



THE OHIO STATE UNIVERSITY

**Clinical Skills Education and Assessment Center
Essig Patient Simulation Learning Laboratory**

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Standardized Patient Handbook

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Mission Statement

The Clinical Skills Education and Assessment Center is a cornerstone of clinical education for current and future healthcare professionals at The Ohio State University. The mission of the Center is to develop competent, caring healthcare professionals who have the skills necessary to provide high-quality care and who are committed to improving people's lives through personalized health care.

What is a Standardized Patient (SP)?

The terms standardized patient and simulated patient (SP) are often used interchangeably and refer to a person trained to portray a patient in realistic and repeatable ways. SPs interact with learners in experiential education and assessment contexts. Learners, depending on the context, are variously described as students, trainees, participants, examinees, or candidates. SPs can also provide feedback on learner performance from the perspective of the person they portray, which is unique to working with SPs. SP-based education has grown in size and scope of practice to include many different roles. For this reason, the term simulated participant is being used as a more inclusive term to refer to all human role players in any simulation context.

The context in which SPs are working determines the degree of repeatability or standardization (consistency and accuracy) of their behavior, both within an individual SP's performance and between SPs portraying the same role. This behavior can be seen as part of a continuum. On one end of the continuum, in high stakes assessment, SPs may be trained to behave in a highly repeatable or standardized manner in order to give each learner a fair and equal chance and are often referred to as standardized patients. It is important to note that in this context, SPs are individuals whose behavior has been standardized. In formative educational settings, where standardization may not play an important part of the session design, carefully trained SPs are able to respond with more authenticity and flexibility to the needs of individual learners and are referred to as simulated patients.

This definition is based on the internationally accepted definition provided by the Association of SP Educators (ASPE).

Our Commitment

The Standardized Patient Program Team is committed to our goal of creating a safe environment for all learners, SPs, faculty, staff, and visitors. It is part of our Standards of Best Practice to continually check-in and adjust as needed to provide an equitable space for all to learn and grow. If you need anything at any time, please let one of us know.

If a learner causes physical pain during a physical exam OR if the learner does anything to make you extremely uncomfortable, please stop the encounter and inform us.

Standardization, the Golden Rules, and the Case Template

Standardization of patient portrayals is extremely important to the success of our educational objectives. We use a standard case template and "Golden Rules" to ensure all SPs know the amount of information to give and when to give it.

Case Template – the template is designed to cue you into exactly how much information to give based on how the question is asked. *You can find an example of a case at the end of this handbook.*

Golden Rules – a standardized way to train you to respond the same way other SPs are responding... rules are rules (e.g., not optional).

The Golden Rules

1. Always answer the question asked, and only the question asked.
 - a. *Except for past medical history elements:* If the response is affirmative, give the actual illness, injury, surgery, hospitalization, medication, or allergy, BUT... wait for the follow-up questions
 - b. This is visible on the case template, with specific information being separated into separate columns
2. When asked a compound question, only answer the last question.
 - a. *Note* that not all questions with an "or" are compound though, which have multiple unrelated items in the same question. Some items may be related and grouped together in medical interviews, but are not compound questions (such as 'fever or chills?', "nausea or vomiting?", or "vitamins, herbals, or alternatives?")
3. Just say no.
 - a. If the response to a History of Present Illness or Past Medical History question was not in the case, respond, "No," "I don't know," "I don't recall," etc.
4. If the response to a general personal/family/social question was not in the case, improvise.
 - a. You should know the name of your dog, what the weather is like outside, how your drive in today was, or what your date of birth is, for example.
5. Always stay in character.
 - a. Whether you have seen a learner in the past or not, you as the patient today have never seen them before.
 - b. You may reply with 'this is my first time in this clinic, sorry.'
6. Silence is golden.
 - a. Never feel the need to fill empty space. Allow the learner to do so.

During the interview, you may keep a list of prescriptions or family history on a paper note or on your phone to reference during the interview with the learner. This is entirely realistic. However, your case should otherwise be familiar and easy for you to recall.

Assessment

SP Post-Interaction Evaluation (Kalamazoo Essential Checklist)

You can find a copy of this evaluation at the end of this handbook.

