



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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L'Université de Laurentian

HANDBOOK AND PROCEDURES MANUAL

for Standardized Patients

Northwest Campus

Lakehead
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955 Oliver Road

Thunder Bay, Ontario

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Northeast Campus

 **Laurentian**
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FOR THE PURPOSES OF THIS DOCUMENT THE FOLLOWING ACROYNMS ARE USED:

NOSM:	Northern Ontario School of Medicine
SP:	Standardized Patient
SPP:	Standardized Patient Program

CONTACT INFORMATION

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**The Northern Ontario School of Medicine is a
NON-SMOKING AND SCENT FREE environment.**

MANDATORY SP REQUIREMENTS

Prior to being scheduled for any session, the following signed forms are required:

- Consent to Photograph/Videotape
- Consent and Non-Disclosure Agreement
- Confidentiality Agreement
- Medical history
- Request for Payment
- Personal Direct Deposit Information

CLIENTS

NOSM

- **Undergraduate Medical Education Program (UME)**
 - 1st, 2nd and 3rd year medical learners
- **Postgraduate Medical Education Program (PGME)**
 - Residents of the Family Medicine, Pediatric, Internal Medicine, Anesthesiology and Psychiatry programs
- **Interprofessional Education Program**
 - Includes UME learners and learners from other health professions outside of NOSM that come to together and learn as a health team.
- **Francophone Affairs**
- **Northern Studies Stream Occupational Therapy and Physiotherapy Program**

Community Agencies

- Health Sciences North
- Sudbury Cancer Centre
- College Boreal
- Laurentian University Nursing Program
- Thunder Bay Regional Health Sciences Centre
- Norwest LHIN
- deSouza Nurses

TYPES OF SESSIONS

Structured Clinical Skills Session (SCS)

SPs are scheduled mainly for the SCS sessions. These weekly sessions provide 1st and 2nd year undergraduate learners with an opportunity to interact with a variety of patients. The learners practice their interviewing skills, patient-physician communication, and physical exam skills.

SCS sessions are scheduled every Tuesday and Thursday morning from 9am- 12pm. Learners work in small groups of 4-5 with a physician preceptor. Each group is assigned to a clinical room that is equipped with an exam bed and medical equipment. The clinical rooms are also equipped with cameras and one-way windows for viewing purposes.

When SPs are booked for SCS sessions, SPs are assigned one case to portray with two different groups. SPs are expected to portray their case once with each group, however, at the preceptor's request, SPs may be asked to portray their scenario more than once

The SP can expect the following structure during an SCS session:

9:00 - 9:30 am - The SPs will meet in the SP lounge to prepare for the session and go over last minute details of their case with their trainer. While this is occurring, learners and preceptors meet in their groups to discuss the objectives of the session and the patients that they will be interviewing. Two of the four learners will volunteer to conduct the encounters.

9:30 – 10:30 am – The SP will have his/her first encounter with a learner from their assigned group. The encounter will take place in the clinical room with the learner, and the remaining learners in the group and the preceptor will be observing the encounter from another room via two way glass or television monitor. Once the encounter with the learner concludes, the rest of the group will join the SP and learner to begin the feedback session. During the feedback session, the preceptor will begin the session by asking the learner to self-assess, and then the preceptor will ask the SP for feedback. After receiving the SPs feedback, the preceptor will either ask the SP to leave or the SP will remain in the room as the preceptor asks the other learners for their feedback on what they observed.

10:30 – 11:30 am – The SP will relocate to another clinical room and have his/her second encounter with a learner from their second assigned group. The same format as above is followed.

11:30 am – 12:00 pm – The SPs gather in the SP lounge to discuss the session and debrief.

Each encounter is scheduled for a maximum of one (1) hour, however, encounters may take less time. If an encounter ends earlier than scheduled, the preceptor may ask the SP to meet with another learner in the group, or the SP may be excused to return to the SP lounge.

On occasion, the learners and preceptor may decide to remain in the clinical room to observe the encounter between the SP and learner. This is an accepted practice; therefore, all SPs should expect it at times and not acknowledge that the rest of the group is in the room.

