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. |

**Name:** Sarah Collins

**Age:** 32

**Gender:** Female

**Chief Complaint:** "I've been having these really bad headaches lately that I can't seem to get rid of."

**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**: Mildly anxious but cooperative  · **Speech**: Somewhat terse when describing symptoms, but becomes more expressive as the discussion progresses.  · **Body Language**: Rubs temples frequently during discussion, often squints eyes, may appear slightly fatigued.  · **Non-verbal Communication**: May place hands over eyes or head during conversation when describing pain. Appears uncomfortable in bright lighting or loud environments.  · **Mood**: Frustrated with recurring symptoms, but open to discussing treatment options. |

**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 getting these headaches a lot lately, and they’re really affecting my daily life. I don’t know what’s causing them, but I can’t seem to get rid of them no matter what I try."  · **Tone**: Slightly frustrated, trying to explain the ongoing issue. |
| **Other information offered spontaneously (what can be disclosed after any open-ended question)** | · "The headaches are mostly on one side of my head, but sometimes it feels like it moves around. They’ve been getting worse over the past couple of months."  · "I’ve tried taking over-the-counter painkillers, but they don’t seem to work for long." |
| **Information elicited when generally prompted (what can be disclosed in response to an open-ended question on a particular topic)** | · "I noticed that bright lights and loud noises tend to make the headaches worse."  · "Sometimes the headaches are accompanied by nausea, and I just feel really exhausted after one happens."  · "I have also been feeling more stressed than usual with work and family responsibilities." |
| **Information hidden until asked directly (what should be withheld until specific questioning)** | * Sarah has a family history of migraines (mother and older sister both have a history). * Sarah may also have anxiety about the symptoms being something more serious, such as a tumor, but she doesn't mention it unless asked directly about her concerns. |

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

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

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| **Quality/Character** | Throbbing, pulsing sensation. |
| **Onset** | Began gradually about two months ago. |
| **Duration/Frequency** | Episodes last between 4 to 8 hours; occurring 2 to 3 times a week. |
| **Location** | Usually on the right side of the head, near the temple; sometimes on both sides. |
| **Radiation** | Occasionally radiates to the neck or the forehead. |
| **Intensity (e.g. 1-10 scale for pain)** | 7-8/10 on the pain scale, severe during the peak. |
| **Treatment (what has been tried, what were the results)** | Has tried ibuprofen and acetaminophen, with minimal relief. |
| **Aggravating** **Factors (what makes it worse)** | Bright lights, loud noises, stress, and lack of sleep. |
| **Alleviating** **Factors (what makes it better)** | Lying down in a dark, quiet room with a cold compress on the forehead; some relief with sleep. |
| **Precipitating** **Factors (does anything seem to bring it on, e.g. meals, environment, time of day)** | Stress from work and family, lack of sleep. |
| **Associated** **Symptoms** | Nausea, occasional vomiting, increased sensitivity to light and sound, some dizziness. |
| **Significance to Patient (impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, hopes/desires)** | The headaches are affecting her ability to work and take care of her family, causing significant distress and a fear that it could be something serious. |

**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, occasional fever (low-grade).  · **Skin**: No rashes or changes.  · **HEENT**: Sensitivity to light, blurry vision during headache episodes.  · **Endocrine**: No changes in appetite, weight gain/loss, or temperature regulation.  · **Respiratory**: No shortness of breath, cough, or wheezing.  · **Cardiovascular**: No chest pain, palpitations, or edema.  · **Gastrointestinal**: Nausea and occasional vomiting associated with headaches.  · **Urinary**: No changes in urinary frequency or urgency.  · **Reproductive**: Regular menstrual cycle, no other concerns.  · **Musculoskeletal**: No new joint or muscle pain, but feels tension in neck during headaches.  · **Neurologic**: Headaches with associated dizziness, light-headedness, sensitivity to light and sound.  · **Psychiatric/Behavioral**: Increased stress, feeling overwhelmed at work and with family responsibilities. |

