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**: Mei Li Zhang  
**Age**: 62  
**Gender**: Female  
**Chief Complaint**: "I've been feeling more tired lately, and my legs are swelling up. My feet hurt a lot, too. I’ve also been having trouble catching my breath when walking around."

**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**: Fatigued, occasionally frustrated, concerned about her health.  · **Speech**: Slightly slow, pauses when discussing symptoms, occasionally sighs.  · **Body Language**: May lean forward, show discomfort, rub her legs or feet, occasionally rests hands on the table.  · **Non-verbal Communication**: Shifts in posture to adjust comfort due to swelling, often looks down at her feet or legs while talking about the pain.  · **Verbal Characteristics**: Describes her symptoms with a sense of worry and frustration, speaking in a soft, but clear voice. |

**Opening Statement, Open-Ended Questions, and Guidelines for Disclosure**

Note: this section is to give the SP guidance on how to answer open-ended questions. Scripted answer(s) to initial open-ended questions like “what brings you in today?” and “Can you tell me more?” should go in Box A. Further open-ended questions like “anything else going on?” should go in box B below, as well as any information the SP should volunteer at the first given opportunity. Box C is for information that the SP should freely offer, but wouldn’t consider mentioning until the learner introduces a relevant topic. Box D is for information that needs to be withheld unless specifically asked, (e.g. things the patient doesn’t remember until prompted or things the patient may feel shame about).

*Example: let’s say the patient’s roommate is ill. If the patient is having similar symptoms, that information probably goes in box B–it’s highly relevant to the patient and on the top of their mind. If the patient has somewhat differing symptoms, the information might go in box C and could be revealed if the learner brings up living situation, social support, or sick contacts. If the patient would assume the roommate’s illness is unrelated, the information might go in box D and only be revealed when the learner asks about sick contacts.*

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| **Opening Statement(s)** | "I've been feeling more tired recently, especially when I try to walk around or do simple things. My feet hurt a lot, and my legs are swelling up. I’m also getting out of breath more easily. I don’t know if it’s my diabetes or something else." |
| **Other information offered spontaneously (what can be disclosed after any open-ended question)** | · **Swelling**: "My legs have been swollen for a few weeks now, and the swelling seems to get worse by the evening. I’ve noticed that my feet are more swollen than my legs."  · **Breathlessness**: "I’ve also been short of breath when walking or even just standing for a while. It gets worse if I’m walking faster or going up stairs."  · **Fatigue**: "I feel exhausted all the time. I used to be able to walk and do things around the house without much trouble, but now I just feel wiped out." |
| **Information elicited when generally prompted (what can be disclosed in response to an open-ended question on a particular topic)** | · **Pain**: "The pain in my feet is constant, but it gets worse in the evening. I’ve had some sharp pains in my chest too, but it comes and goes, especially when I’m moving around more."  · **Past Medical History**: "I’ve had diabetes for about 15 years. My blood sugar is usually a bit high, but I try to control it with medication and diet. A few years ago, the doctor told me I also have kidney problems, but they haven’t said much about it."  · **Coronary Artery Disease**: "A few months ago, I went to the hospital after I had some chest pain and trouble breathing. They told me I have heart disease, but I didn’t fully understand what that meant."  · **Medication**: "I take metformin for my diabetes, and they’ve prescribed some blood pressure medications, but I’m not sure which ones exactly." |
| **Information hidden until asked directly (what should be withheld until specific questioning)** | * **Diet and Lifestyle**: "I know I should eat better, but I love sweets and sometimes have too much. I used to walk around the neighborhood, but now it’s hard." * **Smoking and Alcohol**: "I used to smoke, but I quit about 10 years ago. I drink a glass of wine now and then, but not very much." * **Family History**: "My mother had diabetes too, and my father had heart problems. He passed away from a heart attack when I was younger." * **Fear/Concern**: "I’m worried that all these health problems might be linked together and I’m not going to get better." |

