



CENTER FOR  
**CLINICAL SKILLS  
AND SIMULATION**  
OSU Center for Health Sciences

Oklahoma State University, College of Osteopathic Medicine

# Standardized Patient Program Handbook

Last updated  
5/14/2021

## **Personnel and Contact Information**

The Standardized Patient Program is an important part of Oklahoma State University Center for Health Sciences and the College of Osteopathic Medicine at OSU. Dr. Laurie Clark, D.O. is the Director of Standardized Patient Education, Jean Ann Thompson is our Standardized Patient Education and Technology Coordinator.

Simulation Center personnel can be reached using the contact information below. Except in the case of an emergency or time-sensitive communications, the university email addresses are the preferred method of communications since email is checked more frequently than phone messages. Text is acceptable also!

For non-urgent matters, when phone calls are necessary, please use the office numbers listed below. All phone numbers have corresponding voicemail boxes. Please leave a message if center personnel are unavailable to answer the call at the time. It is disruptive to call both the office and cell phone during normal business hours for non-urgent matters.

Center personnel do not answer their phones during training, while in meetings, or while running events. Please leave voicemail messages when necessary and center personnel will respond as soon as possible. Again, emails are responded to faster than phone messages in general.

Standardized Patients (SPs) should always have the 24-hour emergency phone number with them so that, in case of unforeseen emergencies on days they are scheduled to perform, the SP can let the center staff know as soon as possible of a delay or cancellation. The coordinator or manager is available by phone for emergencies related to the next day's events.

## **Who to Call and for What**

**Event related matters:** Call the event coordinator. This will be the person who confirmed you for the event.

**Payroll Questions:** Questions about payments should be directed to the event coordinator. Concerns will be passed on to the payroll department where needed.

**Email/IT Issues:** Contact the SP Program staff with any login or email problems.

**Personal Information Changes:** If you have a change in mailing address and/or phone, contact an event coordinator as soon as possible. This is very important for payroll processing.

**SP referrals:** Anyone interested in becoming an SP should contact SP Program staff to inquire about the application process. Also, there is a SP application available on the simulation website at <https://medicine.okstate.edu/academics/simulation-center/standardized-patients.html>.

### **Learner, faculty or any program concerns or complaints:**

Tulsa Simulation Manager, Jennifer Nachbor: [jennifer.nachbor@okstate.edu](mailto:jennifer.nachbor@okstate.edu)

Tahlequah Simulation Manager, Jeannifer Scott: [jeannifer.scott@okstate.edu](mailto:jeannifer.scott@okstate.edu)

Director of Simulation, Shelley Houk: [shelley.houk@okstate.edu](mailto:shelley.houk@okstate.edu)

### **Event Coordinators/SP Program Staff**

To cancel participation in an event 24 hours or less prior to that event (only for serious illness or emergency), the SP must talk to a staff member in person or live on the phone. Neither email message, text, nor voicemail messages are acceptable for this purpose.

Please give immediate notice if you are not able to attend an event to the event coordinator whom you scheduled the event with.

Office hours and after hours contact information:

#### **Tulsa**

Jean Ann Thompson - [jean.thompson@okstate.edu](mailto:jean.thompson@okstate.edu) Cell/text: 918-398-3021

Linda Lawrence – [linda.lawrence@okstate.edu](mailto:linda.lawrence@okstate.edu) Cell/text: 918-639-3090

Kristin Hastings – [kristin.hastings@okstate.edu](mailto:kristin.hastings@okstate.edu) Office: 918-561-1808

#### **Cherokee Nation, Tahlequah**

Shelby Lemon-Younger [shelby.lemon-younger@okstate.edu](mailto:shelby.lemon-younger@okstate.edu) Office: 918-525-6359

#### **Other emergency information:**

Campus security - 918-625-8592 (Tulsa), 918-453-3527 (Cherokee Nation, Tahlequah)

Emergency: 911

## **Glossary of Terms and Commonly Used Abbreviations**

Adjustment – instructions given to an SP to modify the way he/she is portraying a character to improve upon it or make it more standardized and consistent.

Auscultate - One of the four techniques of physical examination accomplished by listening, usually through a stethoscope.

Call time - The SP arrival time for a case.

Checklist - A list of items for which learners are "checked off" to assess their performance with a patient.

CC - Chief Complaint - A word or short phrase used by the patient to describe the main reason he/she seeks care. It is usually recorded in the patient's own words and may or may not be the "real" reason for the visit

Class of 20XX: Learners who will graduate in 20XX

Client - A faculty member, clerkship, course or program using the Clinical Skills Center.

