Superior doctors prevent the disease.
Mediocre doctors treat the disease before evident.
Inferior doctors treat the full blown disease.

–Huang Dee: Nai-Ching (2600 B.C. 1st Chinese Medical Text.)
Standardized patients

History and Definition

- First introduced by Howard Barrows, M.D. and Steven Abrahamson, Ph.D. in 1964
- A standardized patient (SP) is a nonphysician (actor) who has been trained to portray a specific patient case in a consistent, standardized manner.
- In this interaction with the examinee, the SP presents the case history in response to questioning by the examinee and undergoes a physical examination at the examinee’s direction.
- In addition, SPs complete checklists following the examinee-SP encounter, on which they document actions performed by the examinee.
Educational Uses of Standardized Patients

- Teaching and evaluating interpersonal skills
- Teaching and evaluating history-taking & physical examination skills
- Clinical reasoning analysis
- Assess ability to educate the patient
Educational Advantages of SPs

- Available at any time
- A standardized patient problem
- Provide clinical training for the unexperienced
- Eliminate risks of using a real patient
- Provide opportunity to work in an emergency situation
- Offer practice with difficult patients or sensitive situations
- Provide direct feedback about interpersonal skills
- Offer a flexible educational tool
- Modulate pressures of time and urgency
- Time can be telescopeds
Common Misunderstandings About Standardized Patients

- The standardized patient is not a real-life situation; it is too artificial to use.
- The standardized patient presents typical or classical disease entities, but not the vague or complex problems that are encountered in the real world.
- The range of problems that can be simulated is very small.
- Good standardized patients are difficult and time-consuming to prepare.
- The standardized patient is too expensive.
Use of SPs in USA and Canada

- Recent study conducted in the past two years showed that nearly all medical schools in the USA and Canada are now using SPs in their curricula.

- A number of medical licensing and specialty certifying boards in the USA and Canada are currently using or considering the use of SPs. These includes:
  - National Board of Medical Examiners
  - Educational Commission of Foreign Medical Graduates
  - Medical Council of Canada
  - Royal College of Physicians and Surgeons of Canada
  - Corporation of Medical Professionals of Quebec
Are standardized patients realistic?
Are they accurate in portraying their roles?

- A number of studies have shown that experienced physicians cannot differentiate real patients from SPs when the latter are sent unannounced into a physician’s office. This finding is particularly impressive given that the physicians had agreed in advance to participate in these studies and thus knew that SPs would be coming into their offices unannounced in a period of the next few months.

- Other studies have shown that house officers clinical behaviors were quite similar whether the encounter was with real patients or SPs.
Accuracy of checklist completion

Are they accurate at checklist completion?

- As expected, the number of actions needed to be recalled influenced the accuracy.
  - In one study, accuracies ranged from 83% for a 5-item checklist to 76% for a 30-item checklist.
  - At The Morchand Center, accuracies average from 87-98% for a 20-item checklist.

- In general, 15-item checklists appear to represent a good balance between recording accuracy and breadth of information regarding examinee performance.
Test security

Is test security a potential threat to the validity of SP examinations?

- Studies have shown no consistent, systematic increasing or decreasing trend in scores throughout the examination period.
OSCE

- **Objective Structured Clinical Examination**
  - Uses SPs to simply simulate parts of an encounter to test specific tasks or technical skills, for example:
    - Take a BP
    - Examine the left retina
    - Evaluate the abdomen
    - Educate the diabetic patient about insulin use
  - Shorter station time
  - May involve non-SP encounter, e.g. read an ECG
  - Many stations required
The Morchand Center for Clinical Competence

History and background information

- Opened in January 1991
- Home of the SP program for the NYC medical schools
- Teach and evaluate more than 1,300 fourth year students annually
- Over 1,500 actors on database
The Morchand Center

The Facility

- Seven examination rooms
- Conference room
- All equipped with closed-circuit color television cameras and stereo microphones
- Observation theater with eight television monitors
The objective of medical education is to prepare students for the effective, efficient, and humane care of patients.
The Use of Standardized Patients in Medical Education

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Thank you for your gracious invitation -

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