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:** Anna Zhang

**Age: 62**

**Gender:** Female

**Chief Complaint:** "My knee has been hurting more and more over the last year, especially when I walk or go up stairs."

**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 frustrated, but cooperative.  · **Speech:** Moderate speed, not overly talkative, but answers questions fully. Occasionally pauses to gather thoughts when asked about intensity of pain.  · **Non-verbal Communication:** Holds her knee occasionally, limps when walking into the room. Looks slightly uncomfortable when talking about pain, but not in distress.  · **Body Language:** Sits upright in the chair, leans slightly forward when discussing the knee 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 dealing with this knee pain for a while now. It started about a year ago and has been getting worse. The pain is usually there when I walk or climb stairs, and sometimes it swells up too." |
| **Other information offered spontaneously (what can be disclosed after any open-ended question)** | **Response to “Can you tell me more about what brings you in today?”** "It's just that the pain is starting to interfere with my daily activities. I’m struggling to get up and down from the chair sometimes, and I’m really worried I won’t be able to continue walking properly. I haven’t been able to go on my usual walks because of it."  **Additional info (may disclose immediately):**   * + Has had episodes of knee swelling, which seems to worsen with activity.   + Complains of stiffness in the morning, especially after prolonged sitting.   + "The knee pain is worse when it’s rainy or cold, but I’m not sure if that’s just in my head." |
| **Information elicited when generally prompted (what can be disclosed in response to an open-ended question on a particular topic)** | · **Pain characteristics:**   * · Quality: Dull, aching pain. Describes it as a deep, persistent pain in the knee joint. * Location: Right knee, especially around the kneecap and on the inside of the joint. * Radiation: Sometimes feels like it radiates down the front of the shin. * Intensity: 5/10 on the pain scale at rest, 7/10 when walking or climbing stairs. * Aggravating Factors: Walking, climbing stairs, standing for long periods. * Alleviating Factors: Rest, elevation, occasional use of over-the-counter pain relievers (e.g., ibuprofen). * Precipitating Factors: No obvious trigger, but she notes that she feels more pain after any physical activity or long walks. * Associated Symptoms: Occasional swelling, morning stiffness, cracking sound in the knee when moving. * Impact: Struggles to maintain daily routines; avoids going out and doing housework because of the pain. * Worries: Concern about the future—whether this will get worse and what that means for her independence.   · **HPI Signs and Symptoms:**   * · The knee pain has been progressive over the last year, and the patient has noticed a decrease in physical mobility due to the pain. * Stiffness in the mornings that tends to ease after moving around for a while. * No significant trauma to the knee in the past. * No major changes in weight recently. |
| **Information hidden until asked directly (what should be withheld until specific questioning)** | **Withheld information until directly asked:**   * No prior knee surgeries. * Does not mention family history of osteoarthritis unless asked. * Only takes ibuprofen occasionally (does not mention frequent use). * She has not seen a specialist for this problem and has not tried physical therapy yet. |

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

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

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| **Quality/Character** | Dull, aching pain in the right knee. |
| **Onset** | Began about a year ago, slowly worsening. |
| **Duration/Frequency** | Constant discomfort, pain worsens with activity |
| **Location** | Right knee, primarily in the joint space, under the kneecap. |
| **Radiation** | Pain sometimes radiates down the shin |
| **Intensity (e.g. 1-10 scale for pain)** | 5/10 at rest, 7/10 with physical activity. |
| **Treatment (what has been tried, what were the results)** | Over-the-counter ibuprofen, with moderate relief. |
| **Aggravating** **Factors (what makes it worse)** | Walking, climbing stairs, standing for long periods |
| **Alleviating** **Factors (what makes it better)** | Rest, elevation, and anti-inflammatory medications. |
| **Precipitating** **Factors (does anything seem to bring it on, e.g. meals, environment, time of day)** | Physical exertion or long periods of activity. |
| **Associated** **Symptoms** | Morning stiffness, knee swelling, crepitus (cracking sound). |
| **Significance to Patient (impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, hopes/desires)** | The pain is impacting her ability to perform daily activities, causing concern about her future mobility. |

**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 or changes in skin condition. * **HEENT:** No headaches, vision changes, or hearing issues. * **Endocrine:** No known thyroid issues. * **Respiratory:** No shortness of breath, no coughing. * **Cardiovascular:** No chest pain, no palpitations. * **Gastrointestinal:** No nausea, vomiting, or changes in bowel habits. * **Urinary:** No difficulty urinating. * **Reproductive:** Post-menopausal, no significant changes. * **Musculoskeletal:** Complaints of knee pain and stiffness. * **Neurologic:** No numbness or tingling. * **Psychiatric/Behavioral:** Mild anxiety about her future mobility. |

