Opinion

The Standardized Patient in Asia: Are There Unique Considerations? - 🔓

Lateef Fatimah[1-5]*

[1]*Senior Consultant, Department of Emergency Medicine, Singapore General Hospital, Singapore*
[2]*Adjunct Professor, Duke NUS Graduate Medical School, Singapore*
[3]*Adjunct Professor, Yong Loo Lin School of Medicine, National University of Singapore*
[4]*Director, Sing Health Duke NUS Institute of Medical Simulation (SIMS), Singapore*
[5]*Board and Founding Member, World Academic Council in Emergency Medicine (WACEM)*

*Address for Correspondence: Lateef Fatimah, Department of Emergency Medicine, Singapore General Hospital, Singapore, Tel: 65 63213558; Fax: 65 63214873; Email: Fatimah.abd.lateef@ singhealth.com.sg

ABSTRACT

Standardized Patients (SPs) are now widely used to support educational and training programs at many different levels. SPs in Asia may have certain unique characteristics in their spectrum of practice. These are important and cannot be ignored as frequently culture can trump strategy. This paper discusses some interesting and highly relevant points of focus for SPs in the Asian context. Sharing best practices, SP methodology and pedagogy across Asia and also at the global level are good ways to learn, unlearn and relearn on how to move the fraternity forwards.

Keywords: Standardized patients; Simulation based learning; Asia; Culture; Debriefing; Feedback

INTRODUCTION

Perhaps less known too many, the use of Standardized Patients (SP) come under the umbrella of healthcare simulation. It is a form of human simulation involving the use of volunteers and trained persons as role players or actors, who interact with patients, healthcare staff or learners, depending on the context in which they are utilized. In the practice of Medicine, the term SPs, is often used interchangeably with 'simulated patients' or 'simulated persons'. The term 'standardized' means the SPs have to be consistent in portraying the case in question, across several learners or candidates in any assessment or learning activity. It is also hoped that the SPs can evaluate the students or candidates in a consistent way, by the use of checklists [1-3]. SP methodology is what I would consider a near high fidelity simulation, under the spectrum of simulation-based learning. This is because having a real person as a patient is as realistic as it can get. However when performing certain procedures and tasks on the 'real patient' or SP, there may be some limitations. This has now been addressed to a certain extent, by the use of hybrid simulation, whereby an SP is equipped with a task trainer to have the procedure performed as it is done on the real patient [4-7].

SPs have evolved over the years to become an important part of the teaching and learning landscape in healthcare. The term was first described by Howard Barrows in 1968 [1,2]. Since then SPs methodology have evolved and become widely used in a variety of context, ranging from low stakes to high stakes training and assessments. In this way, SPs are utilized in the experiential learning context as well as assessment context. They have been used to support education and evaluation, from the developing world to developed nations, across many disciplines of medicine [3,5-7]. There are many considerations in starting a robust SP Program, whether linked to an institution, department or university. To date most of the literature on SPs are from western countries, with very few from Asia [8]. As more Asian nations implement and adopt SP programs, it may be of value to look at some of the unique considerations in these countries and share best practices, especially on how to overcome some of the challenges and barriers. Forward planning in starting an SP program is crucial in order to ensure sustainability.

THE SPECTRUM OF USE OF STANDARDIZED PATIENTS (SPS)

The SPs are usually laypersons, although there may be healthcare staff who may participate in the SP program. They can come from a variety of background and some may have training in acting. They are partners in the educational or assessment activity being carried out and must be treated with appropriate courtesy and etiquette. Their contributions are important to enhance the learning platforms we use today. SPs now are at the central or focal point of many simulation-based learning programs. They can get tired, have emotions and their psychological well-being is important to consider as we work with them. SPs come with their life experiences and expectations. As they portray medical cases, patients or relatives in the medical/ healthcare context, they should be briefed adequately, using non-medical jargon to explain certain terminologies, diagnosis and requirements on their part. Information which are crucial have to be prioritized for them and the use of keywords can be useful as well. At times, explaining the pathophysiology of the condition they are dealing with in the scenario will help them play the role more adequately and with a higher degree of realism. Sometimes, if we are lucky, we may get an SP who is facing the same condition (eg an SP who has diabetes mellitus, role playing in a scenario of a difficult, non compliant diabetic patient) as the one ion the scenario (Figure 1).

