Standardized Patient Form

|  |  |
| --- | --- |
| ***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:** Susan Williams  
**Age:** 38  
**Gender:** Female  
**Chief Complaint:**  
"I've been feeling really tired lately and I've noticed some strange changes in my body. I’ve gained a lot of weight around my abdomen, but my arms and legs are thin. I also bruise very easily and my face has become puffy."

**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***

|  |
| --- |
| · **Affect:** Pleasant but somewhat concerned. She is aware of her symptoms but uncertain about their cause.  · **Speech:** Speech is moderately slow, clear, and deliberate, with occasional pauses as she recalls details.  · **Body Language:** Slightly slouched posture. Occasionally touches her stomach or face when discussing her symptoms. Appears fatigued, with some signs of distress as she mentions weight gain and other physical changes.  · **Non-Verbal Communication:** A little guarded about discussing the emotional aspects but is open to sharing physical symptoms.  · **Verbal Characteristics:** Expresses concern about the changes in her appearance and the impact on her quality of life, but tries to remain calm. |

**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.*

|  |  |
| --- | --- |
| **Opening Statement(s)** | "I’m 38 years old and I’ve been noticing some changes in my body. I’ve gained weight, especially around my belly. I feel tired all the time, and I bruise really easily. My face seems puffier, and my skin feels a lot thinner. I don’t know what’s going on, but I’m really worried." |
| **Other information offered spontaneously (what can be disclosed after any open-ended question)** | "I’ve also had a lot of stress lately at work. I’ve been under a lot of pressure, and I’ve been eating more junk food because it helps me cope with the stress. I haven’t been able to exercise much because I just feel too tired." |
| **Information elicited when generally prompted (what can be disclosed in response to an open-ended question on a particular topic)** | If asked about symptoms in more detail, she will mention:   * "I’ve noticed that my hair is thinning too, especially around the temples." * "I also have a bit of trouble sleeping, even though I’m exhausted." * "I don’t have much appetite, but I still eat a lot of snacks to stay awake during the day." |
| **Information hidden until asked directly (what should be withheld until specific questioning)** | · **Medications:** She is on oral contraceptives and has been using them for years for menstrual irregularities, but she doesn't initially mention it unless prompted.  · **Chronic Health Issues:** She has a history of high blood pressure but has not taken medication for it regularly. |

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

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

|  |  |
| --- | --- |
| **Quality/Character** | The weight gain around her abdomen feels uncomfortable, but she does not describe it as painful. Her skin is more fragile and bruises easily. |
| **Onset** | The weight gain started about 8 months ago, and she has been increasingly fatigued since then. |
| **Duration/Frequency** | The fatigue is constant, while the weight gain and other symptoms have been gradually worsening. |
| **Location** | Weight gain is focused around her abdomen, but she also has some puffiness in her face. |
| **Radiation** | There is no radiation of symptoms. |
| **Intensity (e.g. 1-10 scale for pain)** | Fatigue is severe enough to interfere with her daily activities. She rates her fatigue as 8/10. |
| **Treatment (what has been tried, what were the results)** | She has tried to increase exercise and adjust her diet, but the weight gain and fatigue persist. |
| **Aggravating** **Factors (what makes it worse)** | Stress, poor sleep, and irregular eating patterns |
| **Alleviating** **Factors (what makes it better)** | Rest, though the relief is minimal, and eating junk food (which gives her short-term energy but worsens her overall health). |
| **Precipitating** **Factors (does anything seem to bring it on, e.g. meals, environment, time of day)** | · High levels of stress at work, combined with poor sleep and a lack of exercise, seem to worsen her symptoms. |
| **Associated** **Symptoms** | Thinning skin, easy bruising, facial puffiness, excessive fatigue, weight gain around the abdomen, thinning hair, and occasional headaches. |
| **Significance to Patient (impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, hopes/desires)** | * + She is worried about her appearance, especially the weight gain and face puffiness.   + The fatigue has made it difficult for her to keep up with work and her usual activities.   + She is concerned that the changes might be permanent and is frustrated with her inability to manage the symptoms. |