Clinical Skills Exam - An interaction between a learner and a standardized patient. The learning occurs while interacting with (taking care of) the SP, after which the clinical performance of the learner is assessed and graded.

COM - College of Medicine

EM - Emergency Medicine

Encounter - The time during an event from the beginning of one learner experience to the end of that learner experience. (Exclusive of breaks)

Event – The time on one of multiple days in which learners and an SP interact for the same purpose. For example, the Family Medicine CPX is an event.

Fellow – An advanced learner; one who has completed medical school, at least three years of post-graduate training, had obtained a “medical doctor” license, and is pursuing specialized training (such as cardiology, pediatric orthopedics, etc.).

FH – Family History – Information about the health of a patient’s parents, grandparents, sibling(s), spouse and children.

Formative – Activities primarily designed to be educational for the learner.

HPI – History of Present Illness. Detailed information about the problem(s) the patient is presenting with for this visit.

Inspection – One of the four techniques of physical examination accomplished by looking and observing.

Learner – This is a general term for any learner or participant involved in a formative or summative simulation.

M1 – Learners in their first year of medical school.

M2 – Learners in their second year of medical school.

M3 – Learners in their third year of medical school.

M4 – Learners in their fourth year of medical school.

Medical Imaging – a program of study for those professionals who perform x-rays, CT scans, MRIs, etc.

MIRS – Master Interview Rating Scale – A checklist used by SPs to assess communication

Model – An SP who basically volunteers his/her body for use, there are no lines to learn or roles to play. An example would be the ultrasound experiences during which you are yourself and learners learn to perform ultrasound using your body.

OSCE – Objective Structured Clinical Examination – An examination in which the learner is assessed in the mastery of a discrete clinical skill during a 15 to 30-minute station. These may or may not involve a standardized patient.

Otoscope / Ophthalmoscope – The lighted instruments on the walls of the exam rooms used for looking at the ears and eyes.

OT – Occupational Therapy

PA – Physician's Assistant

Palpate – A method of physical examination which involves feeling.

PE – Physical Examination.

Percuss – A method of physical examination which involves tapping to discern solid vs. hollow objects.

PGY – Post Graduate Year(s)

PMH – Past Medical History

PT – Physical Therapy

Resident – Refers to a physician in training during the first three years after graduation from medical school.

ROS – Review of Systems – A rapid review (during the history-taking part of the visit) of screening questions designed to cover key components of each major body system.

SOAP note – A common format for a health professional's written note about a patient. It includes subjective (history) data, objective (physical exam and tests) data, the assessment and plan.

SH – Social History – This is information about a patient's occupation, hobbies, living arrangements and habits that may affect their health, such as tobacco, alcohol and recreational drug use, sexual partners, contraception and sexually transmitted disease prevention.

SP – Standardized Patient

SP Methodology – How SPs are trained for a case of an event.

Start – The beginning of an interaction between a learner and a patient, the time the cameras start recording and learners begin to be assessed.

Summative – A summative is an event primarily for the purpose of grading or evaluating a learner.

Table Read – Rehearsing lines, sitting at a round table

Time in/Time out – This is a teaching technique in which the faculty interrupts an interaction between a learner and an SP to interject teaching or questioning.

## **Services Provided by SPs**

We are dedicated to establishing competencies in clinical, communication and professional skills of health care providers AND competencies in communication and interpersonal skills in the community and healthcare fields.

**Teaching and Evaluating Learners** - Some activities involving SPs are primarily for the purpose of educating learners by providing them with the opportunities to practice clinical skills. Other activities are for the purpose of assessing how well learners have learned basic clinical skills. Many activities at OSU-CHS are a mixture of both.

**Demonstrations and Small Group Activities** – SPs may be involved in a class of small group demonstrations in which a faculty member, a learner or a group of learners interview, examine or interact with an SP in front of the group. Other times, SPs may be involved in a small group exercise in which they meet with 8-9 learners and a faculty facilitator to demonstrate or practice specific skills as a group or go into the classroom to work with learners.

**Clinical Physical Exams (CPX)** – This is a one-on-one interaction with the learner, usually called a CPX (Clinical Physical Exam). During a CPX, a learner and an SP interact and the learner's performance is evaluated (either live or afterwards). The SP portrays a patient in a standardized manner with each learner, thereby providing each learner with the same exam. The interactions are assessed, usually by completion of a checklist, by faculty and/or SPs. CPX encounters are the classical work that SPs do and they mimic real clinical interactions.

