

# Standardized Patients in AGACNP Simulations

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# Objectives

Understand the use of SPs

Evaluate the Advantages & disadvantages of SP Use

Assess the use of SP's in 2 AGACNP programs-RU & UM

# Background-Simulation

Advanced Assessment Skills



Diagnosis/Management skills



Communication Skills



Psychomotor Skills



# Standardized Patients

Utilized for training across the health care spectrum

- Where can we find SP's



# Process

Competency  
based case  
Scenarios

Assessment  
Tools

Evaluation

# EVALUATION

- **FORMATIVE**

- Skills Practice
- Immediate Feedback
- Debriefing
- Video Review

- **SUMMATIVE**

- For grade
- OSCE using checklists for:
- Case scenarios
- Skill Station

# Advantages



# Challenges

Need To

Recruit

Pay

Train

Need To

Develop Realistic Scenarios

Need To

Develop assessment tools

Manage Results



# SP use at UMSON

- Integral part of the AGACNP program
- Utilized in Advanced Assessment
- Clinical simulations including;
  - Family member for ACS patient
  - Family member for trauma patient
  - Opportunity for delivering bad news
- Providing formative feedback to student

# SP's at RU SN



**YOU ARE AN ACCNP AT AN AMBULATORY CLINIC CONTRACTED TO PROVIDE SERVICES TO THE PATIENT'S EMPLOYER.**

**TAKE A THOROUGH HISTORY FROM AND PERFORM A THOROUGH PHYSICAL EXAM ON THIS PATIENT. SHARE YOUR DIAGNOSTIC IMPRESSIONS WITH AND COUNSEL THE PATIENT ON APPROPRIATE NEXT STEPS OF CARE.**

**In your documentation, you'll be expected to present a plan for diagnostic work-up.**

**Time Limit: 30 minutes for encounter; 15 minutes for documentation**

**PATIENT:** MIA HOUSTON

**OFFICE STAFF** 23 y.o. female complains of fatigue.

**NOTES:**

**TEMP** 98.6°  
**BP** 95/55 mm Hg  
**PO<sub>2</sub>** 92% on room air  
**RR** 16  
**PULSE** 108  
**HT** 5'2"  
**WT** 120 LBS

Mia Houston  
Created 2012  
Anita Andrews, DNP, ACNP-C, APRN, UMKC School of Nursing - Acute Care Nurse Practitioner Program  
Sara C. Bennett, MPH, RD, CSAC

# What did we use SP's for

Practice

Patient Safety

Role  
Development

# Case Scenarios/ Encounters

- Common/Typical Cases
- Parallel to classroom learning
- Primary objective
- Secondary objectives

# Faculty Evaluation

- Professionalism
- Interview Skills
- Physical Exam Skills
- Summary of Findings
- SOAP note



# Sample Case

## CASE DIGEST

<b>CASE NAME</b>		
Mia Houston		
<b>TRAINEE GROUP</b>		
ACCNP Candidates – School of Nursing		
<b>DEPARTMENT</b>		
School of Nursing – ACCNP program		
<b>DERIVATION</b>		
<b>Created</b>	2012	Amita Avadhani, DNP, ACNP-C, APN, UMDNJ School of Nursing - Acute Critical Care Nurse Practitioner Program Sima C. Bennett, MPH, RD , CEAC
<b>CONTENT/CONCEPTS/FOCUS</b>		
<b>Purpose</b>	<ul style="list-style-type: none"> <li>To challenge the students with presentation of fatigue associated with anemia.</li> </ul>	
<b>Planned Outcomes</b>	Student will: <ul style="list-style-type: none"> <li>Take a history and perform a focused physical examination relating to the patient's chief complaint of fatigue.</li> <li>Design an appropriate diagnostic approach to pursue the patient's situation.</li> <li>Counsel and interact with the patient in accordance with the plan of care and differential diagnosis.</li> <li>Document the encounter in SOAP format.</li> </ul>	
<b>Clinical Content</b>	<ul style="list-style-type: none"> <li>Fatigue</li> <li>Anemia</li> </ul>	
<b>Tasks/ Skills</b>	<ul style="list-style-type: none"> <li>H&amp;P</li> <li>Ordering blood work</li> </ul>	
<b>SUPPORTIVE OR RELATED MATERIALS OR REFERENCES</b>		
<ul style="list-style-type: none"> <li></li> </ul>		

