Standardized Patient Form

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| ***Role Player****: Asking someone to imagine that they are either themselves or another person in a particular situation. ​Role Players behave exactly as they feel that person would, thus would not need a case developed.*  ***Structured Role Play:*** *A person who has been provided a prepared script on one element of a scenario which articulates a learning objective.​ Improvisation meets structure.​*  ***Embedded Participant​:*** *An individual who is trained or scripted to play a role in a simulation encounter in order to guide the scenario based on the objectives.​*  ***Simulated Patient:*** *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, the physical findings and the emotional and personality characteristics as well.*  ***Standardized Patient:*** *Individuals who are trained to portray a patient with a specific condition in a realistic, standardized and repeatable way (where portrayal/presentation varies based only on learner performance are trained to behave in a highly repeatable or standardized manner in order to give each learner a fair and equal chance.*  *\*Please consider the lines between the six applications as porous and not as hard lines that prevent movement between applications . Source: Comprehensive Healthcare Simulation; Implementing Best Practices in Standardized Patient Methodology, Chapter 5 The Human Simulation Continuum: Integration and Application.* | |
| **Level of Standardization** | [ ] Standardized Patient  [ ] Simulated Patient |
| **Standardized Patient Objectives** | Your challenge as the **Standardized Patient** is multifold:   * To appropriately and accurately reveal the facts about the role being portrayed. * To improvise only when necessary and in a manner that is consistent with the overall tone/content of the case. * Maintain the realism of the simulation i.e., stay in character. * Evaluate learners fairly based on how they performed in this encounter. * Provide patient perspective in feedback. |

**Patient Name:** Jennifer Smith

**Age: 32**

**Gender:** Female

**Chief Complaint:** “I’ve been having severe stomach pain, diarrhea, and weight loss for the past few months. I think something’s wrong with my digestion.”

**Presentation and Resulting Behaviors (e.g. body language, non-verbal communication, verbal characteristics)**

**Examples:**

**Affect: pleasant/cooperative/irritated**

**Speech: verbose/terse/limited**

***Note: include any changes to presentation as case progresses***

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| * **Affect**: Anxious but cooperative. * **Speech**: Slow, sometimes hesitating when discussing symptoms; appears fatigued. * **Body Language**: Fidgeting, occasionally pressing hands over her abdomen when discussing pain. * **Verbal Characteristics**: Clear speech but occasionally interrupted by slight discomfort when talking about pain or recent changes in health.   **Note**: As the conversation progresses, the SP should show mild distress when discussing symptoms, but remain focused and patient with the learner. She may show more concern as the learner asks about the impact on her daily life. |

**Opening Statement, Open-Ended Questions, and Guidelines for Disclosure**

Note: this section is to give the SP guidance on how to answer open-ended questions. Scripted answer(s) to initial open-ended questions like “what brings you in today?” and “Can you tell me more?” should go in Box A. Further open-ended questions like “anything else going on?” should go in box B below, as well as any information the SP should volunteer at the first given opportunity. Box C is for information that the SP should freely offer, but wouldn’t consider mentioning until the learner introduces a relevant topic. Box D is for information that needs to be withheld unless specifically asked, (e.g. things the patient doesn’t remember until prompted or things the patient may feel shame about).

*Example: let’s say the patient’s roommate is ill. If the patient is having similar symptoms, that information probably goes in box B–it’s highly relevant to the patient and on the top of their mind. If the patient has somewhat differing symptoms, the information might go in box C and could be revealed if the learner brings up living situation, social support, or sick contacts. If the patient would assume the roommate’s illness is unrelated, the information might go in box D and only be revealed when the learner asks about sick contacts.*

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| **Opening Statement(s)** | “I’ve been having severe abdominal pain and diarrhea for a few months now. It's been getting worse lately, and I feel like I can’t keep food down. I’ve lost weight unexpectedly too.” |
| **Other information offered spontaneously (what can be disclosed after any open-ended question)** | · “The pain is usually around my lower abdomen, and it gets worse after eating. I feel fatigued all the time, and sometimes I can’t make it to work because of the bathroom trips.”  · “I’ve been trying to avoid certain foods, but it doesn’t seem to help. I even tried taking over-the-counter antacids, but it doesn’t work.” |
| **Information elicited when generally prompted (what can be disclosed in response to an open-ended question on a particular topic)** | · “Yes, I’ve been feeling stressed out with work lately, and that might be making things worse.”  · “I’ve had this before in the past, but never like this. I was diagnosed with something similar in my twenties, but I haven’t had any serious issues for several years.”  · “There have been times when I have blood in my stool, but it’s not every time. Sometimes I see mucus too.” |
| **Information hidden until asked directly (what should be withheld until specific questioning)** | · “I haven’t seen a doctor about it yet. I’ve just been trying to manage it myself.”  · “I’m a bit embarrassed about my symptoms, especially the diarrhea and blood. It’s been really hard to talk about it.” |