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

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| **Illnesses/Injuries (chronic or otherwise relevant)** | No chronic conditions like diabetes or hypertension. |
| **Hospitalizations** | None in the past 10 years. |
| **Surgical History** | **None** |
| **Screening/Preventive (including vaccinations /immunizations)** | Flu Vaccine: Annually, most recent vaccination received last fall.  Pneumococcal Vaccine: Received the pneumococcal vaccine at age 65, as per recommendations.  Tetanus: Last tetanus booster received 10 years ago, no known wounds requiring a booster.  COVID-19 Vaccine: Fully vaccinated with the primary series and one booster shot, no adverse reactions.  Shingles Vaccine: Has not received the shingles vaccine yet, though she is aware of the recommendation for those over 50.  Cancer Screenings:  Mammogram: Last mammogram at age 60, results normal, next screening is due at age 65.  Pap Smear: Last Pap smear done at age 60, results were normal (as she is post-menopausal, screenings were discontinued after this).  Colon Cancer Screening: Had a colonoscopy at age 60, normal findings, next screening is due in 10 years (age 70). |
| **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** | Occasional ibuprofen for knee pain, multivitamin daily. |
| **Allergies (environmental, food, or medication – also list any known reactions) Date of allergy diagnosis** | None known. |
| **Gynecologic History** | **Menstrual History:**   * + **Menarche (Onset of menstruation):** Age 12.   + **Menstrual Cycle:** Regular cycles until menopause, with periods occurring every 28 days.   + **Duration of Menstrual Cycles:** 5–7 days of menstruation, with moderate flow.   + **Last Menstrual Period:** 10 years ago (age 52), as she is now post-menopausal.   **Menopause:**   * + **Age of Onset:** Menopause began at age 52, with no significant issues during the transition.   + **Symptoms:** Occasional hot flashes for the first 2-3 years after menopause, but no significant night sweats or other menopausal symptoms at present.   + **Hormone Replacement Therapy (HRT):** Does not take HRT. She was given the option by her physician but opted out due to concerns about side effects.   **Obstetric History:**   * + **Gravida (Total number of pregnancies):** 2   + **Para (Number of live births):** 2   + **Pregnancy Complications:** No complications during either pregnancy.   + **Delivery:** Both children were born via vaginal delivery, full-term (no C-sections or miscarriages).   + **Children’s Ages:** Two grown children, aged 35 (daughter) and 33 (son), both healthy.   **Gynecologic Disorders:**   * + **History of Gynecologic Conditions:** No history of conditions such as fibroids, endometriosis, or ovarian cysts.   + **Previous Abnormal Pap Smear Results:** Last Pap smear was normal, and she has not had any abnormal findings in the past.   + **Pelvic Inflammatory Disease (PID):** No history of PID or other infections.   + **Sexually Transmitted Infections (STIs):** No history of STIs, and she has been in a monogamous relationship for over 30 years.   **Current Gynecologic Concerns:**   * + **Vaginal Health:** No vaginal dryness or irritation. Reports no urinary incontinence or pelvic pain.   + **Breast Health:** No current breast pain or lumps; normal mammograms as previously noted.   **Contraception:**   * + **Current Contraceptive Use:** None, as she is post-menopausal and no longer requires contraception.   + **History of Contraceptive Use:** Used oral contraceptives in her 30s until menopause. |

**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 75):**   * · **Health Status:** Alive and generally healthy. * **Conditions:** Mild hypertension managed with medication. No history of diabetes, cancer, or cardiovascular disease. * **Other Notes:** No significant history of joint issues or musculoskeletal disorders.   · **Father (Deceased at Age 72):**   * · **Cause of Death:** Heart attack at age 72. * **Health History:** Had a history of high blood pressure, hyperlipidemia, and heart disease. He was a smoker for much of his life. * **Other Notes:** No known history of osteoarthritis or other joint-related issues.   · **Sister (Age 50):**   * · **Health Status:** Alive and generally healthy. * **Conditions:** No significant chronic health conditions. * **Other Notes:** No history of joint pain or musculoskeletal disorders. |
| **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.)** | · Stick to the details provided above and **do not** mention any additional family members.  · **For joint or musculoskeletal issues**, clarify that there is a family history of osteoarthritis, particularly on the maternal side (grandmother had some joint pain in later years), but that your **sister** is healthy with no joint concerns.  · If asked about treatment or management, mention your **mother’s hypertension** being managed with medication and **no major health concerns** for your sister. |
| **Management/Treatment of any relevant conditions and/or chronic diseases in family** | · **Mother ：** Mild hypertension managed with medication. |