- 6-7 questions
 - Response options: Poor/Fair/Good/Very Good/Excellent
 - Then two boxes for written feedback – constructive and reinforcement
 - Standard: Excellent is anchored as a *Practicing Physician*
 - The majority of your ratings should fall towards the average “good” response. If you rated a learner higher or lower than a “good”, use this reason for your text responses at the evaluation.
1. Builds a Relationship as defined by:
 - a. Greets and shows interest in you as a person
 - b. Uses words that show care and concern throughout the interview
 - c. Uses tone, pace, eye contact, and posture that show care and concern
 2. Opens the Discussion as defined by:
 - a. Allows you to complete opening statement without interruption
 - b. Asks "Is there anything else?" to elicit full set of concerns
 - c. Explains and/or negotiates an agenda for the visit
 3. Gathers Information as defined by:
 - a. Begins with your story using open-ended questions (e.g. "what brings you in", "tell me more about...")
 - b. Clarifies details as necessary with more specific or "yes/no" questions
 - c. Summarizes and gives you the opportunity to correct or add information
 - d. Transitions effectively to additional questions
 4. Understands (Appreciates) your Perspective as defined by:
 - a. Asks about life events, circumstances, other people that might affect health
 - b. Elicits your beliefs, concerns, and expectations about illness and treatment
 - c. Responds explicitly to your statements about ideas and feelings
 5. Shares information as defined by:
 - a. Assesses your understanding of the problem and desire for more information
 - b. Explains using words you can understand
 - c. Checks for mutual understanding of treatment plan (not assessed on this OSCE)
 - d. Asks if you have any questions
 6. Reaches Agreement as defined by:
 - a. Includes you in choices and decisions to the extent you desire
 - b. Asks about your ability to follow diagnostic and/or treatment plans
 - c. Identifies additional resources as appropriate
 7. Provides Closure as defined by:
 - a. Asks if you have questions, concerns, or other issues
 - b. Summarizes/asks you to summarize plans until the next visit
 - c. Acknowledges you and closes the interview

Communication Skills Text Boxes

1. For communication skills, identify 1-2 behaviors you would like to reinforce. Describe the observed behavior, the effect/consequences of the behavior on you, and offer reinforcement
2. For communication skills, identify 1-2 behaviors you would like the learner to alter. Describe the observed behavior, the effect/consequences that behavior had on you, and offer an alternative behavior.

Identify 1-2 items in each box that the learner did well (to reinforce) by explicitly stating observable behaviors and how it made you feel as the patient.

The *feeling* is the reinforcement.

Phrase your feedback as if you are directly speaking to the learner in first person. Avoid judgement words like good/bad or right/wrong.

Never compare learners to past interactions or to other learners.

Try focusing on the same 1 – 2 behaviors for every learner, rather than trying to think of something unique for each encounter. This will allow you to quickly offer consistently effective feedback in a limited amount of time.

State feedback in the form of “when you did X, I felt X”. Such as “when you kept bouncing in your chair throughout the interview, I felt a bit nervous about your suggestions.”

Feedback is critical to learning. SPs provide students with unique and valuable information about how their actions and behaviors affected the patient’s emotional experience, how they built trust in the clinical experience, and how effective their understanding of the information discussed was afterwards.

Bias and Assumptions

We are hardwired to make automatic judgements about others in many areas, from education level to gender to religious background. There are a wide variety of ways we may make automatic judgments without realizing we are doing so, due to our cultural upbringing.

If asked for your pronouns, always default to the case’s provided gender unless it is otherwise noted. Typically this will be she/her, he/him, or they/them.

When interacting with, assessing learners, and giving feedback, you must be fair and unbiased, even if you recognize that you have a bias or not.

Common qualities that may cause conscious or unconscious reactions or biases include (but are not limited to)

- Education level
- Economic level
- Gender Identity
- Sexual Identity
- Attractiveness
- Political background
- Religious background
- Ethnic/Racial background

Scheduling

All SPs are automatically added to our SP database and management system, called SPMS. Event invitations will be sent by SPMS to your listed email address. You will accept or decline events in SPMS and you will also submit your timesheets after events in SPMS: <https://spms.osumc.edu/>

SPs are invited to events using the following criteria (which may or may not be applicable in all situations):

- Demographics – particularly age and gender identity.
- Level of the learner, SP experience, and case impact (formative/practice or summative/graded)
- Level of experience in portraying the case
- Level of experience and quality of feedback (verbal and/or written)
- Past training and experience with requested cases
- Availability
- Development/maintenance of skill

Receiving Event Invitations and Confirmations

SPMS will automatically send confirmation emails when a member of the SP Team confirms (or declines) you in an event that you have accepted.

The SPMS process looks like this: *Invitation* > *SP Acceptance* of the invitation > Staff *confirmation* of event acceptance. If you do not receive a confirmation email and you do not see that event listed on your SPMS home page, you are **not confirmed** for that event.

You are not guaranteed participation in any event you receive an invitation to until we confirm you.

Please also note that you are responsible for staying on top of your schedule. We encourage you to reference SPMS as needed but to also make sure you note the events on your own personal calendar, so that you do not forget any commitments.

Typically, your scheduled hours will not change. But SPMS will always reflect the most up to date information. As an event approaches, always check SPMS to make sure nothing has changed.

If you receive an invitation while working an event, you will not be able to accept that invitation in SPMS until the current event is over and you submit your hours for the day.

Cancellations

Punctuality is of dire importance for the success of the SP Program. You must be available for the full time requested. **It is mandatory that you arrive on-location by the listed time in SPMS.** This paid early time allows for you to prepare your room, get in a gown, apply moulage, and get in character. It also gives program staff time to communicate any last-minute changes and for faculty to review case materials with you.