SPs have been involved and are found to be helpful in a wide range of scenarios eg. Breaking bad news, informing sudden death, explaining critical conditions, informing the diagnosis of cancer, discussing end of life care. To fulfill these roles, they need to have a balance of cognitive, technical and behavioral skills, although the contribution may vary from case to case or scenario to scenario. In the course of carrying out their roles. SPs have to interact with the healthcare system, the healthcare staff, the environment within the healthcare institution or department as well as the technical or the tasks associated with the scenarios [9,10] (Figure 1). These are relevant and need to be adequately addressed. More recently SPs have begun to be involved as 'mystery shopper'. This is a unique role they can play in quality assessment and service improvement processes [11,12]. In rural India for example, trained SP have been sent out into the community to assess and provide feedback on healthcare providers. In conducting these activities, consent, and ethical guidelines have to properly instituted and adhered to [13].

With the more recent introduction of Montgomery Law, SPs have been actively used to help healthcare professionals understand the requirements and explanation they need to carry out in getting informed consent. The 'practice' with SPs acting as patients and asking the relevant questions from their doctors, helps deepen the understanding of the new ruling [14].

SPs in the Asian context

It is best to use SPs who come from the same community as where the learning activity is being carried out. This way a connection can be built readily, they speak the same language, understand the cultural nuances and other values which are important in that community. Some of the unique considerations would include

1.   The multi-racial, multi-lingual and multi-cultural context in Asia. In countries like Singapore and Malaysia, many different races make up the society. Contrary to popular knowledge, even in countries like Myanmar and Vietnam, which many may perceive to be mono-ethnic, they have some 150 and over 50 different ethnic groups respectively. As such, in planning the use of SPs, this is an
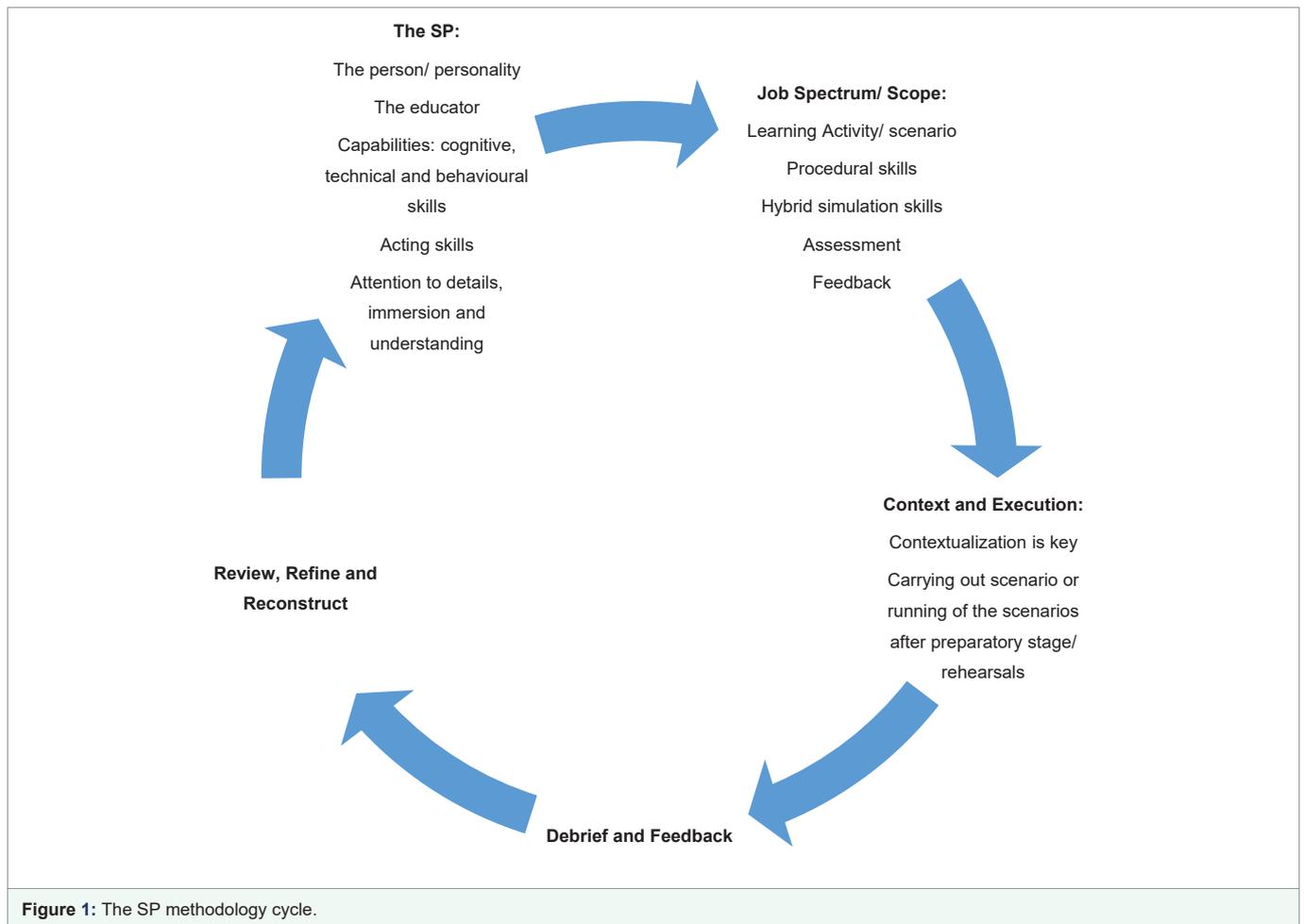
Figure 1: The SP methodology cycle.