Objective Structured Clinical Exams (OSCEs)

SPs are recruited to participate in OSCEs which occur throughout the year. Currently, four (4) OSCEs are scheduled each year for our undergraduate learners (*East and West campuses*) and three (3) OSCEs for our postgraduate learners (*East campus only*). Some OSCEs are half day and some are full days.

An OSCE is a performance based exam. Learners rotate through a series of stations, each one designed to test a specific element of clinical competence. Tasks may include taking a focused history, conducting a focused physical examination, ordering tests, formulating differential diagnosis, planning treatment, and effectively communicating with patients. Some stations have a written component or require the learner to demonstrate a procedural skill on a task trainer (ie. IV needle).

SP Responsibilities in an OSCE

The SPs primary responsibility in an OSCE is to maintain the consistency and fairness of the exam by providing standardized and realistic portrayals. During an OSCE, SPs will be expected to portray the same role or be physically examined, anywhere from 6 to 30 times. The challenge is to portray the role consistently every time. Breaks are provided and back up SPs are recruited to provide relief when needed. During an OSCE, SPs are **not** required to provide feedback.

Training for an OSCE requires additional training. In addition to a regular scheduled training, a dry run training is also required (*see DRY RUN TRAINING*).

As part of exam security, SPs are responsible for keeping exam materials and the nature of your roles confidential. **On OSCE day, case materials MUST BE returned to the Coordinator or Trainer, otherwise, payment will be withheld until all materials are returned.**

Interprofessional Education Sessions

SPs may be involved in large group sessions in which a faculty member and a group of learners interview or interact with a SP in front of other groups. These session involve anywhere from 5-30 learners. The learners in these sessions are from all healthcare disciplines, such as medicine, nursing, physiotherapy, occupational therapy, social work, paramedics, etc. The sessions are focused on communication and how the learners work as a team in caring for the patient. SPs portray a case and provide very specific feedback on group dynamics.

Laboratory Clinical Procedure Sessions

On occasion, SPs may be required to participate in the 1st and 2nd year clinical procedure labs. SPs are scheduled to practice certain clinical procedures such as EKG, glucometer testing, ultrasound techniques, and to act as a model for land marking. None of these procedures are invasive or dangerous to you as a patient.

TYPES OF SP ENCOUNTERS AND ROLES

History Taking / Interview

SPs are required to memorize a patient's background, portray appropriate behaviours and emotions, and answer the learner's questions accordingly. During an interview, the SP must maintain a balance between giving too much information and not enough information. Following the session, SPs are required to provide feedback to the learner with respect to the learner's communication skills during the encounter.

Physical Exam Sessions

The physical exam sessions entail that SPs undergo a physical exam by a preceptor and their group of learners for approximately three (3) hours. The session is focused on a specific body system. SPs are not in character and there is no feedback provided at the end of the session. SPs may need to be pre-examined by a staff physician prior to participating in the session to ensure that the SPs have no physical findings that would interfere with the session and learner learning.

A preceptor's presence is required for all physical exam sessions.

During physical exams, SPs are required to wear a gown, unless otherwise directed. Female SPs should wear a bra, sports bra, or camisole under their gown and both men and women should wear briefs, boxers, and/or shorts under their gowns (unless otherwise directed). Undergarments should not be excessively revealing; for example, thongs are not considered acceptable underwear.

Socks are allowed for comfort during the exam, however, SPs should be prepared to remove them should the learner request so.

When undressing in the exam room, please disrobe behind the exam curtain as a video-camera is on and most areas of the rooms are visible to control room staff, faculty, and learner groups. If a clean gown/drape is not on the bed, extra are available in the drawers of the bed. **At no time should a SP be out of an exam room with only a patient gown on, even if tied in the back.** If there is a need to leave the room, SPs should dress before leaving, use an extra gown

as a housecoat, or bring a housecoat from home. Please remember that the exam rooms are located off a public corridor. While faculty, staff, SPs, and learners may not notice patients in hospital gowns, it is an unusual sighting for non-clinical staff, faculty, and visitors (which may include guests) to see patients in a partial state of undress.

During physical exams, learners are expected to drape SPs appropriately to avoid unnecessary exposure, however, this is a learned skill and is accomplished successfully to varying degrees during the learning period. There are also specific sessions where exposure can be expected. **The exposure of the chest is required for Breast, Cardiology, and Respiratory exams, and female SPs should be prepared to go without a bra.** If uncomfortable with any of the above mentioned scenarios, SPs should only accept assignments involving medical histories.

