Speaker Contact Information:

- Diane Ferguson, BSN. Director of Clinical Skills Center. University of Texas Health Science Center at San Antonio. fergusond@uthscsa.edu
- Sharon McDonough, PhD. Director, Office of Teaching, Learning, and Assessment. Auburn University Harrison School of Pharmacy. mcdonsl@auburn.edu
- Cindy Stowe, PharmD. Associate Dean for Administrative and Academic Affairs. University of Arkansas for Medical Sciences College of Pharmacy. StoweCindyD@uams.edu
- Deborah Sturpe, PharmD. Director, Objective Structured Clinical Examinations. University of Maryland School of Pharmacy. dsturpe@rx.umaryland.edu

Understand the different role of standardized patients (SPs) and physical exam teaching associates (PETAs).

Definitions:
- SPs are people trained to portray a clinical scenario in a standardized way to make the learning challenge identical for every learner. They may be used for instructional or assessment purposes.
- PETAs are people trained to teach the normal physical examination. They may teach all or part of the physical examination. They are primarily used for teaching purposes.

Considerations for choosing between SPs and PETAs:
- PETAs are best reserved for focused elements of physical exam. They generally have more extensive and training in physical exam techniques than SP counterparts (although some SPs may also be PETAs).
- SPs are best reserved for activities in which assessment of verbal communication is a critical element of the skills to be evaluated. SPs can also be responsible for evaluation of more technical skills and knowledge demonstrated (i.e. did the student explain side effects accurately), but careful attention to checklist development and training to utilize that checklist must be made.
Identify three strategies for recruitment of SPs and PETAs.

- Partner with an existing program at your University or in the surrounding area – use the Association of Standardized Patient Educators as a resource: www.aspeducators.org

- Recruit your own:

  **Think about:**
  - Theater programs
  - Home-school groups
  - Churches
  - Community clubs
  - Temporary employment services

  **Advertise by:**
  - Newspaper
  - Flyers
  - Word of mouth

- Common Questions
  - How expensive are SPs?
  
  In a survey of SP use within US Schools and Colleges of Pharmacy, SP salaries ranged from $13 to $25 per hour (Sturpe. AJPE 2010;74:Article 148)

  - How can I find out if there is a SP program near me?

  Most SP programs will have staff who are members of the Association of Standardized Patient Educators (ASPE), and thus that organization can help direct you to a program in your region. Their website is: www.aspeducators.org

  - Is it better to recruit lay personnel or those with a medical background? What type of people make good SPs if I don’t have an organized program that I can utilize (i.e. due to geography, money).

  If able, it is usually best to use lay personnel as SPs. Our experience has taught us that medical personnel often know too much, and therefore the authenticity of the experience may be compromised (e.g. the student does not take the experience seriously since he/she knows the SP, the SP unintentionally gives hints for the case or the SP misses excessive use of medical jargon by the student). However, it is quite reasonable to use personnel such as pharmacy residents, faculty, staff, etc. in situations where budget is an issue, especially if the purpose of the activity is for teaching only. Also, medical personnel may be the best suited to role-play other healthcare professionals. For example, at UAMS fourth year medical students are used to role-play MD interactions with pharmacy students.

  Keep in mind that anytime you use a person without past SP experience (lay or medical), careful training is even more important as that person learns how to become “standardized”.

  - What are the advantages and disadvantages of having the SP be a person the student knows vs. a person the student does not know?

  As noted above, authenticity of the encounter will be compromised when the SP is known to the student, yet using such personnel is a budget saver. Additionally, you should be
concerned about bias on the part of the SP and/or the student when using someone the student knows.

- *If I use SPs that aren’t part of a SP program – are there any special considerations I need to make for training?*

Anytime a new SP is hired, whether that person is hired into an organized SP program or not, additional training may need to be provided above and beyond the specifics of the case. This training often includes understanding of the meaning of standardized, orientation to your program’s policies and procedures, etc. New personnel should receive extra exam day attention as well.

