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:** Jane Doe  
**Age:** 34  
**Gender:** Female  
**Chief Complaint:** "I’ve been feeling really tired, and my skin has started to look yellow."

**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:** Concerned, a bit frustrated, but cooperative. * **Speech:** Verbose, occasionally stumbles over words due to tiredness. * **Body language:** Slightly slumped posture, looks fatigued. May appear pale. * **Non-verbal communication:** Frequently rubs her eyes, occasionally touches her abdomen. * **Emotional tone:** Anxious about the symptoms and unsure of the diagnosis. * **Changes as the case progresses:** Becomes more concerned as the learner asks detailed questions about liver function and family history. |

**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 feeling really tired lately, and I’ve noticed that my skin and the whites of my eyes have turned yellow. I’m really worried something’s wrong, and I wanted to get it checked out." |
| **Other information offered spontaneously (what can be disclosed after any open-ended question)** | · "I’ve also been having some nausea and occasional stomach pain, but I thought it was from something I ate."  · "My skin seems itchy all the time, and I don’t know why."  · "I’ve also been feeling unusually weak, like I can't get through the day without a nap." |
| **Information elicited when generally prompted (what can be disclosed in response to an open-ended question on a particular topic)** | * **About symptoms:**   + "The fatigue started a few weeks ago. It’s been getting worse every day."   + "The yellowing of my skin and eyes started around the same time. I didn’t think it was anything serious at first."   + "The nausea comes and goes, but it’s worse in the morning."   + "I’ve had some dull pain in my right upper abdomen, mostly after eating." * **Regarding social history:**   + "I live alone in an apartment in the city. I don’t have any family nearby."   + "I’m currently working as an office manager. It's been stressful lately with extra hours."   + "I don’t drink alcohol or smoke. I don’t use recreational drugs." |
| **Information hidden until asked directly (what should be withheld until specific questioning)** | · "I don’t remember anything about autoimmune diseases in my family. I never really asked about it."  · "I haven’t had any tests done before, but my doctor did mention that I might have a liver problem last year."  · "I don't really know if my fatigue is related to work or something else." |

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

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

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| **Quality/Character** | · Fatigue is described as constant, with difficulty staying awake through the day.  · Yellowing of the skin and sclera (eyes) is noticeable by the patient, causing embarrassment.  · Abdominal pain is dull and localized to the right upper quadrant. |
| **Onset** | * · Symptoms began about 3-4 weeks ago with fatigue. * Yellowing and skin changes appeared approximately 2 weeks ago. * Nausea and abdominal pain started around the same time as the yellowing. |
| **Duration/Frequency** | · Fatigue has been continuous, worsening each day.  · Nausea occurs intermittently, especially in the morning.  · Abdominal pain comes and goes but is frequent after meals. |
| **Location** | Abdominal pain is located in the right upper quadrant. |
| **Radiation** | No radiation of pain or discomfort. |
| **Intensity (e.g. 1-10 scale for pain)** | · Abdominal pain: 4/10, intermittent.  · Fatigue: Constant, but increasing over the past week. |
| **Treatment (what has been tried, what were the results)** | * Over-the-counter antacids and nausea tablets did not help much. * No prescription medications taken yet |
| **Aggravating** **Factors (what makes it worse)** | · Eating worsens the abdominal discomfort.  · Stress seems to increase the fatigue. |
| **Alleviating** **Factors (what makes it better)** | · Rest helps with fatigue, but it’s temporary.  · Drinking water or light meals sometimes alleviate the nausea. |
| **Precipitating** **Factors (does anything seem to bring it on, e.g. meals, environment, time of day)** | · Stress at work seems to worsen the fatigue.  · Eating heavier meals can make the abdominal pain worse. |
| **Associated** **Symptoms** | · Yellowing skin and sclera.  · Nausea.  · Itching of the skin.  · Weakness and fatigue.  · No history of fever or chills. |
| **Significance to Patient (impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, hopes/desires)** | * + Patient feels worried about the impact of her symptoms on her career and daily life.   + She fears it might be something serious, possibly liver-related, as she’s heard of autoimmune liver diseases. |