# Sample case

<b>SCENARIO</b>			
Mia Houston is a young woman who presents with fatigue found to be associated with anemia.			
<b>SP RECRUITING: PATIENT ROLE</b>			
Profile	Ideal	Qualifiers	Disqualifiers
	23 y.o. female	<ul style="list-style-type: none"> <li>Female</li> <li>Appearing under age 30</li> </ul>	<ul style="list-style-type: none"> <li>Male</li> <li>Appearing out of age range</li> </ul>
Physical Contact/Demands	OMM/OMT	Physical Exam	Communication only
		X	
Tasks	Present patient history and physical state as instructed.		
<b>SPECIAL EQUIPMENT/PROPS/STAGING</b>			
Setting/Room	Ambulatory clinic		
Equipment	Standard diagnostic wall equipment		
Special Supplies or Props (non-paper)	(none)		
SP Clothing / Makeup	gown		
Paperwork	In advance	ACCP 5107 Learner Instructions Humanistic Domain – A Guideline for Students Recommended Attire for Clinical Encounters	
	Orientation Room	Personal schedule	
	At door	Mia Houston Chart	
	In Exam Room (as prop)	(none)	
	Trainee/ Interstation	Mia Houston SOAP form	

# History checklist

## Faculty Observation and Narrative

### History

Score the student's history taking performance as follows:	
<ul style="list-style-type: none"> <li>Click on More to get additional information on the item.</li> <li>For items with radio buttons (circular fill-ins), select the best answer.</li> <li>For items with checkboxes (square fill-ins), select all options that apply.</li> <li>Click on Comment to add a comment about the student's handling of the particular item.</li> </ul>	
29. Onset/duration of symptoms/symptom timeline	<input type="radio"/> Asks <input type="radio"/> Omits <input type="checkbox"/> SP gives away
30. Prior experience with symptoms	<input type="radio"/> Asks <input type="radio"/> Omits <input type="checkbox"/> SP gives away
31. Tolerance to exertion/activity.	<input type="radio"/> Asks <input type="radio"/> Omits <input type="checkbox"/> SP gives away
32. Mitigating factors -- aggravating and alleviating	<input type="radio"/> Asks <input type="radio"/> Omits <input type="checkbox"/> SP gives away
33. Sleep  Notes: Check all that apply.	<input type="checkbox"/> Sleep hygiene -- any habits, environmental factors, practices that may influence the length and quality of Mia's sleep. <input type="checkbox"/> Snoring or breathing problems associated with sleep. <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all
34. Medical history relating to  Notes: Check all that apply.	<input type="checkbox"/> Thyroid disease <input type="checkbox"/> Blood or bleeding disorders. <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all.
35. Family hx relating to...  Notes: Check all that apply.	<input type="checkbox"/> Blood/bleeding disorders <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all
36. Symptoms related to thyroid disease.  Notes: Check all that apply.	<input type="checkbox"/> Changes in hair and/or skin <input type="checkbox"/> Joint pain <input type="checkbox"/> Swelling/puffiness around the eyes. <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all
37. Emotional problems/stress/depression.	<input type="radio"/> Asks <input type="radio"/> Omits <input type="checkbox"/> SP gives away
38. Diet, specifically relating to ....  Notes: Check all that apply	<input type="checkbox"/> Quality of food intake -- whether food choices seem nutritionally sufficient. <input type="checkbox"/> Food security -- whether patient has the resources for enough food. <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all



