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:** Mrs. Eleanor Green

**Age:** 78 years

**Gender:** Female

**Chief Complaint:** "I've been feeling more tired than usual, and I've had trouble breathing recently. I'm also having some swelling in my legs and ankles."

**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, but cooperative, slightly anxious  · **Speech**: Slow and deliberate, occasionally out of breath, short sentences  · **Note**: At the beginning of the interview, the patient may be slumped over slightly, showing signs of discomfort. As the case progresses, her body language may become more withdrawn if her condition worsens or if certain topics are discussed (e.g., fears about her health). |

**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 having trouble with my breathing, and I feel very tired. My legs are swollen, and I can’t walk as far as I used to."  · "I'm concerned because I’ve never felt like this before." |
| **Other information offered spontaneously (what can be disclosed after any open-ended question)** | · "I’m also having a bit of chest pain sometimes, especially when I walk or do things around the house. It gets worse when I’m lying down."  · "I have a history of heart disease, and I take medicine for my blood pressure. My daughter is worried I might be getting worse, so she brought me here today." |
| **Information elicited when generally prompted (what can be disclosed in response to an open-ended question on a particular topic)** | · "I’ve had diabetes for a long time, and my blood sugar isn’t always easy to control."  · "I have arthritis too. It’s in my knees and hands, so I can’t move around as much as I used to."  · "I sometimes feel dizzy or lightheaded, especially when I stand up too fast." |
| **Information hidden until asked directly (what should be withheld until specific questioning)** | · "I’m a bit scared of what might be happening, but I don’t like to talk about it too much."  · "I’ve been having trouble sleeping because I can’t breathe well at night."  · "I’ve been a bit more depressed lately, but I didn’t want to mention it." |

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

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

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| **Quality/Character** | Shortness of breath, especially with exertion; intermittent chest discomfort described as pressure; fatigue; swelling in legs and ankles. |
| **Onset** | Symptoms began gradually over the past month. |
| **Duration/Frequency** | Shortness of breath occurs daily, especially after walking or climbing stairs. |
| **Location** | Swelling is in both legs, from the ankles to mid-calf; chest discomfort is central. |
| **Radiation** | No radiation of chest pain. |
| **Intensity (e.g. 1-10 scale for pain)** | Fatigue is moderate (7/10), breathlessness is severe (8/10 during activity). |
| **Treatment (what has been tried, what were the results)** | She takes medications for high blood pressure and diabetes; no relief from resting or elevating legs. |
| **Aggravating** **Factors (what makes it worse)** | Walking, standing, exertion. |
| **Alleviating** **Factors (what makes it better)** | Rest and sitting down somewhat improve fatigue and breathlessness. |
| **Precipitating** **Factors (does anything seem to bring it on, e.g. meals, environment, time of day)** | Nothing specific, but symptoms worsen in hot weather and evenings. |
| **Associated** **Symptoms** | Occasional dizziness, insomnia due to difficulty breathing at night. |
| **Significance to Patient (impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, hopes/desires)** | The symptoms are impacting her independence; she fears her condition might be worsening, and she expresses concern about needing more assistance at home. |

**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**: Weight gain, fatigue, occasional fever. * **Skin**: No rashes, no unusual bruising. * **HEENT**: Occasional headaches, no vision changes, dry mouth due to medications. * **Endocrine**: Diabetes, difficult to manage. * **Respiratory**: Shortness of breath with exertion, difficulty breathing at night. * **Cardiovascular**: Chest discomfort, swelling in legs, known history of hypertension and coronary artery disease. * **Gastrointestinal**: No nausea or vomiting, occasional constipation due to reduced mobility. * **Urinary**: Increased frequency, no dysuria or hematuria. * **Musculoskeletal**: Arthritis in knees and hands. * **Neurologic**: Occasional dizziness, no falls. * **Psychiatric/Behavioral**: Some depression, especially related to reduced mobility and independence. |