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

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| **Illnesses/Injuries (chronic or otherwise relevant)** | No chronic conditions. |
| **Hospitalizations** | None. |
| **Surgical History** | None. |
| **Screening/Preventive (including vaccinations /immunizations)** | Regular physical exams, recent pap smear and mammogram, up-to-date on vaccines. |
| **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** | · **Ibuprofen**: 400 mg every 4-6 hours for headache pain.  · **Acetaminophen**: 500 mg every 4-6 hours for headache pain.  · **Vitamin D**: 1000 IU daily (over-the-counter). |
| **Allergies (environmental, food, or medication – also list any known reactions) Date of allergy diagnosis** | · **Medication Allergies**: None.  · **Environmental Allergies**: Mild seasonal allergies (pollen).  · **Food Allergies**: None. |
| **Gynecologic History** | * **Menarche**: Age 13 * **Cycle Length**: Regular, 28-30 days * **Duration**: 5-7 days * **Flow**: Normal, moderate flow, no clotting * **Last Menstrual Period (LMP)**: 10 days ago * **Menstrual Pain**: Occasionally mild cramping at the beginning of the period, which resolves after a few hours with ibuprofen. * **Irregularities**: No significant irregularities in the past 6 months, cycles remain predictable.  **Contraception**:  * **Method**: Not currently using any hormonal contraception. * **Previous Methods**: Used oral contraceptive pills during her college years (until age 28), stopped due to concerns about weight gain. * **Future Plans**: Open to discussing contraception options but is not actively seeking to start any form of birth control at this time.  **Pregnancy History**:  * **Gravida**: 2 (two pregnancies) * **Para**: 2 (both full-term, vaginal deliveries) * **Complications**: No complications with either pregnancy, both deliveries were uncomplicated and at full term. * **Abortion**: None * **Ectopic Pregnancy**: None * **Miscarriages**: None * **Postpartum Period**: Both pregnancies were followed by normal postpartum periods with no issues.  **Sexual History**:  * **Current Partner**: Married, monogamous relationship. * **Number of Lifetime Partners**: 2 * **Sexual Activity**: Active; no issues with libido or desire. * **Protection**: Does not use condoms due to stable, monogamous relationship. * **Sexual Orientation**: Heterosexual * **Safety**: No concerns about sexual safety, has regular discussions with her partner about contraception and sexual health.  **Pelvic Exam History**:  * **Last Pap Smear**: 12 months ago (normal results). * **Pelvic Pain**: No chronic pelvic pain, but occasional mild discomfort during periods. * **Abnormal Bleeding**: None noted.  **Sexual Health Concerns**:  * **Current Concerns**: None at this time, though she does worry about the potential impact of age on fertility in the future. * **History of STIs**: No history of any sexually transmitted infections (STIs). |

**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**:  * **Age**: 58 years old * **Health Status**:   + History of **migraines** (similar to the patient's symptoms, onset in her early 30s).   + **Hypertension** (managed with medication).   + No significant other health issues reported.  **Father**:  * **Age**: 60 years old * **Health Status**:   + **Type 2 Diabetes** (diagnosed at age 50, managed with medication and diet).   + **Coronary Artery Disease** (had a heart attack at age 55, now on blood pressure and cholesterol medications).   + **No history of migraines or neurological disorders**.  **Older Sister**:  * **Age**: 35 years old * **Health Status**:   + **Migraines** (similar pattern to the patient, occasional episodes of severe pain, especially with stress or lack of sleep).   + No chronic conditions outside of migraines.  **Paternal Grandmother**:  * **Age at Death**: 80 years old * **Cause of Death**: Heart failure due to complications from diabetes and hypertension. * **Relevant Health Issues**: History of **hypertension** and **Type 2 Diabetes**.  **Maternal Grandfather**:  * **Age at Death**: 72 years old * **Cause of Death**: Cancer (lung cancer, non-smoker). * **Relevant Health Issues**: No major chronic conditions.  **Maternal Grandmother**:  * **Age**: 80 years old * **Health Status**:   + **Osteoarthritis** (treated with pain relievers).   + No history of migraines or other neurological issues. |
| **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** beyond those listed in the family history section (e.g., no aunts, uncles, or cousins unless directly asked).  · **Other Family Members**: All family members listed above are alive and well, aside from those who are deceased.  · **Paternal Grandparents**: Uncertainty about the health status of paternal grandparents—unable to recall specifics about their health, especially their exact cause of death. |
| **Management/Treatment of any relevant conditions and/or chronic diseases in family** | · **Mother’s Migraines**: Managed with **over-the-counter pain medications** and **lifestyle adjustments** (avoiding triggers like stress and certain foods).   * · **Hypertension**: Managed with **Lisinopril**, regular blood pressure monitoring, and dietary modifications.   · **Father’s Diabetes**: Manages **Type 2 Diabetes** with a combination of **Metformin**, **dietary changes**, and **exercise**. Monitors blood sugar levels regularly and sees his primary care provider for check-ups.   * · **Heart Disease**: On **Aspirin**, **Statins**, and blood pressure medication to manage coronary artery disease. Regular follow-up appointments with a cardiologist.   · **Sister’s Migraines**: No prescribed preventive treatment, but uses **ibuprofen** or **acetaminophen** when needed. Avoids triggers like bright lights and stress.  · · **Paternal Grandmother’s Hypertension/Diabetes**: Managed with medication, lifestyle changes, and regular check-ups until her passing. No sp |