**Objective Structured Clinical Exams (OSCEs)** – An OSCE is a type of examination often used in health sciences. It is designed to test clinical skill performance and competence in a range of skills. It is a hands-on, real-world approach to learning and assessment.

While all SP work shares many common elements, each event is individualized to meet the needs of the client utilizing them.

**Clinical Care Foundations (CCF)** – Our 1<sup>st</sup> and 2<sup>nd</sup> year medical students learn basic exams during CCF encounters. These clinical exams involve SPs, task trainers and manikins. These will often be performed with the SP, student doctor and a faculty instructor.



## **Clients**

The SP program provides SP activities for various programs and departments at OSU-CHS. In addition, the program occasionally contracts with third parties to provide educational and experiential sessions using SPs. These may occur on the OSU-CHS campus or off-site. The SP program considers both internal OSU departments, programs and third parties as clients and they will be referred to as such in these materials.

**Medical Learners and Post-Graduate Trainees** – Learners can attend up to four years of school depending on the program they are enrolled in. Physician education continues throughout three plus years of post-graduate training including residency or fellowship programs. All participants, regardless of their educational or training level are referred to as “learners.”

**Academic Health Programs** – The SP Program may also provide educational and experiential sessions for the learners from the university’s academic health programs. This could include Behavioral Health and Athletic Training.

**External Clients** - These are usually medical groups who are in Oklahoma or surrounding states. We provide training or sponsor conferences for which they need SPs. Sometimes they may choose to come to OSU-CHS and utilize both our space and our SPs. Other times, they may request that SPs come to the training or conference location.

## **Contracting to Provide SP Services**

Potential SPs learn of our work mostly by word of mouth. The SP program may also seek referrals from acting groups or schools, directors, theaters, etc. and on occasion advertise for candidates. While most of the program's SPs have some acting experience or acting interest, all come with the requisite skills needed to portray patients.

The SP Program maintains a group of SPs comprised of both genders and a variety of age groups, racial and ethnic backgrounds to be able to fulfill requests that come from faculty for specific demographics. Currently, the SP Program has a group of about 40-50 people over the course of a year for general SP work.

Some of the most important and sought-after characteristics are:

- Accuracy in memorization of case details
- Ability to follow instructions and adjust
- Ability to realistically portray a patient
- Ability to remember what the learner asked/did and accurately complete a checklist
- Ability to portray various levels of pain, anxiety, etc.
- Ability to provide helpful, professional, unbiased verbal or written feedback to learners

After an SP has been hired, successful candidates are invited to join the SP Program and complete all new employee hiring paperwork and trainings. Once this is completed, SPs are eligible for assignments.

SPs are required to fill out a W-9 for OSU payroll and are considered a 1099 vendor for OSU CHS.

The main method of communication with SPs is via university email. To participate as an SP, it will be imperative to have or obtain an email address and regularly check and read email messages at that address. SPs will be given cases and materials during training and are responsible for keeping a folder with all their cases included. This case information should be considered confidential and should never be left out for others to view.

## **How SPs are Cast/Selected**

Clients (generally faculty) submit requests for events utilizing SPs. With these requests, the faculty specifies case details such as the age range, gender, ethnicity and other demographics, etc. Based on this information, the staff identifies possible SPs.

The following secondary selection criteria are considered to narrow down possible SPs:

- Cast requirements (affect to be portrayed, case difficulty, knowledge base needed to portray case, live experience)
- Ability to master the role, personality, and requirements of the case
- Ability to interact with the staff and trainees in a professional manner
- Level of experience in portraying case
- Level of experience and quality of feedback (verbal and/or written)
- Performance history and ability to maintain changes of case/feedback
- Client preferences (client may identify a specific SP or ask NOT to send a specific SP)
- Number of times SP has interacted with this group of learners. The SP program limits the number of interactions between a specific SP and a learner
- Historical attendance reliability

\*The SP Program reserves the right to cast in a manner that will best maintain the overall skills of our SP population.

The director of the SP program has the final say in all casting decisions.

Once the best SPs for the parts are identified, they are contacted by email or phone to determine availability and interests. Out of the individuals who are available for the event(s), final casting decisions are made and confirmations are sent out with the event details.

## **Cancellation Expectations**

**Cancellation by an SP** – SPs are free to accept or decline any request without penalty. However, once an assignment is accepted, the SP is expected to honor that commitment under all circumstances, except illness or emergencies. Failure to honor such commitments will result in discontinuation of services. SPs must follow cancellation policies outlined earlier for those rare occasions for which cancellation is acceptable.

