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:** Mr. John Smith

**Age:** 68 years

**Gender:** Male

**Chief Complaint:** “I’ve been feeling short of breath and really tired lately. I can’t even walk across the room without getting winded.”

**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:** Anxious, occasionally frustrated with the situation. * **Speech:** Short and labored at times due to breathlessness. Tends to speak in short, concise sentences. * **Body Language:** Leans slightly forward when talking, occasionally using hands to catch his breath. * **Non-verbal communication:** May occasionally cough, especially after speaking. May appear flushed or pale at times. * **Verbal Characteristics:** Slight wheezing may be audible when speaking, especially after exertion.   As the case progresses:   * **Increased fatigue:** As the conversation continues, Mr. Smith may appear more fatigued. * **Coughing or wheezing:** May become more pronounced as the discussion continues, particularly with any exertion (e.g., answering questions, talking for prolonged periods). |

**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)** | **What brings you in today?**   * 1. “I’ve been having trouble breathing lately. It started off a little bit, but it’s gotten worse. I get short of breath just walking across the room or climbing the stairs. I also feel really tired all the time.”   **Can you tell me more about that?**   * 1. “Well, I’ve had a cough for years, you know, with all the smoking I did when I was younger. It’s always been there, but now it’s worse. The cough is productive, and sometimes I bring up a little phlegm, especially in the morning. It doesn’t go away anymore, though. I also get winded when I do anything physical, like walking to the mailbox or getting groceries. I’ve been feeling more fatigued than usual too, like I don’t have the energy I used to.” |
| **Other information offered spontaneously (what can be disclosed after any open-ended question)** | · **“Anything else going on?”**   * · “Yeah, my legs have been swelling up, and I get this tight feeling in my chest. Sometimes I wake up at night feeling like I can’t catch my breath, and I have to prop myself up with pillows to sleep. It’s been happening more often recently.”   · **“Has anything changed in your routine or daily life recently?”**   * · “I’ve been limiting my activity because I get winded so easily. I don’t even go out much anymore. I try to sit down whenever I feel exhausted.” |
| **Information elicited when generally prompted (what can be disclosed in response to an open-ended question on a particular topic)** | · **“Can you describe the cough you’ve been having?”**   * · “It’s mostly in the mornings when I wake up, but I can have it at any time during the day, especially if I’m active. It’s not a dry cough—it’s mostly wet, and sometimes I get thick, yellowish phlegm out of it.”   · **“Have you been feeling any chest pain?”**   * · “I do sometimes, especially after I exert myself or when I lie down flat at night. It’s a kind of pressure, but not sharp. I feel it more when I’ve been doing something physical. It gets better when I sit up or take deep breaths.”   · **“Have you noticed any changes in your appetite or weight?”**   * · “Not really. I’ve been eating about the same. But my weight has been up and down. Sometimes I gain a bit, but it seems to fluctuate a lot. I think it’s because of the swelling in my legs.” |
| **Information hidden until asked directly (what should be withheld until specific questioning)** | **Family History:**   * + “I have a history of heart disease in the family. My father had heart failure, and he passed away from a heart attack when he was about my age.”   **Smoking History:**   * + “I quit smoking about 15 years ago, but I smoked for about 40 years—maybe a pack a day.”   **Medications:**   * + “I’m on a few medications, but I can’t always remember what they are. I take something for my heart and a couple of things for my lungs. I think one is a diuretic.”   **Social History:**   * + “I used to drink socially, but I cut back a few years ago because it started bothering my stomach. Now I only drink occasionally, maybe a beer once or twice a week. I used to be very active, but I’ve slowed down a lot over the years due to my breathing problems.” |