**Sample Healthcare Interview & Physical Exam Format:**

**History of Present Illness (HPI):**

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| **Quality/Character** | · Sharp, cramping abdominal pain.  · Diarrhea that occurs 3-4 times a day, sometimes with blood or mucus.  · Bloating and frequent gas. |
| **Onset** | Began around 3 months ago, gradually worsening. |
| **Duration/Frequency** | Abdominal pain comes and goes but has become more frequent. Diarrhea has been daily for about two weeks. |
| **Location** | Lower abdomen (especially in the lower left quadrant). |
| **Radiation** | No radiation noted. |
| **Intensity (e.g. 1-10 scale for pain)** | Abdominal pain fluctuates between 6-8/10 |
| **Treatment (what has been tried, what were the results)** | Tried over-the-counter medications like antacids and Imodium, but with no improvement. |
| **Aggravating** **Factors (what makes it worse)** | Eating, especially foods high in fiber or dairy. Stress at work. |
| **Alleviating** **Factors (what makes it better)** | Lying down sometimes alleviates the pain, but not always. |
| **Precipitating** **Factors (does anything seem to bring it on, e.g. meals, environment, time of day)** | No specific triggers noticed, though stress seems to make it worse. |
| **Associated** **Symptoms** | · Weight loss (around 8 pounds in the past month).  · Occasional fever (low-grade).  · Fatigue. |
| **Significance to Patient (impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, hopes/desires)** | · Impacting her work and social life; feeling embarrassed about bathroom visits.  · Concerns about the cause of her symptoms and whether it might be a chronic condition. |

**Review of Systems: (list any additional pertinent positives and negatives from these systems: Constitutional, Skin, HEENT, Endocrine, Respiratory, Cardiovascular, Gastrointestinal, Urinary, Reproductive, Musculoskeletal, Neurologic, Psychiatric/Behavioral)**

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| · **Constitutional**:   * · Fatigue, unexplained weight loss (8 pounds in one month), low-grade fever.   · **Skin**:   * · No rashes or skin changes noted.   · **HEENT**:   * · No recent changes in vision or hearing.   · **Endocrine**:   * · No known thyroid issues.   · **Respiratory**:   * · No shortness of breath or cough.   · **Cardiovascular**:   * · No chest pain or palpitations.   · **Gastrointestinal**:   * · Chronic diarrhea with occasional blood and mucus, lower abdominal pain, bloating, loss of appetite.   · **Urinary**:   * · No issues with urination or urinary tract infections.   · **Reproductive**:   * · Regular menstrual cycles, no recent changes.   · **Musculoskeletal**:   * · No joint pain.   · **Neurologic**:   * · No headaches, dizziness, or numbness.   · **Psychiatric/Behavioral**:   * · Anxiety related to health concerns. |

