Narrative Review

Enhancing healthcare communication education: Standardised patient programmes

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ABSTRACT

This article delves into standardised patients' (SP) roles in healthcare education, using role-play and in-person methodology for realistic scenario simulation and learner technical and non-technical skill enhancement. Key to the success of the SP programme are phases like recruitment, onboarding, training and continuous quality improvement, cultivating a qualified pool of engaged SPs. Sustained SP engagement involves strategies such as tailored training sessions, quizzes, just-in-time videos and anaesthesia-specific self-assessment tools. The benefits of sessions led by SPs lie in their flexibility, providing anaesthesia learners with a controlled, experiential learning environment, where they can safely learn from mistakes. Addressing challenges in launching SP programmes for training, the article underscores clear objectives, strategic resource allocation, curriculum integration and specialised SP training. Implementing technology, quality assurance and ongoing evaluations are vital for dynamic SP programmes. The article advocates holistic SP programme implementation and optimisation, with continuous improvement for acquiring skills by anaesthesia professionals.

Key words: Education, embedded participants, human role players, simulation, standardised patients, simulated patient

INTRODUCTION

Tracing their evolutionary trajectory from the 1960s, standardised patients (SPs) have metamorphosed into indispensable instruments for imparting communication knowledge, skills and attitudes essential for the holistic development of healthcare professionals. Employing diverse pedagogical methods such as role play, mannequin-based simulations, virtual simulated patients (VSPs) and in-person SP methodology, these individuals have become integral components of comprehensive anaesthesia education. These methodologies prove instrumental in replicating realistic scenarios, allowing trainees to practise and refine technical and non-technical skills essential for perioperative care.

This scholarly article delves into the multifaceted role of SPs within healthcare education, particularly emphasising contributions to anaesthesia training.

NEED FOR A SP PROGRAMME

The first use of an SP occurred to provide patient perspective during a medical examination. The SP was used as an educational instrument to measure the learners' ability in history taking, physical exam, diagnosis, differential diagnostic concepts, treatment and measurement.[1] This approach was then recognised as an effective evaluation tool because it reduced faculty workload and mitigated the variability of patient behaviour during a clinical performance evaluation. The use of this modality spread throughout medical schools and to other healthcare discipline curriculums and includes seasoned clinicians' education.[2] Over time, the name *standardised patient* has been overhauled to *simulated patient or participant*, reflecting a broader educational scope to teach students instead of being

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exclusively used as an evaluation tool. Officially, they are individuals trained to portray an actual patient to simulate symptoms or problems used for healthcare education, evaluation and research.[3] The SP modality teaches healthcare professional learners communication knowledge (verbal/nonverbal communication and cultural competency), skills (listening, interviewing, written communication and counselling) and attitudes (empathy and patient conflict resolution) to improve patient outcomes. Learners assume the attitudes, actions and discourse to understand a differing point of view or social interaction.[3] Patient–caregiver communication ensures optimum patient health outcomes.[4-7]

Educators have increasingly utilised the SP modality to teach and assess communication skills [Figure 1].[8-11] SP assessment tools come in different types, such as formative, summative or high stakes, and they can be conducted through various formats like single-encounter, multi-encounter, Objective Structured Clinical Examination (OSCE)[12] or clinical performance exam (CPX).[13] In addition, diverse assessment tools such as checklists, rubrics and narrative feedback may be employed. The expectations for SP performance differ based on the specific assessment type or format.

BEST PRACTICES FOR SP PROGRAMMES

Establishing an SP programme involves unique considerations, with key initial steps including identifying the target audience and articulating programme objectives. A solid foundational approach includes adhering to the Society for Simulation in Healthcare (SSH) Accreditation Standards[14] and the Association of Standardized Patient Educators (ASPE) Standards of Best Practice,[15] providing a robust framework for programme development. The Standards of Best Practice (SOBP) comprises five domains: ensuring a secure work environment; developing cases; conducting SP training for role portrayal, feedback and assessment completion; managing programmes and fostering professional development.[15] Within each domain are principles accompanied by numbered key practices for convenience of reference. It is important to note that not all practices are universally applicable, and their emergence order may vary depending on the situation.

