

SP Case Study Guide

Purpose:

The purpose of this document is to help guide your case memorization, reduce the time required for your preparation, and reduce questions needed during trainings.

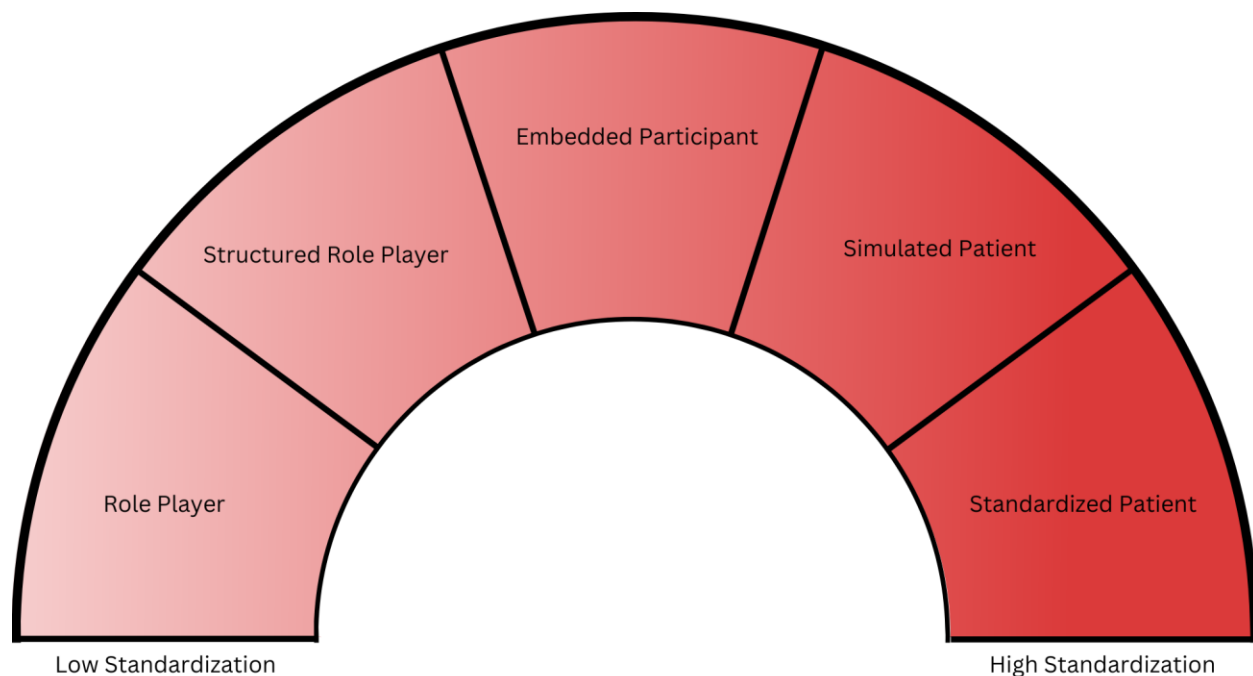
Objectives:

- Understand different types of SP portrayals.
- Understand what is pertinent to the case and learning objectives.
- Understand what is standardized and what is not standardized across all cases.

Different Types of SP Portrayals:

SPs (**standardized** patients, **simulated** participants, etc.) are specifically recruited and trained with realistic case materials to portray the patient (or other participant) in simulated encounters accurately and consistently. These experiences are designed to fill the gap between learning in the classroom and real-life interactions through **formative** (low-stakes, experience based) or **summative** (high-stakes, evaluation and assessment based) encounters.

ASPE (The Association of Standardized Patient Educators) provides a **human simulation continuum model** ranging from low standardization to high standardization:





- **Role Player:** Asking someone to imagine that they are either themselves or another person in a particular situation. Role Players behave exactly as they feel that person would, and thus do not need a case developed.
- **Structured Role Play:** A person who has been provided a prepared script on one element of a scenario which articulates a learning objective. Improvisation meets structure.
- **Embedded Participant:** An individual who is trained or scripted to play a role in a simulation encounter in order to guide the scenario based on objectives. This may include portraying a nurse, a security guard, or other similar roles.
- **Simulated Patient (or Participant):** A person who has been carefully coached to simulate an actual patient so accurately that the simulation cannot be detected by a skilled clinician. In performing the simulation, the SP presents the “Gestalt” of the patient or participant being simulated; not just the history, but the body language, the physical findings and the emotional and personality characteristics as well. These roles may vary somewhat between encounters, with a bit of improv used based off the learner’s actions.
- **Standardized Patient (or Participant):** Individuals who are trained to portray a patient with a specific condition in a realistic, standardized and repeatable way (where portrayal/presentation varies based only on learner performance and are trained to behave in a highly repeatable or standardized manner to give each learner a fair and equal opportunity).

Please consider the lines between these applications as porous and not hard lines that prevent movement between applications. Additionally, while ‘participant’ and ‘patient’ are sometimes used interchangeably, it can be helpful to remember that while all standardized or simulated patients could be considered participants, not all participants are necessarily patients. Examples include parents of patients who are minors, pet owners, coworkers, other family members, etc.