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

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

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| **Quality/Character** | Shortness of breath, particularly on exertion. Persistent cough with yellowish phlegm. Fatigue and decreased stamina. |
| **Onset** | Progressive onset over the past several months, worsening recently. |
| **Duration/Frequency** | Constant cough with productive phlegm. Shortness of breath occurs daily and is worsening with activity. |
| **Location** | Chest tightness, primarily in the mid-chest area. Shortness of breath occurs on exertion and at rest when it worsens. |
| **Radiation** | No radiating pain. Chest tightness does not radiate to other areas. |
| **Intensity (e.g. 1-10 scale for pain)** | Pain is mild to moderate. Breathlessness scores 7-8/10 during activity. |
| **Treatment (what has been tried, what were the results)** | Inhalers and diuretics, but no significant relief. No formal pulmonary rehab yet. |
| **Aggravating** **Factors (what makes it worse)** | Activity (walking, climbing stairs), cold air, lying flat. |
| **Alleviating** **Factors (what makes it better)** | Rest, sitting upright, using inhalers, and occasionally propping up in bed at night. |
| **Precipitating** **Factors (does anything seem to bring it on, e.g. meals, environment, time of day)** | Physical exertion, especially climbing stairs or carrying groceries. |
| **Associated** **Symptoms** | Swelling in legs, orthopnea, paroxysmal nocturnal dyspnea, fatigue, and occasionally dizziness. |
| **Significance to Patient (impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, hopes/desires)** | Major impact on daily life. Mr. Smith is concerned that his heart is failing and that he’s becoming more limited in his activities. He worries about his future health and fears being hospitalized. |

**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 weight fluctuations, decreased activity.   · **Skin:**   * No rashes or other skin changes. Occasional redness in lower extremities due to swelling.   · **HEENT:**   * No recent headaches, dizziness, or visual changes.   · **Endocrine:**   * No history of thyroid issues.   · **Respiratory:**   * Chronic cough, wheezing, shortness of breath, difficulty breathing on exertion.   · **Cardiovascular:**   * No chest pain at rest, occasional tightness and discomfort with exertion. Family history of heart failure.   · **Gastrointestinal:**   * No nausea or vomiting, but occasionally bloated due to swelling. No significant changes in appetite.   · **Musculoskeletal:**   * No joint pain. Slight swelling in legs, particularly in ankles.   · **Neurologic:**   * Occasional dizziness upon standing or after activity, likely from decreased oxygen.   · **Psychiatric/Behavioral:**   * Anxious about his condition, particularly concerning his heart and ability to continue living independently. |

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

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| **Illnesses/Injuries (chronic or otherwise relevant)** | * Chronic obstructive pulmonary disease (COPD), diagnosed 10 years ago. * Hypertension, controlled. * Congestive heart failure, diagnosed 5 years ago. |
| **Hospitalizations** | Hospitalized for exacerbations of COPD and heart failure in the past year. |
| **Surgical History** | No prior surgeries. |
| **Screening/Preventive (including vaccinations /immunizations)** | No recent screening for cancer or other chronic diseases. Routine vaccinations are up to date. |
| **Medications (Prescription, Over the Counter, Herbal/Dietary Supplements)**  **Include: medication name, dosage strength, dosage form, route of administration, frequency of administration, duration of therapy, indication** | · **Lisinopril** 10 mg daily (for heart failure).  · **Furosemide** 40 mg daily (diuretic for fluid retention).  · **Albuterol inhaler** as needed.  · **Fluticasone/Salmeterol inhaler** twice a day. |
| **Allergies (environmental, food, or medication – also list any known reactions) Date of allergy diagnosis** | **Medication Allergies:**   * + **Penicillin** – Developed a rash after first dose in his late 20s, diagnosed around that time.   **Environmental Allergies:**   * + **Dust mites** – Experiences sneezing and nasal congestion when exposed to dusty environments. Diagnosed in early adulthood.   + **Seasonal Pollen (spring and fall)** – Reports itchy eyes and runny nose during high pollen seasons. Diagnosed in his 30s.   **Food Allergies:**   * + **No known food allergies.**  **Known Reactions:**  * **Penicillin:** Rash and mild itching (hives). No severe anaphylaxis, but avoids taking it. * **Dust mites and Pollen:** Mild allergic rhinitis symptoms like sneezing, nasal congestion, and watery eyes. Uses antihistamines as needed.  **Date of Allergy Diagnosis:**  * **Penicillin Allergy:** Diagnosed at age 28 (rash after taking the medication). * **Environmental Allergies:** Diagnosed in early adulthood (around age 20). * **Pollen Allergy:** Diagnosed at age 30. |
| **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** | · **Mother**:   * · **Age**: 65 years * **Health Status**: Hypertension, Type 2 Diabetes * **Cause of Death (if applicable)**: N/A * **Details**: Recently diagnosed with early-stage kidney disease due to poorly controlled diabetes. She is on oral medication for diabetes and blood pressure management.   · **Father**:   * · **Age**: 70 years * **Health Status**: Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease * **Cause of Death**: Died at 68 due to complications from heart failure after multiple heart attacks. * **Details**: Father had a history of smoking (2 packs a day for 40 years) and was diagnosed with COPD in his late 50s. He was on medications for heart failure and hypertension before his death.   · **Siblings**:   * · **Older Sister (Age 45)**:   + **Health Status**: No known chronic conditions. * **Younger Brother (Age 38)**:   + **Health Status**: Mild asthma, no history of COPD or heart disease. |
| **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**. If asked about other family members, respond:   * "I’m not sure about my paternal grandparents’ health history. I don't know much about them." * "All other family members are alive and well, with no major health issues that I know of." |
| **Management/Treatment of any relevant conditions and/or chronic diseases in family** | · **Mother’s Hypertension and Diabetes**: She is managed with oral antihypertensive medication and metformin for diabetes.  · **Father’s COPD and Coronary Artery Disease**: No treatment needed now (deceased), but he was managed with inhalers for COPD, blood thinners, and ACE inhibitors for heart failure.  · **Sister and Brother**: No known chronic conditions that require ongoing management. |