important consideration. Speaking the same tongue is one thing, but understanding the impact of culture on health seeking behavior and the taking on of the sick role is also important. In these interactions, it is important to also emphasize the need for verbal and non verbal communications congruency as these are very sensitive in many Asian communities. In countries like Singapore where most people would understand some more commonly used languages like English and Mandarin, there are also many dialects (eg. Hokkien, Teochew, Kek) spoken by the older generation Chinese, which may at times lose the meaning through interpretation. This would then mean a challenge to get the SP speaking the right match of language for the person, but organizers of these educational activities would try for the best match.

In Asian societies, values like filial piety and respect for seniors is strongly emphasized. As such SPs must be briefed that the younger generation may not address seniors by their first names, for example. In communicating with the elderly and seniors, respectful non verbal skills are important. Awareness of these cross cultural practices are very useful for SPs to understand. Another issue in Asian society is the importance of the family and extended family in medical decision making. For example, when a senior is ill, the family members and even the extended family members may all present themselves at the hospital. They will need to be updated in a sensitive way, with the right choice of words and terms, in order not to offend anyone. In western cultures, much emphasis is placed on patient's autonomy but in Asia, for example, seniors with cancer may not even know the

diagnosis, as their family members may have requested the doctor not to reveal the diagnosis to their loved ones. Thus some customization is required in such settings.

2.   Examination and Dress Code. Modesty in attire is practiced by many in Asia. The Muslim women will cover themselves appropriately and may even request only for a lady doctor or staff to examine them. Thus in matching SPs, this becomes relevant. Even with patient doctor relationship and confidentiality upheld, some Asian women may request the presence of their husbands when being interviewed or examined.

3.   Respect for Authority. Hierarchical practices are also still common in many parts of Asia. People in most Asian countries are still very aware of the level of respect and decorum for people like doctors. Hierarchy, as well as vertical segregation is still important in many Asian societies. Thus for an SP portraying a role this is something necessary for them to know.

4.   Feedback and issue of "face". In general, people in Asia may tend to be less vocal, less verbal and less confrontational in their interaction. At times, they may hold back feedback pointers if they feel it may be interpreted in an offensive way by the receiver of that feedback. At times, in some communities, people are more comfortable with talking one on one when giving feedback and less comfortable in larger groups. The choice of words and context of giving inputs and communication is also important so as not to come across as being offensive, authoritative and domineering.