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

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

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| **Quality/Character** | · Pain in the feet: "It’s a dull, constant ache, but it can be sharp at times."  · Chest pain: "It’s a tightness or pressure, mostly when I exert myself." |
| **Onset** | "The swelling started a few weeks ago, and the breathlessness and fatigue have been getting worse over the last month." |
| **Duration/Frequency** | "I have swelling in my legs every day, and the shortness of breath happens more often, especially in the evening." |
| **Location** | "The swelling is mostly in my legs and feet. The chest pain is around the middle of my chest." |
| **Radiation** | "No radiation to the arms or neck, just in the chest." |
| **Intensity (e.g. 1-10 scale for pain)** | "The pain in my feet is a 5 out of 10, but the chest tightness can be a 7 out of 10 when it’s bad." |
| **Treatment (what has been tried, what were the results)** | "I’ve tried elevating my legs to reduce the swelling, and I take my diabetes and blood pressure medications regularly, but I don’t feel much improvement." |
| **Aggravating** **Factors (what makes it worse)** | "Walking, standing for too long, and exerting myself make everything worse." |
| **Alleviating** **Factors (what makes it better)** | "Resting, sitting down, and elevating my feet help the swelling and breathlessness a little." |
| **Precipitating** **Factors (does anything seem to bring it on, e.g. meals, environment, time of day)** | "Stress or doing too much during the day seem to trigger the shortness of breath or fatigue." |
| **Associated** **Symptoms** | · "I sometimes feel nauseous, and my appetite isn’t great." |
| **Significance to Patient (impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, hopes/desires)** | "I’m scared that all these things are going to get worse. I feel like I can’t do what I used to, and I don’t want to end up in the hospital again." |

**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, recent weight gain due to fluid retention.  · **Skin**: No new rashes or ulcers.  · **HEENT**: No changes in vision, but occasional headaches when blood sugar is high.  · **Endocrine**: History of diabetes for 15 years, blood sugar poorly controlled at times.  · **Respiratory**: Shortness of breath, especially with exertion.  · **Cardiovascular**: Chest tightness and pain, known coronary artery disease.  · **Gastrointestinal**: Decreased appetite, occasional nausea.  · **Urinary**: Increased urination, especially at night.  · **Musculoskeletal**: Swelling in legs and feet, difficulty walking.  · **Neurologic**: No headaches, no dizziness or numbness.  · **Psychiatric/Behavioral**: Anxiety about health, occasional mild depression. |

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

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| **Illnesses/Injuries (chronic or otherwise relevant)** | Type 2 diabetes, coronary artery disease, chronic kidney disease. |
| **Hospitalizations** | Recent hospitalization for chest pain and difficulty breathing (heart disease). |
| **Surgical History** | None. |
| **Screening/Preventive (including vaccinations /immunizations)** | Last cholesterol check was high, no recent kidney function test. |
| **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** | · Metformin 500 mg twice daily (for diabetes).  · Lisinopril 10 mg daily (for blood pressure).  · Aspirin 81 mg daily (for heart disease). |
| **Allergies (environmental, food, or medication – also list any known reactions) Date of allergy diagnosis** | None. |
| **Gynecologic History** | · **Menstrual History**:   * · Last Menstrual Period: "I went through menopause around the age of 50. My periods stopped gradually over a year or so." * Menstrual Cycle Details (when applicable): "My cycles were regular before menopause, about 28 days, lasting 5 days with moderate flow." * **Menstrual Complaints**: "I used to have heavy periods in my 40s, but nothing severe. I was also getting more cramps than usual before they stopped."   · **Obstetric History**:   * · **Pregnancies**: "I had two children, both delivered vaginally without complications." * **Pregnancy Complications**: "No complications during my pregnancies, but I did develop gestational diabetes with both pregnancies, though it went away after delivery." * **Contraception**: "After menopause, I no longer needed contraception."   · **Gynecological Conditions**:   * · **History of Abnormal Pap Smears**: "I’ve had routine Pap smears, and they were normal. Last one was 3 years ago." * **History of Gynecological Surgeries**: "I had a hysterectomy at 55 due to fibroids and heavy bleeding. I kept my ovaries." * **History of Pelvic Inflammatory Disease (PID), Endometriosis, or Ovarian Cysts**: "No history of PID, endometriosis, or ovarian cysts." * **Urinary Issues**: "Occasionally, I feel like I have to pee more frequently, especially at night. It might be related to my kidney problems, but I’m not sure."   · **Sexual Health**:   * · **Sexual Activity**: "I’m not very sexually active. My husband and I are intimate occasionally, but it’s less frequent than before. There’s no pain or discomfort during intercourse." * **Sexual Concerns**: "I’ve noticed a slight decrease in libido since menopause, but it doesn’t bother me too much." * **Sexual Health Screenings**: "No recent sexually transmitted infections or screenings." |