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

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| **Illnesses/Injuries (chronic or otherwise relevant)** | Hypertension, diabetes, coronary artery disease, osteoarthritis. |
| **Hospitalizations** | Hospitalized once for a heart attack 5 years ago. |
| **Surgical History** | No major surgeries |
| **Screening/Preventive (including vaccinations /immunizations)** | Regular screening for diabetes, heart disease; annual flu vaccine. |
| **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 20 mg daily (hypertension)  · Metformin 1000 mg twice daily (diabetes)  · Aspirin 81 mg daily (heart disease prevention)  · Ibuprofen 400 mg as needed (for arthritis pain) |
| **Allergies (environmental, food, or medication – also list any known reactions) Date of allergy diagnosis** | No known drug allergies. |
| **Gynecologic History** | **Gynecologic History:** **Menstrual History**:   * + Last menstrual period at age 50.   + No history of abnormal bleeding or spotting since menopause.   **Gynecologic Surgeries**:   * + Hysterectomy at age 60 due to uterine fibroids (no history of ovarian removal).   + No history of pelvic surgeries apart from hysterectomy.   **Menopausal Symptoms**:   * + Experienced typical menopausal symptoms (hot flashes, occasional night sweats) for several years after menopause, but these symptoms have since resolved.   + No current issues related to menopause such as vaginal dryness or discomfort.   **Reproductive Health**:   * + No history of significant gynecologic conditions such as endometriosis, fibroids, or cancers.   + No history of sexually transmitted infections.   **Current Symptoms/Concerns**:   * + Denies any recent changes in urinary habits (e.g., incontinence, frequency).   + No pain with intercourse.   **Family History of Gynecologic Diseases**:   * + Mother had no history of gynecologic cancers.   + No known family history of ovarian or uterine cancer. |

**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 at death: 80 * Cause of death: Heart disease, specifically myocardial infarction. * No known history of diabetes or cancer.   · **Mother**:   * · Age at death: 78 * Cause of death: Stroke, with a history of poorly controlled diabetes. * Chronic hypertension, type 2 diabetes, and mild cognitive decline towards the end of her life.   · **Brother**:   * · Age: 72 * Health status: Currently living with hypertension, prostate cancer (diagnosed at 68 years old), and arthritis. * Undergoing treatment for prostate cancer (currently stable). * Managed with antihypertensive medications and occasional pain relievers for arthritis.   · **Sister**:   * · Age: 70 * Health status: Living well, no significant chronic diseases. * No history of major medical conditions.   · **Other Relevant Family Information**:   * · No known family history of breast, ovarian, or uterine cancer. * No family history of psychiatric conditions like depression or anxiety. |
| **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.)** | · **Paternal Grandparents**: Unsure of health status. No known history of illnesses, as patient did not have a close relationship with that side of the family.  · **Maternal Grandparents**: Deceased at age 70 (grandfather) and age 72 (grandmother), no known chronic diseases from maternal side of the family. |
| **Management/Treatment of any relevant conditions and/or chronic diseases in family** | · **Father**: No chronic disease management listed prior to his death; he was diagnosed with hypertension in his 60s but did not manage it consistently.  · **Mother**: Managed her diabetes poorly; no regular check-ups, and she suffered from complications like stroke and vision loss.  · **Brother**: Takes antihypertensive medications and regular screenings for prostate cancer. Receives treatment for arthritis symptoms. |