**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)**

|  |
| --- |
| * **Constitutional:** Fatigue (severe, affecting daily life); weight gain (abdominal); frequent bruising. * **Skin:** Thinning, bruises easily, facial puffiness. * **HEENT:** No vision changes; reports thinning hair around temples. * **Endocrine:** No heat or cold intolerance; no noticeable changes in menstruation since starting oral contraceptives. * **Respiratory:** No shortness of breath or coughing. * **Cardiovascular:** Reports high blood pressure, but she’s not consistently taking medication. * **Gastrointestinal:** No significant changes in bowel movements; no nausea or vomiting. * **Urinary:** No dysuria or hematuria. * **Reproductive:** Regular menstrual cycle due to oral contraceptives, no history of pregnancy complications. * **Musculoskeletal:** No joint pain or muscle weakness, but feels more tired than usual. * **Neurologic:** Occasional headaches, but no significant dizziness or neurological deficits. * **Psychiatric/Behavioral:** Stress at work, some signs of anxiety due to health concerns. |

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

|  |  |
| --- | --- |
| **Illnesses/Injuries (chronic or otherwise relevant)** | Hypertension (controlled intermittently). |
| **Hospitalizations** | None. |
| **Surgical History** | None. |
| **Screening/Preventive (including vaccinations /immunizations)** | · Pap smear and mammogram (both normal in the last year).  · 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** | · Oral contraceptives (Ethinyl estradiol/norgestimate, 0.035 mg, daily, for birth control).  · Occasional ibuprofen for headaches. |
| **Allergies (environmental, food, or medication – also list any known reactions) Date of allergy diagnosis** | No known drug or food allergies. |
| **Gynecologic History** | · Regular periods with oral contraceptives.  · No history of gynecological issues. |

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

|  |  |
| --- | --- |
| **List all relevant and appropriate family members and their age and health status, or age at and cause of death** | · **Father:**   * · **Age:** 65 * **Health Status:** Alive * **Conditions:** Hypertension (currently controlled with medication), Type 2 diabetes (diagnosed at age 58). * **Cause of Death:** N/A (still living).   · **Mother:**   * · **Age:** 62 * **Health Status:** Alive * **Conditions:** Depression, anxiety (managed with medications, occasional therapy). * **Cause of Death:** N/A (still living).   · **Brother:**   * · **Age:** 40 * **Health Status:** Healthy * **Conditions:** None reported. * **Cause of Death:** N/A (alive).   · **Paternal Grandparents:**   * · **Grandfather:** Deceased at 75   + **Cause of Death:** Cardiovascular disease (heart attack). * **Grandmother:** Deceased at 78   + **Cause of Death:** Cardiovascular disease (stroke).   · **Maternal Grandparents:**   * · **Grandfather:** Deceased at 80   + **Cause of Death:** Heart disease. * **Grandmother:** Deceased at 74   + **Cause of Death:** Osteoporosis-related complications, fractured hip. |
| **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** (e.g., aunts, uncles, cousins).  · If the learner asks about extended family members, you should respond with: "I don’t know much about my extended family, but all of my immediate family is alive and well."  · **Unsure about paternal grandparents:** If asked for more details about your paternal grandparents, respond with: "I’m not sure about my paternal grandparents’ health status; I don’t have much information about them." |
| **Management/Treatment of any relevant conditions and/or chronic diseases in family** | · **Father:**   * · **Hypertension:** Managed with medication (lisinopril 20 mg daily). * **Type 2 Diabetes:** Managed with metformin 500 mg daily, lifestyle changes (diet, exercise).   · **Mother:**   * · **Depression & Anxiety:** Managed with sertraline (Zoloft) 50 mg daily. She also attends therapy sessions as needed.   · **Brother:** No medical conditions to report.  · · **Paternal Grandparents:**   * · **Grandfather:** No specific treatment details available, but likely managed cardiovascular disease (likely a combination of lifestyle management and medications). * **Grandmother:** No direct treatments for osteoporosis reported, but may have used calcium and vitamin D supplements.   · **Maternal Grandparents:**   * · **Grandmother:** Managed osteoporosis with calcium and vitamin D supplementation. |