**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, mild weight loss, no fever.   · **Skin:**   * · Yellowing (jaundice), mild pruritus (itching), no rashes.   · **HEENT:**   * · No significant findings except for scleral icterus (yellowing of eyes).   · **Endocrine:**   * · No signs of thyroid problems or hormone imbalances.   · **Respiratory:**   * · No shortness of breath or coughing.   · **Cardiovascular:**   * · No chest pain, palpitations, or swelling in the legs.   · **Gastrointestinal:**   * · Nausea, vomiting (occasional), right upper quadrant abdominal pain.   · **Urinary:**   * · No changes in urination. No blood in urine.   · **Reproductive:**   * · Menstrual cycle regular, no significant changes.   · **Musculoskeletal:**   * · No joint pain or swelling.   · **Neurologic:**   * · No headaches, dizziness, or neurological deficits.   · **Psychiatric/Behavioral:**   * · No depression or anxiety; mostly concerned about her symptoms. |

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

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| **Illnesses/Injuries (chronic or otherwise relevant)** | · No chronic medical conditions diagnosed previously.  · Mild, infrequent gastrointestinal issues in the past (e.g., bloating). |
| **Hospitalizations** | None. |
| **Surgical History** | None. |
| **Screening/Preventive (including vaccinations /immunizations)** | Annual physical exams, up-to-date with vaccinations. |
| **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** | No current medications (only OTC for nausea as needed). |
| **Allergies (environmental, food, or medication – also list any known reactions) Date of allergy diagnosis** | · **Medication Allergies:**  No known allergies.  · **Food or Environmental Allergies:**  Avoids **seafood** occasionally due to a history of mild allergies (but does not have an anaphylactic response). |
| **Gynecologic History** | **Gynecologic History:**  **Menstrual History:**   * + **Menarche (age of first period):** 13 years old.   + **Menstrual cycle:** Regular, every 28 days.   + **Duration of periods:** 4-5 days.   + **Flow:** Normal to moderate, no heavy bleeding or clotting.   + **Last menstrual period (LMP):** Approximately 10 days ago.   + **Intermenstrual bleeding:** None.   **Gynecological Conditions:**   * + No known history of polycystic ovary syndrome (PCOS), endometriosis, fibroids, or other gynecological disorders.   **Contraceptive Use:**   * + Not currently using any hormonal contraceptives.   + Previously used oral contraceptives (birth control pills) for 3 years but stopped 2 years ago. No issues with side effects noted during use.   + Has used condoms for contraception with her partner in the past year.   **Sexual History:**   * + **Current sexual activity:** Sexually active with one long-term partner (monogamous).   + **Sexual orientation:** Heterosexual.   + **Lifetime number of partners:** Two sexual partners (including current partner).   + **STI History:** No history of sexually transmitted infections (STIs).   + **Safe sex practices:** Consistent use of condoms with current partner.   **Pregnancy History:**   * + **Gravida (number of pregnancies):** 0 (has not been pregnant).   + **Para (number of live births):** 0.   + **Miscarriages:** None.   **Menopausal History:**   * + Not menopausal; no perimenopausal symptoms.   **Gynecologic Procedures:**   * + Routine Pap smears have been normal.   + No history of gynecologic surgeries (e.g., hysterectomy, D&C). |