**Cancellation by OSU-CHS** – In the rare event that the SP Program cancels a confirmed SP engagement, the following compensation policies apply:

- Less than 24 hours, SP receives full compensation for the event
- More than 24 hours but  $\leq$  one week, SP receives no compensation
- Greater than 1 week: no compensation

SPs will be notified of SP Program-initiated cancellations via email or phone number on file.

**Campus closure** - SPs will be notified by the SP Program staff if the campus is closed due to inclement weather or of a late opening. SPs will also find all campus closure information online or from regular TV media outlets (i.e., KOTV-TV, KTUL-TV, KJRH-TV, Fox 23).

In the event of a tornado warning, please follow directions given by Simulation staff. Move to the lowest level in the building and into an interior room with no windows.

## **SP Preparation for a Case**

Event notices are sent out several days prior to an event. SPs are expected to learn the detail of their cases and understand the event specifics (i.e., length of a case, whether they will need to give feedback, complete checklists, etc.) If a copy of the case is needed by the SP, prior notice to the SP Program staff is needed to have the case printed and ready for the event.

Case Training Sessions: SPs should arrive at training having not just memorized the chief complaint, but learning and understanding, opening statement(s), case details and all scripted responses. Training generally starts with a brief description of how the character is envisioned. SPs should be able to participate in the training without having to reference case materials. Lack of adequate preparation for training may result in replacement, lack of future assignments or discontinuation of services.

Instructions and practice for physical simulations follow the assignment of a new case, when applicable. All cases require some level of training and/or rehearsal. The format of which will be determined by the SP Program staff in conjunction with the faculty. Considerations influencing the amount and type of training and/or rehearsal include the complexity of the case, the experience level of the SP and the purpose of the event.

In addition to the training activities described above, other activities may include:

- General SP best practices and etiquette training
- Video review of the case
- Specialized training to complete a history and/or physical exam checklist
- Training on verbal and/or written feedback
- Instruction in feedback techniques
- Rehearsal of the case
- Other training procedures as required by the nature of the event.

## **Event Day Expectations**

**Call time** – The call time is usually 15 minutes prior to the start of the session and will be specified in the email confirmation for the session. SPs are expected to be signed in, ready to work at the call time. This time is compensated and crucial for the last-minute instructions using the restroom, getting food and beverages, putting on special costumes, makeup, gathering props, etc. This should all be accomplished during this time PRIOR to the start of any event.

The 15 to 30-minute call time is compensated time and is designed to give the staff time to communicate any last-minute changes, tune up the cases and answer questions. It also provides the SP time to prepare his/her exam room and get into character.

**Begin in Character** – You should always be in character (within reason) anywhere you might encounter learners. This includes hallways, elevators, restrooms, etc.

**Parking** – Please park in visitor parking areas.

**Where to Report** – All SPs will need to check in at the security desk to get a visitor's badge with every event.

**Cell Phones** – All cell phones are to be on silent and not in view while an event is running. If there are special circumstances, please see the SP staff to carry your phone for you during the simulation. Please step out into the hallways if you should need to take a call or talk to an instructor.

**Dress Code** – Please dress in clean clothes that are modest and restrained. For cases in which you are not changing into a patient gown, your clothing should be consistent with your character. Please ensure you come to campus without any odors, smoke or heavily scented products accompanying you as these are not appropriate for a medical setting.

Typical attire although can be adjusted to the case as indicated in the training:

- Exam gown, tied in the back
- Bra with a loose-fitting camisole over it. (Must be small straps to give access to front and back of chest; very stretchy/loose)
- Underwear/boxer or basketball shorts should not rise above the lower quadrants of the abdomen (i.e., should never be as high as the belly button when you are lying on your back.)
- No pants or tee shirts (unless directed in the case you're doing)

**Hall Meeting** – This is a last-minute update and question answering prior to the start of the event.

**Preparatory Time** – The short time prior to an event is a hectic time and there is a lot to be accomplished by the staff during this time. In addition to interacting with the SPs, the staff must prepare rooms, turn on computers, greet and orient the faculty and learners and get everyone where they need to be for an on-time event. Please do not ask for special attention, services (copies of the case) or bring up anything not directly related to and crucial for the successful start of the upcoming event (i.e. questions about paychecks, future assignments, etc.). Each SP is expected to independently function during this time and prepare for his/her role. Unforeseen difficulties which threaten the start time or the success of the event should be brought to the staff's attention immediately.

