

Standardized Patients: A Critical Resource in Human Simulation

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Introduction

- ▶ Jane Lindsay Miller has no financial disclosures
- ▶ Social scientist + educational researcher
 - ▶ Medical anthropologist
 - ▶ Maternal child health and infectious disease; global health
- ▶ Simulation science and practice
 - ▶ Disciplinary associations: ACS, AAMC, AACCP, AOTA, ADEA, APNA, Midwest Gerontological Society, MnSERC
 - ▶ Association of Standardized Patient Educators (ASPE)
 - ▶ Co-Chair: Grants and Research Committee (2018)
 - ▶ Society for Simulation in Healthcare (SSH)
 - ▶ Past Chair: IPE Special Interest Group





Goals and objectives

Participants will be able to:

- ▶ Identify when and how to use SPs (vs. other role players) for clinical simulation
- ▶ Use appropriate criteria to select & train SPs
- ▶ Develop infrastructure for hiring and maintaining an SP program
- ▶ Apply SP methodology to a wide range of clinical scenarios and professions





Topics

- ▶ Types of role play in simulation education
- ▶ Recruitment, selection, training, and ongoing development of SPs
- ▶ Distinguishing characteristics of SPs: standardization; case-based learning; replicability and consistency; “coachability”
- ▶ How to deploy SPs: hybrid simulation; learner feedback and assessment; confederates



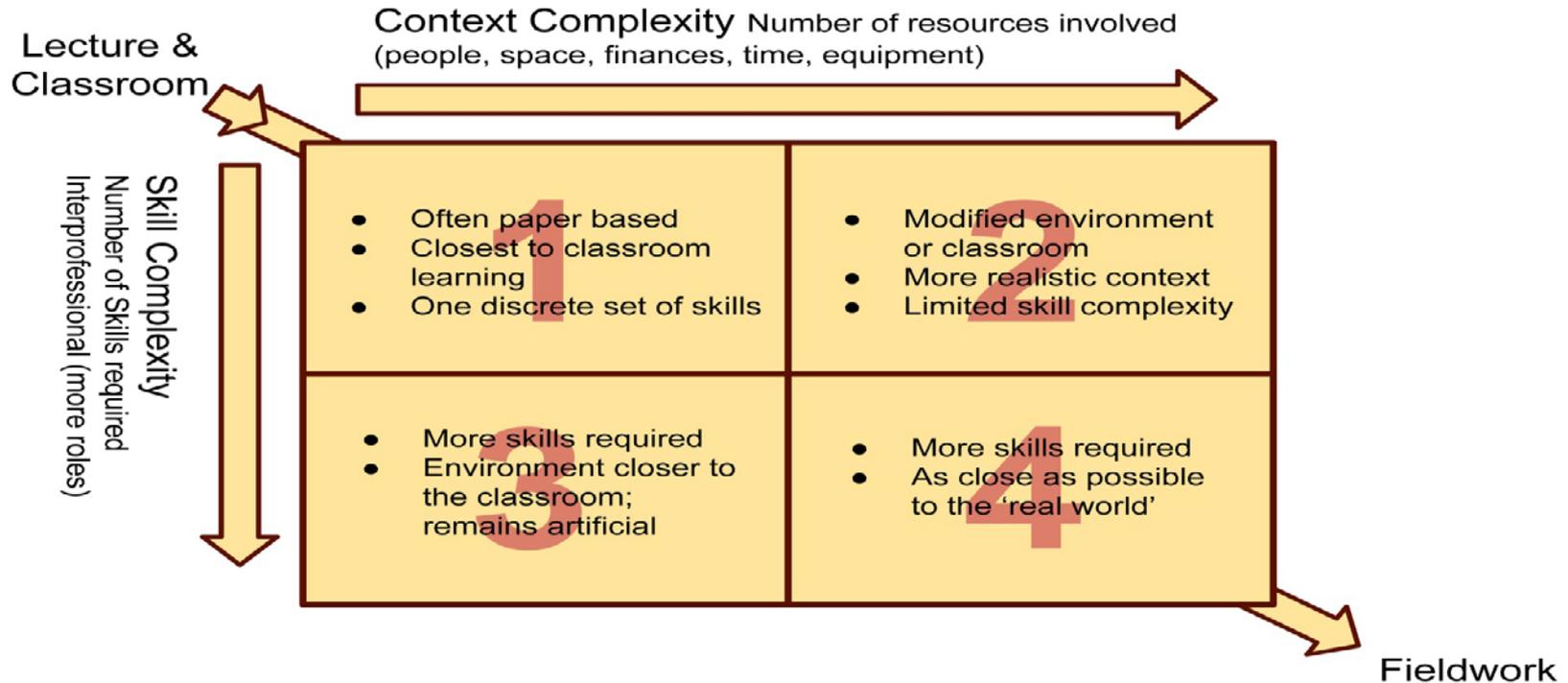


Getting to know you...