Recruitment and training of SPs

In the course of their work, SPs are exposed to experiential learning in an immersive environment. SPs help to create the realism to educate learners through the scenarios they are involved in. Their experience is also important in their own personal development as a SP. (Figure 1) when it comes to recruitment, the commonest modes is through word of mouth within the fraternity, through advertisements and call for volunteers. There are certain levels of commitment and code of conduct required of SPs. For example, in Singapore, they should preferably be versatile, bi-lingual or multi-lingual, able to commit to the time requirements and be present for training. Compliance to training is also important. All SPs must sign a confidentiality agreement. Some of them will be involved in preparing for higher stakes examinations and assessment, thus the importance of not leaking out any information of the potential examination cases. The potential SP candidate may undergo training by an SP trainer or appointed supervisors. They are subjected to briefing regularly and especially before a session or an activity involving SPs. The training for the scenarios is very crucial and requires focus and commitment. They need to understand the scenario in detail and the objectives. This way they will understand what exactly we are looking for when it comes to marking. Using a check list for assessment is useful. Standardization is particularly important in order to ensure all candidates are given and assessed on the same, fair platform. In such circumstances, it is critical for the SPs to stick to the manuscript and be familiar on what to do and how to respond when there are deviations that may arise. They have to understand the scenario, the duration, frequency and requirements. They need to be familiar with what are major and minor errors in the marking scheme used. The complexities may vary in the spectrum of their work. SPs may be dealing with a whole spectrum of learners from undergraduate students, house officers, medical officers, residents and senior residents as well as even faculty, for their faculty development programs. This calls for versatility and quick adaptability

In some programs, the SPs are called in during planning of the scenarios and they are thus able to provide their inputs and ideas. This is useful also for their buy-in into the scenarios. In cases whereby Hybrid Simulation (HS) is used, the SPs have to be briefed adequately and understand the importance of the different phases and transition involved. They may also be involved in the preparation and taking down of the 'station'. SPs may become co-teachers or trainers, facilitators or faculty for simulation-based learning. They also represent the proxy of 'real patients' [15-19].

FEEDBACK

Feedback is extremely important in SP science as in other aspects of medical education and practice these days. The science of SP practice is very visual, besides the auditory and behavioural components. In some centres, video playback serves as a platform for feedback on SP performance. However to videotape the session, consent is required and this is only for teaching purposes, after which the video will be deleted. In Asia, people tend to be more self conscious, especially with video playback of their performance. Comments on verbal communications as well as non verbal communications are points of focus during feedback. The congruency between the two is also important. These feedback can serve as reflection for the SP to help enhance performance. In some programme, it is routine to debrief the SP after each session.

Besides feedback on the SP, the latter is also required to help provide inputs on the student, learner or candidate. Their inputs usually are incorporated in the final global score in assessment for examinations, OSCE (Objective Structured Clinical Examination) and mini-CEX (mini-Clinical Evaluation Exercise). SPs will encounter a broad spectrum of people in the course of their work. They will encounter students, faculty, other SPs and even members of the public as well as patients. The value of these interactions add value to their work experience. This can help SPs develop empathy and fine tune their "acting" skills and be psychologically prepared for every scenario. In some scenarios, more than one SP may be involved. In such scenarios, coordination and inter-phasing is important and SPs may thus need to do preparatory work with their partners. For debriefing in such activity, it can be done in groups or as individuals, bearing in mind what works best in the context of the local culture and practice.

Psychological safety is also very important for SPs. They need to be ensured of a safe work environment. This will change depending on the location of the scenario they are involved in. In Asia, the shared belief that the environment is a 'safe' one will enable the SPs to speak up, contribute and perform with more comfort and confidence. This will also help in them not "losing face", which is again, an important element. Such a culture can help impart the mental well-being in SPs.

As many SPs are lay-persons, they will need to be introduced into the healthcare environment where they will be working in the. This could be in a class room setting or even in the ward or emergency department if an insitu simulation is being carried out. The SP can also act as the confederate in such an activity. In the design of the scenario the SP's safety must be borne in mind; physical and psychological/emotional safety. The pre-brief can be used to introduce all the necessary elements. However on occasion, the SP may need to be involved much earlier. During their involvement, adequate breaks should be given and the time commitment be made transparent from the beginning. SPs should also be asked to declare any conflicts of interest they may have and this is part of the standard clause for most SP programs [2,10,17].