Successful recruitment of individuals capable of authentically portraying diverse roles is crucial and fundamental to the programme's success. As the programme unfolds, maintaining engagement and sustaining a dedicated SP team necessitates ongoing strategies, encompassing regular training sessions and innovative methods like just-in-time videos or makeup/moulage for increasing realism based on simulation session objectives [Figure 2]. Recognising outstanding SP performances through awards and fostering a sense of community contribute to the programme's overall success and retention of high-quality SPs.

Recruitment

Central to a programme's success is recruiting individuals capable of authentically portraying diverse roles, thereby enhancing the realism of simulated scenarios.[16] The hiring process is critical, demanding a comprehensive approach to identifying candidates with the right skills and dedication. Employing a standardised screening tool, preliminary communication and formal interviews ensures a rigorous selection process aligning with the demands of the SP role. Safe work practices, confidentiality and

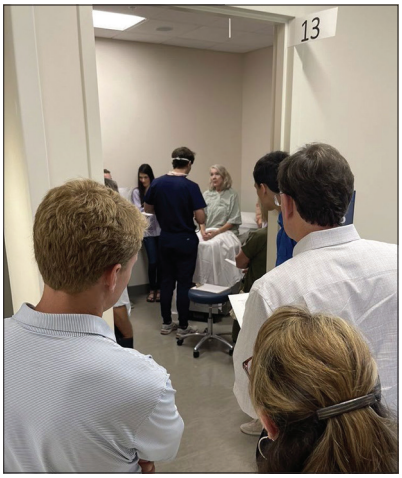

Figure 1: Standardised patients for communication skills

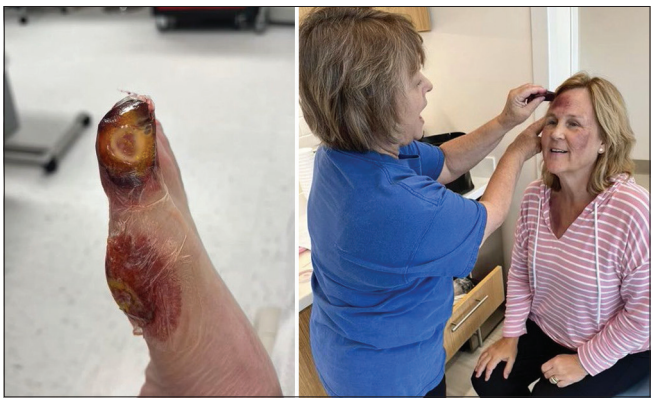

Figure 2: Moulage in standardised patients to enhance realism

respect are the three principles to maintain a safe work environment.

Onboarding training

A comprehensive onboarding regimen for SPs is imperative to maintain a quality SP programme. There are five principles SP educators should follow related to SP training methodology: preparation for the training process, training for role portrayal, feedback delivery, completion of assessment instruments and reflection on the training process.[15] SPs frequently engage in role portrayal while simultaneously observing behaviour. Following an interaction, these individuals may be tasked with documenting learner performance using assessment instruments. In such cases, it is imperative that SP training emphasises ensuring accurate and consistent completion of assessment instruments.[16] Onboarding training depends on the SP educator's experience and contextual factors and does not have much consistency across programmes. It can be anywhere between 2 hours and 3 days with activities in the form of didactic sessions, small group discussions, role play, one-on-one discussions or handouts.[17]

Continual quality improvement

Regular mandatory training sessions emerge as a best practice, covering various topics such as bias, portrayal, memorisation and interrater reliability. Involving SPs with specific backgrounds and expertise to lead these sessions enhances the SP team's overall knowledge. Leveraging just-in-time videos through accessible Quick Response (QR) codes before cases effectively refreshes SPs' memories and resolves potential misunderstandings. Encouraging self-assessment becomes a powerful tool by prompting SPs to watch themselves in a case, for complete evaluation, and for engaging in reflective discussions. This approach, especially beneficial for those facing challenges, fosters a culture of continuous improvement within the SP team.

To uphold quality standards, educators consistently assess the readiness of SPs for additional practice or progression to a simulation interaction. Integrating quizzes into each case becomes a valuable practice to maintain perpetual standardisation, serving to assess SPs' script knowledge and portrayal skills. Educators guide the simulation interaction by offering instructions and facilitating secure, meaningful interactions.[18] This entails briefing SPs just before the interaction, overseeing the session for educational effectiveness and conducting debriefing sessions for reflection and safety considerations. In addition, post-simulation debriefing sessions are crucial to minimising negative impacts and potential adverse effects on SPs' physical and emotional well-being. In addition, these debriefings play a pivotal role, providing a platform for SPs to share insights into common learner inquiries not addressed in the script, significantly contributing to refining future case standardisation.