- *How do the desired outcomes and type of assessment (summative or formative) impact the technical knowledge necessary to play a given role?*

Technical knowledge is primarily required when immediate verbal feedback will be given to the trainees. This type of formative assessment might require the SP or PETA to discuss objectives or correct specific aspects of the physical exam or encounter. If the primary goal is to assess and correct knowledge and skills, a PETA or specially trained SP would be best for the role.

For most assessments (formative and summative), SPs can be trained to evaluate everything from communication skills to correct technique on physical examination.

- *How many SPs do I need to hire?*

SPs fatigue as do any human being, and fatigue leads to breaks in standardization and errors in scoring. So always make sure to hire more SPs than minimally needed for each role so that they can have breaks during the exam. Plan to hire at least one to two extra SPs per case, and for cases that may be more physically or mentally fatiguing (i.e. blood pressure measurement) even more may be needed to allow for more frequent rotation.
Describe best practices for training SPs and PETAs.

- Tip - The more time you invest in training, the more standardized your SP or PETA will be which will improve the reliability of the exam.
- Tip – SPs and PETAs need time to digest their roles and responsibilities and to practice those roles, so provide training prior to the actual day of the event whenever possible.
- Don’t assume that once trained, behavior won’t change – keep an eye on your SPs on the day of the exam and intervene as necessary (exam day quality assurance).
- Common Questions:
  - Can SPs be trained on the same day of the exam?
    As noted above, this practice should be avoided if at all possible. This is especially important for summative examinations since maintaining exam standardization is critical.
  - How many hours should training last?
    There is no absolute right answer to this question as total training time required may be impacted by the experience of the SP with your program and students, previous experience with the case, etc. But in general, don’t plan on less than 2 hours training time per case – and in many instances even longer training sessions are required. See below for descriptions of how training is provided at our institutions.
  - Who should train SPs?
    Often – the more people involved the better! At minimum, have someone present who is familiar with SP methodology as well as case content so that they can serve as your “experts”. Beyond this, other personnel (both familiar with and unfamiliar with SPs and the case) can be of great help during role-play.
  - How many times should each SP role play the scenario during training?
    Again, there is no one best answer – but at minimum expect each SP to practice at least two to three times. During each role play, the goal is to present the SP with new situations and scenarios in order to make sure he/she reacts in a standardized manner. Focusing on complicated aspects of the case and easily confused concepts is helpful.
  - Do you need to orient SPs to pharmacy?
    It’s not a bad idea – especially if your SPs are used to working with medical students. It is helpful for your SPs to have a baseline understanding of the role of a pharmacist and how our interactions may differ from those experienced in a medical school setting.
  - How can I make sure SPs are doing the right thing on the day of the exam when I don’t have a computer monitoring system?
    Although it’s not perfect, you can always have a second SP and/or faculty member sit in the room as unobtrusively as possible to observe. This is better than not being able to assure standardization, especially for summative exams.
Training Methods Employed at Our Institutions

University of Maryland (Texas closely mirrors this process)

- Cases are sent to the SP program director who then emails them to the hired SPs by email 1-2 weeks prior to the training date. The case is also discussed by faculty with the SP program director in order to clarify case and checklist content.

- A four hour training session is scheduled for each case the week prior to the exam.
  - The first two hours of training are led by the SP program director. She orient them to working with pharmacy students, answers SP questions about case content, and starts to focus on use of our standard communications rating scale. SPs practice using the communications scale by watching videotaped encounters from the past. When able, videos shown will be of the same case to which they have been hired so that they can also better understand how the case will flow and case content and practice filling out the analytical checklist. Both exceptional and poor performances are selected for review.
  - The second two hours include one or more pharmacy faculty, residents, and if appropriate, students. Remaining questions about case content are clarified, and then practice role-play begins. We like to call this “good cop / bad cop” as the goal is to try and depict any and every potential pathway that a pharmacy student might take during the actual exam. There is always at least one other SP observing the role-play, and the entire group completes the analytical and communication checklists then discuss as a group.
  - All parties gather together at the end of training for a final wrap-up with focus on specific areas of the case and checklist that caused problems.
  - On the day of the exam, the SPs on “break” watch their colleagues on live video feed. They complete both checklists so that scores between the SP in the room can be compared to the secondary observer. If there is consistent score differences of more than 10%, the SP program director reviews so that she can correct any SP error, and if needed re-grades those scenarios. A faculty proctor familiar with the cases is also present during every exam and will spot check video feed for accuracy of SP role portrayal.
Auburn University