# History checklist

39. Changes in weight.	<input type="checkbox"/> Asks <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away
40. Appetite relating to food and drink. <i>Notes:</i> Check all that apply.	<input type="checkbox"/> Changes in appetite for food <input type="checkbox"/> Increased thirst <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all
41. GI history <i>Notes:</i> Check all that apply.	<input type="checkbox"/> Abdominal pain/distress/heartburn/bloating/belching <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Presence of blood in vomitus or stool (or) dark stools <input type="checkbox"/> Change in bowel habits <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all
42. Urinary history. <i>Notes:</i> Check all that apply.	<input type="checkbox"/> Polyuria <input type="checkbox"/> Pain or burning w/ urination <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all
43. Menstrual periods <i>Notes:</i> Check all that apply	<input type="checkbox"/> Heaviness/quantity of menstrual flow. <input type="checkbox"/> Duration of menstrual periods. <input type="checkbox"/> Recent changes in menstrual flow. <input type="checkbox"/> Interval/regularity of menstrual periods. <input type="checkbox"/> Date of last menstrual period (or) when last period ended. <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all
44. Last GYN checkup	<input type="checkbox"/> Asks <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away
45. Medication/supplement use <i>Notes:</i> Check all that apply.	<input type="checkbox"/> NSAIDs <input type="checkbox"/> Supplements – vitamin or herbal <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all
46. Substance use <i>Notes:</i> Check all that apply.	<input type="checkbox"/> Street drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all
47. Socio-economic situation <i>Notes:</i> Check all that apply.	<input type="checkbox"/> Occupation <input type="checkbox"/> Living conditions/home situation <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all
48. Sexual history <i>Notes:</i> Check all that apply.	<input type="checkbox"/> Present sexual activity. <input type="checkbox"/> History of sexually transmitted disease. <input type="checkbox"/> Omits <input type="checkbox"/> SP gives away part or all

## Physical Exam

Score the student's performance of physical exam skills as follows:

--

# Physical Exam checklist

<ul style="list-style-type: none"> <li>Click on More to get additional information on the item.</li> <li>Be sure to click on the scoring aids that immediately follow many of the items for guidelines on how to score.</li> <li>For each item, you are asked to judge the correctness of the student's technique.</li> <li>Click on Comment to add a comment about the student's handling of the particular item.</li> </ul>			
49. Examines sclera and conjunctivae.	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Attempted but missing critical elements for correctness.	<input type="checkbox"/> Not attempted or technique so poor that attempt is void.
Notes: --> Pulls lower eyelid downward.			
Scoring aid: Sclera and conjunctivae			
50. Inspects the oral cavity.	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Attempted but missing critical elements for correctness.	<input type="checkbox"/> Not attempted or technique so poor that attempt is void.
Notes: Oral cavity inspected using illuminator. Patient directed to open mouth to allow visualization of throat. (Tongue blade used or patient asked to say "Ahh.")  Please comment if student's technique is incorrect.			
51. Palpates the thyroid and the lymph glands of the neck.	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Attempted but missing critical elements for correctness.	<input type="checkbox"/> Not attempted or technique so poor that attempt is void.
Notes: All positions required for full credit. -->Submental -->Lateral -->Supraclavicular -->Thyroid: patient asked to swallow while thyroid is palpated.  SP response is neutral.			
SCORING AID: Lymph nodes and thyroid		<a href="#">Lymph Nodes &amp; thyroid.bmp</a>	
52. Auscultates the heart.	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Attempted but missing critical elements for correctness.	<input type="checkbox"/> Not attempted or technique so poor that attempt is void.
Notes: --> Patient sitting, supine or in left lateral decubitus position -- only one of these positions is necessary. --> Student must use all 4 of these auscultation points: aortic, pulmonic, tricuspid, mitral			
SCORING AID: Auscultates heart.			
53. Auscultates lungs.	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Attempted but missing critical elements for correctness.	<input type="checkbox"/> Not attempted or technique so poor that attempt is void.
Notes: ALL criteria must be met for full credit. --> Patient instructed to breathe in and out through mouth with examinee listening to both inspiration and expiration at each position for both anterior and posterior auscultation. Posterior Auscultation: --> Patient in sitting position --> Proceeds from top to bottom or bottom to top, in an orderly fashion --> Proceeds from side to side, one side being compared to the other. --> At least 3 corresponding positions on either side of midline-- total of 6 positions Anterior Auscultation (may be done when examinee focuses on anterior chest) --> Patient in sitting position or supine. --> Proceeds from side to side, one side being compared to the other. --> Anterior chest at least 3 corresponding positions  SP response is neutral.			
SCORING AID: Auscultates chest		<a href="#">Auscultates chest.bmp</a>	