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

|  |  |  |
| --- | --- | --- |
| **Substance Use (past and present)** | **Drug Use (Recreational, medicinal and medications prescribed to other people)** | None. |
| **Tobacco Use** | None. |
| **Alcohol Use** | Social drinker (about 2-3 drinks a week). |
| **Home Environment** | **Home type** | A small apartment in an urban area. It has one bedroom, a living room, and a small kitchen. The apartment is located on the second floor of a building with no elevator. |
| **Home Location** | Located in a busy city center, near shops, restaurants, and public transportation. |
| **Co-habitants** | **Roommate:** 27-year-old male, a student at a local university. He is generally healthy and is not home most of the time due to his studies. |
| **Home Healthcare devices (for virtual simulations)** | A blood pressure monitor (used sporadically), a digital thermometer, and a basic first aid kit. There are no other advanced healthcare devices in the home. | |
| **Social Supports** | **Family & Friends** | · Regular contact with both her mother (who lives nearby) and her younger brother (who lives in another city). She receives emotional support from her mother but is not very close to her father.  · She has a small group of close friends, most of whom she meets infrequently due to her busy schedule. She feels isolated due to recent health concerns and struggles with depression. |
| **Financial** | Currently financially stable. She is employed full-time and lives within her means. However, there are occasional financial stresses related to medical expenses and managing her health. |
| **Health care access and insurance** | Has health insurance through her employer, but is limited in coverage for mental health services. She has no major issues accessing healthcare and can see her primary care doctor and specialists when needed. However, she avoids visits to the doctor due to cost concerns and sometimes feels overwhelmed by her medical expenses. |
| **Religious or Community Groups** | Occasionally attends a local church, but does not participate actively in religious activities. She has some involvement in a community support group for individuals with chronic conditions, though she doesn't attend regularly. |
| **Education and Occupation** | **Level of Education** | Bachelor’s degree in Business Administration. |
| **Occupation** | * · Full-time administrative assistant at a medium-sized company. She is relatively new to her position and enjoys her job, but it can be stressful due to a high workload and occasional long hours. |
| **Health Literacy** | Average health literacy. She understands most basic medical terms and conditions, but struggles with technical or scientific language. She can follow most instructions but occasionally has to research medical terms on her own to fully comprehend them. |
| **Sexual History:** | **Relationship Status** | · In a **monogamous relationship** with her partner |
| **Current sexual partners** | · **1 current sexual partner** (her long-term partner). |
| **Lifetime sexual partners** | **3 lifetime sexual partners** (including current partner). |
| **Safety in relationship** | · Feels **safe and respected** in her relationship. |
| **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)** | Generally dresses casually and modestly. Wears simple, comfortable clothing such as jeans, t-shirts, and sweaters. Has a neutral, practical appearance that doesn’t specifically call attention to gender. |
| **Activities, Interests, & Recreation** | **Hobbies, interests, and activities** | Enjoys reading, watching movies, and going for walks in the park. Recently started knitting to reduce stress. |
| **Recent travel** | Has not traveled recently but has plans to visit her family in another city during the holiday season. |
| **Diet** | **Typical day’s meals** | * · **Breakfast:** Cereal with milk and coffee. * **Lunch:** Sandwich with vegetables and a small fruit salad. * **Dinner:** Grilled chicken or fish with a side of steamed vegetables and rice. * **Snacks:** Often has a small snack, like yogurt or nuts. |
| **Recent meals** | Recently had a pizza night with friends and had a burger with fries for dinner last weekend. |
| **Avoids eating (e.g., fried foods, seafood, etc.)** | **None** |
| **Special diet (e.g., vegetarian, keto, dietary restrictions, etc.)** | Follows a general balanced diet with no specific dietary restrictions |
| **Exercise (activities and frequency)** | **Exercise activities and frequency** | Goes for a brisk walk 3-4 times a week. Occasionally takes a yoga class but has not been as consistent in recent months. |
| **Recent changes to exercise/activity (and reason for change)** | Recently reduced the frequency of exercise due to feeling fatigued and experiencing joint pain. |
| **Sleep Habits** | **Pattern, length, quality, recent changes** | · **Pattern, Length, Quality:**   * · Generally goes to bed around 11 p.m. and wakes up around 7 a.m. Sleep is interrupted occasionally due to stress or physical discomfort.   · **Recent Changes:**   * · Sleep quality has worsened in the past month, largely due to increased stress at work and physical discomfort related to her health. |
| **Stressors** | **Work** | The demands of her new job have been stressful, particularly in terms of time management and meeting deadlines. She feels that her work-life balance is off-balance. |
| **Home** | Lives alone most of the time, but her roommate’s sporadic presence sometimes makes her feel disconnected. |
| **Financial** | Although her financial situation is stable, she worries about the cost of healthcare, particularly mental health services and ongoing treatments. |
| **Other** | She has been feeling generally more fatigued and less able to cope with everyday stressors. This has caused her to feel more anxious and depressed than usual. |