**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**: 85 (alive)   + **Health Status**: Has Type 2 diabetes, managed with medication. She also has high blood pressure, which is controlled with medication. No significant complications from her diabetes, but she has some mild kidney dysfunction.   + **Cause of Death**: N/A (still living).   **Father**:   * + **Age at Death**: 65   + **Cause of Death**: Died of a heart attack (myocardial infarction). He had a history of high blood pressure, high cholesterol, and coronary artery disease.   + **Health Status Before Death**: Had significant heart disease, including angina and history of bypass surgery.   **Siblings**:   * + **Brother**: 58 years old, healthy with no chronic medical conditions. No history of diabetes or heart disease.   + **Sister**: 55 years old, healthy, but recently diagnosed with hypertension, controlled with medication.   **Maternal Grandmother**:   * + **Age at Death**: 74   + **Cause of Death**: Kidney failure secondary to long-term uncontrolled diabetes.   **Paternal Grandparents**:   * + **Unknown**: Mei Li is unsure about the specific health status or cause of death for her paternal grandparents. |
| **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 or relevant conditions beyond the information listed above.  · For the paternal grandparents, if asked, respond with: "I'm not sure about my paternal grandparents' health. My father didn't talk much about his parents' health issues."  · For other family members not listed, simply state: "I don't have any additional information about other relatives." |
| **Management/Treatment of any relevant conditions and/or chronic diseases in family** | · **Mother**: Managed diabetes with metformin and lifestyle changes, uses lisinopril for blood pressure control, and follows a low-sodium diet. Her kidney function is monitored regularly by her doctor.  · **Father**: Managed high blood pressure and high cholesterol with medications (lisinopril, atorvastatin) before his heart attack. Had coronary artery bypass graft (CABG) surgery prior to his death.  · **Siblings**: The brother has no chronic conditions. The sister’s hypertension is controlled with a low-dose beta-blocker and a low-salt diet. |

**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)** | **None** |
| **Tobacco Use** | Quit 10 years ago, 20 pack-year history. |
| **Alcohol Use** | Occasional, 1-2 drinks per week. |
| **Home Environment** | **Home type** | "I live in a two-story house in a suburban neighborhood. It’s fairly spacious but not too modern. I’ve lived here for the past 20 years." |
| **Home Location** | * · "I live in a small town outside the city. It’s quiet, and I like the peace, though it’s a bit far from the nearest hospital. There are some local doctors, but for major issues, I have to travel about 30 minutes." |
| **Co-habitants** | "I live with my husband, Jack. He’s 64, and he is retired. We have been married for 35 years. We have no children living with us. My daughter moved out a few years ago, and my son lives in another state." |
| **Home Healthcare devices (for virtual simulations)** | "I have a blood pressure cuff and a glucose meter that I use daily to monitor my health. I also have a walker for stability, especially since my legs have been swollen lately." | |
| **Social Supports** | **Family & Friends** | "I have a close-knit family. My husband is my primary caregiver, and my children are supportive even though they live far away. I have a few friends in the area who check in on me, but most of them are busy with their lives." |
| **Financial** | * · "We live on my husband’s pension and my disability benefits, which covers most of our expenses. I don’t have a lot of extra savings, but we manage. We sometimes struggle with the cost of medications and doctor visits." |
| **Health care access and insurance** | "I have health insurance through a government program. It covers most of my medications, but there are still some costs I have to pay out-of-pocket. We’ve had a couple of emergencies where we had to dip into savings to cover the costs." |
| **Religious or Community Groups** | We attend a local church regularly. The congregation is very supportive, and I have a group of ladies I meet with once a week. They provide a lot of emotional support." |
| **Education and Occupation** | **Level of Education** | "I graduated from high school, but I didn’t go to college. I took some courses in nursing, but I never completed the program because I got married and started a family." |
| **Occupation** | "I was a nurse for over 20 years, mostly in home care. I had to stop working about 5 years ago when my health started to decline. I was diagnosed with diabetes around that time, and my energy levels just weren’t the same." |
| **Health Literacy** | "I understand most of what my doctors explain to me. I’m familiar with terms like blood sugar, blood pressure, and cholesterol. But I sometimes struggle with the more technical stuff, and I have a hard time remembering all the medication instructions." |
| **Sexual History:** | **Relationship Status** | "I am married to my husband, Jack. We’ve been together for over 35 years." |
| **Current sexual partners** | "My husband is my only sexual partner." |
| **Lifetime sexual partners** | "Jack is the only person I’ve ever been with." |
| **Safety in relationship** | "Our relationship is healthy, and I feel safe with Jack. We communicate well and support each other through tough times." |
| **Sexual orientation** | "Our relationship is healthy, and I feel safe with Jack. We communicate well and support each other through tough times." |
| **Gender identity** | **Pronouns** | Heterosexual. |
| **Identifies as (e.g. transgender, cisgender, gender queer)** | She/Her. |
| **Sex assigned at birth** | Cisgender woman. |
| **Gender presentation (any notes about body language, style, or dress that may signal gender identity)** | "I present as a typical woman. I wear modest clothing and usually wear my hair pulled back." |
| **Activities, Interests, & Recreation** | **Hobbies, interests, and activities** | "I enjoy reading, gardening, and spending time with my grandchildren when they visit. I also like watching TV shows about health and cooking." |
| **Recent travel** | "I haven’t traveled much recently. My last trip was a few years ago to visit my son. I don’t travel far anymore because of my health issues." |
| **Diet** | **Typical day’s meals** | "For breakfast, I usually have oatmeal with a little fruit. Lunch is typically a salad or soup, and dinner is something like chicken or fish with vegetables. I try to keep my portions small because of my diabetes." |
| **Recent meals** | "Last night I had grilled chicken with steamed broccoli and a small portion of rice." |
| **Avoids eating (e.g., fried foods, seafood, etc.)** | "I try to avoid sweets and fried foods. My doctor has warned me about sugar and carbs because of my diabetes." |
| **Special diet (e.g., vegetarian, keto, dietary restrictions, etc.)** | "I follow a low-carb, low-salt diet to help with my blood sugar and blood pressure. I’ve also been trying to eat more vegetables and drink less soda." |
| **Exercise (activities and frequency)** | **Exercise activities and frequency** | "I used to walk every day, but now I only manage a few short walks a week due to my swollen legs and shortness of breath. I also do some light stretching exercises in the morning." |
| **Recent changes to exercise/activity (and reason for change)** | "I’ve had to cut back on my physical activity because of my heart problems and kidney issues. I can’t walk as far or as fast as I used to." |
| **Sleep Habits** | **Pattern, length, quality, recent changes** | "I’ve had to cut back on my physical activity because of my heart problems and kidney issues. I can’t walk as far or as fast as I used to." |
| **Stressors** | **Work** | "I’m no longer working, so work-related stress isn’t an issue anymore." |
| **Home** | * · "My health has become a major source of stress, especially since I need more help from my husband and can’t do the things I used to. I also worry about my children, who live far away, not being able to help me in case of an emergency." |
| **Financial** | "We manage, but it’s tight. I worry about paying for medical expenses and medications. Sometimes it feels like we don’t have enough to cover everything." |
| **Other** | "My main stressors are my health and the limitations it places on my daily life. I also feel frustrated that I can’t be as independent as I used to be." |