In the event of circumstances that prevent you from coming to a scheduled session, please notify the SP Team as soon as possible by emailing OSUSPP@osumc.edu. If it is an emergency call-off when an event should be starting, please call one of our staff (phone numbers are located on page 2).

Last-minute cancellations are not typically acceptable unless there is a personal emergency, or something comes up that is unavoidable. Always notify the SP Team if you must call off. Either by email or phone call.

A pattern of last-minute cancellations may impact your selection for events. No-call/no-shows at events without prior notice are noted and may impact consideration for future work.

Other Scheduling Details

No SP will be required to participate in an activity with which they do not feel comfortable or be penalized for choosing not to participate. However, if the SP does consent to an activity or session, the staff will expect the SP to demonstrate responsibility and arrive at the scheduled time.

Some cases may be highly emotional or may trigger unwanted feelings. If you accept a case that causes unplanned emotional or physical strain or discomfort as a result, we are here to provide a supportive, safe culture. Our team will always provide time and space to discuss and debrief with you after an event.

OUTSIDE PROGRAMS OR FACULTY ARE NOT ALLOWED TO SCHEDULE SPs. If you are contacted by another department at OSU about SP work, please inform the SP Team. If an event is not scheduled through us, we have no ability to support you or guarantee expected payment.

Reporting Your Hours

SPs are required to report hours using SPMS. Please report hours as they are assigned unless you have to leave a shift early and are approved to do so by SP staff. If your shift ends after the scheduled ending time, add a note to your timesheet explaining the reason for the extra time.

If we have to submit your hours for you, we will assume your hours are similar to your fellow SPs' hours worked at the same event. We will not be able to make any changes to account for extra time worked if we submit them ourselves.

The SP Team submits invoices every Monday morning. Due to this, **your timesheet must be submitted by Friday** evening. Typically, receiving payment takes 2-3 weeks. Please contact us if you do not receive payment for an event within that timespan and we will investigate.

You are paid for all hours worked, as scheduled, in SPMS. On-site activities have a two hour minimum (i.e. you will be paid for a minimum of 2 hours). Virtual events do not have that minimum and are only paid based on actual time worked.

Professionalism

Please go to the SP break room/kitchen when you arrive at the Center for events on the Lower Level of Prior Hall. The white board will typically list your room assignments for large events. Upon arrival, please also put a checkmark next to your name so we know that you are here.

We will also discuss the case and/or any final training or case needs prior to the event here.

Some cases require SPs to wear a hospital gown. In general, if a case contains physical exam, gowns are required. Underneath the gown, **all SPs wear shorts and women wear sports bras** (or similar attire). Gowns and drapes (sheets) are located in the closet in the kitchen. If you need to wear a gown, this will be listed in your case materials and/or will be told to you in training.

SPs are considered to be “in role” if you are in the space where the encounter is happening, or if you are nearby.

- Do not speak with learners “out of role” **before or during the simulation**. You should not usually be seen by any of the learners unless you are “in role.” However, this is not always the case for formative assessments, such as in LG.
- Remember, the cameras are recording – even when the learners leave the room. **Do not make gestures (rolling eyes, thumbs up, etc.) or make comments about the learners at any time.** The videos may be viewed by faculty or observed by the learner at a later date. At the end of the encounter, simply complete checklists or feedback without any other comment.
- **Realism** – It is very rare that real patients wander the halls. Our priority is realism. Thus, do not walk in the hall or chat at the door between sessions where learners may see or hear you. You may move about in the back hallway away from learners’ eyes.

It should be rare for an SP to walk into the Control Room. Please contact us via the computers if you need assistance in your room.

For any reason, if you come to the Control Room, you must close the door behind you. Learners can see and hear when the door remains open.

Confidentiality

Confidentiality is of utmost importance to this program, on-site and off-site.

- **Learner/Client Confidentiality:** No learner performances are to be discussed with anyone by name or identifying specifics other than with SP Staff or program staff/faculty. We must maintain total privacy for the learners at all times. This is also mandated by federal FERPA laws.
- **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 with the SP program staff.
- **Confidentiality of Materials:** All materials used for training are the property of The Ohio State University College of Medicine. These materials are to be used exclusively by SPs booked through the SP Program and for assigned events. Unauthorized use of these cases/checklists may result in expulsion from the program.

Locations and Parking

The CampusParc website tracks all of the garages on campus, and their current capacity. This may help when your call times are later in the day (when parking is most scarce) - <https://osu.campusparc.com/>

Public parking options include:

- the SafeAuto Garage: 451 W 10th Ave (enter from 10th Ave)
- as well as the 12th Avenue Garage: 340 W 12th Ave (enter from 12th Ave)
- Medical Center Garage: 527 W 10th Ave (enter from Canon Drive)

You will always receive a parking voucher when coming to campus for events. If you are participating in an SP event at another location, such as Vet Med or Nationwide, that program will provide parking details and vouchers.