- ▶ How many of you have:
 - ▶ Attended *formal training* (i.e. workshop, webinar, certificate program) on standardized patients?
 - ▶ Used *role play* as a simulation instructor?
 - ▶ Used *students* as role players?
 - ▶ Used *real patients* as role players?
 - ▶ Used *colleagues* as role players?
 - ▶ Used *lay volunteers* as role players?
 - ▶ Used *trained standardized patients* as role players?



Miller's simulation taxonomy





History of SP methodology

- ▶ SPs have been used since the 1960s
- ▶ Formal use started with Dr. Howard Barrow at University of Southern Illinois
- ▶ First SPs were trained to portray patients with neurological findings





History of SP methodology

- ▶ SPs most typically used in:
 - ▶ Head-to-toe exam
 - ▶ Focused exam
 - ▶ Musculoskeletal
 - ▶ Genito-urinary exam (male and female)
 - ▶ Communications
 - ▶ Patient education
 - ▶ Motivational interviewing
 - ▶ Cultural competency
 - ▶ Difficult communications (bad news; end-of-life; error)





History of SP methodology

▶ Complex uses:

- ▶ Patient educators
- ▶ Feedback to students, residents, practitioners
- ▶ Case contributors
- ▶ Hybrid simulations
 - ▶ Combined with task trainers (e.g. birth)
 - ▶ Confederates
 - Birth coach or spouse
 - Family or friends
 - Other health professionals





History of SP methodology

▶ What SPs CAN simulate and replicate reliably

- ▶ Normal patient
- ▶ Communication challenges
- ▶ Mental illness
- ▶ Neurological disorders/findings
- ▶ Domestic abuse, human trafficking
- ▶ Trauma

▶ What SPs CAN'T simulate and replicate reliably

- ▶ Vitals
 - ▶ Blood pressure
 - ▶ Heart rate
- ▶ Particular pathologies/structural defects
 - ▶ Arrhythmias





SP Program at the U of MN

▶ Infrastructure

- ▶ Program began in the mid-1990s, in the Medical School: focus on introductory skills
- ▶ Transferred to Interprofessional Education and Resource Center (IERC) in 2003
 - ▶ Developed quality and diversity of the pool
 - ▶ Professionalized training of staff and SPs
 - ▶ Stratified the program, 2007-present
 - SPs
 - Pediatric and Adolescent SPs (PASP)
 - Sensitive Exam
 - Patient Educators





SP Program at the U of MN

▶ Infrastructure

- ▶ Patients are paid according to the invasiveness and complexity of the teaching and exam
 - ▶ Patients with findings or role players receive gift cards
- ▶ Standardized patients are hired as “independent contractors”, not as employees





SP Program at the U of MN

- ▶ Guidelines for program development and management
 - ▶ Recruit individuals for:
 - ▶ Demographic diversity
 - ▶ Ability to memorize details
 - ▶ Ability to take feedback
 - ▶ Comfort with structured improvisation
 - ▶ Commitment to education





SP Program at the U of MN

- ▶ Guidelines for program development and management
 - ▶ Challenges in working with volunteers
 - ▶ RELIABILITY
 - ▶ Authenticity
 - ▶ Consistency
 - ▶ Availability
 - ▶ Accountability





SP Program at the U of MN

- ▶ Guidelines for program development and management
 - ▶ Patient training
 - ▶ General
 - Program expectations
 - Administrative details
 - Methodology (replicating performance; giving feedback)
 - ▶ Customized
 - Case
 - Capabilities of the SP (based on age, health)





SP Program at the U of MN

- ▶ Guidelines for program development and management
 - ▶ SP management
 - ▶ Observation, feedback
 - ▶ Ongoing development
 - ▶ Managing “veteranitis” (i.e. resistance to coaching, learning new methods or practices)





Using best practices: Pre-licensure

▶ Nursing: End-of-Life Care

- ▶ Scenarios/conditions: Case integrates patient assessment (simulator), medication management, communication with diverse family
- ▶ Students work in pairs and debrief with faculty in small groups
- ▶ Simulations used with advanced BSN and MN students





Using best practices: Pre-licensure

- ▶ **Medicine: RPAP and MetroPAP**
 - ▶ Conditions/scenarios: “A clinical day in the life of a rural provider”; labor and delivery
 - ▶ Simulations used with 3rd year medical students at the start of the 9-month longitudinal clerkship in the Rural Physician Associate Program (RPAP) and MetroPAP