All events are carefully choreographed and timed ensuring the event comes together in a coordinated effort. Every effort must be directed toward starting on time and sticking to the schedule. Tardiness affects all levels of participants.

**Breaks and Meals** – Lunch can be provided for SPs for all-day events. When provided, the food and beverages are intended to be consumed on site. If you have special dietary needs, you should plan to provide for those by bringing food or snacks with you.

**Compensated Time** – All time from the start time until the SP departs is compensated time and the SP Program expects to have the SP's full attention during the entire event. Breaks may be needed for adjusting the performances, so using the facilities and checking in with staff should be the priority of each SP during breaks. SPs are not to use breaks to make phone calls and check email unless the staff has indicated you are not needed.

Following breaks and/or lunch, SPs must be back in their rooms with doors closed before the start of the next session when learners are escorted into the suites.

On occasions when same-day training is done in the morning and there is a break before the session start, this may not be compensated time depending on the situation. Consult the coordinator or director in such cases. When it is not compensated, the SP is free to leave campus or use this time for whatever he/she desires.

**End-of-day Activities** – After the last learner of the day, the SP must complete the following activities prior to leaving:

- Submit the last checklist and log out of the computer in the exam room
- Tidy up the room
- Make sure that all exam tables are wiped down, using sanitizing cleaning wipes
- Tear off used paper from exam table. There are some exams that will not need the paper to be pulled back down. When in doubt, ask the SP Program staff
- Place used linens in hamper/ laundry bag in the area
- Replace props and special equipment used for the case
- Double check room to make sure NO training/case materials are left behind

SP debriefing is encouraged after events to discuss areas of improvement and any concerns. The SP should plan to stay 5-15 minutes after the event for a debrief session.

**TeleMed/TeleHealth encounters** – During this time of the pandemic, we were able to shift our encounters with students to a TeleMed (or TeleHealth) experience. This will become a permanent part of our testing for student doctors.

For these encounters, SPs are given a website and a log in. SPs must know how to navigate the internet and be comfortable operating a webcam for this to be successful.

These events are paid the same as our normal encounters. After each encounter, the SP returns to a dashboard where they answer Professionalism and Interpersonal questions about their encounter with the students. These encounters are viewed just like they are on campus. SP feedback is part of the grading process student doctors get from a remote grader.



## **Key Expectations for SPs**

### **Attendance and Punctuality**

Cancellations of less than 24 hours due to extreme conditions, infections illness, serious family emergency or death require direct notification as described earlier as soon as the circumstances become known.

As noted previously, SP events involve many people in a carefully choreographed schedule. Lateness or the unexpected absence of an SP creates a situation that can have serious consequence including, but not limited to, compromise of the integrity of an exam, learners missing a graded event with no option to make it up, wasted valuable time of the faculty, staff and other SPs, and perhaps most disconcerting of all, a group of learners assigned to an exam room with no patient in it.

The financial cost of scheduling a make-up exam, should the learner and faculty schedules permits, may exceed \$1,000 when staff, faculty, learner and SP time is accounted for. For all these reasons, once a role has been accepted, there are few acceptable reasons not to appear. A first occasion of not showing without timely notification and an acceptable reason for an absence could result in discontinuation of an SP's services without notice. SP attendance issues are tracked via program staff.

### **Punctuality**

It's of the utmost importance that SPs are on time so that events can begin on time and stay on schedule. Traffic and parking around OSU-CHS is typically easy to find but can be sparse at certain times of the semester. The best thing to do is plan for parking and possible issues with traffic.

### **Professionalism**

The SP Program at OSU-CHS deals with a variety of busy professionals and is also a busy program. An SP assignment is a professional obligation and SPs are expected to always act in a professional manner.

### **Relationships with Learners**

SPs providing services for the program are not to interact with the medical learners on a personal level since they are in a position of assessing the learner's performance. Providing a quality educational experience for the learner is compromised if the learner must be concerned with discriminating between the SP as a patient or as a friend.

Should an SP discover, over the course of his/her work that he/she has an existing relationship with a learner; the SP Program staff should be notified. The programmer can then schedule the SP with assignments that do not involve that specific learner.

## **Modesty**

Female SPs should wear a bra and camisole under their patient gown unless otherwise directed. Both men and women should wear briefs, boxers and/or basketball shorts under their gowns. No other garments (bathing suits, shorts or pants without an elastic waist, sweatpants, undershirts, etc.) are allowed unless specifically directed otherwise for the case.