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| Standardized Objectives | Your challenge as the Standardized Participant is multifold: <ul style="list-style-type: none">● To appropriately and accurately reveal the facts about the role being portrayed.● To improvise only when necessary and in a manner that is consistent with the overall tone/content of the case.● Maintain the realism of the simulation i.e., stay in character.● Evaluate learners fairly based on how they performed in this encounter.● Provide patient perspective in feedback. |
| Simulated Objectives | Your challenge as the Simulated Participant is multifold: <ul style="list-style-type: none">● To appropriately and accurately reveal information about the role being portrayed.● To modulate performance based on Learner needs including varying emotional response and cues.● To improvise additional information in a manner that is consistent with the overall tone of the case.● Evaluate learners fairly based on how they performed in the encounter.● Provide the patient perspective in feedback. |



Learning objectives and prioritizing details:

The information above can help you prioritize how to study and prepare for the case based on primary learning objectives, overall program objectives, and the level of standardization.

Remember: In most roles as a Standardized Patient, your job is to portray the patient accurately and consistently. This is so you can elicit questions from learners which will lead them to a differential diagnosis. **Learners are being evaluated on what questions they ask.** The information provided to you in the case must be accurately relayed so that learners go down the right path with their questions. If you do not give them the opportunity to ask a question, they will lose that opportunity to learn.

We recognize that some programs are more detailed than others with their case materials. This could mean that details not necessarily pertinent to the case objectives may be present in your case materials.

While it is important to study and memorize all details of the case provided to you, there is a bit of a prioritization that can be done with studying:

1. Name/Age/Chief Complaint
 - a. Note that the age range under recruiting information is for the SP Team's recruitment plans. The exact age of the patient may be stated elsewhere in the case or determined during training.
2. 1st open-ended question
3. 2nd open-ended question
 - a. The open-ended questions are the 2 most important answers we observe. The answers in these boxes are written with very specific intentions in mind. Any and all information in these boxes should always be provided accurately regardless of the level of standardization.
4. History of Present Illness—Always pertinent
5. Past Medical History—Always pertinent
6. Family History (may be prioritized higher if directly pertinent to the case such as in genetics)
7. Sexual History (may be prioritized higher if directly pertinent to the case such as maternal health or STI related complaints)
8. Social History (many times these details are not as important, but can be pertinent if chief complaint is related to a social or work issue i.e. injured on the job, job will exacerbate issue, etc.)
9. Wellness and Prevention (many times these details are not as important, but can be pertinent if chief complaint is related to topics such as in nutrition)

All case materials (outside of items like medications and family history which may be written down) are required to be memorized for highly standardized, high stakes assessments such as College of Medicine OSCEs.

In summary, all details of a case are important, but we recognize that sometimes details may be added that aren't pertinent to the case objectives, especially in lower-stakes, formative encounters. If you're ever unsure if something is pertinent, please ask.



What is and isn't standardized across all cases: The Golden Rules of Standardization:

1. **Always answer the question asked and only the question asked.**
 - a. It can be tempting to provide any and all information you remember from the case to show that you know the case. This denies the learner the opportunity to ask specific, pertinent questions.
2. **If the response to a past medical history element is affirmative, give the actual name/description of the illness, injury, surgery, hospitalization, medication, or allergy.**
3. **Medications = Prescriptions:** If the type of medication is not specified ("Do you take any medications?" vs "Do you take anything OTC?") give only the prescription information.
 - a. Wait for specific questions about other types of medications: OTC, vitamins, herbals and alternatives.
4. **Wait for the follow-up questions** regarding:
 - a. Illnesses--diagnosis timeline information
 - b. Medications—dose, route, frequency.
 - c. Alcohol/Tobacco—amount, type, how often
5. **If a learner asks an open-ended question, reward them by providing all information related to the question.** If the question is closed, answer only the question asked:
 - a. Tell me ABOUT any medication you take = drug name, reason, dose, route, and frequency.
 - b. Do you take any medications? = ONLY prescription drug names and reason.
6. **When asked a compound question, only answer the last question.**
 - a. "Do you smoke, drink or do drugs?" is compound; Only respond regarding drugs.
 - b. Not all questions with an "or" are compound which have multiple *unrelated* items in the same question. The following are examples are considered related items:
 - i. "Fever or chills?"
 - ii. "Nausea or vomiting?"
 - iii. "Vitamins, herbals or alternatives?"
7. **If the answer isn't in the case, response "No", "I don't know", "I don't recall", etc.**
8. **If the response to a general question is not in the case, improvise!**
 - a. You would know your dog's name, your birthday, how the drive in was, etc.
9. **Silence. Is. Golden.**
 - a. Let the learners collect their thoughts and process information on their own time.
10. **Always stay in character.**
 - a. Suspension of disbelief is an integral part of simulation. Do not allude to other interactions you may have had with the learner. If they say "I remember you from the classrooms—you're really good at this!" a great response is "Oh, this is actually my first time at this clinic".