**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)** | **Recreational Drug Use**:   * 1. **None** – The patient reports no history of recreational drug use.   **Medicinal Drug Use**:   * 1. **Current Medications**:      1. **Albuterol Inhaler** (for COPD) – 90 mcg per puff, 2 puffs every 4-6 hours as needed for shortness of breath or wheezing.      2. **Fluticasone/Salmeterol Inhaler** (Advair) – One puff twice daily for long-term COPD management.      3. **Furosemide** (Lasix) – 20 mg daily for fluid retention due to heart failure symptoms (shortness of breath, swelling).      4. **Lisinopril** – 10 mg daily for blood pressure and heart failure management.      5. **Aspirin** – 81 mg daily for heart disease and blood thinning.   2. **Medications for Acute Symptoms**:      1. **Acetaminophen** (Tylenol) – 500 mg as needed for mild pain, typically for body aches or headaches.   **Medications Prescribed to Other People**:   * 1. The patient **does not** take any medications prescribed to other people. However, the patient reports that their mother sometimes asks to borrow their blood pressure medication in case she runs out, but they always refuse. |
| **Tobacco Use** | Smoked one pack per day for 40 years, quit 15 years ago. |
| **Alcohol Use** | Occasional alcohol use (one or two beers a week). |
| **Home Environment** | **Home type** | Lives in a **single-family home**, two stories, with a yard. The home is well-maintained but has some dust accumulation due to aging furniture. |
| **Home Location** | Located in a **suburban neighborhood**, close to a busy street. The home is relatively quiet, but there are occasional traffic noises. |
| **Co-habitants** | * · Lives with **wife (age 60)** and **two adult children** (ages 25 and 27). * Wife is retired due to a chronic back condition, and children live at home for now, both working part-time jobs. |
| **Home Healthcare devices (for virtual simulations)** | · **Oxygen concentrator** – Used occasionally when the patient feels short of breath or has trouble breathing.  · **Blood pressure monitor** – Monitors blood pressure regularly due to history of hypertension.  · **Pill organizer** – Used to manage daily medications. | |
| **Social Supports** | **Family & Friends** | · **Wife** is the primary caregiver and support system, providing emotional and physical assistance with daily activities.  · The patient has **two adult children** who assist with transportation and household chores.  · **Close-knit relationship** with extended family, though most relatives live out of state |
| **Financial** | · The family is on a **fixed income**, with the wife receiving Social Security benefits.  · The patient is **retired** and receives disability benefits for COPD and heart failure.  · Financial stress is somewhat manageable but worsens during periods of health flare-ups when medical expenses increase. |
| **Health care access and insurance** | · The patient is **insured** under **Medicare** and a secondary insurance policy from a previous employer.  · Has access to a primary care physician and sees a **cardiologist** and **pulmonologist** regularly for ongoing management of COPD and heart failure.  · Occasionally struggles with **co-pays** for medications, particularly for inhalers and heart failure treatments |
| **Religious or Community Groups** | · The patient is **not religious** but is active in a local **community group** focused on health and wellness support for people with chronic conditions.  · Participates in **weekly meetings** that provide emotional support and wellness education. |
| **Education and Occupation** | **Level of Education** | **High school graduate**. No further formal education beyond high school. |
| **Occupation** | The patient **retired early** due to worsening COPD and heart failure. Previously worked as a **truck driver** for 30 years, which likely contributed to the development of respiratory issues. |