There are several common locations that our events may occur at, including:

- Clinical Skills Education and Assessment Center, [Prior Hall](#) (376 W 10th Ave)
- College of Medicine, [Graves Hall](#) (333 W 10th Ave)
- College of Health Sciences, [Atwell Hall](#) (453 W 10th Ave)
- College of Pharmacy, [Parks Hall](#) (500 W 12th Ave)
- College of Nursing, [Newton Hall](#) (1585 Neil Ave)
- College of Veterinary Medicine Clinical Skills Center (1935 Coffey Road)
- Martha Morehouse Tower
- Nationwide Children's Hospital
- Virtual (usually through Zoom)

Please see the end of the document for a map of the campus area.

Common Event Types

Most events you participate in are either **formative** or **summative** assessments.

- Formative assessments are lower-stakes events that provide learners with feedback rather than a grade; they are meant as an opportunity to practice their skills.
- Summative assessments are high-stakes environments where learners are being tested and graded on their skills and knowledge.

The most common event types that you take part in are:

OSCE (Objective Structured Clinical Examination): Typically, a high-stakes summative assessment that College of Medicine students take part in at the end of each educational block (or section) of their curriculum. These usually consist of 2-3 standardized cases that students rotate through, and they occur over a 2–3 day period, with each day being 8-10 hours long. An SP will portray the same case throughout the exam.

PETA (Physical Exam Teaching Associate): Some OSCEs include a PETA encounter, where SPs do *not* portray a standardized patient, but rather serve as a way for students to practice a specific physical exam. As part of this activity, PETAs will provide remediation and feedback to the learner during the exam period so that the learner may competently complete their assigned exam.

LG (Longitudinal Groups): LG utilizes a small group teaching model to teach clinical skills which includes the essential elements of communication, patient history, and a physical exam. Each LG is comprised of 10-12 learners and 1-2 facilitators that meet together in the same classroom on the same day each week for the first two years of medical school.

LG is a low-stakes formative event for med students, and one of the introductory activities that new SPs will often participate in first. You will also have the opportunity to provide feedback directly to students as part of this activity.

EM Sim: This activity takes place on the 6th floor of Prior Hall, rather than the Lower Level. SPs portray nurses, medical assistants, or patients in a simulated emergency room environment. This activity is limited to virtual encounters with a small pool of specially trained SPs.

AMHBC: This is part of the College of Medicine curriculum for 4th year medical students. SP involvement is generally limited to virtual encounters with a small pool of specially trained SPs.

The programs below are outside the College of Medicine. You may be invited to some of these; please see the short descriptions below so that you can recognize what the programs may mean in SPMS if you receive an invitation.

Vet Med (Veterinary Medicine): This program occurs at OSU's Veterinary Medicine campus. SPs in this program are specially trained to portray unique interactions with Vet Med students.

Concepts in Healthcare: These learners are OSU undergrad students who are completing a degree in preparation for applying to medical school (or related disciplines) upon graduation.

Vital Talks: These learners are practicing doctors who take part in a training program that reinforces the importance of empathy and patient communication. This activity is limited to a small pool of specially trained SPs.

Other programs any SP may be invited to participate in include:

- OT (Occupational Therapy) and PT (Physical Therapy)
- INTMED: Internal Medicine
- HUMNNTR, MEDDIET, or MDN: Medical Dietetics (Diet and Nutrition)
- HTHRHSC: Health and Rehab Sciences
- Pharmacy
- Nursing
- Varied resident training programs



Appendix

- Example Case
- Kalamazoo SP Checklist
- New SP Onboarding documents
(only for those new to the program):
 - OPERS Contractor Form
 - Vendor Setup Form
 - Bank Verification Letter



*****This case material is property of The Ohio State University College of Medicine and may not be photocopied, altered, or used outside the Clinical Skills Education and Assessment Center (CSEAC) without permission. The information contained within is confidential and should not be shared with anyone outside the CSEAC or left unattended at any time.*****

CASE SUMMARY			
Case Title (Pseudonym, chief complaint)	Danny Defrancisco, sprained ankle		
Case Summary	20-45 year old male patient who presents after developing ankle pain		
Date Authored/Reviewed	August 2012/October 2018; Fall 2019, 10/13/21, 8/30/22		
Authored/Reviewed by	Maria Lucarelli; Todd Lash, Vanessa Sawson, Nick Stancato, Mary Ann Abrams, Mike Alexander		
Intended Use	LSI Part One Foundations 2 Block Assessment Week OSCE		
Encounter Location	Primary care office		
Primary Objectives	<ol style="list-style-type: none"> 1. Demonstrate respect, compassion 2. Explain role and agenda 3. Gather focused history from a patient 		
Secondary Objectives	Identify key problems		
RECRUITING INFORMATION			
Gender Presentation (can be "any")	Male	Age Presentation (can be "any")	20-45
PORTRAYAL DETAILS			
Placement at start of encounter	Chair		
Attire and grooming (gown/casual/business; neat/disheveled)	Casual		
Affect (mood, level of anxiety, comfort)	Calm but concerned		
Talkativeness (1 - 10 scale)	5		
Pain (1 – 10 scale), if applicable	3 at rest, 8 with weight bearing		
Need for physical markings	Right foot wrapped		
Physical issues	Limp if asked to walk		
Preferred name?	Danny		
Pronouns?	He/Him		
Students will obtain a history of present illness, past medical history, and social history.			