# Physical Exam checklist

<p>54. Performs abdominal exam, which includes essential elements (see More).</p> <p>Notes: --&gt; Auscultates at least one quadrant. --&gt; Percusses spleen --&gt; Palpates liver and spleen. --&gt; Follows correct order: auscultation, percussion, palpation.</p>	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Attempted but missing critical elements for correctness.	<input type="checkbox"/> Not attempted or technique so poor that attempt is void.
SCORING AID: Abdominal exam			
<p>55. Evaluates muscle strength of upper and lower extremities.</p> <p>Notes: Various techniques are acceptable as long as these criteria are met: --&gt; Both upper and lower extremities tested --&gt; Testing is bilateral, comparing one side against the other --&gt; Resistance (which can be gravity) is used See scoring aids</p>	<input type="checkbox"/> Correct technique used for both upper and lower extremities	<input type="checkbox"/> Attempted but missing critical elements -- incorrect technique, insufficient regions	<input type="checkbox"/> Not attempted or technique so poor that attempt is void, including not bilateral, no resistance
SCORING AID: Strength of lower extremities -- Option 1		<p style="text-align: center;"><a href="#">Squat_LE_oval.bmp</a></p> <p style="text-align: center;">Stand in front of the pt -- have pt squat, with knees &amp; hips fully flexed -- assist with balance by holding pt's hands -- Observe while pt rises to standing position.</p>	
SCORING AID: Strength of lower extremities -- Option 2		<p style="text-align: center;"><a href="#">Mason_LE_oval.bmp</a></p> <p style="text-align: center;">Hip flexion (knee lift against resistance) -- knee flexion &amp; extension against resistance -- ankle extension &amp; dorsiflexion against resistance</p>	
SCORING AID: Strength of upper extremities -- Option 1		<p style="text-align: center;"><a href="#">UE_strength_eval_Swarz.bmp</a></p> <p style="text-align: center;">Pt asked to grasp examiner's index &amp; middle fingers in each hand. Pt instructed to resist upward/downward/lateral/medial movement by examiner.</p>	
Strength of upper extremities -- Option 2		Forearm flexion & extension against resistance -- wrist extension against resistance -- finger abduction against resistance	
<p>56. Checks deep tendon reflexes REVISE LANGUAGE</p>	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Attempted but missing critical elements for correctness.	<input type="checkbox"/> Not attempted or technique so poor that attempt is void.
<p>57. Palpates lower extremity for edema CHECK LANGUAGE</p>	<input type="checkbox"/> Correct Technique	<input type="checkbox"/> Incorrect or incomplete technique or did not question pt	<input type="checkbox"/> Not attempted or technique so poor that attempt is void.
<p>58. All techniques done on bare skin.</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## FON Comment

59. Comments about this encounter:

# SOAP checklist

## S-O-A-P (S-O-A-P)

Mark off each item if it appears in the student's patient note.

At the end, feel free to comment on accuracy, structure and synthesis of data.

### 1. Subjective

- Chronology/onset: Fatigue x ~2 weeks [1]
- Description/intensity of sx: "Requires rest while doing simple chores like brushing teeth" (or) "Decreasing tolerance to minimal exertion" [1]
- Comment on sleep: - (negative/denies) sleep disturbance/inadequate sleep [1]
- Comment on mental status: - (negative/denies) depression [1]
- Comment on appetite/food intake: - (negative) change in appetite/food intake [1]
- Comment on questionable quality of diet: "Food obtained from convenience store" [1]
- (negative/denies) Weight loss [1]
- + (positive) Recent increase in menstrual bleeding [1]
- (negative) NSAIDS [1]
- Occupation: factory line worker [1]
- Comment on medical care: Has never seen GYN [1]

### 2. Objective

---

We assume SPs to be healthy & w/o abnormal findings and that, other than feigned pain or dysfunction, all findings will be WNL. Nevertheless, students should document what they find. (?) INDICATES that there should be a comment on the particular parameter. Other than vitals, DO NOT GIVE

- Vitals: Temp, BP, O2 saturation & pulse recorded [1]
- Date of last menstrual period recorded [1]
- HEENT: (?)conjunctival pallor [0.5]
- HEENT: (?) oropharyngeal lesions [0.5]
- Neck: Thyroid: (?) Thyromegaly/enlargement, (?) masses, (?) nodules

# SOAP checklist

POINTS for findings documented that student did not personally detect.