**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** | **Family Members:**  **Mother (Age: 58):**   * + Health Status: Alive and well. No known chronic diseases.   + No history of autoimmune diseases or liver conditions.   **Father (Age: 60):**   * + Health Status: Alive, but has been diagnosed with **hypertension** and **type 2 diabetes mellitus**.   + No history of liver disease or autoimmune conditions.   **Paternal Grandmother (Age at Death: 82):**   * + Cause of Death: Natural causes. No known history of autoimmune diseases or liver conditions.   **Maternal Aunt (Age: 52):**   * + Health Status: Alive, diagnosed with **rheumatoid arthritis** (autoimmune condition).   + No known liver problems or autoimmune hepatitis.   **Siblings:**   * + **Brother (Age: 36):** Alive, healthy, no significant medical history.   + **Sister (Age: 38):** Alive, healthy, no significant medical history. |
| **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 add any additional family members** other than those listed above unless specifically prompted by the learner.  · **Family members are alive and well** unless otherwise specified.  · **Unsure about paternal grandparents:** If asked about paternal grandparents, respond with, "I'm not sure about my paternal grandparents' health history. I don’t have a lot of information on that side of the family."  · **Clarify any autoimmune disease history:** If asked about a family history of autoimmune diseases, respond with: "My maternal aunt has rheumatoid arthritis, but no one else in the family has been diagnosed with autoimmune conditions." |
| **Management/Treatment of any relevant conditions and/or chronic diseases in family** | * **Father's Hypertension and Type 2 Diabetes Mellitus:**   + The father manages his conditions with medication (e.g., metformin for diabetes, and a blood pressure medication).   + Regular check-ups for monitoring his health conditions. * **Maternal Aunt's Rheumatoid Arthritis:**   + The maternal aunt manages her condition with disease-modifying antirheumatic drugs (DMARDs) and biologics for rheumatoid arthritis.   + She receives regular rheumatology follow-ups. |