**Past Medical History (PMH): (fill in any relevant fields)**

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| **Illnesses/Injuries (chronic or otherwise relevant)** | Diagnosed with Ulcerative Colitis (a form of IBD) at age 23, managed well for several years with medication. Recent symptoms started about 3 months ago. |
| **Hospitalizations** | No recent hospitalizations. |
| **Surgical History** | **None** |
| **Screening/Preventive (including vaccinations /immunizations)** | Regular pap smears, vaccinations up-to-date |
| **Medications (Prescription, Over the Counter, Herbal/Dietary Supplements)**  **Include: medication name, dosage strength, dosage form, route of administration, frequency of administration, duration of therapy, indication** | None for current flare-up. Previously on mesalamine for IBD, but stopped it due to feeling better. |
| **Allergies (environmental, food, or medication – also list any known reactions) Date of allergy diagnosis** | · **Medications**:   * Allergic to penicillin (rash).   · **Food**:   * No food allergies. |
| **Gynecologic History** | 1. **Menstrual History:**  * **Age at menarche:** 12 years old * **Menstrual cycle length:** 28-30 days * **Duration of bleeding:** 4-5 days * **Flow characteristics:** Moderate, no clots * **Regularity of cycle:** Regular, no missed periods * **Pain during menstruation (Dysmenorrhea):**   + **Severity:** Moderate pain, treated with over-the-counter pain relievers (e.g., ibuprofen)   + **Location of pain:** Lower abdomen and back * **Recent changes in menstrual cycle:** No significant changes  2. **Pregnancy History (Gravida/Para):**  * **Gravida:** None * **Para:** None * **Abortions:** None * **Ectopic pregnancies:** None * **Multiple births:** None * **Complications during pregnancy:** None, pregnancy was uncomplicated * **Mode of delivery:** Vaginal birth, no complications during delivery * **Postpartum complications:** None  3. **Contraceptive History:**  * **Current method of contraception:** Oral contraceptive pill (combined hormonal contraception) * **Previous methods of contraception:**   + IUD (removed after 2 years due to discomfort)   + Condoms (occasionally used when traveling) * **Effectiveness of current method:** No issues with effectiveness * **Reasons for choice of contraception:** Preference for hormonal control, ease of use * **Complications or issues with contraception:** Occasional spotting in the first 3 months, but this resolved  4. **Menopausal History:**  * **Age at menopause:** N/A (still menstruating, no signs of menopause) * **Menopausal symptoms:** None * **Hormone replacement therapy (HRT):** Not used * **Postmenopausal bleeding:** Not applicable  5. **Gynecological Conditions:**  * **History of gynecologic disorders:**   + Diagnosed with mild endometriosis at age 27, managed with birth control pills   + No fibroids or cysts * **Previous gynecological surgeries:** None * **Pelvic infections:** None * **Abnormal Pap smears or HPV infection:** Pap smear results are normal, no HPV history * **Sexually transmitted infections (STIs):** No history of STIs * **Cervical or uterine cancers:** No personal or family history  6. **Sexual History:**  * **Sexual activity:** Active * **Number of sexual partners:** Current partner (long-term monogamous relationship) * **Use of protection during sex:** Condoms occasionally used, primarily with new partners (current partner prefers not to use) * **Pain during sex (dyspareunia):** No pain during intercourse * **Sexual desire or satisfaction:** Normal * **Any history of sexual abuse or trauma:** No  7. **Other Gynecologic Issues:**  * **Vaginal discharge:** Clear, no odor, normal consistency * **Urinary symptoms:** No issues with urination, no pain or frequency * **Pelvic pain:** Mild cramping during menstruation, otherwise no chronic pelvic pain |

**Family Medical History: (fill in any relevant fields)**

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| **List all relevant and appropriate family members and their age and health status, or age at and cause of death** | · **Mother (56 years old):**   * · Diagnosed with ulcerative colitis (IBD) at age 45. Currently stable with medications.   · **Father (58 years old):**   * · Healthy, no significant illnesses.   · **Siblings:**   * · One younger brother (26 years old) is healthy. |
| **Instructions for SP on how to answer questions about any family members not listed above:**  **(i.e. do not add any additional family members, any other family is alive and well, unsure about paternal grandparents, etc.)** | Do not mention other family members; they are alive and well. Avoid adding additional family members. |
| **Management/Treatment of any relevant conditions and/or chronic diseases in family** | Mother takes mesalamine and follows a gluten-free diet for managing ulcerative colitis. |