**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** | **None** |
| **Alcohol Use** | Occasional alcohol use (1-2 drinks per week) |
| **Home Environment** | **Home type** | · Lives in a two-story house in a suburban area.  · The house has stairs, which are becoming increasingly difficult for her to navigate due to her arthritis and shortness of breath. |
| **Home Location** | * · Located in a quiet suburban neighborhood. * Close to a small shopping center, but she rarely drives anymore due to limited mobility and her concerns about safety. |
| **Co-habitants** | · Lives alone.  · Daughter (aged 45) visits regularly, but the patient is independent and does not want to rely on others unless absolutely necessary. |
| **Home Healthcare devices (for virtual simulations)** | · Has a walker for support when walking short distances inside the house.  · Uses a blood pressure monitor daily and a glucometer to check blood sugar. | |
| **Social Supports** | **Family & Friends** | * · Daughter is her primary source of social support. She visits twice a week to check on her mother’s health and help with chores. * Has a few close friends from her church group, but most live in other areas and are not able to visit frequently. |
| **Financial** | · Receives a pension from her teaching career and Social Security.  · Financially stable but concerned about future healthcare costs and the possibility of needing in-home care. |
| **Health care access and insurance** | · Medicare for healthcare coverage, but limited supplemental insurance.  · Has been able to access necessary healthcare services so far but feels uncertain about whether her coverage will be enough if her health deteriorates further. |
| **Religious or Community Groups** | · Active member of a local church, attends services twice a month.  · Part of a prayer group that provides emotional support. |
| **Education and Occupation** | **Level of Education** | College graduate, with a degree in Education. |
| **Occupation** | · Retired high school teacher.  · Previously very active in her community and school, but has significantly reduced her involvement due to health issues and mobility limitations. |
| **Health Literacy** | · High level of health literacy due to her professional background in education.  · Understands her medical conditions well, but sometimes has difficulty managing multiple medications and treatments. |
| **Sexual History:** | **Relationship Status** | * · Widowed for 12 years. * No current partner. |
| **Current sexual partners** | None. |
| **Lifetime sexual partners** | Married once, no other sexual partners. |
| **Safety in relationship** | N/A (widowed, no current relationships). |
| **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)** | · Conservative in appearance; typically wears modest clothing.  · No significant deviations from typical female gender presentation. |
| **Activities, Interests, & Recreation** | **Hobbies, interests, and activities** | · Enjoys reading, gardening (although it’s becoming more difficult), and knitting.  · Formerly active in community volunteer work, but has been unable to continue due to her health issues. |
| **Recent travel** | * + Has not traveled recently.   + Previously enjoyed traveling to visit her daughter, but now prefers to stay closer to home due to mobility limitations. |
| **Diet** | **Typical day’s meals** | · Breakfast: Oatmeal with fruit and coffee.  · Lunch: Salad with grilled chicken, whole wheat bread, and a fruit.  · Dinner: Light meal, such as soup or fish with vegetables.  · Snacks: Occasionally nuts or fruit. |
| **Recent meals** | Recently had a light dinner of chicken soup with vegetables. |
| **Avoids eating (e.g., fried foods, seafood, etc.)** | · Avoids salty foods, as recommended by her doctor for hypertension.  · Tries to avoid fried foods and sugary snacks to help manage her diabetes. |
| **Special diet (e.g., vegetarian, keto, dietary restrictions, etc.)** | · Follows a balanced, heart-healthy diet, low in sodium and sugar.  · Occasional restrictions on carbs due to diabetes management. |
| **Exercise (activities and frequency)** | **Exercise activities and frequency** | · Walks around the house using a walker for support.  · Used to enjoy brisk walks in the park, but can no longer manage this due to shortness of breath and arthritis. |
| **Recent changes to exercise/activity (and reason for change)** | Has significantly reduced activity levels due to shortness of breath, fatigue, and joint pain. |
| **Sleep Habits** | **Pattern, length, quality, recent changes** | **Pattern, Length, Quality**:   * + Generally sleeps 6–7 hours per night, though frequently wakes due to difficulty breathing and discomfort in her legs.   + Wakes up feeling tired.   **Recent Changes**:   * + Sleep has worsened in the last few months, with increased difficulty breathing at night, possibly due to heart failure or exacerbation of her COPD. |
| **Stressors** | **Work** | * · No longer working due to retirement and health issues. |
| **Home** | * · The difficulty with mobility and reliance on her daughter for support are significant stressors. * Feels concerned about her ability to remain independent as her health declines. |
| **Financial** | While financially stable for now, she worries about future healthcare needs and the possibility of needing long-term care. |
| **Other** | * + Emotional stress related to declining health and reduced independence. |

**Physical Exam Findings: (may also include instructions on simulating/replicating/reporting findings, e.g., physical simulations, verbal prompts, findings cards, moulage, hybrid technology)**

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| · **General**: Appears fatigued, mild distress from breathlessness.  · **Vitals**:   * Temperature: 98.6°F * Pulse: 96 bpm * Blood Pressure: 148/90 mmHg * Respiratory Rate: 20 breaths/min * Oxygen Saturation: 91% on room air   · **Cardiovascular**: Regular rhythm, no murmurs, distant heart sounds.  · **Respiratory**: Bilateral lower extremity edema, crackles at the bases of the lungs, wheezing on forced expiration.  · **Musculoskeletal**: Limited range of motion in knees and hands due to arthritis.  · **Neurologic**: Alert, oriented, no focal deficits. |