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

|  |
| --- |
| · **General:** Overweight with central obesity (abdomen prominent). Appears fatigued but in no acute distress.  · **Skin:** Thin, bruised areas on arms, legs, and abdomen. Facial puffiness noted.  · **Cardiovascular:** Regular rhythm, no murmurs.  · **Respiratory:** Clear lungs on auscultation.  · **Abdomen:** Soft, mildly tender in the central abdomen, no guarding, no rebound tenderness.  · **Neurological:** Alert and oriented. Cranial nerves intact. No focal deficits.  · **Musculoskeletal:** Normal muscle tone, no joint deformities.  · **Endocrine:** No obvious thyroid abnormalities, no goiter |

**Prompts and Special Instructions:**

|  |  |
| --- | --- |
| **Questions the SP MUST ask/ Statements patient must make** | · "Could this be related to my stress or something more serious?"  · "Do you think my high blood pressure is making this worse?" |
| **Questions the SP will ask if given the opportunity** | · **Regarding Health and Diagnosis:**   * · "Do you think there’s something serious going on with my health? I’ve been feeling more tired and stressed lately." * "Is there a specific reason my weight has been fluctuating so much? I’ve tried to manage it, but it’s hard." * "Could my symptoms be related to my medications or the stress I’m under? I’m not sure if everything is connected."   · **About Treatment and Next Steps:**   * · "What can I do to feel better? I’ve been trying to manage things, but it’s not working as well as I hoped." * "Do I need any additional tests? Will they help find out what’s causing my fatigue and discomfort?" * "Is there a treatment plan that could help with my energy levels and stress? I just feel so drained all the time."   · **About Medication and Management:**   * · "Are there any changes to my current medications that might help improve my symptoms? I’m on some meds already, but I’m not sure they’re doing enough." * "Could you suggest a better way to manage my stress or my health concerns? I feel like I need to make some changes but I don’t know where to start."   · **Lifestyle and Exercise:**   * · "Would increasing my activity or changing my diet help with the way I’m feeling? I’ve been slacking off on exercise because of how tired I feel." * "Is it normal to feel this exhausted all the time? I know I’ve been under a lot of stress, but I’m not sure if it’s just the stress or something more."   · **Mental and Emotional Health:**   * · "Do you think my depression is affecting my physical health? I’ve been struggling a lot with staying motivated and getting through my day." * "How do I know if my anxiety is making my physical symptoms worse? Is there something I can do to get both my mind and body back in balance?"   · **Financial and Health Access:**   * · "Is there a way to get help with the costs of treatment or medications? I’m struggling with the financial burden of health care." * "What kind of resources are available for someone in my situation? I’m feeling overwhelmed by everything, and it’s hard to know where to turn for help."   · **General Inquiries:**   * · "What should I expect from my treatment going forward? Will I be able to manage my symptoms better?" * "Is there anything I should be doing at home to help myself while we figure out what's causing these issues?" |
| **What should the SP expect by the end of this visit? (e.g., diagnosis, plan, treatment, reassurance)** | · The learner should discuss potential diagnoses, including Cushing's Syndrome.  · The learner may suggest tests, such as cortisol levels, or refer for further endocrine evaluation. |
| **Is there anything the learner knows from the door info that the SP does not? (e.g., symptomatic vitals, pregnancy, lab results, imaging)** | * The learner might be aware of potential endocrine issues (e.g., elevated cortisol), but this is not known to the patient until diagnosis is confirmed. |