HISTORY OF PRESENT ILLNESS

Offer **all** the information in the box below if the first question is open-ended (e.g., “**What brings you in?**”, “**How can we help you today?**”, or something similar). Otherwise, answer *only the question asked*.

1st open-ended question	<ul style="list-style-type: none"> A few days ago I slipped off a curb and twisted my ankle on my morning run I was able to limp home and I’ve been able to put partial weight on it, but it still hurts, and now it’s swollen and bruised, and I’m having a hard time getting my shoe on
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Offer **all** the information in the box below if an additional open-ended question is asked (e.g., “**Tell me more (about)...**”, “**What happened?**”, or something similar). Otherwise, answer *only the question asked*.

2nd open-ended question	<ul style="list-style-type: none"> I thought it was just a sprain and that I would be feeling better by now, but if anything it’s hurting more I’ve tried everything I could think of, but now I’m afraid it might be something worse than a sprain because nothing seems to help
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All of the information from this point on is hidden and should be withheld until asked directly. If asked about a symptom that does not appear in the information below, the response is “**No.**”

What have you tried?	I’ve tried ibuprofen, resting/staying off it and ice packs. This morning I tried this ace bandage
Did anything help? Anything make it better?	The ibuprofen and staying off it helped a little, but not like I expected
What makes it worse?	Trying to stand on it or walking
When exactly did it happen?	2 days ago (“Saturday morning” or “Sunday morning”)
Describe the pain...	<ul style="list-style-type: none"> It’s kind of dull when I’m sitting, but it’s sharp when I put weight on it If asked to rate it on a 1-10 scale, 3 at best and 8 at worst.
Was the pain immediate? Or did it come on later?	I felt pain immediately as soon as I twisted my ankle
Does it radiate anywhere?	No, it stays right in my ankle
What are you concerned or worried about? What do you think it is?	I’m concerned because yesterday I noticed the swelling and bruising had increased. I’m afraid it might be broken, or that I may have arthritis like my mother
How is it affecting you?	It interferes a little when I’m working, but it’s also keeping me from exercising and working out.

PAST MEDICAL HISTORY

Illnesses	Disease	Diagnosed When?
(insert additional rows here)	None	
Injuries	Type	When?
(insert additional rows here)	Broken wrist	Childhood
	Knee (meniscus) injury	3 years ago
Surgeries	Type	When?
(insert additional rows here)	Appendectomy	Age 9
	Meniscus repair	3 years ago
Hospitalizations	Reason	When?
(insert additional rows here)	Only for surgeries above	See above
Medications	Drug (generic) and reason	Dose, route, and frequency
Prescription	None	
Over-the-counter (OTC)	Ibuprofen for ankle pain	400mg AM & PM for last 2 days

Vitamins/herbals	Multivitamin	Daily
	Creatine for energy supplement	1 bar after workout
	Whey Protein supplement	1 protein drink after workout
Allergies	Allergen	When diagnosed? Symptoms?
Drug	None	
Food	None	
Environmental	None	

FAMILY HISTORY

Family Member	Alive or deceased	Age (age at death)	Condition(s) (age diagnosed)	Cause of death
Mother	Alive	68	Rheumatoid arthritis	
Father	Alive	67	High cholesterol	
P Grandmother	Alive	86	Osteoporosis, atrial fibrillation	
P Grandfather	Alive	87	Diabetes, high blood pressure	
M Grandmother	Deceased	(73)	High blood pressure, coronary artery disease	Unsure
M Grandfather	Deceased	(62)	Liver cirrhosis	Unsure

Tip for realistic portrayal: most patients do not know exact ages, or try to do the math; it is acceptable and even encouraged to estimate ages of death, especially if the death was not recent.

