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:** John Smith

**Age: 42**

**Gender: male**

**Chief Complaint:** “I've been having severe lower back pain for the past few weeks. It started off mild but has gotten worse over time.”

**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**: Slightly distressed, occasionally irritable due to pain  · **Speech**: Short, pained responses, may exhibit frustration when talking about pain  · **Body language**: Frequently shifts in position to find comfort, may lean on one side or hold the lower back while sitting or standing  · **Tone**: Frustrated but cooperative  · **Facial Expression**: Occasional grimacing due to pain |

**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 experiencing this terrible pain in my lower back for the last few weeks. Initially, it wasn’t too bad, but now it’s getting much worse, and it’s affecting my ability to do anything, even just walking around." |
| **Other information offered spontaneously (what can be disclosed after any open-ended question)** | · "I’ve tried taking some over-the-counter pain meds, like ibuprofen, but it doesn’t seem to help much. I’ve also tried lying down, but even that’s not providing relief. The pain is kind of constant now."  · "At first, I thought it was just muscle strain, but it’s not getting better, and the pain’s radiating down to my legs now."  · "I’m having a hard time sleeping because of the pain, especially when I move in bed." |
| **Information elicited when generally prompted (what can be disclosed in response to an open-ended question on a particular topic)** | · "The pain seems worse when I bend forward or lift things. It also gets worse when I stand for long periods."  · "I do a lot of sitting at work, and I feel like that makes it worse. Sometimes I feel numbness or tingling in my left leg."  · "I haven't seen a doctor yet, but I think I should have it checked out." |
| **Information hidden until asked directly (what should be withheld until specific questioning)** | · "I have a history of lower back issues, but nothing this severe. I’ve had some back pain in the past, but I always thought it was just from sitting too long."  · "I’ve been feeling stressed at work lately, and I’ve been trying to get things done in a rush." |

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

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

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| **Quality/Character** | · Pain is described as a sharp, burning sensation in the lower back, radiating down the left leg.  · Pain intensity is about 7/10 at rest and can go up to 9/10 with movement.  · The pain is mostly on the left side, starting from the lower back and going down to the posterior thigh and sometimes below the knee. |
| **Onset** | Pain started about 3 weeks ago after lifting a heavy box at work. |
| **Duration/Frequency** | Pain is constant, with occasional sharp pain episodes that occur when moving, bending, or standing for prolonged periods. |
| **Location** | Lower back, radiating to the left leg. |
| **Radiation** | Yes, pain radiates from the lower back to the left leg, sometimes down to the foot. |
| **Intensity (e.g. 1-10 scale for pain)** | Resting pain: 7/10, worsens with movement to 9/10. |
| **Treatment (what has been tried, what were the results)** | · Over-the-counter ibuprofen (400 mg) twice a day, with minimal relief.  · Lying down on his back helps a little but does not fully relieve the pain.  · Tried applying heat to the back, but it did not help much. |
| **Aggravating** **Factors (what makes it worse)** | * Standing for long periods * Bending forward * Lifting heavy objects * Sitting for extended periods without moving |
| **Alleviating** **Factors (what makes it better)** | · Lying on his back with a pillow under his knees  · Ibuprofen provides mild relief but does not last long. |
| **Precipitating** **Factors (does anything seem to bring it on, e.g. meals, environment, time of day)** | Lifting a heavy box at work about 3 weeks ago, after which the pain gradually worsened. |
| **Associated** **Symptoms** | · Numbness and tingling in the left leg, particularly in the thigh.  · Difficulty standing up straight after sitting for long periods. |
| **Significance to Patient (impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, hopes/desires)** | · The pain is affecting his ability to work and take care of his daily activities.  · Concerned about potential long-term effects on his back and ability to work. |

**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**:   * · No fever or weight loss.   · **Skin**:   * · No rashes, redness, or unusual skin changes.   · **HEENT**:   * · No headache, vision changes, or hearing loss.   · **Endocrine**:   * · No symptoms of thyroid dysfunction (e.g., no changes in appetite, weight, or temperature sensitivity).   · **Respiratory**:   * · No shortness of breath, cough, or wheezing.   · **Cardiovascular**:   * · No chest pain, palpitations, or swelling in legs.   · **Gastrointestinal**:   * · No nausea, vomiting, or changes in bowel habits.   · **Urinary**:   * · No dysuria or changes in urinary frequency.   · **Reproductive**:   * · No issues with sexual function.   · **Musculoskeletal**:   * · Lower back pain radiating to the left leg. * No joint swelling or muscle weakness.   · **Neurologic**:   * · Numbness and tingling in the left leg. * No coordination issues or dizziness.   · **Psychiatric/Behavioral**:   * · Occasional feelings of frustration and anxiety due to the pain and its impact on daily life. |