**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. |
| **Tobacco Use** | Non-smoker. |
| **Alcohol Use** | Social drinker, 2-3 glasses per week. |
| **Home Environment** | **Home type** | Sarah lives in a **single-family home** with a **garden** in a suburban neighborhood |
| **Home Location** | Located in a **suburban area**, about 20 minutes outside of the city. |
| **Co-habitants** | * Sarah lives with her **husband** (age 32), and they have **two children**:   + **Daughter**, age 4.   + **Son**, age 1. * They also have a **pet dog**. |
| **Home Healthcare devices (for virtual simulations)** | **Home Healthcare Devices**: No home healthcare devices for virtual simulations, but Sarah owns a **blood pressure cuff** (used occasionally) and **thermometer**. | |
| **Social Supports** | **Family & Friends** | · Sarah has a **close-knit family**. She is very close to her **mother** and **older sister**, who both live within an hour of her home.  · She has a **few close friends** in her area with whom she keeps in regular contact.  · **Social support**: Both her family and friends are available for emotional support, and they often gather for holidays and occasional weekends. |
| **Financial** | · **Stable financial situation** with her **husband working full-time** as a **software developer**.  · Sarah works as a **marketing coordinator** and earns a comfortable salary. The couple is financially stable with no significant financial stress. |
| **Health care access and insurance** | · **Health Insurance**: Sarah and her husband both have **private insurance** through their employers.  · **Access to Healthcare**: Sarah has access to a **primary care physician** and sees specialists when necessary. She has not had difficulty accessing healthcare. |
| **Religious or Community Groups** | Sarah **attends a local church** with her husband, but she is not overly involved. She occasionally participates in **community events**, such as volunteering at a local food pantry. |
| **Education and Occupation** | **Level of Education** | Sarah has a **Bachelor's degree** in **Communications** from a local state university. |
| **Occupation** | * · **Marketing Coordinator** at a **mid-sized tech company**. She has been in this role for 5 years and enjoys it, although it can be stressful at times due to tight deadlines. |
| **Health Literacy** | Sarah has a **high level of health literacy**. She is proactive about her health and regularly seeks information online. She feels confident in navigating medical terminology and communicating with healthcare professionals. |
| **Sexual History:** | **Relationship Status** | Married to her **husband**, **age 32**, for 5 years. |
| **Current sexual partners** | **Husband** only. They have an active sexual relationship with no concerns about sexual health or satisfaction. |
| **Lifetime sexual partners** | **2 sexual partners** (her current husband and a previous long-term partner during college). |
| **Safety in relationship** | Sarah feels **safe** and **comfortable** in her marriage. There is no history or concern of abuse in the relationship. |
| **Sexual orientation** | **Heterosexual** |
| **Gender identity** | **Pronouns** | She/Her/Hers |
| **Identifies as (e.g. transgender, cisgender, gender queer)** | **Cisgender woman**. |
| **Sex assigned at birth** | Female. |
| **Gender presentation (any notes about body language, style, or dress that may signal gender identity)** | Sarah presents in a **feminine manner**. She generally wears **casual, professional attire** (e.g., blouses, slacks, dresses) and wears her hair in a **medium-length bob**. She has no distinctive body language or style that would signify gender nonconformity. |
| **Activities, Interests, & Recreation** | **Hobbies, interests, and activities** | * · Enjoys **baking**, especially making desserts like cakes and cookies. She also enjoys **gardening** and has a small herb garden in her backyard. * She is a **bookworm** and often reads novels, particularly historical fiction. |
| **Recent travel** | Took a trip to **Hawaii** with her husband last year. They went for a week to relax and explore the beaches. |
| **Diet** | **Typical day’s meals** | * · **Breakfast**: **Oatmeal** with fruit (blueberries, strawberries). * **Lunch**: **Salad** with grilled chicken or tuna, avocado, mixed greens, and a vinaigrette dressing. * **Dinner**: **Grilled salmon** or **chicken stir-fry** with vegetables and quinoa or rice. |
| **Recent meals** | For dinner last night, she had **spaghetti** with marinara sauce and a **side salad**. |
| **Avoids eating (e.g., fried foods, seafood, etc.)** | · Avoids **fried foods**, preferring healthier cooking methods like grilling or baking.  · Does not eat **seafood** other than **salmon** due to past digestive issues with shellfish. |
| **Special diet (e.g., vegetarian, keto, dietary restrictions, etc.)** | **No special diet**. She follows a generally **balanced, healthy diet**. |
| **Exercise (activities and frequency)** | **Exercise activities and frequency** | · Sarah does **yoga** twice a week and goes for a **30-minute walk** most days, especially in the evenings after work.  · She enjoys **light cardio** like cycling during warmer months. |
| **Recent changes to exercise/activity (and reason for change)** | Recently **slowed down** on exercise due to occasional **headaches** and **stress**. She has reduced her weekly yoga sessions from three to two times. |
| **Sleep Habits** | **Pattern, length, quality, recent changes** | · **Pattern**:   * Sarah has a **regular sleep schedule** and generally goes to bed around **11 PM** and wakes up at **7 AM** during weekdays. * On weekends, she occasionally sleeps in a bit longer.   · **Length**:   * **7-8 hours** per night.   · **Quality**:   * Her sleep quality is typically **good**, though sometimes disrupted by **stress** or mild discomfort related to headaches.   · **Recent Changes**:   * **No significant changes** to her sleep habits, though she has noticed that she has been **waking up a bit earlier** recently due to a work-related project. |
| **Stressors** | **Work** | Sarah’s job can be **stressful**, especially with **tight deadlines** for marketing campaigns. She often works extra hours when necessary. |
| **Home** | * · **Parenting** two young children can be demanding at times, especially with her **1-year-old son** who requires constant care and attention. * Her **4-year-old daughter** has recently started preschool, which brings new transitions and responsibilities. |
| **Financial** | No significant financial concerns; however, Sarah occasionally feels the pressure of balancing **family expenses** with her personal and professional life. |
| **Other** | **Health concerns** related to her **migraines** are a source of stress. She is unsure if the migraines are related to other underlying conditions, which contributes to her anxiety. |