3. Assessment

4. Plan

[0.5]

- Neck: (?) lymphadenopathy [0.5]
- Cardiovascular: (?) rate and rhythm; (?) primary heart sounds/extra heart sounds; (?) abnormal heart sounds (murmurs/rubs/gallops) [1]
- Lungs: (?) breath sounds BILATERALLY; (?) rales/rhonchi/wheezes [1]
- Abdomen: (?) tenderness; (?) distension; (?) bowel sounds [0.5]
- Abdomen: (?) hepatosplenomegaly [0.5]
- Extremities: (?) edema [0.5]
- Extremities: Muscle strength (?) [0.5]
- Anemia [1]
- Menorrhagia [1]
- Hypothyroidism [1]
- Depression [1]
- Medication: Multivitamin AND iron supplement [1]
- Testing: CBC [1]
- Testing: iron level [0.33]
- Testing: TIBC (total iron binding capacity) [0.33]
- Testing: Ferritin [0.33]
- Testing: Serum folate [1]
- Testing: Serum B12 [1]

# Self Evaluation

- Video Recordings of Encounters
- Students review their own encounters
- Student's self eval Vs Faculty eval

# Peer Evaluation

- Students found it valuable
- No grading-just feedback
- Ideas for self improvement via peer eval

# SP Evaluation

- Relationship building
- Empathy
- Compassion
- Providers reliability





# Provider Relation Checklists

## Clinical Education & Assessment Center

### Standardized Patient Lab



### PROVIDER RELATIONS SKILLS: Relationship Building Checklist (Student Version)

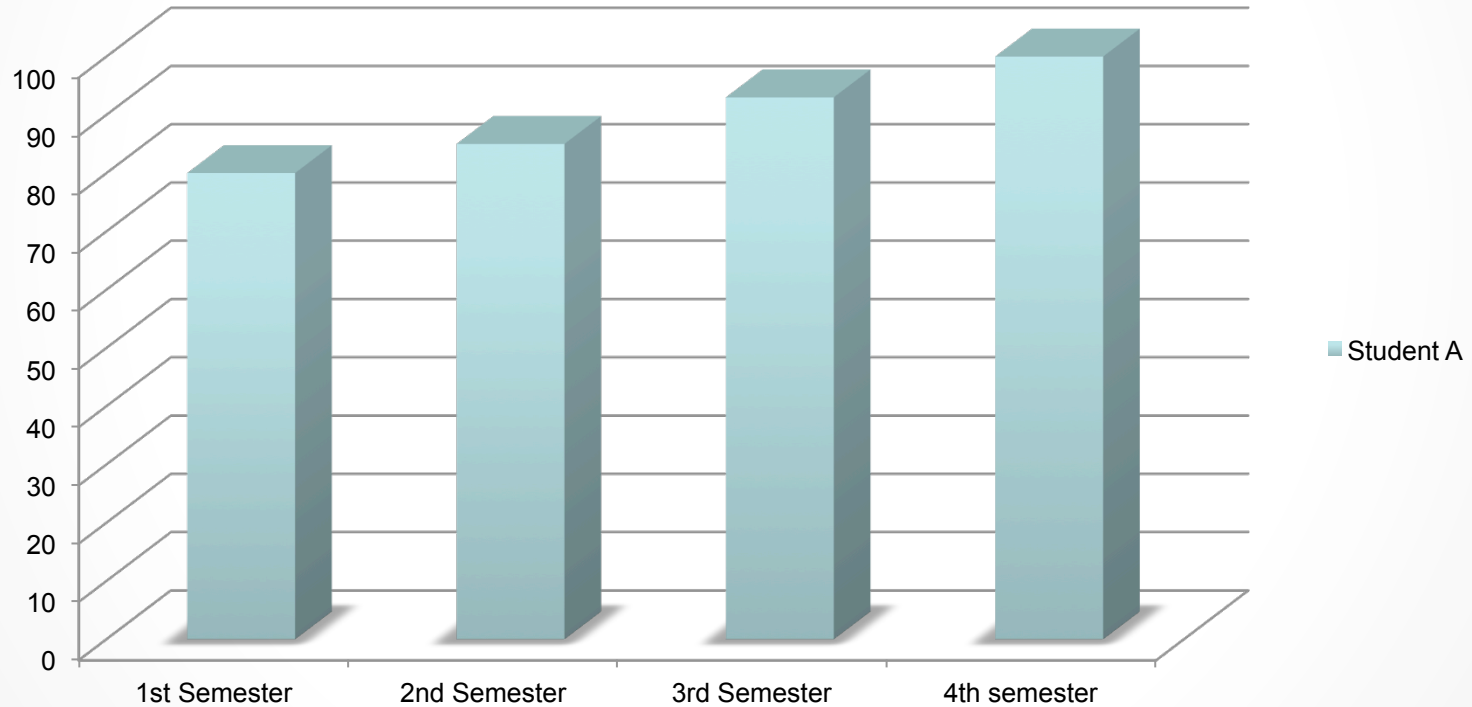
		Why is this important?	Higher level performance	Lower level performance	What the Patient Actor (SP) scores:	
Observe Behavior	1. Hand Hygiene	Infection control	Without prompting, performs hand hygiene with soap/water or sanitizer between entering the room and laying hands on the patient to examine or treat.	Must be prompted by SP to perform.	①	Performed without prompting
	2. Greeting	To make a good first impression	<ul style="list-style-type: none"> <li>First name</li> <li>Last name</li> <li>Position/title (student doctor)</li> <li>By whose authority you are present</li> <li>Use of patient's name</li> <li>Direct eye contact</li> <li>Culturally appropriate gesture (i.e. handshake)</li> </ul> <p>Hello, Mr. Rowan. I'm Student Dr. Jonas Salik. I'm working with Dr. Sigmund Freud.</p>	Missing elements	①	Satisfactory
	3. Vocal Speech (speech mechanics)	To be understandable	Accent, pronunciation/diction, speech volume do not interfere with clear communication.	Nature of speech creates a barrier to patient understanding. Patient may repeatedly ask to have things restated or repeated	①	Understandable