CONCLUSION

It is important to realize the unique characteristics and job description of an SP. Being able to discern the peculiarities within certain community or region such as Asia is also crucial. Paying close attention to these can help SP Training programs maximize their benefits and strengths as well as the educational outcomes in their SP-linked simulation based learning.

REFERENCES

1. Barrows HS. Standardized patients in medical teaching. Can Med Assoc J. 1968; 98: 674-676. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/5646104

2. Barrows HS. An overview of the roles of SPs for teaching and evaluating clinical skills. Acad Med. 1993; 68: 443-451. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/8507309

3. Bosse HM, Michel M, Huwendiek S, Junger J, Schultz JB, Nikendei C. Peer role playing and SPs in communications training: A comparative study on the students perspective on acceptability, realism and perceived effect. BMC Medical Educ. 2010; 10: 27. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/20353612

4. Lateef F. Simulation-based learning: Just like the real thing. J Emerg Trauma Shock. 2010; 3: 348-352. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/21063557/

5. Lateef F, Too XY. The 2019 WACEM Expert Document on Hybrid Simulation

for transforming healthcare simulation through "Mixing and Matching". J Emerg Trauma Shock. 2019; 12: 243-247. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/31798236

6. Isenberg GA, Berg KW, Veloski JA, Berg DD, Veloski JJ, Yeo CJ. Evaluation of the use of patient-focused simulation for student assessment in a surgery clerkship. Am J Surg. 2011; 201: 835-40. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/20851374

7. Issenberg SB, McGaghie WC, Petrusa ER, Lee Gordon D, Scalese RJ. Features and uses of high-fidelity medical simulations that lead to effective learning: A BEME systematic review. Med Teach. 2005; 27: 10-28. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/16147767

8. Wu Jiansheng. An overview of how to encourage the SP methodology: From the perspective of the SP and SP trainer. The Asia pacific Scholar 2018; 3: 43-45. https://tinyurl.com/yaaax3vx

9. Dayer Berenson L, Goodill SW, Wenger S. Standardized patient feedback: Making it work across discipline. J Allied Health. 2012; 41: e27-31. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/22544411

10. Karen L Lewis, Carrie A Bohnert, Wendy L Gammon, Henrike Hölzer, Lorraine Lyman, Cathy Smith, et al. The Association of SP Educators (ASPE) standards of best practices: Advances in Simulation 2017; 2:10. https://tinyurl.com/y88qnqow

11. Louis P Halamek, Robert A H Cady, Michael R Sterling. Using briefing, simulation and debriefing to improve human and systems performance. Seminars in Perinatology. 2019; 43. https://tinyurl.com/y78jfxfw

12. King JJC, Das J, Kwan A, Daniels B, Powell-Jackson T, Makungu C, et al. How to do (or not to do)….using the SP method to measure clinical quality of care in LMIC health facilities. Health Policy and planning. 2019; 34: 625-634. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/31424494

13. Das J, Holla A, Das V, Mohanan M, Tabak D, Chan B. In urban and rural India, A SP study showed low levels of provider training and huge quality gaps. Health Aff (Millwood). 2012; 31: 2774-2784. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/23213162

14. The StratOG ruling on ethical and legal issues when providing information about consent. https://tinyurl.com/ya227fq2

15. Norcini JJ. Peer account of competence. Med Edu. 2005; 37: 539-543.

16. Lane C, Hood K, Rollnick S. Teaching motivational interview: Using role play is as effective as using SPs. Med Edu. 2008; 42: 637-644. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/18452516

17. Cleland JA, Abe K, Rethens JJ. The use of standardized patients in medical education: AMEE Guide No. 42. Med Teacher 2009; 31: 477-486. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/19811162

18. Gillette C, Stanton RB, Rockish-Winston N, Rudolph M, Anderson HG Jr. Cost effectiveness of using SPs to assess student-pharmacists communication skills. Am J of Pharmaceutical Edu. 2017; 81: 6120. **PubMed:** https://www.ncbi.nlm.nih.gov/pubmed/29367775

19. Fatimah Lateef. Inter-professional education, inter-professional practice and team science: Learning together, working together. Educ Med J. 2018; 10: 81-91. https://tinyurl.com/yb49svdw