**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**: Appears fatigued but in no acute distress. Mild discomfort observed when the head is palpated, particularly at the right temple.  · **HEENT**: Mild photophobia (reaction to bright light). Tenderness on palpation of the right temporal area.  · **Cardiovascular**: Normal rate and rhythm, no murmurs.  · **Neurologic**: No focal neurological deficits observed. Negative for any signs of stroke (e.g., facial drooping, weakness). Mild dizziness reported during the physical exam.  · **Gastrointestinal**: Abdomen soft, non-tender, no distention.  · **Musculoskeletal**: Mild tenderness in the neck muscles, no swelling or redness.  · **Psychiatric/Behavioral**: Appears mildly anxious, but not overly distressed or disoriented. |

**Prompts and Special Instructions:**

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| **Questions the SP MUST ask/ Statements patient must make** | · "Is there anything else that might be contributing to these headaches? Could it be stress, lack of sleep, or something else?"  · "Do you think the headaches might be related to something more serious like a brain tumor or vision problems?"  · "Could it help to try a different type of pain relief, like a prescription medication, or something else?" |
| **Questions the SP will ask if given the opportunity** | · "Do you think there’s a way to prevent these migraines from happening more often?"  · "Is there something I’m doing wrong in terms of managing my headaches?"  · "Could my diet or stress be contributing to the migraines? I’ve noticed they seem to get worse when I’m under stress."  · "Should I be concerned about the frequency of my migraines? I’m starting to get more worried."  · "Is there a specific medication or treatment that would help me manage my migraines better, especially with my current symptoms?"  · "I’ve heard a lot about different kinds of treatments for migraines, like Botox or acupuncture. Are these options something I should consider?" |
| **What should the SP expect by the end of this visit? (e.g., diagnosis, plan, treatment, reassurance)** | · A likely diagnosis of **migraine** with potential recommendations for further evaluation (e.g., MRI if indicated).  · Education about managing stress, sleep hygiene, and potential treatments like triptans or preventive medications. |
| **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 is unaware that the learner knows about the possibility of a migraine diagnosis and may recommend specific treatments or tests based on this knowledge. |