Using best practices: Pre-licensure

- ▶ Pharmacy: Benchmark assessment
 - ▶ Conditions/scenarios: information gathering and patient counseling in community practice setting
 - ▶ Multisite high-stakes assessment (Twin Cities and Duluth); scored by faculty and SPs
 - ▶ Simulations with 3rd year PharmD students in Twin Cities and Duluth





Using best practices: Pre-licensure

- ▶ **Dentistry: *In situ* emergencies**
 - ▶ Conditions/scenarios: chest pain, hypoglycemia, syncope, stroke
 - ▶ Introduces unannounced SPs into daily practice in the dental clinic
 - ▶ Simulations used with: 3rd and 4th year dental students and DH or DT students





Using best practices: Pre-licensure

- ▶ **Allied Health: OT**
 - ▶ Conditions/scenarios: patient transfer in an acute care setting (respond to changes in vitals, manage lines and equipment)
 - ▶ Faculty demonstrate a safe transfer of an SP, then students work in pairs with different scenario
 - ▶ Simulations used with pre-clinical OT students in Twin Cities and Rochester





Using best practices: Clinical learners

- ▶ Hematology-oncology
 - ▶ Two cases
 - ▶ Curable cancer diagnosis
 - ▶ Terminal cancer recurrence
 - ▶ Residents and Fellows all watch one another live, receive SP/practitioner feedback, build on each others' performances





Using best practices: Clinical learners

- ▶ **Advance care planning and cultural competency**
 - ▶ Uses the Honoring Choices® curriculum for advance care planning
 - ▶ Provides practice with diverse cultural beliefs about life and death
 - ▶ Introduces collaboration with medical interpreters



Using best practices: Clinical learners

- ▶ Interprofessional mental health care teams
 - ▶ Designed with mental health nurse practitioners, occupational therapists, pharmacists
 - ▶ Conditions/scenarios: pediatrics (ADHD, trauma); depression; PTSD; bipolar disorder
 - ▶ Simulations used with:
 - ▶ Interprofessional student teams
 - ▶ Interprofessional community preceptors



Using best practices: Continuous professional development

- ▶ **Motivational interviewing: Maternal and infant nutrition**
 - ▶ Scenario: counseling for parent about toddler's weight gain
 - ▶ Format: Participants divided into small groups; fishbowl using MI techniques from lecture; 'expert' in each group debriefs simulations
 - ▶ Simulation used with: dietitians, nutritionists, nurses, and MDs



Using best practices: Continuous professional development

- ▶ **Interprofessional precepting**
 - ▶ Designed with faculty from medicine, nursing, and pharmacy
 - ▶ Focused on palliative care: cultural competency, home care, family interactions
 - ▶ Taught:
 - ▶ Students: Palliative care best practices; IP teamwork
 - ▶ Practitioners: Coaching in small group facilitation; interprofessional precepting



Using best practices: Continuous professional development

- ▶ **Debriefing and feedback**
 - ▶ Designed for undergraduate nursing faculty
 - ▶ Conditions/scenario: faculty debriefing a learner following a simulation (SP as student)
 - ▶ Flexible 'case' structure enacted based on common learner performance and debriefing challenges
 - ▶ Allowed faculty to explore debriefing strategies to manage common challenges with their learners



Goals and objectives recap

- ▶ Identify when and how to use SPs (vs. other role players)
 - ▶ When you want a higher degree of responsiveness/authenticity
- ▶ Use appropriate criteria to select & train SPs
 - ▶ Select for skills (e.g. memory, consistency) and demographics
- ▶ Develop infrastructure for maintaining an SP program
 - ▶ Connect to other professionals; consider hiring as independent contractors; monitor performance and give feedback
- ▶ Apply SP methodology to a wide range of clinical scenarios and professions
 - ▶ Examples at every level of training, in multiple professions, with multiple simulated clinical findings



Resources for ongoing development

▶ Professional associations

- ▶ Association of Standardized Patient Educators (ASPE): www.aspeducators.org
- ▶ Society for Simulation in Healthcare (SSH): www.ssih.org
- ▶ International Nursing Association for Clinical Simulation and Learning (INACSL): www.inacsl.org



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Questions

- ▶ Do you feel like you know more about standardized patient methodology? What would you most like to know more about as a result of this presentation?
- ▶ What would you find most helpful in developing the use of standardized patients in your school or facility?
- ▶ How do you think you are most likely to use standardized patients, clients or family members in the future?