A robust documentation process, characterised by a stringent assessment framework and structured feedback mechanisms, is an unwavering compass guiding the evaluation and enhancement of SP performance.[19] There should be a culture of continuous improvement. Ongoing assessments and adaptive responses to participant feedback ensure the programme remains dynamic and responsive to meet the organisation's evolving educational needs.[20] At the heart of this commitment to excellence lies a system for delivering, tracking and organising documentation for evaluating SPs and feedback. The tracking system empowers SP educators to pinpoint recurring issues and identify cases where SP may not meet the necessary qualifications.

Maintaining a qualified SP pool

To ensure a high-quality programme, exceptionally distinct SPs must be retained by going beyond effective coaching and implementing enduring engagement strategies. Recognition awards, derived from learner surveys, have become a powerful means of acknowledging outstanding SP performances. These may be fun surprises or presentations that serve as a form of recognition and play a crucial role in maintaining interrater reliability.

In addition, incorporating a quarterly spotlight on a bulletin board sharing personal information and fun facts about SPs contributes to fostering a sense of community and individuality within the team. This practice and innovative approaches, like creating social media groups to disperse SP accomplishments and hosting holiday-themed parties, strengthen the bonds within the programme's SP community [Figure 3]. These ongoing engagement strategies collectively contribute to retaining high-quality SPs, ensuring their continued dedication to their pivotal role in healthcare education.

Advantages

Arrangements for training sessions involving SPs can be flexibly scheduled to accommodate specific

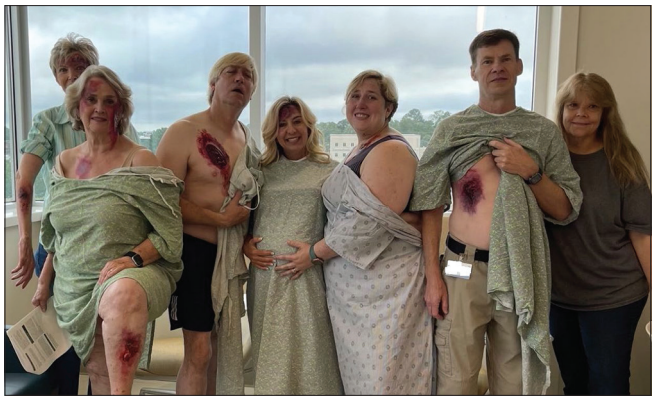

Figure 3: Leveraging social media to build standardised patient communities

times and locations. In contrast, interactions with actual patients typically occur in general practice or hospital environments. Utilising SPs also allows learners to make mistakes and face interruptions during sessions, fostering valuable feedback as an integral aspect of the teaching process. There is apprehension regarding the transient nature of the positive impacts of SP training sessions on medical students' clinical competence, as most existing data focuses on the outcomes measured shortly after the intervention.[12] Safdieh *et al.* sought to address this concern by evaluating student performance 2 years post-intervention.[21] The study revealed that medical students who underwent a neurological examination session facilitated by SPs as part of their second-year curriculum exhibited superior performance to those who did not receive SP-led sessions. This difference was measured through an objective-structured clinical exercise after their fourth year, with a significance level of $P < 0.001$.

Non-technical skills

Proficient communication skills are crucial to successful interactions between anaesthesia professionals and patients and improving patient outcomes.[22,23] SPs offer a valuable opportunity for learners to practice these skills, enabling them to engage in meaningful interactions and enhance their interpersonal abilities. Although there was variability in the findings, most studies[8,24,25] endorsed the effectiveness of working with SPs in fostering students' communication and interpersonal skills. In most cases, positive outcomes highlighted the benefit of incorporating SPs into healthcare education to develop students' non-technical skills. The skills are most effectively taught in simulated settings, often with SPs, and are ideally developed incrementally in complexity. For instance, communicating treatment options can be acquired through progressively more complex scenarios across different phases before achieving certification.[26]