**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)** | · **Current Use:** No recreational drug use. Has never used illicit drugs.  · **Past Use:** No history of recreational drug use, including marijuana, cocaine, or other substances. |
| **Tobacco Use** | No smoking. |
| **Alcohol Use** | Social alcohol use on weekends (1-2 glasses of wine). |
| **Home Environment** | **Home type** | · Lives in a **single-family home**. It is a two-story house with 3 bedrooms and 2 bathrooms.  · The home is **well-maintained** but has some accessibility concerns, particularly with stairs, which sometimes aggravate her knee pain. |
| **Home Location** | · Located in a **suburban area**. The neighborhood is quiet and safe, with nearby parks and grocery stores.  · The area is **well-served by public transportation**, but she usually drives. |
| **Co-habitants** | · Lives with her **husband (Age 55)**, who works full-time in finance.  · T**wo dogs** (a Labrador Retriever and a Poodle) live with them.  · Husband is **healthy**, with no chronic conditions or significant medical concerns. |
| **Home Healthcare devices (for virtual simulations)** | · **Knee brace** for support during flare-ups of knee pain from osteoarthritis.  · **Ice packs** for joint pain relief.  · **Blood pressure monitor** (she monitors her blood pressure once a week). | |
| **Social Supports** | **Family & Friends** | · **Family:** Anna has a supportive family, especially her mother and sister. Her mother helps her with errands when needed, and her sister, though living in a different city, calls regularly.  · **Friends:** A close group of friends that she meets with occasionally, mostly for coffee or outings.  · **Social Support:** She relies on her family for emotional support, especially her mother and husband. Her sister provides additional support when her joint pain flares up |
| **Financial** | · **Financial Status:** Financially stable, with both Anna and her husband working full-time. They have a moderate income and do not face financial stress.  · **Healthcare Costs:** Health insurance covers most of her medical expenses, but she occasionally has to pay out-of-pocket for medications like ibuprofen and vitamin supplements. |
| **Health care access and insurance** | · **Insurance:** Has **private health insurance** through her husband’s employer. This plan covers primary care, medications, and specialist visits.  · **Healthcare Access:** Access to a reputable healthcare system, with a primary care provider and orthopedic specialist for her knee pain. She also has access to physical therapy if needed. |
| **Religious or Community Groups** | · **Religious:** Anna is not particularly religious but attends church occasionally with her mother for family events.  · **Community Groups:** Involved in a **local book club** and occasionally participates in charity events organized by her community center. |
| **Education and Occupation** | **Level of Education** | Holds a **bachelor’s degree in marketing** from a local university. |
| **Occupation** | · **Marketing Manager** at a mid-sized tech company. She works **full-time**, and her job involves a mix of client meetings, presentations, and marketing campaign management.  · Occasionally works from home, but the majority of her work is in the office |
| **Health Literacy** | · **Good health literacy**: She understands most medical terminology, particularly related to her hypertension and osteoarthritis, and is proactive about learning more through her doctor and online resources.  · Takes an active role in managing her health and follows her doctor’s advice carefully. |
| **Sexual History:** | **Relationship Status** | **Married** for 28 years to her husband, whom she describes as very supportive and caring. |
| **Current sexual partners** | **One sexual partner:** Her husband. |
| **Lifetime sexual partners** | Has had **one other sexual partner** before her current marriage. |
| **Safety in relationship** | Anna feels **safe** in her relationship and has an **open, trusting** communication with her husband. |
| **Sexual orientation** | **Heterosexual**. |
| **Gender identity** | **Pronouns** | **She/Her**. |
| **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)** | **Feminine presentation**. Anna dresses in business casual attire for work but prefers comfortable clothing at home. She wears her hair shoulder-length and generally keeps a natural look. |
| **Activities, Interests, & Recreation** | **Hobbies, interests, and activities** | · **Reading** (particularly mystery novels) and **traveling** (though travel has been less frequent since developing knee pain).  · Enjoys **gardening** in her backyard, though she sometimes needs to take breaks due to her knee pain.  · Loves **baking**, especially cakes and pastries. |
| **Recent travel** | · Last traveled to **Hawaii** for a family vacation two years ago. She used a knee brace during the trip for comfort.  · Travel has been more difficult recently due to knee pain. |
| **Diet** | **Typical day’s meals** | · **Breakfast:** Oatmeal with berries, a glass of orange juice.  · **Lunch:** Salad with grilled chicken, mixed greens, and balsamic vinaigrette.  · **Dinner:** Fish (usually salmon or tilapia) with steamed vegetables and quinoa or brown rice.  · **Snacks:** Almonds or a protein bar. |
| **Recent meals** | Recently had **chicken stir-fry** with mixed vegetables and brown rice. |
| **Avoids eating (e.g., fried foods, seafood, etc.)** | · Avoids **fried foods** due to concerns about heart health.  · Limits **red meat** consumption but occasionally has it for special occasions. |
| **Special diet (e.g., vegetarian, keto, dietary restrictions, etc.)** | · Eats a **balanced diet**, emphasizing **whole grains**, **lean proteins**, and **vegetables**.  · Occasionally follows a **low-carb** diet for a few days to reduce bloating. |
| **Exercise (activities and frequency)** | **Exercise activities and frequency** | · Regularly participates in **low-impact exercises** such as **swimming** (3-4 times per week), which helps her with knee pain.  · Does **walking** on a treadmill for 20-30 minutes a few times a week. |
| **Recent changes to exercise/activity (and reason for change)** | Reduced her activity levels in the last few months due to increasing **knee pain**. She used to walk more regularly but finds it harder now because of the discomfort. |
| **Sleep Habits** | **Pattern, length, quality, recent changes** | · **Pattern, Length, Quality:**   * · Sleeps **7-8 hours** per night, though she occasionally wakes up in the middle of the night due to knee pain. * Uses a **knee pillow** to relieve pressure while sleeping.   · **Recent Changes:**   * · No significant changes to her sleep routine. However, she’s noticed that her **sleep quality** has been slightly affected due to discomfort in her knee. |
| **Stressors** | **Work** | Her work is moderately stressful, mainly due to the constant deadlines and client demands. She has been managing the stress well by maintaining a work-life balance. |
| **Home** | No major home-related stressors; her home environment is peaceful and stable. |
| **Financial** | Financial stress is minimal. While there are occasional concerns about healthcare expenses, they are manageable due to her good insurance coverage. |
| **Other** | The biggest stressor at the moment is her **chronic knee pain**, which limits her ability to stay as active as she used to. She’s also worried about the long-term impact of osteoarthritis on her mobility. |

