SPs and Real Patients rating of physician communication style differ and provide different information. (2007)
- USPs have better psychometric properties than real patients
- Real Patient ratings are based on a cumulative experience with Doctors/nurses that they have selected to stay in the practice

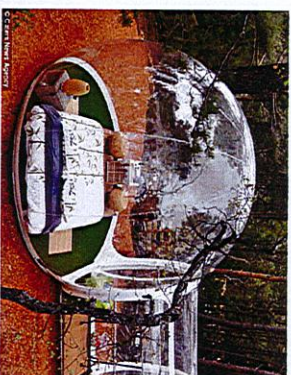


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## “SPs are always immediately available”

- They have nothing else to do but wait in a bubble until they're needed.



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- it's inappropriate to make last minute changes to cases, checklists, or any other elements of the simulation without some impact to the experience and the learning objectives.



*“Because it is a simulation, it is OK to make last minute changes”*

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**YELLOW:** Fact  
**Red:** Myth

## Care & Nurturing of SPs

- Myth: SPs love doing bad news cases with strong emotional responses, especially, many times in the same day.

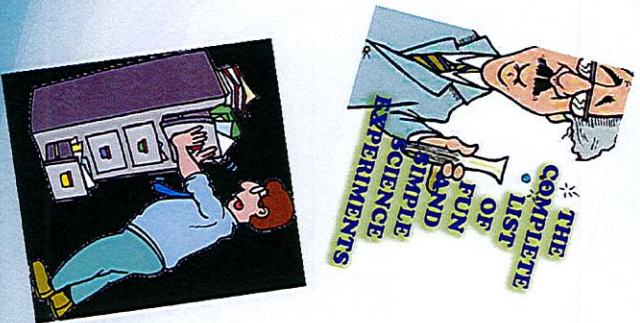


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## Definitely Myths:

- "I'm a patient (or health professional ) so I am qualified to be an SP"
- "Oh I have a crazy aunt who would be perfect for this"
- Among actors: it's "just like any other acting job."
- "This work is easy because it doesn't involve any experience or training."
- I want to "teach those stupid students a lesson" (*yikes...*).

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**THE COMPLETE LIST OF FUN AND SIMPLE SCIENCE EXPERIMENTS**

???

- An older gentleman expressed interest in becoming an SP. He said, "You can experiment on me all you want!"
- Some believe we teach people to imitate symptoms so that they may receive paid sick leave more easily...
- Some think that it's easy to become an SP. ("I could be a simulated patient. I go to the doctor all the time!")

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**THIS CAN'T BE RIGHT.**

M... Education

www.jodilly.com 7-2

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### Physical Examination Teaching Associates/Instructors (PTA)

1975 Paula trains the first Physical Examination Instructor

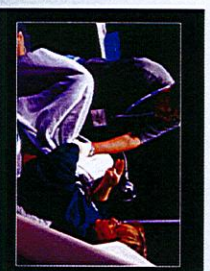
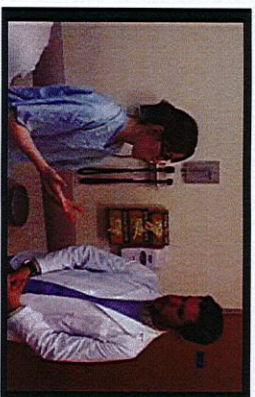


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## body as a teaching model

- Studies reported faculty reliably assessed 68% of the skills, PTA reliably assessed 83% of the skills.
- There were no significant difference in student performance on an OSCE when taught by physicians or PTAs
- One report found complaints by hospitalized patients about medical student examinations dropped from 1.6 per six weeks to zero following introduction of PTAs to the curriculum



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## The SP Re-defined

Individuals who are trained to portray role in a realistic, standardized and repeatable way (where portrayal/presentation varies based only on learner performance). SPs can be used for teaching and assessing and to give feedback on learner techniques.

- **Tasks**
  - Realistically Portray the role
  - Observe and document performance
  - Provide patient perspective in feedback
  - Provide structured feedback in communication techniques
  - Provides technical teaching (Physical Examination)

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## SO - What's in a name?

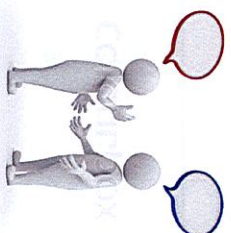
- Programmed Patient
- Simulated Patient
- Pretend Patient
- Surrogate Patient
- Practice Patient
- Fake Patient
- Role Players
- Confederates
- Embedded Participant
- Patient Instructor
- Teaching Associate
- Standardized Patient Instructors
- Standardized Patient
- Patient actor
- Medical Actor
- Unannounced Patient



James Tulsky suggested one time that we need to remember that the worst thing about simulation is that it's not real, and the best thing about simulation is that it's not real.

Using Simulated Portrayals in training health care professionals is an empirically verified method of teaching. If one cannot demonstrate this in a simulated environment with no risk to the learner except making visible the deficiencies in their skills in order to correct and practice them, *then,*

what faculty in their right mind would permit the learner access to a real patient where all kinds of unintentional consequences can occur?



Pair talk:  
What are the **Myths** you have  
encountered?



Moving Along

<http://www.utmb.edu/ocs/Bibliography/sp>

## Clark practicing (simulating) pottng training

..... Hollis is helping



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## Thank you

[gliivaga@evms.edu](mailto:gliivaga@evms.edu)

ASPE

<http://www.aspeducators.org/>

**Standardized Patient Trainer Listserv**  
[sp-trainer@u.washington.edu](mailto:sp-trainer@u.washington.edu)

ASPE – June Tampa FL

ASPE – Nov. Singapore

SP Course: University Maastricht –  
April

<https://she.mumc.maastrichtuniversity.nl>



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