SPs are not expected to participate in any physical examination that the individual is uncomfortable doing. The Coordinator provides SPs with all the information about the session so that SPs may make an informed decision.



YOU MAY HALT ANY PHYSICAL EXAM PROCEDURE THAT CAUSES UNDUE DISCOMFORT.

Interview and Physical Exam Combination

During this type of encounter, SPs can expect to be interviewed by the learner and then physically examined with respect to the initial complaint. SPs may have physical symptoms that will need to be portrayed while being physically examined. After the interview and exam is complete, a feedback session will occur.

Hybrid Simulation Scenario

When more than one type of simulator is used in simulation, it is called **hybrid simulation**. The most common form of hybrid simulation is to combine one (1) manikin with one (1) **SP** in order to increase the realism of simulated scenarios and add additional challenges for learners. The SP may portray a family member or anyone else associated with the patient manikin. Another form of hybrid simulation occurs when learners are learning how to perform clinical procedures on a task trainer. The SP is the patient, but the learner practices the skill on the task trainer. This allows them to not only work on the clinical skill component but on their communication with the patient as well.

Roles

SPs can expect to portray a variety of different patient scenarios. Most of the roles deal with complaints that family physicians would most often see in their practice. The majority of the cases are based on real patient cases that physicians have encountered. Most of the roles are fairly straightforward to portray; however, there will be times when SPs may be required to portray a range of emotions or a variety of different characters who may have mental health concerns, boundary issues, etc.

HOURS OF WORK/SESSION OFFERS

- There is no set schedule; most SP work is conducted during weekdays, however, SPs may be asked to attend in the evening or on weekends, on occasion.
- The frequency of work will depend on the need for a given demographic (eg. age, gender), the SPs abilities and whether the SP portrayed the case in the past.
- On average, SPs can expect about one session every 4-6 weeks.
- SPs will be contacted for bookings solely through email unless alternate arrangements have been made with the SP Program Coordinators.
- A booking offer does not constitute a confirmation of work. Once the Coordinator chooses the appropriate SPs for the session, individuals will be contacted via email to determine availability and interest. If available for both training and event, the SP will receive an email confirming attendance.
- Most booking offers will be sent to a select, small group of SPs. Should those SPs not be available, then others will be considered. At times, booking offers may be sent to the entire pool of SPs and positions will typically be filled on a “*first come, first served*” basis. The SP program reserves the right to find the “*best fit*” for a given booking.
- To be considered for a session, the program expects a reply to emails within **48 hours**. **The program requests that you reply whether or not you are able to participate so that another candidate can be contacted as soon as possible.**
- Booking offers are sent out approximately 3-4 weeks prior to a session.
- The following criteria is considered when recruiting specific SPs for a session:
 - Case requirement (age, gender, affect to be portrayed, case difficulty, life experience)
 - Ability to master the role
 - Past experience and training with the case
 - Level of experience and quality of feedback
 - Level of experience with specific learners
 - Client preference
 - Physical findings that may preclude the SP from participating.
- **Any SP work done for NOSM must be arranged through the Clinical Skills Program Coordinators.** Should individuals be contacted for SP work through anyone else, please advise the Coordinators. Work for other schools and health programs is permitted, and SPs can feel free to accept work from them as long as it does not interfere with NOSM commitments.
- **Availability:** If SPs are repeatedly not available or difficult to contact, then that individual may not be a good candidate for the nature of the job. If anticipating a busy period or are unavailable for an extended period of time, please let the Coordinators know the dates so the absence is noted. Failure to do so may result in an SP’s discontinuation from the program as outlined on under “*Discontinuation*”.

CANCELLATION EXPECTATIONS

Cancellation by an SP

SPs are free to accept or decline any requests, or after reviewing the case, SPs have the right to decline work. However, once an assignment is accepted, SPs are expected to honour that commitment. In the event of circumstances that prevent the SP from attending a scheduled session, contact the Clinical Skills Program Coordinator as soon as you know that you are unavailable. Last-minute cancellations cause stress to the SP staff, learners, and the SP who is called at the last minute to cover the role. **A pattern of last minute cancellations will impact selection for events.**

Should a SP cancel or is a “no show” on the encounter day, the SP will not be paid for the training session that they attended.