Socks or slippers are allowed for comfort during the exam. SPs should be prepared to remove them should the learner request (as it is not acceptable for learners to examine an SP through their socks). The SP may put the socks back on after each learner exam. If the socks are on for the first learner, they should be on for every learner.

Anytime an SP is in a gown, there will be a robe provided in the exam room for breaks and if the SP should need them. At the end of the event, this robe should be taken to the laundry basket provided along with the gown.

When undressing in the exam rooms, please disrobe accordingly. The cameras are in a privacy mode until the event announcements are started. After hearing the “SP prepare” announcement, the recording starts in every exam room for the event.

During exams, learners are expected to drape patients appropriately to avoid exposing them unnecessarily; however, this is a learned skill and is accomplished to varying degrees during the learning period.

During the cardiac exam, learners must palpate (feel) the chest in the area under the left breast (and possibly other areas). For woman, the area the learner needs to feel is frequently located under the band of the bra on the left side. SPs must be comfortable allowing learners to access this area. Sometimes, the learner may ask the SP to hold the breast out of the way while conducting this part of the exam. This is totally acceptable and the SP should accommodate the learner’s request.

Learners must learn the skills of protecting modesty and it does require a certain amount of practice. Unfortunately, there will be some misses along the way. The SP Program provides a safe atmosphere for the learners to practice and make mistakes, so if any of the above-referenced encounters are unacceptable, the SP should withdraw from the programs or accept only assignments involving medical history.

**Hygiene** - Our SPs find themselves in poorly ventilated exam rooms for long periods of time. For the comfort of our learners, faculty, and staff, please come freshly showered if possible. Also, please refrain from wearing excessive perfumes and colognes.

**Realism and Staying in Character** - Realism in portraying patients is an important responsibility of the SP. SPs must practice and be attentive to using speech patterns, vocabulary, body language, physical simulations, etc., that mimic real patients.

SPs do not speak with the learners “out of role” before or during the simulation session. SPs should not be seen by any of the learners unless the SP is “in role” or otherwise instructed.

To lessen the chance of an encounter with a learner, upon arrival for the event, SPs should come immediately to the SP Lounge or to their assigned exam room.

**Confidentiality - Learner Confidentiality** – No learner performances, behaviors or interactions are to be discussed outside of the SP Program offices. While it is appropriate to discuss performances during the debriefings, trainings, etc., these should be done without identifying learners. Feedback about specific learners should be shared only with the coordinator and/or director of the SP Program. The staff must always maintain total privacy for the learners. Learner confidentiality is protected by the Family Educational Rights and Privacy Act (FERPA) and it is a serious matter to jeopardize learner confidentiality.

**SP Confidentiality** – Any observations of another SP’s performance during training or quality assurance/reliability sessions are to be kept in the strictest confidence. Discussion of SP performance is to be limited to the trainer and SP Program staff.

**Confidential Materials** – The training manuals, cases and checklists are the property of Oklahoma State University Center for Health Services. These materials are to be used exclusively for experiences and sessions arranged through the SP Program and by SPs trained at OSU CHS.

**Psychological Safety** – If at any time a Standardized Patient feels physically uncomfortable during an encounter, they are encouraged to use a "safe phrase" - "that's a little rough, doctor" and that they are free to stop a physical exam at any time if they feel it is uncomfortable, invasive, or inappropriate.

If a Standardized Patient has any concerns regarding a scenario, learner interaction or simulation experience they are encouraged to notify simulation staff or a faculty member. A meeting can be scheduled if needed.

Upon request, community resource information regarding physical and psychological wellness may be provided.

**The Camera is Always On** - Cameras are always on and may or not be recording. Please refrain from making gestures (eye rolling, thumbs down etc.) or comments about the learners at any time. The footage will be viewed by medical faculty and observed by the learner. Discussions about the learner or case with faculty or other staff should be avoided in any recording area (clinical exam rooms, hospital simulation center). At the end of the encounter, the SP is to complete the learner evaluation checklists or provide feedback without editorializing. Video recordings may be utilized for student or faculty review. Standardized Patients are prompted to electronically sign a video waiver routinely.

**Summoning Assistance during an Encounter/Event** - Signal to the hall monitor if you should need anything outside the exam room or on the computer you log into in the rooms. Questions, needing water and other requests can be accommodated, but please do not leave the room without letting someone know.