Case developer: list ages of living relatives as "patient age + *n*" (e.g. Mother's age is "your age + 25")

SOCIAL HISTORY

Civil/marital status	Single		
Who lives at home?	I live alone		
Work status	Office manager		
Stress factors	None		
Substance	Use? (Yes/No; sometimes; occasionally, etc.)	If yes, how much? If no, ever?	How often? For how long?
Alcohol	Yes	5 or 6 beers	Weekly
Tobacco	No	None	Never
Recreational drugs	No	Recreational pot as teenager	Only in high school

SEXUAL HISTORY

Are you currently having sex of any kind with anyone? If no, have you ever?	Not currently; I did previously	What is/are the gender(s) of your sex partners? What was/were the gender(s) of your partners?	Female
In the past 6 months, how many sex partners have you had?	None.	Do you or your partner(s) currently have other sex partners?	N/A
Do you use any protection when you have sex?	Condoms	Do you use any birth control? If yes, what do you use?	Condoms

WELLNESS AND PREVENTION	
Tell me what you eat in a typical day	Healthy – I eat lots of fruits and vegetables and avoid processed foods and fast foods
Exercise	Gym 3-4 times per week; some weight training, some cardio
Hobbies, relaxation, or leisure activities	Running
Stress-coping mechanism(s)	Exercise
Prevention measures (e.g., cancer, blood sugar, cholesterol and/or STI screenings, self-examinations, regular dental visits, etc.)	Physical exam last year; everything was normal.
Vaccinations? (If COVID, influenza, or tetanus, ask timing)	Standard childhood vaccines. COVID vaccine (both shots and a booster). Flu vaccine last year. Tetanus vaccination about 5 years ago
PHYSICAL EXAM	
Physical Exam?	No
You might expect the following exams (include instructions, if any, for physical findings during exams):	
The student will never perform a breast, genital, or rectal exam	

ADDITIONAL GUIDANCE	
<p>Plain Language:</p> <p>If students use complex terms, medical jargon, or technical wording, when it seems appropriate you may:</p>	<ul style="list-style-type: none"> • appear to be confused or uncertain • say you do not understand • ask for clarification • otherwise act like you do not understand
<p>Teach-back:</p> <p>Students may ask you to use teach-back, which involves them asking you, in a <u>friendly way</u>, to explain back information <u>in your own words</u>, to make sure they (students) were clear, or to make sure you feel comfortable explaining it to other people.</p>	<ul style="list-style-type: none"> • If you feel like you are being quizzed or put on the spot. you can act a little surprised or uncomfortable • If you feel they care about making sure they were clear, explain back correctly, using your own words • If you feel they were not clear, explain back in your own words incorrectly. The student may then re-explain and check again.

Patient Evaluation

(Blank Evaluation)

Rate the performance in each category independently. EXCELLENT is anchored as a PRACTICING PHYSICIAN. How well does the learner do the following (mark one rating for each item):

1. **Builds a Relationship as defined by:** 1. Greets and shows interest in you as a person 2. Uses words that show care and concern throughout the interview 3. Uses tone, pace, eye contact, and posture that show care and concern
 Poor
 Fair
 Good
 Very Good
 Excellent
2. **Opens the Discussion as defined by:** 1. Allows you to complete opening statement without interruption 2. Asks "Is there anything else?" to elicit full set of concerns 3. Explains and /or negotiates an agenda for the visit
 Poor
 Fair
 Good
 Very Good
 Excellent
3. **Gathers Information as defined by** 1. Begins with your story using open-ended questions (e.g. "what brings you in", "tell me more about...") 2. Clarifies details as necessary with more specific or "yes/no" questions 3. Summarizes and gives you the opportunity to correct or add information 4. Transitions effectively to additional questions
 Poor
 Fair
 Good
 Very Good
 Excellent
4. **Understands your Perspective as defined by:** 1. Asks about life events, circumstances, other people that might affect health 2. Elicits your beliefs, concerns, and expectations about illness and treatment 3. Responds explicitly to your statements about ideas and feelings
 Poor
 Fair
 Good
 Very Good
 Excellent
5. **Shares information as defined by:** 1. Assesses your understanding of the problem and desire for more information 2. Explains using words you can understand 3. Checks for mutual understanding of treatment plan (do not assess in this OSCE) 4. Asks if you have any questions
 Poor
 Fair
 Good
 Very Good
 Excellent
6. **Provides Closure as defined by:** 1. Asks if you have questions, concerns, or other issues 2. Summarizes / asks patient to summarize plans 3. Acknowledges you and closes interview
 Poor
 Fair
 Good
 Very Good
 Excellent

Please provide this student with specific feedback. Address feedback directly to the student, who will be able to view comments verbatim.

Patient Evaluation

-
(Blank Evaluation)

7. For communication skills, identify 1-2 behaviors you would like to reinforce. Describe the observed behavior, the effect/consequences of the behavior on you, and offer reinforcement.

8. For communication skills, identify 1-2 behaviors you would like the student to alter. Describe the observed behavior, the effect/consequences that behavior had on you, and offer an alternative behavior.