**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 or medicinal drugs. |
| **Tobacco Use** | Non-smoker. |
| **Alcohol Use** | Non-drinker. |
| **Home Environment** | **Home type** | · Lives in a **2-bedroom apartment** in a suburban area.  · The apartment is on the second floor, and she does not have any mobility issues. |
| **Home Location** | · Located in a **quiet residential neighborhood** in the city, near parks and shops.  · Easily accessible by public transport, with no major environmental hazards in the area. |
| **Co-habitants** | · No children or other family members living in the household.  · No pets. |
| **Home Healthcare devices (for virtual simulations)** | * + **Blood pressure cuff** and **thermometer** available at home, but typically does not use them unless necessary.   + No other specialized home healthcare devices. | |
| **Social Supports** | **Family & Friends** | · **Family Support:** The patient's mother and father live nearby and are involved in her care, though they have limited knowledge of autoimmune hepatitis.  · **Friendship Network:** Close-knit group of friends, mostly in her age range, who offer emotional support.  · **Partner Support:** The partner is very supportive but not involved in medical decision-making unless prompted.  · **Social Isolation:** Not isolated; maintains a healthy social life but prefers quieter activities. |
| **Financial** | · Financially stable, though occasionally feels stressed by healthcare costs.  · Works full-time, and the partner also contributes financially.  · Has health insurance through work (private health insurance). |
| **Health care access and insurance** | · Has **private health insurance** through employer coverage.  · Access to a **local healthcare clinic** and **specialist care**, including a rheumatologist and gastroenterologist.  · Feels comfortable with her healthcare providers but sometimes experiences long wait times for appointments. |
| **Religious or Community Groups** | · Belongs to a **local church**, attends sporadically.  · No regular involvement in any community groups or support groups related to autoimmune hepatitis. |
| **Education and Occupation** | **Level of Education** | · **Bachelor's degree** in **Business Administration** from a local university.  · Completed her education without significant challenges but did have some stress balancing work and school. |
| **Occupation** | * · Works as a **office manager** for a small tech company. * Enjoys her job, though it can be stressful at times with tight deadlines and team coordination. * No history of work-related injuries or illnesses. |
| **Health Literacy** | · Above average health literacy. Understands most medical terminology and is proactive about researching her health conditions.  · Comfortable asking for clarification from doctors and taking notes during medical appointments. |
| **Sexual History:** | **Relationship Status** | · In a **monogamous relationship** with her partner for the last 5 years.  · Relationship is stable and supportive, no major relationship stressors. |
| **Current sexual partners** | · **1 current sexual partner** (her long-term partner).  · No current issues with sexual health or intimacy. |
| **Lifetime sexual partners** | **2 lifetime sexual partners** (including current partner). |
| **Safety in relationship** | · Feels **safe and respected** in her relationship.  · Consistent use of **condoms** for contraception and STI protection. |
| **Sexual orientation** | Heterosexual. |
| **Gender identity** | **Pronouns** | She/Her/Hers. |
| **Identifies as (e.g. transgender, cisgender, gender queer)** | Female, identifies as cisgender. |
| **Sex assigned at birth** | Female. |
| **Gender presentation (any notes about body language, style, or dress that may signal gender identity)** | · Dresses in a **feminine style** for both work and leisure activities, prefers **casual yet polished** clothing for everyday use.  · **No visible signs** of gender identity confusion or gender non-conformity. |
| **Activities, Interests, & Recreation** | **Hobbies, interests, and activities** | · Enjoys **reading** (fiction and non-fiction), particularly novels and health-related books.  · Loves **hiking** and walking in nature, especially on weekends.  · Occasionally takes part in **group yoga** classes at a local studio.  · Has an interest in **art** and **crafting**, particularly **painting**. |
| **Recent travel** | · Took a trip to **California** last summer for a hiking vacation with her partner.  · No recent travel outside of the country. |
| **Diet** | **Typical day’s meals** | · **Breakfast:** Greek yogurt with granola and fruit.  · **Lunch:** Salad with grilled chicken, avocado, and mixed greens.  · **Dinner:** Grilled fish or chicken with steamed vegetables and quinoa.  · **Snacks:** A mix of nuts, fruit, and hummus with veggies. |
| **Recent meals** | · Had **sushi** for dinner last night.  · Went out to a Mexican restaurant for lunch the previous day, had **chicken tacos** and rice. |
| **Avoids eating (e.g., fried foods, seafood, etc.)** | · Avoids **fried foods** and **processed snacks**.  · Avoids **seafood** occasionally due to a history of mild allergies (but does not have an anaphylactic response). |
| **Special diet (e.g., vegetarian, keto, dietary restrictions, etc.)** | **No special diet**, but tends to eat **health-conscious** meals. Occasionally follows a **low-carb diet** for weight management but does not strictly follow any particular eating plan. |
| **Exercise (activities and frequency)** | **Exercise activities and frequency** | * Exercises **3-4 times per week**, mostly **walking** and **hiking**. * Attends a **yoga class** once a week to improve flexibility and mental relaxation. |
| **Recent changes to exercise/activity (and reason for change)** | * **No significant changes** to exercise routine recently. * Occasionally reduces the frequency of exercise if feeling fatigued due to stress or other health concerns. |
| **Sleep Habits** | **Pattern, length, quality, recent changes** | · **Pattern, Length, and Quality:**   * · Regular sleep pattern, generally sleeps **7-8 hours per night**. * Falls asleep easily, but sometimes wakes up once or twice during the night.   · **Recent Changes:**   * · No major changes to sleep habits. Occasionally feels more tired during the day due to work stress. |
| **Stressors** | **Work** | · **Work-related stress** with deadlines and team coordination. Occasionally works late or brings work home.  · Concern about **job security** during recent company restructuring. |
| **Home** | **Minor home-related stress**: organizing apartment space and occasional disagreements with partner about household chores. |
| **Financial** | Generally **financially stable**, but sometimes feels the pressure of **medical costs** related to her health conditions, especially with the cost of specialists and medications. |
| **Other** | **No other major stressors** at this time. |

