



# University of Glasgow | Faculty of Medicine

## Simulated patients: Information sheet for volunteers to work with medical students

### What is a simulated patient?

Simulated patients are lay people who are trained to consult with medical students in the same way as they might consult with their GP. Simulated patients do not necessarily need to have an ongoing medical problem or even a history of medical problems. The encounters that simulated patients have with medical students are purely for students educational purposes and therefore don't need to use a particular medical history. The training means that medical histories are used consistently with all students.

### Why do we need simulated patients?

Simulated patients help us to offer high quality communication and clinical skills teaching and assessment. With proper training, simulated patients have been shown to provide consistent and accurate simulations of real encounters with patients.

Simulated patients work with us to help students develop their bedside skills. We are better able to make objective assessments of these skills by observing students working with simulated patients. In fact, consultations with simulated patients are now regarded as the 'gold standard' for measuring the competence of health care students and professionals.

Simulated patients can help young medical students learn in situations where the use of a real patient would be inappropriate: such as counselling a patient with cancer and on occasions where the student's performance, while they are

learning, might upset a patient. Simulated patients may also tolerate more students talking with them than real patients.

Many of the encounters are recorded so that students may look back on their performance and skills as they progress to become doctors. Working with simulated patients means that real patients' confidentiality is not breached.

In controlled conditions simulated patients can give their own impressions of a student's performance to help their development.

### **What will I be expected to do?**

You will be expected to consult with medical students using a technique known as 'role play'. A role play is not real. Roles are given to the simulated patient and the medical student. For example, a student may be instructed to speak to a patient who has come down to the doctors' surgery with a sore back, and to find out what is going on in the patient's life just now. Similarly, the simulated patient will be briefed about having a sore back and will be given some background information including the fact that they care for an elderly relative who is a burden to them.

The entire consultation may take up to 15 minutes after which the doctors and other students observing the consultation give constructive feedback. You will be invited to take part in this discussion of the student's performance and will be trained about giving positive suggestions for improvement.

You can watch an example of the sort of encounter at.....

### **What sort of role will I be expected to do?**

There is a huge range of different histories some of which may involve ethical aspects. While we want students to be exposed to the issues that they will encounter when they become doctors you will never be expected to talk with a student about something that you feel uncomfortable about.

You may be asked to give a specific history, and have procedures, investigations and operations explained to you. You may also be counselled or educated about certain treatments and lifestyle issues.

You may be asked to present a particular emotional response or attitude toward an illness, diagnosis, test result or advice during your consultation with the medical student. You will be trained to do this in a consistent way.

You will not be physically examined unless we have briefed you in advance and got your written permission for this.

## **What training will I get and how often will I be needed?**

We will work with you over an initial two-day period to enable you to become a simulated patient.

The frequency of your visits to the medical school will depend on what is being taught and your own availability. At certain times we will need you to see a large number of students in a day and even to get involved in the important end of year exams.

## **Will I be paid?**

No. Unfortunately we have no money to pay you. Most simulated patients volunteer out of a sense of helping students and society in general by better preparing doctors of the future. You will get your (reasonable) travel costs upon presentation of receipts and you will get tea, coffee and lunch if you are with us over these break times.

## **What benefit is there to me?**

When simulated patients are asked what they benefit from doing this they usually say that they feel that they have made an important contribution to the education of medical students and young doctors. They also say that they have learnt new skills such as giving feedback, and boosted their confidence and other personal skills.

## **Comments from volunteers from other Scottish Universities**

'I felt it was a good way of encouraging medical professionals to engage well with patients'.

'Seeing how future doctors react and treat their patients'. 'Being valued'.

'The variety of scenarios and how the students react to a 'real' patient rather than just saying 'I would do this or that'.

'The variance of work, the interaction and I really enjoy working with current and future health care providers'.

'I have found that it has opened my mind and increased my awareness of how GP's and doctors actually CARE for their patients'.

'An understanding of the importance of information for the doctor which previously I had thought was irrelevant'.

'Personally I feel less nervous about going into a consultation with my own doctor'.

## Example of simulated patient role play

**Patient: Harold Prescott Age: 44**

You have come to see Dr Robertson for two things. You have recurrence of your indigestion which has troubled you on and off for a year or so. The doctor usually gives you a bottle (Gaviscon) for this that helps.

Your father (aged 72) is about to be discharged from hospital after having an operation for a stomach ulcer, which has turned out to be cancer. Your father has not been told the diagnosis and you and your mother (aged 70) do not want him to be told. That is why you want to speak to Dr Robertson.

### Background information

- Occupation is a school teacher
- Live in a small bungalow near parents
- Wife also a teacher and two children
- Non drinker, 'Only vice' -smoke 20/day.

### Main problems

- Worried about coping with father's illness if he becomes terminal
- Discontented with Dr Robertson because father had been attending for about 10 months with indigestion and getting bottles before a scope was arranged. 'If it had been picked up sooner he may have had a better chance'.
- Worried about your indigestion in case you have cancer.

The student will be asked to introduce him/herself as a medical student who has been asked to interview you before you see the doctor.