| **Health Literacy** | · The patient demonstrates **average health literacy**. They understand basic medical terms related to their condition (e.g., heart failure, COPD, inhalers), but occasionally struggles with complex medical concepts or medication management.  · They rely on their wife for help in understanding new treatment instructions. |
| **Sexual History:** | **Relationship Status** | · **Married** to wife for 35 years.  · Describes the relationship as **supportive** but acknowledges that health issues have put some strain on intimacy in recent years. |
| **Current sexual partners** | **Wife**. |
| **Lifetime sexual partners** | **Only wife**. |
| **Safety in relationship** | Reports that the relationship is **safe**, **respectful**, and supportive. No history of abuse. |
| **Sexual orientation** | **Heterosexual**. |
| **Gender identity** | **Pronouns** | He/Him. |
| **Identifies as (e.g. transgender, cisgender, gender queer)** | **Cisgender male**. |
| **Sex assigned at birth** | Male. |
| **Gender presentation (any notes about body language, style, or dress that may signal gender identity)** | **Typically masculine** in presentation. Wears casual clothing, often a t-shirt and jeans. No notable changes in gender expression. |
| **Activities, Interests, & Recreation** | **Hobbies, interests, and activities** | · Enjoys **fishing** and **watching sports** (especially football).  · **Gardening** is another interest, but has found it physically challenging due to shortness of breath and fatigue. |
| **Recent travel** | Has not traveled recently due to health concerns and difficulty with mobility. |
| **Diet** | **Typical day’s meals** | · **Breakfast**: Oatmeal with fruit or scrambled eggs with toast.  · **Lunch**: Sandwich (usually turkey or chicken) with salad.  · **Dinner**: Lean meat (chicken or fish) with steamed vegetables and rice or potatoes.  · **Snacks**: Occasional fruit or granola bar. |
| **Recent meals** | Recently ate **baked chicken**, **steamed broccoli**, and **brown rice**. |
| **Avoids eating (e.g., fried foods, seafood, etc.)** | Avoids **fried foods** and **processed meats** to manage blood pressure and heart failure symptoms |
| **Special diet (e.g., vegetarian, keto, dietary restrictions, etc.)** | Follows a **heart-healthy, low-sodium diet** to manage heart failure and reduce fluid retention. Occasionally uses a **low-fat, low-sugar** diet plan due to weight concerns. |
| **Exercise (activities and frequency)** | **Exercise activities and frequency** | · Previously enjoyed **light walking** and **biking** but has reduced activity significantly in the past 1-2 years due to worsening symptoms.  · Now does **short walks** (10-15 minutes) on most days, but these are often interrupted by shortness of breath. |
| **Recent changes to exercise/activity (and reason for change)** | **Decreased activity level** due to increasing **fatigue** and **breathlessness**. Struggles with **mobility** and fatigue. |
| **Sleep Habits** | **Pattern, length, quality, recent changes** | * + **Sleep Pattern**: Generally goes to bed around 10:00 pm, wakes up around 7:00 am.   + **Length**: Sleeps about **7-8 hours** a night.   + **Quality**: Reports difficulty getting restful sleep, especially when **lying flat**, often experiences **shortness of breath**. Uses a **pillow to prop up** and sleep semi-upright.   + **Recent Changes**: Sleep has worsened due to increasing shortness of breath and fluid retention |
| **Stressors** | **Work** | **Retired**, but there is stress about not having a steady income and managing healthcare expenses. |
| **Home** | Limited physical activity has led to increased **frustration** and **feelings of dependence** on family. |
| **Financial** | Worries about **increasing medical bills** and **living on a fixed income**, especially with the rising costs of medications. |
| **Other** | Health-related stress, including feeling **isolated** due to limitations on activities, and concerns about worsening health. |