	4. Language – Word Choice – Style	To avoid offense, confusion	<ul style="list-style-type: none"> <li>WORD CHOICES are dignified, inoffensive, appropriate for the patient's age/stage, free of indelicate slang or toilet terms. Speech is neither overly formal nor casual.</li> <li>JARGON &amp; TECHNICAL TERMS used as necessary with explanation / interpretation or aim to educate.</li> </ul>	<ul style="list-style-type: none"> <li>Language that is inappropriately casual or lacking decorum. Provokes a feeling of distaste in patient.</li> <li>Use of terms <u>without explanation</u> that a lay person would not be expected to know.</li> </ul>	①	Comfortable
	5. Non-Verbal Communication	Because words are only part of how we communicate	<ul style="list-style-type: none"> <li>EYE CONTACT: more on patient than paperwork or elsewhere</li> <li>POSTURE: preferably seated and at the patient's eye level, but always to put provider in the best position for direct eye contact. Forward leaning towards the patient to indicate interest. Appears comfortable (free of distracting movements).</li> <li>VICINITY: Appropriate personal closeness.</li> <li>VOCAL INFLECTION: conveys caring, interest</li> <li>MANNER: Comfortably in command without being over-confident. Warm without being overly familiar. Projects calm, patience, not rushed.</li> </ul>	<ul style="list-style-type: none"> <li>Unnatural eye contact – either avoidance of the patient's eyes or unrelenting stare.</li> <li>Buried in note; too distracted to look at patient.</li> <li>Sloppy posture that is too casual for a business interaction (slouching). Standing when appropriate seating is available.</li> <li>Positions self too far away or awkwardly close to patient.</li> <li>Tone of voice conveys disinterest, lack of attentiveness or engagement</li> <li>Presents as over-confident, awkwardly uncomfortable, coldly distant or overly-familiar or rushed.</li> <li>Distracting movements (i.e. clicking pen, shaking leg, rolling in chair)</li> </ul>	①	Creates image of attentive, confident and caring presence
					②	Had to be prompted.
					③	Diminishes first impression
					④	Requires extra effort to understand; necessitates many repeats
					⑤	Confusing / provoking
					⑥	Lacking elements to create image of attentive, confident and caring presence