*\*If the SP is comfortable texting, you may also text the contact cellphone number of the specialist running the event to communicate without disrupting the student graders in the hallways.*

**Interacting with Faculty** - For class or small group demonstrations, if the SP has questions about the case or event, the SP may talk with the faculty prior to the session. SPs are not to engage in such conversations in the presence of the learner group but should seek out the facilitator outside of the learner's sight and hearing. Frequently, individual facilitators may have varying understandings about the activities for the day, so when time permits, a discussion prior to beginning is a good idea to make sure you are both on the same page.

For exams, SPs may be interacting with many different physicians during an event and each will have his/her own individual style. Should an SP have a question, concern or comment about a case, it is best to talk with the SP Program staff rather than questioning the faculty preceptor.

**Who Can Alter a Performance or Event?** Many different faculty observers may be involved in precepting a case and each usually has his/her own idea about how the case should be portrayed. However, the case author and the trainer had specific goals and objectives when the case was written and trained. Therefore, only a limited number of people can change the way in which an SP performs a case.

It is necessary to keep performances true to the original purpose of the case and to keep SP roles consistent (if one SP changes, all SPs will need to be adjusted). The physicians watching the cases do not always think about these factors and may wish to alter the way an SP is performing. It is acceptable for a faculty to "fine tune" a case or portrayal if it does not change the way in which the case was originally envisioned and trained. If an SP is asked to increase or decrease the anxiety level, that is acceptable. Adding a new symptom not on the original case is not acceptable.

An SP should politely refuse to allow anyone other than the SP Program staff to change the case or performance from the way the SP was trained. Should someone request a change, refer the faculty to the SP Program staff to discuss the suggested change or edit.

**Smoke-Free Campus** - OSU-CHS is a smoke free campus inside and outside of buildings. Please plan and behave accordingly. This includes within vehicles located on property and vaping on campus.

**Control Room and Hallway Monitoring Area** - Should an SP have some reason to be in the Control Room during an event, the SP must maintain silence so that others can listen and concentrate on the event at hand. During times of faculty viewing, SPs should maintain silence and enter and exit the room quietly so as not to disrupt concentration of the faculty. SPs should not be in the hallway during an event.

Privacy is critical at the event. An SP may be observing (or being observed by) another SP for training purposes. If the examination is sensitive, every effort will be made by the staff to protect the SP's privacy.

**Housekeeping** - As mentioned above, SPs are responsible for their examination rooms. Prior to the event, SPs should check their rooms to ensure there is sufficient stock of all supplies, including linen and that needed props or cards are in place.

Following each encounter, SPs are responsible for returning props to their storage area, tearing of the used paper on the exam table and leaving the exam room in pristine condition. SPs are responsible for putting all trash in provided bins and straightening the room after each encounter. This includes the doctor's chair for the next student doctor.

Additionally, if the SP has any problems with the equipment, finds something not working or utilizes the "last" of something in the room, he/she must notify the program staff.

SPs must not leave any confidential materials (case, checklists, instructions, etc.) inside or outside of the rooms. If necessary, always take case and any other sensitive documentation with you.

SPs should not leave any personal belongings in exam rooms at the end of the session. OSU CHS is not responsible for any loss of misplaced personal items.

**External Clients** - When an SP is representing OSU CHS off campus, all the guidelines and expectations of an OSU SP are in effect. In addition, there are some additional considerations when dealing with external client.

**No Doctor/Patient Relationship** - SPs should not take any advice or recommendations made during an event as consultation for individualized medical care or advice. Should something abnormal be found on physical exam, the SP can expect to be informed of the finding and advised to seek medical evaluation and treatment from the SP's personal physician or other healthcare provider. Neither the learners nor faculty provide any medical advice for SPs. None should be sought or expected.

**Quality Assurance** - It is important to always maintain a high-quality simulation. The quality of the SP performance is a priority to the SP Program at OSU CHS. Quality assurance will be maintained using several methods:

- Direct observation during training
- Direct, scheduled observation during sessions
- Footage review of events
- Footage self-review by the SP

Feedback will be provided to the SP as soon as possible.

If, at any time, an SP feels he/she is in need of a review or if the SP has questions or concerns with the simulation, the SP should arrange a scheduled time to meet with SP Program staff to answer their concerns.

**Compensation** - SP Compensation rates are determined by the OSU SP Program administration and are subject to change. SPs are notified of such changes via the SP email list maintained by the SP Program staff.

Live events: SPs should sign in and out on the proper computer in each exam room. There will be timesheets provided in the SP Lounge upon the SPs arrival or soon after.