**Social History: (fill in any relevant fields)**

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| **Substance Use (past and present)** | **Drug Use (Recreational, medicinal and medications prescribed to other people)** | No recreational drug use, but occasionally takes over-the-counter pain medication for cramps. |
| **Tobacco Use** | No. |
| **Alcohol Use** | Occasionally drinks socially (1-2 times per week, 1-2 drinks) |
| **Home Environment** | **Home type** | · **Type of home:** Apartment  · **Number of bedrooms:** 2-bedroom apartment  · **Ownership:** Rent  · **Location:** Urban area, downtown city  · **Living conditions:** Clean, well-maintained apartment with modern amenities |
| **Home Location** | · **City:** Chicago, IL  · **Neighborhood:** Residential, quiet area with nearby parks and grocery stores  · **Proximity to healthcare facilities:** 10-minute drive to the nearest clinic and hospital |
| **Co-habitants** | **Partner (Male, 33 years old): Works in IT, healthy, no major medical concerns**  **No children or other family members living with her**  **Pets: One cat (2 years old, in good health)** |
| **Home Healthcare devices (for virtual simulations)** | · Blood pressure monitor (occasionally used to check if feeling unwell)  · Thermometer  · Scale for weight tracking  · No specific home medical equipment related to chronic conditions | |
| **Social Supports** | **Family & Friends** | · Family is supportive, especially her mother, who has IBD and is helpful with advice.  · Friends are supportive, but she doesn't talk much about her health with them. |
| **Financial** | · **Current financial situation:** Stable, dual-income household  · **Income source:** Jennifer works as a marketing manager, and her partner works in IT.  · **Financial challenges:** No significant financial difficulties, both partners are able to cover living expenses comfortably and save for future plans. |
| **Health care access and insurance** | · **Health insurance provider:** Employer-sponsored private health insurance (covers major medical expenses, including specialist visits)  · **Insurance coverage:** Comprehensive health coverage including gynecological care, mental health services, and emergency services  · **Access to healthcare:** No barriers to healthcare access, nearby clinic and hospital available; primary care physician is a local family practice doctor  · **Medical costs:** Out-of-pocket costs for co-pays are manageable, no major concerns regarding medical bills |
| **Religious or Community Groups** | · **Religious affiliation:** None (non-religious)  · **Community involvement:** Member of a local book club and a community yoga group  · **Social support:** Strong social network with friends and family, frequent social activities with close friends, especially on weekends  · **Volunteer work:** Occasionally participates in charity events through her workplace (e.g., food drives, blood donation drives) |
| **Education and Occupation** | **Level of Education** | College graduate. |
| **Occupation** | Works in marketing; often stressful and requires long hours. |
| **Health Literacy** | Good understanding of basic health concepts, but limited knowledge of IBD and its management. |
| **Sexual History:** | **Relationship Status** | In a long-term relationship. |
| **Current sexual partners** | One partner. |
| **Lifetime sexual partners** | Few partners. |
| **Safety in relationship** | Safe, monogamous relationship. |
| **Sexual orientation** | Heterosexual |
| **Gender identity** | **Pronouns** | Female |
| **Identifies as (e.g. transgender, cisgender, gender queer)** | She/Her. |
| **Sex assigned at birth** | Female. |
| **Gender presentation (any notes about body language, style, or dress that may signal gender identity)** | Feminine, dressed casually. |
| **Activities, Interests, & Recreation** | **Hobbies, interests, and activities** | · Enjoys reading, hiking, and cooking.  · Recently had to cut back on hiking due to fatigue and discomfort. |
| **Recent travel** | No recent travel. |
| **Diet** | **Typical day’s meals** | · **Breakfast:**   * 1 cup of oatmeal with almond milk, a tablespoon of chia seeds, and a handful of mixed berries * 1 cup of coffee with skim milk and a small amount of sugar   · **Lunch:**   * Grilled chicken salad with mixed greens, cherry tomatoes, cucumbers, avocado, and balsamic vinaigrette dressing * 1 glass of water or herbal tea   · **Dinner:**   * Baked salmon with quinoa and steamed broccoli * 1 glass of water   · **Snacks:**   * 1 apple or a handful of almonds between meals * Occasionally, a small serving of dark chocolate after dinner |
| **Recent meals** | · **Recent breakfast:**   * Scrambled eggs with spinach and mushrooms on whole-grain toast   · **Recent lunch:**   * Quinoa and chickpea salad with olive oil, lemon, and garlic   · **Recent dinner:**   * Stir-fried tofu with mixed vegetables and brown rice * 1 glass of water |
| **Avoids eating (e.g., fried foods, seafood, etc.)** | · **Fried foods:** Prefers to avoid deep-fried foods due to occasional bloating  · **Processed meats:** Avoids deli meats, sausages, and high-fat cuts of meat to maintain a healthier diet  · **Seafood:** Has a mild allergy to shellfish, avoids shrimp and lobster, but enjoys fish like salmon and tilapia  · **High-sugar snacks:** Prefers to limit sugary desserts and snacks like cakes, cookies, and soda |
| **Special diet (e.g., vegetarian, keto, dietary restrictions, etc.)** | · **Diet type:** Balanced, includes a variety of fruits, vegetables, lean proteins, and whole grains  · **Dietary restrictions:** None, other than avoiding specific foods due to allergies (shellfish) and personal preference (fried and processed foods)  · **Goal:** Aiming for a balanced diet to maintain weight, manage energy levels, and support overall health, especially considering her condition of inflammatory bowel disease (IBD) |
| **Exercise (activities and frequency)** | **Exercise activities and frequency** | **Weekly exercise routine:**   * **Yoga:** 3 times a week (1 hour per session) * **Running or walking:** 2 times a week (30 minutes each time) * **Strength training:** 1-2 times a week (light weightlifting, focusing on full-body exercises) * **Cycling:** Occasionally on weekends for relaxation and enjoyment (30-60 minutes) |
| **Recent changes to exercise/activity (and reason for change)** | **Recent Changes to Exercise/Activity:**   * **Recent change:** Jennifer has been reducing her running distance (previously 45 minutes) due to flare-ups of abdominal pain and fatigue associated with her inflammatory bowel disease (IBD). She now prefers walking or light yoga when experiencing symptoms. * **Reason for change:** Increased abdominal discomfort and fatigue episodes. She also finds that high-intensity exercise exacerbates her IBD symptoms, so she focuses on moderate or low-intensity activities to avoid flare-ups. |
| **Sleep Habits** | **Pattern, length, quality, recent changes** | **Sleep Pattern:**   * **Average sleep duration:** 7-8 hours per night * **Sleep schedule:** Goes to bed around 10:30 PM and wakes up at 6:30 AM for work * **Quality of sleep:** Generally good, though occasionally disrupted by stress or discomfort from IBD symptoms (e.g., cramps or bloating) * **Recent Changes:**   + No significant changes to her sleep routine. However, during flare-ups, she may experience difficulty falling asleep due to abdominal pain or frequent bathroom visits during the night.   **Recent Changes to Sleep:**   * Jennifer has noticed that during periods of high stress (e.g., work deadlines), she sometimes has trouble falling asleep, though this is rare. |
| **Stressors** | **Work** | · **Job pressures:** Works as a marketing manager in a fast-paced corporate environment. Occasionally feels overwhelmed by deadlines and expectations, but generally enjoys her job.  · **Work-life balance:** Struggles with work-life balance during peak project times, often working late or over weekends to meet deadlines. This has increased stress levels, particularly when IBD symptoms flare up. |
| **Home** | · **Living situation:** Jennifer's apartment is generally peaceful, but she sometimes feels stressed due to a lack of time for herself, especially when managing both work and personal life. Her partner is supportive, but she sometimes feels guilty about not having enough time to relax.  · **Household responsibilities:** She shares household responsibilities with her partner, but sometimes feels that she is doing more when her partner is busy with work. This adds to her stress, especially during flare-ups of IBD. |
| **Financial** | · **Financial concerns:** Financially stable, but Jennifer feels stress about future expenses, such as saving for a home and potential healthcare costs, especially as she experiences IBD symptoms.  · **No immediate financial strain**, but she is cautious about budgeting and plans for emergencies (especially related to medical bills or unexpected healthcare needs). |
| **Other** | **Health-related stress:** Occasionally stressed about managing her inflammatory bowel disease (IBD) symptoms. Worries about potential flare-ups, which can interfere with her work and social life. She also tries to balance taking care of her health while maintaining a normal life. |