**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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| · **Inspection:** Mild swelling around the right knee, no visible bruising.  · **Palpation:** Tenderness over the medial joint line.  · **Range of Motion:** Slightly reduced range of motion, particularly with flexion.  · **Crepitus:** Present with knee flexion and extension.  · **Strength:** Slight weakness in quadriceps, particularly on the right side.  · **Special Tests:** Positive for joint line tenderness. |

**Prompts and Special Instructions:**

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| **Questions the SP MUST ask/ Statements patient must make** | · "Are you able to tell me what you think might help with my knee pain?"  · "I'm worried that this might get worse; is there something that can be done?"  · "Could you refer me to a specialist for this? I’m not sure if physical therapy might help." |
| **Questions the SP will ask if given the opportunity** | · **"I’ve been having a lot of pain in my knee lately. Is there anything I can do to help with this pain besides taking medication?"**   * (Anna is seeking advice or alternatives for managing her osteoarthritis pain.)   · **"Do you think I should try physical therapy for my knee? I’ve heard it could help, but I’m not sure if it’s the right time."**   * (She is considering physical therapy and wants to know if it's an appropriate next step.)   · **"Could you recommend any exercises that are gentle on the knees? Swimming seems to help, but I want to make sure I’m doing the right types of movements."** |
| **What should the SP expect by the end of this visit? (e.g., diagnosis, plan, treatment, reassurance)** | · Likely diagnosis of knee osteoarthritis.  · Plan for physical therapy, possible imaging (X-rays), and recommendations for pain management (e.g., NSAIDs, exercise). |
| **Is there anything the learner knows from the door info that the SP does not? (e.g., symptomatic vitals, pregnancy, lab results, imaging)** | · **Symptomatic Vitals:** The learner knows that Anna’s **blood pressure** is elevated (e.g., 150/90 mmHg) based on recent vital signs. Anna is aware that she is on medication (Lisinopril) for hypertension, but she may not be fully aware of how this elevated blood pressure could be affecting her overall health.  · · **Recent Lab Results:** The learner may know that Anna's **cholesterol levels** are borderline high, and there may be a note about her **Vitamin D deficiency** based on recent blood tests. However, Anna is not necessarily aware of the specifics of her lab results unless explicitly discussed with her healthcare provider.  · · **Imaging/Diagnostic Information:** Anna has had **X-rays** of her knees, which show signs of **mild to moderate osteoarthritis**, but she has not been informed about the severity of the joint degeneration based on these images. The learner might know more about the exact degree of damage seen on the X-ray and may use this information to guide their diagnostic and treatment recommendations.  · · **Current Symptoms:** The learner may know the specific **severity** of Anna's knee pain (e.g., 6/10 on the pain scale), and they may be aware that the pain has worsened over the last few weeks. Anna has described her pain as “intermittent” but hasn’t fully conveyed how often it interferes with daily activities unless specifically asked.  · · **Medications:** The learner has access to Anna’s medication list, which includes Lisinopril, Vitamin D, and over-the-counter medications like **ibuprofen** for pain relief. Anna may not mention whether she takes her medications consistently or if she has ever had issues with side effects. |