Virtual encounters: The event coordinator will complete the timesheets for the SPs for these events. Please request a copy of your timesheet if you need a copy.

The SP is responsible for all updates to contact information. Including address, email address and phone contact number. If this information changes, it is the responsibility of the SP to let the SP Program staff know of any changes.

Should an SP have any question or concern, contact a Simulation staff member.

**Discontinuation of Services for OSU CHS** - All cases, check lists and written materials are the property of OSU CHS or on loan from another institution and being used with permission. These cases are to be used exclusively by SPs booked through the SP Program. Upon discontinuation of services for OSU CHS, all written materials are to be returned to the program.

The SP Program strives to provide a high-quality educational experience for its internal and external clients through its use of SPs. Regular participation is crucial to keep skills fresh.

**The OSU drug policy** - OSU CHS adheres to the Policy set by the University for the Drug Free Workplace - Drug Free Workplace (OSU Policy 1-1205)

1.01 The Drug-Free Workplace Act passed by Congress in 1988 requires federal contractors and grantees to certify to the contracting or granting agency that they will provide a drug-free workplace. This policy is adopted to comply with this statutory directive.

For all SPs providing services to the OSU CHS campus, the following activities are expressly prohibited:

--Illicit activity (smoking, vaping or drinking) prior to events.

-- Illicit activity (smoking, vaping or drinking) during activities sponsored by a client.

-- Illicit activity (smoking, vaping or drinking) at a conference or workshop site where participants or clients may observe this activity.

**Equal Opportunity and Discrimination Harassment Policy** – OSU CHS adheres to the same policy and procedures put forth by Oklahoma State University.

OSU does not discriminate based on race, color, national origin, sex, qualified disability, religion, sexual orientation, sexual identity, veterans' status, genetic information, or age in its programs and activities. The *Equal Opportunity Officer* is designated to handle inquiries regarding the non-discrimination policies and can be reached at 405-744-9154, [eeo@okstate.edu](mailto:eeo@okstate.edu) or 408 Whitehurst Hall, Stillwater, OK 74078.

Gender Discrimination/Sexual Harassment & Title IX Grievance Procedure (OSU Policy & Procedure 1-0702). There will be no discrimination conduct accepted at OSU CHS, neither verbal nor non-verbal.

**Complaints and Concerns** - Please contact the SP Program staff with any complaints or concerns about the OSU CHS SP Program or the particular SP assignments. If they are not able to resolve your concerns, please contact a Simulation Center manager as indicated on page 2 of this document.

**Current Compensation Rates:**

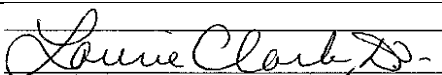
SP: Cases during class demonstrations, group events and teaching and/or assessment activities	Training - \$18/hour Performance - \$18/hour
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## Performance Criteria

SPs are trained to portray a patient case. This may include assessment/documentation of learner performance, providing individualized feedback on clinical, interpersonal and/or professional skills. For select events, the SP completes a checklist of items. As an SP gains experience, knowledge, and expertise, he/she will be assessed using the following criteria for consideration of extra events and cases:

1. *Ease of training and time training for a high-quality performance*: As experience increases for the SP, training time is more efficient and effective.
2. *Quality of Feedback*: Quality and detail of verbal and written feedback. Feedback is accurate and consistent in quality. Upholds training, uses phraseology as specified and completes checklists in detail with useful comments.
3. *General Attendance/punctuality*: Consistently arrives on time or provides adequate advance notice when late.
4. *Preparation*: Prepared with case details, knowledge of checklist and feedback.
5. *Working with staff, learners and peers*: Works well with SP Program staff, learners and peers.
6. *Flexibility*: Ability to adapt to quick changes in the event.
7. *Ability to receive feedback and integrate feedback*: Integrates feedback readily and consistently. SP does not object to changes requested.
8. *Consistently Performs in a high-quality manner*: Understanding details necessary to portray cases and document learner performance.
9. *Contributes positively to the attitude and morale of peers*: Does not contribute or spread malicious gossip or rumors.
10. *Checklist accuracy and reliability*: Consistent checklist accuracy and reliability.
11. *Professionalism*: Represents SP Program professionally at all times and is conscious of impact to internal and external clients.

### Approved by:

Signature: 	Date: 8-9-2019
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Laurie Clark, D.O.

Director

OSU CHS Standardized Patient Program

Department of Medical Education