# Provider Relation Checklists

	Why is this important?	Higher level performance	Lower level performance	What the Patient Actor (SP) scores:	
6. <b>Listening Behavior</b>	Because listening encourages speaking	<ul style="list-style-type: none"> <li>Lets patient finish thoughts without interrupting</li> <li>Indicates that s/he is still listening even while writing notes or perusing paperwork</li> <li>Uses nonverbal communication (nods, paraverbals uh-huh) to indicate attentiveness</li> </ul>	<ul style="list-style-type: none"> <li>Multiple interruptions while the patient speaks</li> <li>Asks questions without acknowledging patient's prior responses</li> </ul>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> Encouraged my speaking <input type="radio"/> Made me feel that I should be speaking less
7. <b>Grooming</b>	So that nothing detracts from a professional image	Adheres to guidelines provided in Recommended Attire for Clinical Encounters	Any violation of the Guidelines that the patient finds distracting or unsuitable.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> Satisfactory <input type="radio"/> Distracting / unsuitable
8. <b>Attention to Comfort/ Safety</b>	Because medical care can be uncomfortable and carry risk; why add?	<ul style="list-style-type: none"> <li>Warms hands/instruments</li> <li>Offers assistance to loosen gown</li> <li>Assists or spots the unsteady or ill patient with position changes</li> <li>Offers tissue for tears, where applicable</li> <li>Any verbal reference to patient's discomfort or enhancing patient's comfort</li> </ul>	<ul style="list-style-type: none"> <li>Absence of any acknowledgement of patient's possible physical discomfort or vulnerability during the encounter.</li> <li>Absence of verbal or physical response to an unsteady patient's "positional insecurity" or to a patient in who is upset or in pain.</li> </ul>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> My comfort sufficiently considered <input type="radio"/> My comfort felt ignored.
9. <b>Preservation of Dignity / Modesty</b>	Because medical care can be undignifying and embarrassing; why add?	<ul style="list-style-type: none"> <li>Attempts to preserve modesty by NOT NEEDLESSLY EXPOSING covered skin.</li> <li>USES DRAPE while examining abdomen/groin regardless of clothing on lower body.</li> <li>Avoids awkward breach of personal space by SIGNALING OR ASKING PERMISSION TO TOUCH.</li> <li>Avoids awkward breach of private life by PREFACING DISCUSSION OF DELICATE OR SENSITIVE SUBJECTS with warning statement to minimize embarrassment or stigma.</li> </ul>	<ul style="list-style-type: none"> <li>Leaves patient needlessly exposed.</li> <li>Must be prompted to use a drape when examining the lower body.</li> <li>Causes initial awkwardness by probing sensitive topics without a comfortable segue or warning.</li> </ul>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> My modesty/dignity felt respected and protected <input type="radio"/> My modesty/dignity did NOT feel sufficiently protected
10. <b>Human Connection</b>	Because there is a feeling individual behind the chief complaint.	Communication that acknowledges the patient's "personhood" and human experience such as: <ul style="list-style-type: none"> <li>"Trained responses" expressing sympathy for loss or pain, accolades for victories or reassurances for struggles. (The thoughtful but automatic "bless-you" to a sneeze.)</li> <li>Pleasantries, non-medical chitchat to "warm up" the encounter before getting down to business</li> <li>Expressions of interest in the patient's life.</li> </ul>	Absence of anything other than purposeful discussion of medical issues. Presents as a detached data gatherer.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> Recognizable attempt to connect to me – helped me feel like a person rather than the "next case" <input type="radio"/> Detached data gatherer – made me feel like just the "next case"
11. <b>Empathy</b>	Because the patient's wellbeing may depend on an understanding of more than just the facts of the case.	Response to patient prompt which communicates understanding of the patient's situation, perspective and feelings.  Expresses understanding about the impact of the patient's problem, this encounter or what is yet to come (e.g. future treatments)	Dismisses, avoids or misses addressing patient's expression of fear, worry or unhappiness.	<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> I felt heard and understood. <input type="radio"/> I felt unheard or misunderstood.
12. <b>Rapport (unscored)</b>	Assessment of rapport established in this encounter (unscored)	Because in the end, it comes down to: would this patient want to continue a relationship with me? And, now is the time to mitigate a barrier to success if a problem exists.		<input type="radio"/> 1 <input type="radio"/> 2	<input type="radio"/> I could form a productive relationship with this student doctor. <input type="radio"/> This is not a provider relationship I'd like to pursue.

# Relationship Scores

**Student A**



# What else improved??

- Knowledge and Skills
- Confidence Levels
- Professional Behavior



# Questions

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