• All SPs attend an initial orientation session to learn about OSCE and the logistics of the program.
• Each case training lasts approximately 3-4 hours and is scheduled prior to the exam date.

  ▪ The first hour and a half or so is spent with the OTLA Director and her Administrative Associate. During this time we go over the schedule and assignment of cases. We talk through the case template with the whole group together and the procedures and instruments for evaluating students. Then, we have them divide into pairs or small groups who will be doing the same case. We hire 2 SPs for each case, so if we are running 2 circuits, then we will have 4 SPs on the same case. We always assign our brand new SPs to the same case as at least one of our "veteran" SPs so that the experienced ones can help us in training. The pairs/groups read through their cases, and ask questions as needed.

  ▪ In the second half of training, we bring in faculty and residents to role play the cases. We allow them more time here for questions and discussion with the faculty. After the SPs have become comfortable with their cases, we run a mock OSCE, using the faculty and residents as the students. They rotate through the stations just like the students would. This procedure has the added benefit of allowing faculty to better understand the students' experience. They are usually more realistic about setting standards during case writing when they have helped us train because their expectations of student performance usually change once they see how difficult this type of examination can be.

  ▪ During the role playing and mock OSCE, SPs take turns acting and observing. Both SPs will complete scoring sheets during the exam. One will be acting in a room with the students while the other will observe from another location through the video conferencing system. In order to establish consistent scoring among the SPs we have developed an inter-rater reliability worksheet that they complete during training at the end of each role play after the SPs have independently completed the analytical checklist and communication rating scale. The worksheet has them to calculate a percentage of agreement. This instrument has worked well to ensure that SPs score consistently, and it also helps us identify any problematic items on the checklist that may need to be adjusted.
CASE DISTRIBUTION: A complete case with directions to SP, Student, & SP-Checklist (‘what’-skill focus of case, ‘how’-standard communication checklist, global assessment-borderline method of standard setting) is distributed to SP trainer to distribute to the SPs 1-3 weeks in advance of the first training session.

The case training is separated into two face-to-face sessions that occur prior to the exam day. Our experience with dividing the training into two sessions has resulted in a greater comfort level for the SPs.

- The first face-to-face training is for case discussion. The SP trainer, COP OSCE director, & Case author/expert meet for 1-2 hours to begin the training of the case. The structure of the is discussion is the author/expert reviews the directions to the SP & Student and then the checklist is reviewed item by item – the ‘what’ checklist items are discussed with the case author/expert presenting examples of interactions with ‘mini’ role playing from the author/expert. The ‘how’ part of the checklist is reviewed with limits of acceptable behavior discussed with examples given to illustrate grading. Finally, global assessment (Borderline Method) is discussed with author/expert & OSCE director derived critical items identified that helps identify the ‘clear failure’ case performances leaving the remaining portion of the discussion identifying the different degrees of passing performances (borderline, clear pass, outstanding).

- The second face-to-face training is a mock OSCE. The OSCE director identifies ‘mock’ students (commonly pharmacy residents). These ‘mock’ students go through the identical process of real students. Each mock student performs the case and the SP trainer, COP OSCE director, & case author/expert, and other SPs observe & score the encounter. After each encounter the SP that was in the room acting the case comes into the observation room and leads the discussion though each checklist. This discussion generates feedback from all. The process repeats itself until all SPs have performed the case and then we may repeat the process if necessary or if we need to test some special performance so we modify the ‘mock’ student performances.

- We have used video archived cases from tests and practice encounters to supplement training if cases have been used before.