**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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| · **Vital Signs**:   * Temperature: 98.2°F. * Heart rate: 88 bpm, regular. * Blood pressure: 145/90 mmHg. * Respiratory rate: 20 breaths/min. * Oxygen saturation: 94% on room air.   · **General Appearance**: Overweight, mildly fatigued, sitting comfortably but occasionally rubbing feet.  · **Cardiovascular**: Regular rhythm, no murmurs or gallops.  · **Respiratory**: Slight wheezing on exhalation, no crackles or rales.  · **Extremities**: Bilateral lower leg and foot edema, 2+ pitting edema.  · **Neurological**: Alert and oriented, no focal deficits |

**Prompts and Special Instructions:**

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| **Questions the SP MUST ask/ Statements patient must make** | * · "What can I do to feel better? Is there something I can take for the swelling and the pain?" * "Is this normal for someone with my conditions? Will I get worse?" |
| **Questions the SP will ask if given the opportunity** | · "Can you help me understand my heart disease and what I can do about it?"  · "Should I be doing something differently with my medications?" |
| **What should the SP expect by the end of this visit? (e.g., diagnosis, plan, treatment, reassurance)** | The learner should identify the likely diagnosis of diabetes with complications of coronary artery disease and kidney disease |
| **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 may already know the patient's **blood pressure, heart rate, respiratory rate, and oxygen saturation** from prior vitals taken before the patient enters the room. * **Example**: The patient’s blood pressure could be high (e.g., 145/90 mmHg), and the oxygen saturation might be lower than normal (e.g., 89% on room air), which would suggest possible complications such as hypertension, potential heart failure, or respiratory issues.   · **Lab Results**:   * · If lab work has been done, the learner may know results such as elevated **blood sugar levels**, **creatinine** (indicating kidney function), or **cholesterol levels** (which may be linked to coronary artery disease). * **Example**: The learner might be aware of the patient's **HbA1c** levels being high (e.g., >8%) or **creatinine** levels that suggest impaired renal function. These would be part of the broader diagnostic picture that the SP may not have mentioned explicitly.   · **Imaging**:   * · If imaging has been performed (e.g., **chest X-ray**, **ECG**, or **echocardiogram**), the learner might know if there are findings suggestive of **heart disease**, **kidney involvement**, or **lung congestion**. * **Example**: The learner may be aware that the patient has **signs of congestive heart failure** (such as pulmonary edema) based on a chest X-ray, which the patient may not yet fully understand or be aware of. |