

Recruitment and Training

People are recruited and trained to portray diseases and medical conditions, and then used to test students in a clinical setting. In addition, they are trained to evaluate the students in their communication skills. Great effort is expended to maintain standardization among performers. This is the reasoning behind the name, “Standardized Patients”.

The standardized patient pool is comprised of professional actors, non-professionals, and people with minimal or no acting experience.

Participation

Benefits

- Free meals if all day session
- Free parking
- Compensation for training & performance

Advantages

- Ability to make a contribution to solid medical training
- Offer direct feedback to students regarding their presentation and communication techniques
- Association with other actors/actresses in the Indianapolis community

Clinical Skills Education Center
1633 N. Capitol Ave., #260
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To:



STANDARDIZED PATIENT PROGRAM



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Development & History at IUSM

The Standardized Patient Program began under the leadership of Stephen Leapman, M.D. June, 1991. Healthy people were trained to portray as patients in a clinical setting with a variety of medical conditions. Medical students were then required to diagnose and prescribe for the “patient” in a professional manner.

Since this time, the Clinical Skills Education Center has been developed offering a real clinical setting containing examination rooms, hidden cameras, and computers. This has become the new home for the standardized patient program.

Currently, the program has over 100 participants (ages 16-80) registered, and is coordinated by the staff at the Center.

If you would like to assist, please feel free to contact me.

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The Standardized Patient Program

Added Value to Students:

- Clinical problems presented in a less threatening environment
- Students can practice formative skills repeatedly
- Technique of “time in-time out” allows immediate feedback
- Learn how to handle emotionally charged scenarios & difficult patients

Added Value to Teaching:

- Provides equivalent patient exercises rather than random cases
- Core problems & exercises can be developed for the curriculum
- Students can be evaluated on a consistent basis
- Faculty control the complexity of the scenarios
- Fewer faculty needed for history & physical exam teaching

Added Value to Educational Program:

- Provides feedback to faculty re: program and teaching effectiveness
- Reinforces the patient-centered nature of the curriculum
- Reinforces curriculum goals
- Immediate identification if educational objectives aren't met

Added Value to Assessment:

- Many faculty can observe student performances simultaneously
- SP's give feedback to students and faculty
- Faculty have input in scenarios
- Assessment criteria developed by faculty
- Performance in competencies can be assessed objectively
- Feedback from sp's provide patients perspective of performance
- Balanced addition to written examinations