Cognitive skills

Cognitive skills, encompassing clinical reasoning, decision-making and history taking, are effectively addressed through SP methodology. SP methodology is effective in this context.[27] For example, Fallucco *et al.*[28] showed that primary care physicians (PCPs) engaging in experiential training with SPs were more inclined to conduct screenings and diagnose adolescent depression within 12 months following the training. The organised learning setting facilitated by an SP allows students to assess their understanding of cognition, engaging in real-time planning, monitoring and evaluation of thought processes. Through SP feedback and video review, students are encouraged to self-reflect, enhancing their metacognitive awareness.[29] The simulation environment allows learners to apply cognitive knowledge, practise psychomotor skills, reflect in action and actively regulate cognition within safe and low-risk conditions for clinical decision-making. To ensure these skills are acquired, the Accreditation Council for Graduate Medical Education (ACGME) Programme Requirements for Graduate Medical Education in Anaesthesiology require residents to engage as team participants in actual or simulated interprofessional patient safety endeavours. These activities involve root cause analyses, requiring analysis, formulation and implementation of subsequent actions.[30]

CHALLENGES AND POTENTIAL SOLUTIONS

Launching an SP programme is a multifaceted undertaking that demands strategic problem-solving. Common challenges include a lack of clarity on programme objectives and goals, limited budget and resources, difficulties integrating SP activities into the curriculum and the critical task of recruiting and training qualified SPs.[31,32] To overcome these challenges, institutions must prioritise defining clear programme objectives, strategically allocating resources, integrating SP activities into the curriculum and establishing effective communication channels. Recruiting and training SPs comprehensively, securing suitable facilities and equipment, implementing quality assurance measures, addressing ethical concerns, embracing technology and instituting ongoing programme evaluations contribute to the successful initiation of SP programmes. Addressing

these challenges with thoughtful solutions enables institutions to establish effective SP programmes, enhancing the educational experience for students and contributing to overall institutional success.

It is imperative to maintain safety and consent of all participants in SP deployment. The understanding and expectations during the SP programmes need to be well discussed, and mitigating strategy needs to be in place because of the impact due to role playing.[31]

Amid these challenges, paediatric education commonly relies on diverse, technologically advanced mannequins. While these mannequins serve as excellent tools for teaching and learning in specific contexts, they have limitations in terms of realism. Mannequins fall short in replicating scenarios involving a healthy child or a child with a typical childhood illness. Achieving genuine learner engagement and immersion is often challenging. Children and adolescents should be incorporated into SP methodology. Simulation-based education involving Children and Adolescents SPs (CASP) has successfully engaged students across various learning domains. Studies show the effectiveness of CASP in areas related to communication, spanning the continuum of physical examination and professional skills.[33,34]

The ethical and practical aspects of utilising CASPs in paediatric scenarios have been subject to prolonged scrutiny involving validity, reliability and feasibility assessments.[33] Ensuring children are sufficiently prepared, trained and supported using suitable strategies can be demanding. Ethical concerns, especially regarding the involvement of children below the age of consent, need careful consideration when working with this age group. Strategies to overcome the challenges are limiting the number of examinations, avoiding same-day sessions- keeping engagement in the morning or afternoon, attempting to find children with similar findings who can serve as replacements for each other to meet objectives, obtaining consent from a parent or guardian before allowing a child to participate as an SP and requesting the presence of a parent or guardian during the assessment for onboarding.[33]

CONCLUSIONS

SPs are vital in developing anaesthesia professionals' non-technical skills, notably communication and interpersonal abilities, as underscored by supportive studies. Moreover, SP methodology is valuable for teaching cognitive skills like clinical reasoning and decision-making. Despite the evident benefits, launching an SP programme presents challenges related to defining objectives, resource allocation, curriculum integration and recruiting qualified SPs. The successful implementation and optimisation of SP programmes warrants a comprehensive approach involving a nuanced understanding of historical context, recognition of advantages, adherence to best practices and proactive measures to address common challenges. Through strategic planning and effective communication, institutions can establish dynamic SP programmes that significantly contribute to effective healthcare communication education.

Looking ahead, ongoing research and a commitment to continuous improvement will further amplify the positive impact of SP methodology on enhancing technical, non-technical and cognitive skills among healthcare anaesthesia professionals.

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Conflicts of interest
There are no conflicts of interest.

Consent from volunteers
All required consent has been taken from volunteers for their use of photos with the identity revealed. They have been explained that full photograph with their facial identity is being disclosed with an intent to better emphasize the simulated patient by these volunteers. All have agreed and provided written consent to use the photographs in this manuscript.

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