**Physical Exam Findings: (may also include instructions on simulating/replicating/reporting findings, e.g., physical simulations, verbal prompts, findings cards, moulage, hybrid technology)**

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| **General Appearance**:   * + Mildly fatigued, appears anxious but not in acute distress.   **Abdomen**:   * + Tender to palpation in the lower left quadrant.   + No rebound tenderness or guarding.   + Bowel sounds are normal.   + No palpable masses.   **Rectal Exam**:   * + Occasional visible blood on the rectal exam (to be simulated).   + No hemorrhoids or fissures. |

**Prompts and Special Instructions:**

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| **Questions the SP MUST ask/ Statements patient must make** | · “What do you think is causing my symptoms?”  · “Do I need to be concerned about the blood I’ve seen in my stool?” |
| **Questions the SP will ask if given the opportunity** | “Do you think this could be a flare-up of my old condition (Ulcerative Colitis) or something new?” |
| **What should the SP expect by the end of this visit? (e.g., diagnosis, plan, treatment, reassurance)** | · Diagnosis likely to be an IBD flare-up or related condition.  · Plan may involve further testing (e.g., colonoscopy, stool tests) and medication. |
| **Is there anything the learner knows from the door info that the SP does not? (e.g., symptomatic vitals, pregnancy, lab results, imaging)** | Possible lab results indicating inflammation or active IBD. |