

An overview of how to encourage the Standardised Patient (SP) teaching methodology - from the perspective of a SP and SP Trainer

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I. GENERAL UNDERSTANDING THROUGH ACTIVE PARTICIPATION

As one of the first generation of Standardised Patients in China, perhaps Asia as well, I have been working in the clinical skills training centre in West China Medical School of Sichuan University for 25 years. I would like to share with you how I joined this little-known and somewhat mysterious field, participated in this form of teaching, and progressed from a normal SP to a SP trainer. It is noted that the Standardised Patient (SP) was first introduced by Howard Barrows in 1963 (Pan & Luo, 2017). In 1993, West China School of Clinical Medicine, Sichuan University was the first to do the training courses and trained the first group of SPs. In 2003, China Medical Board (CMB) America organized a “Student Evaluation Plan Program”; 8 Chinese medical schools joined and imported the training programme to China.

In February 1992, I was taking a walk along the campus when I saw the notice for the recruitment of teaching instructors. It seemed like I was suited for the job, so I signed up after discussing with my wife. In April, I joined the West China Medical School which had started a training course lasting more than a month, with rigorous training and several rounds of examinations. Fortunately, I passed the examinations set by the school teachers, American experts and some SPs. The examinations presented as follow: first, senior medical students interviewed us, and we provided feedback accordingly. The assessment team members were

observing, recording and evaluating the whole process. The reports of the SPs and the assessment team members were then analysed and compared ($r>0.80$) to determine whether the SPs were qualified and could give fair and standard evaluation. Finally, I had the honour of being selected as one of 39 (out of 93 candidates) SPs who passed the assessment. I accepted the job in June of the same year.

Through training, I have come to the conclusion that the SP is a simulated patient who can realistically portray the actual patient's problems after special training. In the teaching process, the SP has three roles: to act as a patient, a “judge”, and to provide feedback and instruction. The SP teaching model focuses not only on the teaching process, but also emphasizes the students' attitude toward the patient and the ability to care for and communicate with the patient. It is commonly used in the teaching, training and evaluation of medical students, and has now been applied in the evaluation of practising physicians.

The so-called “SP” mainly serves to ensure uniformity in the content and evaluation methods, standardisation of replies on the same questions posed to different medical students, and that the same “patient character” is presented to the medical students. As for clinical teaching, SPs have played a significant role in supporting the training of professional and high-quality medical talents through the enactment of the same scenario and

having a standardized evaluation system. Although it accounts for only a small part of the entire clinical teaching, it is essential and helpful in training a medical student to become a qualified doctor. Whenever I see another batch of medical graduates become qualified doctors and they sincerely appreciate your assistance during their learning, I feel gratified and have a great sense of achievement from the bottom of my heart.

II. TOTAL DEVOTION

Based on this understanding and a high sense of responsibility for the work, I devote myself wholeheartedly to learning the SP methodology. I take every training seriously; listening attentively to each class, and making detailed notes. I also make notes of every teaching class for future use of statistical analysis. It allows me to improve my teaching ability by summing up and promptly correcting the problems found through teaching. In the beginning, I was assigned to the paediatric interrogation group, led by Professor Wan Xuehong of the West China School of medicine, who went to study about SP methodology in 1992. I was assigned to play the role of a "mentally retarded" child's parent, which was really not easy for me, as parents with different backgrounds will react in totally different ways. In order to play different types of parents, I even went to a hospital to observe how children and parents behave. Combined with my own experience as a parent, I gradually become better at portraying the different roles. For example, as a parent of a child with fever, I displayed anxiety – looking panicked, speaking very fast and desperate to describe the child's condition to the doctor. As for a case of hypophrenia, I appeared to be slightly haggard and rogue, displaying impatience and worry for the child's disease, complete with eyes full of expectations.

In 1993, Professor Liu Wenxi personally trained and arranged for me to play a patient with "chest pain" This training was important because it was to become part of the multi-station test for medical graduates, which needed well trained SPs with strong ability to play the role as authentically as possible, and to evaluate effectively too. After successfully passing the training, I began to take on work as a SP in the examinations of medical graduates. Usually, we have to work around 12 hours and be subjected to some 36 medical students' interrogation a day. Other than repeated expressions, moves, and questions, I also need to focus specially on the following aspects: the contents and skills of their questioning, their ability to show care for patients, and if they adhere to medical procedures. Only then can we give an accurate and fair evaluation based on their comprehensive performances. I feel really tired after a day's work. But over time I began to acquire enough

experience and a strong foundation to become a SP trainer. It is all worthwhile. I truly feel happy and proud that I can do something for the nation's medical education.

III. ENHANCING UNDERSTANDING THROUGH LONG-TERM TEACHING PRACTICE

In the past 24 years, I have taken on the role of SP for many different medical conditions, including: parent of a child with fever, "chest pain", "abdominal pain", "cough", "asthma", "haemoptysis", "palpitations", "Oliguria and oedema", "array room speed", and other adult diseases. All these experiences have deepened my understanding of the role of an SP. I can play an important role as a simulated patient, an assessor and an instructor. The ultimate purpose is to give prompt, accurate and fair feedback and evaluation to help medical students become professional clinical doctors.

Years of teaching practice have made me realize the profound meaning of a saying by Professor Paula L. Stillman (Dean of the Faculty of Medicine, University of Massachusetts) that "Every time you encounter a medical student, the most important thing is that you want to give him valuable feedback, and that he can leave your class with an unforgettable memory and brought back more than when he first came in". (Professor P. L. Stillman, personal communication, May 28, 1992.)

IV. NOT ONLY MEDICAL SKILLS, BUT ALSO HUMANISTIC CARE

To a medical student, professional knowledge and clinical skills could be one of his wings, and the other wing is his humanistic care and communication skills. And only with two wings can he soar. Therefore, SP teaching is with significant meaning as we train our medical students to become professional doctors with strong caring ability. Medical students often say that real patients and SPs are very different. Many patients have refused to become a doctor's "teaching material", and many do not want to cooperate with medical students. But SPs can consistently and "accurately" portray a specific injury, illness and medical condition to many students. Indeed, the introduction and application of the SP teaching model is a good solution to help avoid the moral risks and disputes between doctors and patients.

V. BECOMING A SP TRAINER

Being involved in this extraordinary work not only enriched my life and enhanced my medical knowledge, it also allowed me to learn a lot from the hard-working, energetic young students. Being in the company of medical students also keeps my mind active and allows

me to deeply understand that teaching and learning can complement each other.

The West China Institute of Clinical Medicine recommended me to participate in the training of SPs in 2006. Through these learning exchanges and trainings, I noted that many medical colleges realise the importance of SPs, but lack the relevant conditions, experience, and SP teaching staff. In order to better solve these “problems”, we should encourage experienced, and resource-based medical institutions to establish SP teacher training centres as soon as possible.

In 2017, I was appointed as an SP Expert by the China SP Practice Teaching Guidance Committee and have since been involved in the development of SP teaching materials. With great confidence and a strong belief in the SP methodology, I will continue to dedicate myself to my career as an SP trainer.

Notes on Contributors

Mr. Wu Jiansheng is currently the SP trainer of Clinical Skills Centre, West China School of Clinical Medicine,

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Declaration of Interest

The author has no conflict of interest to declare.

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