Cancellation by the SP Program

If the SP programs cancels an event with less than five (5) hours' notice, the SP will receive full compensation.

If a booking is cancelled with more than five (5) hours' notice, the SP will NOT receive payment for the scheduled booking.

SPs will be notified of cancellations via email.

Absentee (“No Show”) SP

A “no show” is a standardized patient who does not attend their scheduled session (training session or encounter session) with no correspondence to cancel. In the event that this occurs, the following policies apply:

- 1st No Show – verbal warning
- 2nd No Show – written warning
- 3rd No Show – termination from the program

KEY EXPECTATIONS OF SPs

Punctuality and Performance

SPs are expected:

- To be reliable and punctual.
- To identify self as the SP upon arrival when participating in simulations outside of NOSM.
- To be ready and in role for appointed time.
- To have memorized the case scenario for the day of the encounter. SPs may NOT bring the case notes into the actual encounter.
- To place used gowns and drapes in the laundry hampers located in the clinical skills rooms. Paper on the exam bed should be replaced after all physical examinations.

Interactions

SPs are expected:

- To exhibit professional and ethical behavior at all times.
- To respect the authority and knowledge of other professionals.
- To exhibit sensitivity and respect for other beliefs, opinions, gender, race, culture, religion, sexual preference, and status.
- To refrain from speaking with learners “out of role” **before or during the session**. SPs should not be seen by any of the learners unless in role. Given the configuration of the building, it is likely that SPs will encounter learners before entering the exam room. While in the building, SPs should be aware of their behavior at all times.
- To refrain from interacting with the medical learners on a personal level since SPs are in a position of assessing the learner’s performance. Should a SP have an existing relationship with a learner, notify the Clinical Skills Program Coordinator and the program will then ensure future assignments do not involve that specific learner.
- To direct questions, concerns, or comments about a case to the SP trainer or Clinical Skills Program Coordinator and **not** the physician tutor.
- To refrain from providing feedback to the faculty about their performance or to break character and discuss the program policies or training issues with learners. SPs are a “tool” to help facilitate the teaching of learners in a small group setting, so please refrain from becoming involved or offering guidance to the group outside of the patient role.
- To **not** take any advice or recommendations during the course of any sessions as constituting individual medical care or advice from the physician tutor. Should something abnormal be found on physical exam, SPs can expect to be informed of the finding and be advised to seek medical evaluation and treatment from the SP’s personal physician/healthcare provider. Neither the learners nor the faculty should provide any medical advice to SPs nor should SPs seek medical advice from them.

Confidentiality

SPs are expected:

- To keep case notes, instructions and checklist secure and to not share with anyone outside NOSM. Cases should not be discussed with anyone not involved in the training or performance of the case.
- To not discuss learner performance, behaviours, or interactions outside of the SP lounge. While it is appropriate to discuss performance during debriefings, trainings, etc., these should be discussed without identifying learners.
- To keep observations of another SP's performance during training or encounters in the strictest confidence.

Other

SPs are expected:

- To not consume food or drink in ANY SP session, unless required by the scenario. SPs may only bring a water bottle into a scenario.
- To leave personal effects out of sight within the room and should not be used at any time. Alternatively, personal effects may be left in the SP Lounge.
- To turn off all cell phones and electronics during clinical encounters and OSCEs. Cell phones and tablets may ONLY be used for reviewing case notes during training.
- To maintain good hygiene, proper grooming, and cleanliness at all times. SPs may 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, but without heavy perfumes or scents.
- To understand and agree that the following activities are expressly prohibited:
 - Drinking alcohol or consuming drugs prior to or during the sessions.
 - Drinking alcohol or consuming drugs during and prior to an activity sponsored by a client outside NOSM.

PARKING

East Campus (Sudbury)

NOSM provides paid parking for Lot 11 for all SP scheduled sessions. In order to park, SPs require a parking pass and code to enter into the gated lot, which will be provided via email prior to your scheduled session. The pass must be placed on your dash.

West Campus (Thunder Bay)

Parking is limited to any R Lot and a parking pass will be provided prior to each clinical skills session, OSCE, or other scheduled encounters. The parking pass must be placed on the car dash. Parking passes are not valid at parking meters. SPs are responsible for the cost of parking for training sessions only.