**Prompts and Special Instructions:**

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| **Questions the SP MUST ask/ Statements patient must make** | · "Can you help me with what’s going on? I’m scared I might be getting worse."  · "I’ve been feeling so tired and short of breath. Is that normal for someone my age?"  · "What else can I do to feel better? I don’t want to be a burden on my daughter." |
| **Questions the SP will ask if given the opportunity** | · **About Current Health Concerns**:   * · "Do you think my shortness of breath could be related to my heart, or do you think it’s more to do with my COPD?" * "I’ve been feeling more fatigued lately—could that be a sign of something serious like heart failure or something else?" * "I’ve noticed my legs swelling a bit more recently. Should I be concerned about that?"   · **Regarding Medication and Treatment**:   * · "Do you think any of my medications might be contributing to my fatigue or other symptoms?" * "I’ve been taking my blood pressure and diabetes medications regularly, but should I be doing anything different to manage them better?" * "Are there any new treatments or medications I should consider, given my current condition?"   · **About Functional Status and Mobility**:   * · "I’ve been having trouble walking around my house without my walker. Is there something I can do to improve my mobility?" * "I used to enjoy walking, but now I feel out of breath just doing simple tasks—what can I do to improve my stamina?"   · **Regarding the Need for Care or Support**:   * · "Would it be advisable for me to consider hiring someone to help at home? I’m getting worried about how much longer I can manage on my own." * "Should I think about moving into an assisted living facility if my condition continues to worsen?"   · **Concerning Lifestyle and Diet**:   * · "Am I doing the right things with my diet to manage my blood pressure and diabetes? Is there anything more I should be avoiding?" * "Should I be exercising more, or is it better to focus on rest with my current symptoms?"   · **About Family and Social Support**:   * · "My daughter helps me a lot, but I don’t want to be a burden. Is it time for me to start asking for more help from my friends or other family?" * "I’ve been feeling a bit lonely. Do you think my social support could be affecting my health?"   · **Regarding Future Planning and End-of-Life Care**:   * · "How do I prepare for my future if my health gets worse? Should I think about making a living will or advance directives?" * "What should I expect as my condition progresses, and when should I consider additional care?"   · **On Psychological Well-being**:   * · "I’ve been feeling a little down lately. Could this be related to my health issues, or is it something else I should be concerned about?" * "Is it common for people my age with these kinds of conditions to experience depression or anxiety?"   · **Regarding Medical Appointments**:   * · "How often should I be seeing my cardiologist and pulmonologist to keep my conditions under control?" * "Should I have any more tests done to check on my heart, lungs, or kidneys, considering all of my symptoms?"   · **Regarding Caregiver and Support System**:   * · "I don’t want to burden my daughter too much, but is it okay to ask her for help more often, or do you think I should look into other forms of support?"   · **Regarding Chronic Disease Management**:   * · "Are there any lifestyle changes I can make that would help prevent further damage to my heart, lungs, or kidneys?" * "Is there anything I should be doing differently to better manage my multiple chronic conditions?" |
| **What should the SP expect by the end of this visit? (e.g., diagnosis, plan, treatment, reassurance)** | * + Diagnosis may involve a combination of heart failure, complications from diabetes, and osteoarthritis.   + Discussion of further tests, including echocardiogram or chest X-ray, and possible adjustments to medications or treatment plan. |
| **Is there anything the learner knows from the door info that the SP does not? (e.g., symptomatic vitals, pregnancy, lab results, imaging)** | * **Severity of her symptoms**, such as how low her oxygen saturation really is, or the specific risks indicated by elevated blood pressure or tachycardia. * **The potential underlying cause of her shortness of breath**, which could be exacerbated by heart failure, COPD, or other conditions. * **The possibility of an exacerbation** of any chronic condition that could worsen her current symptoms (e.g., a COPD flare, or a slow progression of heart failure). * **The detailed picture of her lab and imaging results**, which might suggest additional concerns like kidney dysfunction or pulmonary issues. |