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

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| **Illnesses/Injuries (chronic or otherwise relevant)** | · No significant chronic illnesses.  · Mild lower back pain episodes in the past due to heavy lifting or poor posture. |
| **Hospitalizations** | None. |
| **Surgical History** | None. |
| **Screening/Preventive (including vaccinations /immunizations)** | · Up to date with general health screenings.  · No recent 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** | Ibuprofen 400 mg, 2x daily, for pain relief. |
| **Allergies (environmental, food, or medication – also list any known reactions) Date of allergy diagnosis** | No known drug or environmental allergies. |
| **Gynecologic History** | **NA** |

**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** | · **Father**:   * · **Age**: 65 * **Health Status**: History of **hypertension** and **type 2 diabetes**. * **Cause of Death**: Still living. No other major health concerns noted.   · **Mother**:   * · **Age**: 62 * **Health Status**: Healthy, no chronic conditions or major illnesses. * **Cause of Death**: Alive and well.   · **Brother**:   * · **Age**: 40 * **Health Status**: Occasional **back pain**, but not serious enough to cause disability. * **Cause of Death**: Alive and well. |
| **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 additional family members** beyond those listed above.  · · Any **other family members** (such as paternal grandparents, cousins, etc.) should be referred to as either “alive and well” or "unsure" regarding health status, if questioned.  · · **If asked about the paternal or maternal grandparents**, the SP should answer:   * · "I’m not sure about my paternal grandparents' health as I don’t know them well." * "My maternal grandparents are both deceased, but I don’t know the cause of death." |
| **Management/Treatment of any relevant conditions and/or chronic diseases in family** | · **Father**:   * **Management/Treatment**: Regular medication for hypertension and diabetes. Follows a diet for blood sugar control and visits the doctor annually.   · **Mother**:   * **Management/Treatment**: No chronic health conditions, but maintains a healthy lifestyle.   · **Brother**:   * **Management/Treatment**: No treatment needed for back pain, has tried physical therapy in the past with mild relief. |