**NOSM and the SP Program are not responsible
for any incurred parking tickets.**

SP LOUNGE

East Campus (Sudbury)

Room 145 on the main floor of NOSM is designated as the SP Lounge. This room is used for most SP training and for SP gatherings on the day of an encounter. It is equipped with a coat rack, coffee maker, and fridge for your convenience.

On days where there is no SP activity, Room 145 also serves as the Clinical Skills Program Coordinator's office.

West Campus (Thunder Bay)

Room MS-1009 on the main floor of NOSM is designated as the SP Lounge. This room is used for most SP training and for SPs gathering on the day of an encounter. It is equipped with a coat rack and fridge for your convenience.

On days where there is no SP activity, Room MS-1009 also serves as the Clinical Skills Program Coordinator's office.

COMPENSATION

SP compensation rates are determined by the SP Program and are subject to change. You will be notified of any changes to compensation via email. Current rates are shown in *Appendix A*.

The calculation and submission of payments is completed by the Clinical Skills Program Coordinator within a week after a scheduled session. The Clinical Skills Program Coordinator will calculate payment of training and encounter, and submit it to NOSM Finance Unit as one payment. **Please allow 2-5 weeks for payment.** If payment is not received in the expected time period, please **contact the Clinical Skills Program Coordinator** for assistance.

SPs will be paid a minimum of 1 hour when working as an SP; when being paid at an hourly rate, payment will be calculated to the nearest .25 ($\frac{1}{4}$) hours. Example 1: If the SP works for 1 hour and 10 minutes, the SP would be paid for 1 hour and 15 minutes; Example 2: If the SP works 1 hour and 5 minutes, the SP will be paid 1 hour.

If the SP arrives earlier than their scheduled time, the SP will not be compensated for that additional time.

SPs at NOSM are considered to be independent contractors. This status does not allow for benefits, and tax will not be deducted from pay. As an independent contractor, the SP is responsible for declaring income on personal income tax. **T4As will be provided by NOSM Finance for those earning over \$500.00 during the taxation year.**

The Finance Unit recommends that all individuals be set up with Direct Deposit to ensure easy and quick payment. The Personal Direct Deposit form is available for download off the SP website. This information is also completed during the hiring process. If a SP's banking information changes, a new form must be completed and re-submitted to Finance.

CASE TRAINING/DRY RUN TRAINING

Case Training

SPs are provided with a copy of the case via email several days prior to the scheduled training. **** OSCE cases will be provided on the training day. **** All training takes place in the SP Lounge unless otherwise directed. Training will be scheduled with the SP Trainer or the Clinical Skills Program Coordinator. SPs working on the same case will be trained together for consistency and standardization. SPs should arrive at training **“off book”**, having reviewed the case and ready to practice role playing. Lack of adequate preparation for training may result in replacement, lack of future assignments, or discontinuation of services.

The time it takes to train a case depends on its complexity and the SP's experience. Most cases can be trained anywhere from 1-2 hours and only need one scheduled training time. However, there may be instances where training may be scheduled to a maximum of 3 hours, or additional training may be needed to perfect the role.

SPs are asked to provide a wardrobe consistent with your role. If any unusual costume is needed, the SP program will provide it.

The training will consist of:

- Introductions to other SPs
- Confirmation of important dates and times
- Confirmation of the SPs assigned learner groups and confirming that the SP has no conflicts with the learners or preceptor
- Brief description of how the character is envisioned followed by a table read of the case.
- Review of session learning objectives
- Reviewing physical findings (if applicable)
- Video review and demonstration of physical exams (if applicable)
- “Round Robin” where each SP takes a turn answering questions as the patient, or, if time permits, role playing with each SP individually as the other SPs observe. Another method used for training is to have one SP play the medical learner role and have another play the patient
- Exploration of the role through questions
- Review of learner objectives and discussion with respect to what non-verbal and verbal communication skills SPs should be focusing on during the encounter
- Discussion of feedback techniques and content
- Practice giving feedback

At any time if a SP is in need of a review, or if a SP has any questions or concerns with the simulation, please contact or arrange to spend some time with the Trainer or Coordinator for this purpose.