**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:**   * Obese, appearing fatigued. Slightly short of breath at rest.   · **Chest/Lungs:**   * Bilateral wheezing, decreased breath sounds in lower lobes, mild crackles at the bases.   · **Cardiovascular:**   * Mild jugular venous distention. PMI displaced laterally. No murmurs but mild S3 gallop.   · **Abdomen:**   * Mild abdominal distension, non-tender, no hepatomegaly.   · **Extremities:**   * Bilateral pitting edema in lower legs, 2+ in severity.   · **Neurologic:**   * Alert and oriented, no signs of acute distress. |

**Prompts and Special Instructions:**

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| **Questions the SP MUST ask/ Statements patient must make** | · **"I get winded really easily."**  · **"I feel like I can't get enough air when I try to lie down flat."** |
| **Questions the SP will ask if given the opportunity** | * · "Doctor, is there anything more I can do to help manage my breathing? I’m still feeling pretty short of breath even with my inhalers." * "I’ve been having some swelling in my legs and ankles—could this be related to my heart failure? What should I do about it?"   · **About Medications:**   * · "I’ve been feeling a bit dizzy when I stand up sometimes—could this be from my blood pressure medication or something else?" * "Are there any new treatments or medications that could help with my condition? I don’t want to feel so dependent on my inhalers."   · **About Lifestyle and Activity:**   * · "I used to love going for walks, but now I can’t make it very far without feeling out of breath. Is this normal with my condition, or should I be doing something differently?" * "I’ve heard that exercise is important for heart and lung health, but I’m afraid of pushing myself too hard. How much should I be moving around?"   · **About Sleep and Comfort:**   * · "I’ve been having trouble sleeping, especially at night when I’m lying down. Is there anything I can do to make it easier to breathe while I sleep?" * "Would it help if I used extra pillows to sleep propped up, or is there a better way to manage this?"   · **About Health Monitoring:**   * · "How often should I be checking my oxygen levels at home? Should I get an oxygen tank or is my concentrator enough?" * "I try to monitor my blood pressure at home, but it’s hard to know when I should be concerned. What readings should I be looking for?"   · **About Support and Coping:**   * · "I’ve been feeling pretty down lately—just tired of being sick all the time. Are there any resources or support groups that could help me cope better?" * "My wife has been doing a lot for me lately. Is there anything I can do to help her with all the caregiving she’s taking on?"   · **About Nutrition and Diet:**   * · "I try to stick to a heart-healthy diet, but I sometimes wonder if I’m doing enough. Are there specific foods I should focus on or avoid more strictly?" * "Should I be avoiding any other foods because of my medications, especially with my heart and lung problems?"   · **General Well-being:**   * · "Doctor, how can I be sure if my symptoms are getting worse? How do I know when I need to seek help?" * "Are there any warning signs I should be watching for with my COPD or heart failure that would mean I need to come in sooner?" |
| **What should the SP expect by the end of this visit? (e.g., diagnosis, plan, treatment, reassurance)** | * · Diagnosis: Likely exacerbation of COPD with possible heart failure decompensation. * Treatment: Adjustment in medications, possible diuretics for fluid retention, and inhalers for COPD management. * Referral to pulmonary rehabilitation or cardiology. |
| **Is there anything the learner knows from the door info that the SP does not? (e.g., symptomatic vitals, pregnancy, lab results, imaging)** | Yes, possible lab results (e.g., elevated BNP levels suggesting heart failure) or imaging findings indicating exacerbation of COPD. |