INDEPENDENT CONTRACTOR/WORKER ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Services: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

STEP 1: Personal Information

Social Security Number

Date of Birth

Month Day Year

First Name

MI Last Name

Name of Current Employer

Self

I am an OPERS or other retirement system benefit recipient

STEP 2: Public Employer Information

Name of Public Employer for Which You Are Providing Personal Services

O H I O S T A T E U N I V E R S I T Y

Employer Contact

First Name

MI Last Name

J A M E S

R E A D

Employer Code

Employer Contact Phone Number

1 6 4 1

6 1 4 - 3 6 6 - 0 7 5 8

Service Provided to Public Employer

S T A N D A R D I Z E D P A T I E N T A C T I
N G

Start Date of Service

End Date of Service

Month Day Year

Month Day Year

0 9 / 0 1 / 2 0 2 1

/ /

INSTRUCTIONS:

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments.

- Fill out all the information that applies to you/your business. ("Individuals" only fill out page 1 and 3)
- See Instruction pages for full details.
- Submit these completed forms securely to your University contact.

Vendor Setup Form

Page 1: IRS Substitute W9

General Information

Fill out all information that applies to you and/or your business.

OSU Employee Yes No			
Individual Name First <small>As shown on your federal income tax return</small>		Middle	
OR Legal Business Name <small>As shown on your federal income tax return</small>		DBA Business Name or Disregarded Entity Name	
Address Line 1			
Address Line 2			
City	State	County	ZIP code +4
Phone	FAX	Purchase Order Email	Remittance Email
Remit To Address (if different from above)			
City	State	ZIP code +4	
Foreign Address (Required for Non-Resident Alien)			
City	State/Province/Region	Postal Code/Country	

Federal Tax Classification

Select ONE Classification and provide all other applicable information.

Individual* <input type="radio"/> Date of Birth (MM/DD/YYYY) <small>*ONLY FILL OUT PAGE 1 Required by State Law</small>		Sole Proprietor/Single Member LLC (Disregarded) <input type="radio"/> Date of Birth (MM/DD/YYYY) <small>Required by State Law</small>	
Select type: US Citizen Resident Alien*	Non-resident Alien*- Country of Citizenship: _____ <small>*Additional documentation may be required. See instructions for details.</small>		
C Corporation S Corporation Partnership Trust/Estate			
LLC= C Corporation LLC= S Corporation LLC= Partnership Other List type			
Government/Tax exempt agency	Exemption from FATCA:	Reporting code (if Any)	Exempt payee code (if Any)

Taxpayer Identification Number

Select ONE and complete box below.

OR Federal Employer Identification Number (FEIN)	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
US Social Security Number											

Certification

Under penalties of perjury, I certify that I am exempt from backup withholding and/or FATCA reporting, and that the information shown on this form is correct to my knowledge. I am a U.S. citizen or other U.S. person as defined in IRS Form W-9 Instructions. Strike through and provide explanation if not applicable.

I certify that I have read and understand The Ohio State University Wexner Medical Center's [Vendor Interaction Policy](#), and will abide by it.

Print Name	Date
Signature (Original Ink Only)	Title

STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

In accordance with Ohio Administrative Code section 145-1-42(A)(2), an independent contractor means an individual who:

- Is a party to a bilateral agreement which may be a written document, ordinance or resolution that defines the compensation, rights, obligations, benefits and responsibilities of both parties;
- Is paid a fee, retainer or other payment by contractual arrangement for particular services;
- Is not eligible for workers' compensation or unemployment compensation;
- May not be eligible for employee fringe benefits such as vacation or sick leave;
- Does not appear on a public employer's payroll;
- Is required to provide his own supplies and equipment, and provide and pay his assistants or replacements if necessary;
- Is not controlled or supervised by personnel of the public employer as to the manner of work; and
- Should receive an Internal Revenue Service form 1099 for income tax reporting purposes.

An independent contractor is not a public employee and shall not become a contributor to the retirement system. If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination. Under the OPERS Health Reimbursement Arrangement (HRA) and the OPERS Retiree Medical Account (RMA), re-employed retirees who are not independent contractors are not eligible for a monthly allowance or reimbursement of any medical expenses incurred during the re-employment period. If you are not an independent contractor and receive an allowance or reimbursements, you may be liable to OPERS and/or the applicable plan.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. If you entered into a contract to provide services as an independent contractor, you are acknowledging that you meet the requirements of an "independent contractor" as that term is defined in Ohio Administrative Code section 145-1-42(A)(2). If you begin to provide services as an independent contractor to the same employer from which you retired, or to any employer if less than two months after the retirement allowance commences, you are acknowledging the pension portion of your benefit will be forfeited during the period of the contract. You are acknowledging that the annuity portion of your benefit will be suspended and will be paid in a lump sum upon termination of the contract, and you may be liable to the retirement system for any amounts incorrectly paid from the plan(s). You are also acknowledging that you are not eligible for a monthly allowance or reimbursement of medical expenses incurred during the period you are providing services under the OPERS HRA or the OPERS RMA, and you may be liable to OPERS and/or the applicable plan for any allowance or reimbursements received. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification. **A copy of this form must be sent to OPERS.**