- ❖ If a SP arrives early for training and the SP Lounge door is closed, please have a seat outside the lounge until staff arrives at the designated training time. **PLEASE DO NOT WAIT IN THE LEARNER LOUNGE.**

Dry Run Training

Dry Run training is scheduled in addition to case training for cases that are more complex and are part of the clinical examinations (OSCEs). Dry run training is a mock clinical examination where the SPs are placed in a clinical room with other SPs portraying the same role and faculty physicians (acting as medical learners) move through a variety of stations and test **each SP on their case in a timed setting.**

EVENT DAY EXPECTATIONS

Call Time

The call time is usually 30 minutes prior to the start of the session and will be specified in the e-mail confirmation of the session. SPs are expected to arrive and be ready to work at the call time. This time is compensated and is designed to give the staff time to communicate any last minute changes, tune up the case, answer questions, and apply makeup (if needed). It also provides the SP time to get into character.

Where to Report

SPs will report to the SP Lounge unless instructed otherwise. If SPs arrive earlier than the call-time and the SP Lounge is inaccessible, please have a seat outside the lounge until staff arrive. **PLEASE DO NOT WAIT IN THE LEARNER LOUNGE.**

Preparatory Time

The short time prior to a session is often hectic and a lot must be accomplished by the staff during this time. In addition to interacting with SPs, the staff must prepare rooms, turn on monitoring systems, greet and orient faculty and learners, and get everyone where they need to be for an on-time start. **Please refrain from asking for special attention, services (copies of the case), or bring up anything not directly related to and crucial for the successful start of the session (ie. questions about payments, future assignments, etc.)**

Places

Approximately 5 -10 minutes prior to the start of the session, the SP trainer or Clinical Skills Program Coordinator will escort SPs to their assigned clinical room. At this time, SPs should change clothes (if required), get seated where directed, and be in character.

- ❖ **As soon as the SP enters the clinical room, the SP MUST be in character. The clinical room is set up with a camera, therefore, the learners will see and hear the SP enter the room. If the SP has any questions about the setup or the case, please do not ask them while in the clinical room since the group of learners will hear the SP and this will take away from the realism of the scenario.**

Encounter

The encounter begins as soon as the learner knocks on the door and enters the room.

Time-out/Time-in. At any time during the encounter, the preceptor may call a ***time-out***. A time-out is a valuable learning process for the learner and allows faculty to provide the learner with additional information or redirect them. When in a time-out period, SPs are expected to remain in character and not interact with the learner or preceptor until ***time-in*** is called. When time-in is called, the scene will either resume where it left off or the preceptor may direct the SP to start at the beginning again.

Who Can Alter Performance or Case? The case author and the trainer have specific goals and objectives when the case was written and trained, therefore, only a limited number of people are allowed to change the way in which the SP performs a case. It is acceptable for a preceptor to “fine-tune” a case or portrayal, as long as it does not change the way in which the case was originally envisioned and trained. If the SP is asked to increase or decrease the anxiety level or pain level, that is acceptable. Adding a new symptom not in the original case is not acceptable.

SPs should politely refuse to allow anyone other than the Clinical Skills Coordinator and SP Trainer to change the case or performance from the way the SP was originally trained. Any request for changes should be directed to the Clinical Skills Program Coordinator.

Debriefing

At the end of a session, a debriefing usually follows. SPs should plan to stay 5-15 minutes after a session for this debriefing. The SP’s observations and comments are always welcomed following the session. At the end of the session, SPs are expected to complete a feedback form regarding the encounters with the learners.

QUALITY ASSURANCE

The quality of SP performance is a priority of the SP program. Quality assurance will be maintained using several methods:

- Direct observation during training
- Direct, scheduled observation during sessions
- Direct, random observation during sessions
- Videotape review
- Physician tutor and learner “5 Minute SP Evaluation Forms”

Feedback will be provided to SPs as soon as possible after encounters with learners.

Due to the large number of SPs in the program and the limited amount of time that a SP may be present, it is challenging to observe every SP that participates in an encounter. If, at any time, the SP feels that they are in need of a review or if they have questions or concerns with their performance, advise the Clinical Skills Program Coordinator and the Coordinator will arrange to observe the next encounter.