**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** | No smoking. |
| **Alcohol Use** | Occasional use (1-2 drinks per week). |
| **Home Environment** | **Home type** | The SP lives in a **single-family home** located in a suburban area. It is a two-story house with three bedrooms, a living room, kitchen, and a small backyard. |
| **Home Location** | The home is situated in a suburban neighborhood, approximately 20 minutes from the nearest hospital. It is a quiet area with a mix of families and retirees. |
| **Co-habitants** | · The SP lives with his **wife** (age 42, healthy, works as a teacher) and their **17-year-old son** (healthy, currently in high school).  · **No pets**. |
| **Home Healthcare devices (for virtual simulations)** | · **Blood pressure cuff** (used by the SP himself, as part of self-monitoring).  · **Oximeter** (occasionally used for monitoring).  · **None** for other medical devices. | |
| **Social Supports** | **Family & Friends** | **Family & Friends**:   * The SP maintains close relationships with his immediate family, particularly his **wife**, and **adult siblings** (a brother and a sister who live in different cities). * He has **a few close friends** whom he speaks to regularly and who provide emotional support during challenging times. * His wife is a strong support, especially in managing day-to-day family responsibilities and stress |
| **Financial** | · The family is **financially stable**. The SP works full-time as a **logistics manager**, while his wife works as a teacher.  · They have no significant financial concerns and are able to meet their monthly expenses comfortably, though they are mindful of saving for their future, particularly for their son's education. |
| **Health care access and insurance** | · The SP and his family are covered under **private health insurance** through his employer.  · They have access to a **local health clinic** and can schedule medical appointments promptly.  · Healthcare costs are manageable, and the family has no financial barriers to seeking treatment. |
| **Religious or Community Groups** | The family is not currently involved in a religious community, but they participate in **community events** like charity runs, local sports events, and neighborhood gatherings. They also volunteer occasionally at local food banks. |
| **Education and Occupation** | **Level of Education** | The SP has a **bachelor’s degree** in **business administration** and has attended various professional development courses related to his job in logistics. |
| **Occupation** | The SP works as a **logistics manager** for a distribution company, managing inventory and overseeing operations. |
| **Health Literacy** | The SP has a **moderate level of health literacy** due to his basic understanding of health concepts from personal interest and some exposure through his workplace health programs. He can understand most common health-related terminology and is fairly comfortable navigating the healthcare system. |
| **Sexual History:** | **Relationship Status** | The SP is **married** to his wife (age 42). They have been married for 20 years and have a solid, stable relationship. |
| **Current sexual partners** | **One**—his wife. They have a **monogamous** relationship. |
| **Lifetime sexual partners** | * · **Two**: His wife and one partner from his younger years before they met. |
| **Safety in relationship** | The relationship is **safe** and **healthy**. There are no concerns regarding abuse (either emotional or physical) in the relationship. |
| **Sexual orientation** | The SP identifies as **heterosexual**. |
| **Gender identity** | **Pronouns** | He uses **he/him** pronouns. |
| **Identifies as (e.g. transgender, cisgender, gender queer)** | **Cisgender** (the SP identifies with the gender assigned at birth, male). |
| **Sex assigned at birth** | **Male**. |
| **Gender presentation (any notes about body language, style, or dress that may signal gender identity)** | The SP dresses in **business casual clothing** for work (e.g., button-down shirts, slacks) and **casual wear** (e.g., jeans and t-shirts) when at home. He does not exhibit any unique gender signals beyond typical male clothing and presentation. |
| **Activities, Interests, & Recreation** | **Hobbies, interests, and activities** | · The SP enjoys **playing basketball** on the weekends with friends and participating in **local sports leagues**. He also enjoys **watching sports**, especially football and basketball.  · He is a fan of **gardening** and enjoys spending time outdoors maintaining his small garden. |
| **Recent travel** | The SP has not traveled recently due to work commitments and his concern about managing his back pain. However, the family plans a vacation to the coast next summer. |
| **Diet** | **Typical day’s meals** | · **Breakfast**: A **protein shake** or scrambled eggs with vegetables and toast.  · **Lunch**: A **grilled chicken sandwich** or a **salad** with lean meats, vegetables, and olive oil.  · **Dinner**: A balanced meal, such as **grilled salmon**, roasted potatoes, and steamed vegetables.  · Snacks might include **fruit**, **nuts**, or an occasional **protein bar**. |
| **Recent meals** | Recently, the family had **roast chicken** with **rice and vegetables** for dinner, and for lunch, they had **turkey wraps** with salad. |
| **Avoids eating (e.g., fried foods, seafood, etc.)** | The SP avoids **fried foods** and **fast food** as part of maintaining a healthier diet. He also tries to minimize **sugar** intake to keep his weight in check. |
| **Special diet (e.g., vegetarian, keto, dietary restrictions, etc.)** | The SP follows a **balanced diet** with an emphasis on lean proteins, vegetables, and whole grains. He occasionally follows a **low-carb** approach when trying to lose weight or manage his energy levels. |
| **Exercise (activities and frequency)** | **Exercise activities and frequency** | · The SP enjoys **playing basketball**, **walking**, and **strength training**. He tries to work out **3-4 times per week**, with a mix of **cardio** and **weight training**.  · He also enjoys **bike rides** around his neighborhood with his family. |
| **Recent changes to exercise/activity (and reason for change)** | Due to his **lower back pain**, he has had to **reduce high-impact exercises**, such as basketball and running. Instead, he focuses more on **low-impact exercises**, such as swimming and walking, and has started **core strengthening exercises**. |
| **Sleep Habits** | **Pattern, length, quality, recent changes** | Due to his **lower back pain**, he has had to **reduce high-impact exercises**, such as basketball and running. Instead, he focuses more on **low-impact exercises**, such as swimming and walking, and has started **core strengthening exercises**. |
| **Stressors** | **Work** | The SP experiences stress at work, particularly with **deadlines** and **managing logistics for the distribution company**. He often feels pressure to ensure that operations run smoothly without delays. |
| **Home** | He also experiences stress from **balancing work and family life**, as he is the primary income earner in the family, which can be demanding at times. |
| **Financial** | The family is not under financial strain but occasionally feels stress about saving for **college tuition** for their son and **retirement**. |
| **Other** | The SP’s **back pain** is a significant ongoing stressor for him, as it affects his mobility, energy levels, and ability to engage in physical activities he enjoys. |

**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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| · **Observation**:   * · Appears slightly hunched while sitting. * Guarding behavior when moving or bending.   · **Palpation**:   * · Tenderness over the lower lumbar region, particularly L4-L5 and L5-S1. * No visible swelling or bruising.   · **Range of Motion**:   * · Limited lumbar flexion due to pain. * Extension and lateral bending also painful.   · **Neurological Exam**:   * · Positive straight leg raise test on the left side at 30 degrees (indicating nerve root involvement). * Reduced sensation to light touch over the left thigh. |

**Prompts and Special Instructions:**

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| **Questions the SP MUST ask/ Statements patient must make** | · “Can you help me understand what could be causing this pain?”  · “Is there any way to make the pain go away?” |
| **Questions the SP will ask if given the opportunity** | · "Could this be something serious, like nerve damage?"  · "What kind of treatments might help me?" |
| **What should the SP expect by the end of this visit? (e.g., diagnosis, plan, treatment, reassurance)** | · Diagnosis of lumbar disc herniation (based on symptoms and physical exam findings).  · Referral for imaging (e.g., MRI) and potential treatment options (e.g., physical therapy, 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 learner may already be aware of possible signs of lumbar disc herniation based on the SP’s presentation (e.g., pain radiating to the leg, positive straight leg raise test). |