Signature _____ Today's Date ____/____/____
Do not print or type name



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS OF ELECTRONIC FUND TRANSFER (EFT) PAYMENTS

TYPE OF TRANSACTION: [] NEW EFT Sections 1, 2, 4 REQUIRED [] CHANGE TO EXISTING Sections 1, 2, 3, 4 REQUIRED [] CANCEL EFT Sections 1, 2, 4 REQUIRED

SECTION 1 – CONTACT INFORMATION

Form with fields: PAYEE NAME, ADDRESS, CITY, STATE, ZIP + 4, CONTACT PERSON, CONTACT PHONE, CONTACT EMAIL, PAYMENT REMITTANCE EMAIL, FEDERAL TAX ID or SSN.

SECTION 2 – FINANCIAL INFORMATION (If changing, this is the information to which past OSU direct deposits have been sent)

Form with fields: FINANCIAL INSTITUTION NAME, PHONE, ACCOUNT NUMBER AT ABOVE INSTITUTION, TRANSIT ROUTING/ABA NUMBER, CONTACT PERSON, CONTACT PHONE.

SECTION 3 – NEW FINANCIAL INFORMATION (Changes)

Form with fields: FINANCIAL INSTITUTION NAME, PHONE, ACCOUNT NUMBER AT ABOVE INSTITUTION, TRANSIT ROUTING/ABA NUMBER, CONTACT PERSON, CONTACT PHONE.

SECTION 4 – AUTHORIZATION

This authorization agreement is effective as of the signature date and is to remain in full effect until revoked by the vendor in writing, or terminated by The Ohio State University (the university). As a representative of the vendor, you authorize the university to initiate credit entries to your account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. Once EFT has been set up, all payments will be made via EFT.

- It is the responsibility of the payee, to keep the university informed of any changes in name, address, banking, contact, or other. Failure to do so may prevent you from being paid properly or receiving remittance information. Please report changes 30 days prior to change.
• If the account information changes, you are agreeing to submit an updated EFT Authorization Agreement, and voided check or bank letter
• EFT payments may take several days for processing through the banking system before they appear in your bank account.
• When an EFT payment is processed, a system generated remittance email is sent containing the payment information, and an Excel attachment.
• The system generated e-mails can go only to the address specified on the EFT form. Multiple e-mails cannot be sent.
• HTML format is required to read and open the system generated EFT remittance e-mails and attachments.
• It is the vendor's responsibility to "white list" APNotify@ctrl.ohio-state.edu , OSURF_Direct_Deposit@rf.ohio-state.edu, to ensure e-mails are received properly.
• If the remittance e-mails are not being received, contact the university to see if the email was returned "undeliverable" at apcustomerservice@osu.edu; If the e-mails are not being returned to the university as "undeliverable" this indicates that they were successfully sent, and there is an issue on the receiving end. You will need to contact your IT department to resolve the issue. The university will not re-create remittance notifications due to your inability to properly receive or handle e-mails.
• Failure to properly hand EFT remittances and apply EFT payments may result in termination of payments via EFT.

You must submit a voided check; or a Bank Account Verification Letter with the following:

*On Official Bank Letterhead; *Dated (with a "current" date); *Name(s) of Authorized Signers(s); *Business Name / DBA that applies to this account
*Routing # and Account # for ACH; *A statement verifying the account is in "Good Standing" as of the date on the letter; *Signed by a Branch Manager showing their legible, printed name and title;
*An active phone # of the signing officer (hours to be reached); *EIN or last 4 digits of SSN

Form with fields: NAME, TITLE, SIGNATURE, DATE.

SECURELY SUBMIT THIS COMPLETED FORM WITH YOUR VOIDED CHECK OR BANK LETTER TO:

BF-PRSM-Webform@osu.edu

Bank Verification Letter

1. SP Applicant:
 - a. Complete all the yellow-highlighted fields enclosed in [brackets] below
 - b. Contact your bank to identify a branch manager who can verify the account information and complete the letter below
 - c. Email this form to the bank manager, preferably via secure/encrypted email, which your bank may be able to arrange.
 2. Branch manager:
 - a. Copy and paste the text below onto official bank letterhead
 - b. Complete the green-highlighted fields enclosed in [brackets]
 - c. Remove all yellow and green highlighting
 - d. Print and sign the letter
 - e. Return the letter to the requestor
-

[Today's date]

To whom it may concern:

I have verified the account information listed below is accurate for direct deposit of electronic fund transfer (EFT) payments. The account is in good standing as of the date of this letter.

Name of account holder/authorized signer: [Your name as it appears on the account]

Business Name: Individual (same as above)

Routing Number: [Account Routing Number]

Account Number: [Account Number]

Last 4 of SSN: [Last 4 digits of your SSN]

Thank you,

(sign here)

[Name of Branch Manager]

Branch Manager

[Phone number of Branch Manager]