**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:**   * · Appears slightly fatigued and pale, with mild jaundice in sclera (yellowing of eyes). * Vital signs: BP normal, heart rate slightly elevated.   · **Abdomen:**   * · Tenderness to palpation in the right upper quadrant. * No hepatomegaly or splenomegaly. |

**Prompts and Special Instructions:**

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| **Questions the SP MUST ask/ Statements patient must make** | · "What tests are you going to do to figure out what’s going on?"  · "Could this be something serious with my liver?"  · "What should I do next?" |
| **Questions the SP will ask if given the opportunity** | **Questions About Diagnosis and Treatment:**  * "What exactly is autoimmune hepatitis, and how does it affect my liver?" * "Is there a cure for autoimmune hepatitis, or will I need to manage it for the rest of my life?" * "How can I improve my liver function? Are there any treatments that can help me feel better?" * "Will my symptoms get worse over time? What can I do to prevent progression of the disease?" * "What are the chances of me needing a liver transplant in the future?" * "Can you explain the medications you are prescribing for me? How do they work, and what are the side effects?" * "Are there any lifestyle changes I should make to help manage this condition, like changes in my diet or exercise routine?" * "Should I see a specialist, like a hepatologist, for my autoimmune hepatitis?"  **2. Questions About Symptoms and Physical Well-being:**  * "I’ve been feeling more fatigued lately. Is this related to my liver condition?" * "I’m having some pain in my upper abdomen. Is this something I should be concerned about?" * "How will I know if my liver is getting worse? Are there warning signs I should watch for?" * "Could my jaundice (yellowing of skin/eyes) get worse if I don’t get treatment soon?" * "Is it normal to experience joint pain and muscle aches with autoimmune hepatitis?"  **3. Questions About Impact on Daily Life:**  * "How will this condition affect my ability to work and be active?" * "Should I avoid any activities or foods that could make my liver worse?" * "How should I manage stress? I’ve been feeling overwhelmed lately, especially with all the appointments and tests." * "Will my condition affect my ability to have children in the future?" * "I sometimes get confused or forget things—could this be related to my liver or medications?"  **4. Questions About Social and Emotional Impact:**  * "How do I explain this condition to my family and friends? I’m afraid they won’t understand." * "What should I tell my partner about my diagnosis and how it might affect our future?" * "Should I look into joining a support group for people with autoimmune diseases? I feel like I need someone to talk to who understands what I’m going through." * "I feel scared and uncertain about the future. What can I do to cope emotionally with the diagnosis?"  **5. Questions About the Prognosis:**  * "Is there a risk of developing cirrhosis or liver failure with autoimmune hepatitis? How long might that take?" * "What is the typical life expectancy for someone with autoimmune hepatitis if they get treatment?" * "How often will I need to follow up with you or other specialists for this condition?" * "What kind of tests or screenings will I need regularly to monitor my condition?"  **6. Questions About Support and Resources:**  * "Are there any resources, pamphlets, or websites you would recommend for someone living with autoimmune hepatitis?" * "Should I seek a second opinion or a different specialist to get a more detailed view of my treatment plan?" * "How do I know if my insurance will cover all the tests and medications I need?" |
| **What should the SP expect by the end of this visit? (e.g., diagnosis, plan, treatment, reassurance)** | * + Diagnosis: Likely autoimmune hepatitis or another liver disorder.   + Plan: Referral for blood tests (e.g., liver function tests, autoimmune panels), possible imaging.   + Reassurance and explanation of the next steps in care. |
| **Is there anything the learner knows from the door info that the SP does not? (e.g., symptomatic vitals, pregnancy, lab results, imaging)** | The SP should not be aware of any of the following unless directly informed by the learner during the encounter:   * Lab results (e.g., elevated liver enzymes, autoantibodies) * Imaging findings (e.g., signs of liver damage or cirrhosis) * Vital signs (e.g., blood pressure, heart rate) * Pregnancy status (if relevant) * Any differential diagnosis or medical conditions that the learner might be considering. |