In addition, the Clinical Skills Program Coordinator will provide SPs with a written evaluation of their skills every two years, based on the feedback received from the preceptors and learners and the observations the Coordinator/Trainer has made. The reason that the evaluations are not conducted yearly is that the Coordinator does not gather enough feedback in a year to provide SPs with a solid evaluation.

DISCONTINUATION

All cases, checklist, and written materials are the property of NOSM. These cases are to be used exclusively by SPs booked through the SP program. **Upon discontinuation of services in the SP Program, all written materials MUST be returned to the Clinical Skills Program Coordinator.**

Regular participation in the program is crucial to keep SP skills fresh so that NOSM can provide a high quality educational experience to our internal and external clients. **After 6 months** of inactivity, the program reserves the right to place SPs on an inactive list. **After 9 months** of inactivity, SPs will be removed from the SP program. Relisting to an “active status” may be discussed with the Coordinator by appointment.

PERSONAL INFORMATION AND PHOTOGRAPHS

Policies on maintaining personal information:

- In order to provide appropriate SPs for given scenarios, it is necessary for the SP program to maintain specific personal information regarding SPs, including, but not limited to: address, contact information, medical history, physical attributes, etc.
- In order to process payment, it is necessary for the SP program to obtain the SP social insurance numbers and personal banking information
- A photograph will be taken by the SP Coordinator
- SPs personal information will be maintained by the SP program and will not be published, distributed, or otherwise shared with anyone other than the SP Trainer, Recruiters, and Administration as required.
- This information will be maintained for the SP's duration of employment, and will be removed from the SP Program files upon the SP's request if the SP leaves the program.
- SP information will only be used in accordance with privacy legislation and will only be disclosed with SP consent, or where required by law. Storage, retention, and destruction of SP personal information will comply with existing legislation and privacy protection protocols.

COMPLAINTS AND CONCERNS

If you are experiencing any difficulties with other SPs, faculty, preceptors, learners, or SP trainers, please address these concerns in a timely manner and in detail to the **Clinical Skills Program Coordinator**.

If you are experiencing any difficulties with the Clinical Skills Program Coordinator, please address these concerns to **Siobhan Farrell, Director of Active Learning**.

APPENDIX A

COMPENSATION

TRAINING	PAYMENT
Case Training and Dry Run Training for all sessions <ul style="list-style-type: none"> - Internal and External Clients - 1-3 hour maximum 	\$35.00
Objective Structured Clinical Examination (OSCE) Case Training <ul style="list-style-type: none"> - Internal and External Clients - 1-3 hour maximum 	\$40.00
SCS ENCOUNTERS	PAYMENT
History/Interview encounter	\$50.00/full session \$25.00/half session
Physical exam encounter	\$65.00/full session
History/Physical exam encounter	\$65.00/full session \$32.50/half session
Female Breast Exam session	\$85.00/full session
Male Pelvic/digital rectal/prostate exam	\$155.00/full session
OSCE ENCOUNTERS	PAYMENT
History/Interview encounter	\$15.00/hr
Physical Exam encounter	\$20.00/hr
ALL OTHER ENCOUNTERS	PAYMENT
History/Interview encounter	\$15.00/hr
Physical Exam encounter	\$20.00/hr

APPENDIX B

GLOSSARY OF TERMS AND ABBREVIATIONS

Adjustment: Instructions given to a standardized patient to modify the way he/she is portraying a character in order to improve upon it or make it more standardized and consistent.

Angina: chest pain

Anterior: front of the body

Auscultate: Listening through a stethoscope during a physical examination.

BBN: Breaking Bad News

BMI: Body Mass Index - measurement of body fat based on height and weight

BP: Blood Pressure

CAGE: Alcohol screening tool - C=cut back, A=annoyed, G= guilty, E=eye opener

Call time: The SP arrival time for a scenario.

Checklist: A list of items that the learner must perform with a patient during an OSCE in order to pass the station. The checklist is completed an examiner.

CC (Chief Complaint): The main reason the patient is seeking care.

CNS: Central Nervous System

COPD (Chronic Obstructive Pulmonary Disease): Long term lung disease which includes bronchitis and emphysema

Drape: Cloth used to cover patient and protect patient's modesty during physical examinations.

Encounter: The time during an event from the beginning of one learner to the end of the feedback session.

ETOH: Abbreviation for alcohol

Examiner: A physician who assesses the learner's clinical skills during an OSCE.

FH (Family History): Information about the health of a patient's parents, grandparents, siblings, spouse and children.

FIFE: Used to assess patient perspective - Feelings/Fears, Ideas, Function, Expectations

GERD: Gastroesophageal Reflux Disease (heartburn)

Gown: Worn by patients during a physical examination.

Guarding: Rigid abdominal muscles (protecting the affected area)

HEEADSSS (Adolescent screening tool): Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide/Depression, Safety

HEENT: Head, Eyes, Ears, Nose and Throat

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

Hypertension: high blood pressure

IBS: Irritable bowel syndrome

Inspection: Looking and observing during a physical examination

IPE (Interprofessional Education Program): Program at NOSM where learners from 2 or more health related professions learn together during all or part of their training with the objective of cultivating collaborative practice in providing patient care.

LLQ: Left lower quadrant of the abdomen

LUQ: Left upper quadrant of the abdomen

MCCE (Medical Council of Canada Exam): OSCE exam conducted by the Medical council of Canada (the licensing body of physicians in Canada) to assess 2nd year family residents on their clinical skills.

MI: myocardial infarction (heart attack)

MSK (Musculoskeletal): Study of muscles, bones, joints, ligaments, tendons and connective tissue.

NOSM: Northern Ontario School of Medicine

Objectives: Specific learning that a learner aims to achieve within the learning session.

OLD CARTS: Tool used to assess symptoms - Onset, Location, Duration, Character, Alleviating/Aggravating, Radiating, Timing, Severity

OSCE (Objective Structured Clinical Examination): An examination where the learner is assessed on their clinical skills during a 10-15 minute station. An OSCE can have anywhere from 6-15 stations that a learner would rotate through. Stations may or may not involve an SP. Learners are marked in accordance with a checklist by an examiner. OSCEs can be summative or formative in nature. 'Summative' are high stakes and count as a pass or fail for the learner. 'Formative' provides the learners with immediate feedback on their clinical skills - there is no pass or fail attached.

Otoscope/Ophthalmoscope: The instruments with lit examination heads located on the walls of the exam rooms used for looking at the ears and eyes.

PA: Physician Assistant.

Palpate: Method of feeling during a physical examination.

PE: Physical Examination

Percuss: Method of tapping during a physical examination to discern solid vs. hollow objects.

PGME: Post Graduate Medical Education

PGY: Post Graduate Year (*see "Resident"*)

Phase 1 – Years 1 and 2 of the Undergraduate Medical Education Program at NOSM

Phase 2 – Year 3 of the Undergraduate Medical Education Program at NOSM

Phase 3 – Year 4 of the Undergraduate Medical Education Program at NOSM

PMH (Past Medical History): Information about the patient's past medical health including major illness, surgeries, hospitalizations, medications.

PNS: Peripheral Nervous System

Posterior: back of body

Preceptor/Tutor: A physician or resident who teaches small group sessions.

Presenting Situation: Information given to the learner about the patient and the chief complaint.

Rebound tenderness: During an abdominal exam, the learner may press into abdomen & let go quickly – rebound tenderness is increased pain once the learner lets go.

Resident: Refers to a physician in training after graduating from medical school. Depending upon the physician's speciality, residency can be anywhere from 2-5 years.

RLQ: Right lower quadrant of the abdomen

RUQ: Right upper quadrant of abdomen

ROS (Review of systems): A rapid review (during the history taking part of the encounter) of screening questions designed to cover key components of each major body system.

Round Robin: A training method in which the trainer conducts an interview going around the table and asking a different question of each SP.

SCS (Structured Clinical Skills Session): These are the sessions in which learner practice their clinical skills with the Standardized Patients. The sessions take place on Tuesday and Thursday mornings.

SH (Social History): Information about the patient's occupation, hobbies, living arrangements, marital status and habits that may affect their health.

SOB: Shortness of breath

SPP: Standardized Patient Program

SP: Standardized Patient

Time in/Time out: A teaching technique where a tutor/preceptor may interrupt an encounter between a learner and SP to interject teaching or questioning.

UME: Undergraduate Medical Education

Warm Body: A standardized patient who allows the learners to learn physical examination techniques on a specific body system. There is no scenario attached to this type of encounter.