PARTICIPATING AS A SIMULATED PATIENT: IS ALL ABOUT LEARNING

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INTRODUCTION

The terms SP to a healthy individual that trained to portray a patient (1). Simulated patient (SP) is defined as a layperson who simulates to portray the role of a patient with health-related conditions based on varying levels of training (2). SP is widely incorporated into the teaching and learning sessions as well as Objective Structured Clinical Examination (OSCE) at University A.

The identifier for a successful SP is including being 'real', accurate, and appropriate in giving information during the encounter with students. SP performance must be realistic in both clinical details and the human experience. However, defining what a 'real' SP performance is subjective and complex. Which every individual perceived 'real' differently. This real experience can be referring to both SP and student's perceptions. Additionally, SPs usually be situated in a semi-scripted scenario because learners are unscripted. Thus, SPs have to decide when and how to convey certain specific information and scripted lines to the learners (3). Another important factor that makes this task difficult was the SP-learner encounter was almost contrary to real life. In real life encounters, medical professionals typically have a 'mental map', whereas the patient often does not know what to expect.

Conversely, in SP-based simulation session, the SPs have a clearer idea or 'mental map' of what expected during the session, because SP often had repeated the role for many times and work out with a 'script', while learners often do not know what to expect from the session. This caused the SP to take a more dominant role in the encounter which contra with what happened during a doctor-patient consultant in reality (4).

The task for an SP can be complex. Few studies reported the impact participated as an SP as part of the research outcome. However, there was a limited study that solely examined the viewpoint from SP. In this study, the researcher intended to explore the experience participated as an SP at University A.

METHODOLOGY

This study was designed using a descriptive qualitative study to produce the description of exploring the experience of participating as an SP at University A. The study has gained ethical approval from Open University of Malaysia (OUM) as well as approval from the Director of Clinical Skills and Simulation Centre (CSSC).

Six participants were recruited based on the inclusive criteria, who enrolled in the SP program for at least a year and actively participating in both SP-based simulation sessions and OSCE.
as well as both medical interview and physical examination session. The researcher sent an invitation to SPs after discussed with the SP program coordinator as the coordinator worked closely with the SPs. The SP program coordinator recommendation assisted in filtering the individual who possibly not interested or not cooperating as well as selection for who was possible to contribute to the outcome of this study. A semi-structured interview was employed as the data collection method. A list of guided questions used to assist the researcher to explore the experience of participants towards the SP program at University A. The main idea of the question was to develop an understanding of the participant’s positive and negative experience towards the SP program. The general question was “What is your experience towards the SP program?”. The specific experience-focused questions were including “What is your feeling when participating as an SP?”, “What is your best experience?”, “What is your worst experience?” “How do you perceived being treated by lecturers?”, and “How do you perceive being treated by facilitators?”. The interview sessions were done in a closed room in CSSC, University A to provide a familiar environment and easy access for participants. The conversations were video-recorded using the Multimedia Cubicle Management software program in CSSC. Before beginning the interview session, the researcher greeted and expressed appreciation toward the responders for volunteering to be a participant in this study. The researcher emphasized the study objectives and reminded them that the interview session will be recorded and have obtained verbal consent. The researcher encouraged the participants to give sincere opinions and ensured that the participants allowed to repeat the same idea/opinion, followed by some ground rules, such as silent the phone. The researcher raised open-ended questions and the group of participants were encouraged to discuss the topic freely.

RESULT
All participants involved in this study have experience as an SP range from 1 year to 6 years, four males and two females. A total of two themes emerged from the interview, i.e. Concern for effective sessions and Learn something new.

Concern for effective sessions
All six SPs expressed that they were concern about achieving an effective session. Both facilitators and SPs need to make some adjustments to increase the effectiveness of an SP-based simulation session.

SP3 stated that the facilitators did not demonstrate the values of caring during an SP-based simulation session, in which he has been neglected and exposed to the air-conditioning when the facilitator was discussing with the students.

“You take off the shirt and they go, you see, we are lying there, and the lecturer focus to the board, then he lecturing something else, he should complete us then only do the lecture, never covering up, they didn’t cover us, we are... are air-cond is there.” – SP3

SP5 expressed that the SP task becomes more difficult and complicated if there was no standardization among the facilitators.

“We have briefed in one way, but they want to be in another way, and it happens on and off, and the student is with us. So, the students get confused, and we don’t know how to go... completing the script, you know? That sounds bad.” – SP5

SP4 stated that SP should be professional and willing to expose their body part for the students to learn.

“When coming to a point of teaching, why... I don’t feel like any embarrassing (for breast examination), whatever.” – SP4

Learn something new

The majority of the (five) SPs expressed that they benefited from the knowledge by participating as an SP. SP1 stated that she is pleased to learn new things related to the medical field when they contributed as SP, such as pharmacology knowledge.

“As you know, about the dosage of the drug, dosage, when to take, when not to take, why some people take already don’t have improvement, because they take the drug properly, wrong timing. So I learned a lot from the pharmacy side.” – SP1

SP6 stated that he can differentiate the professionalism by how the doctor communicated with him during an intimate procedure.

“But I go there, the doctor there will say, ah... Mr. J., can you lie down on your left side, and curled your knee up, I will... I inserted my finger... I will pock my finger into you. That was quite rude, you know, the doctor, but here I learned a proper way. There are doctors who are professional, some of the doctors are not.” – SP6

CONCLUSION

“Learning” was highlighted in this study in two key aspects: students’ learning and SPs’ learning. All SPs expressed their concern on the effectiveness of an SP-based simulation session and how it could be improving in the future. Besides emphasized physical examination skills and procedural skills, impart of soft skills, such as effective communication skills, empathy, professionalism into current teaching content was equally important in an SP-based simulation session. The purpose of having an SP in the session was meant for the student to learn from a human interaction experience. These experiences regard as the best for a medical trainee to learn those soft skills.

On the other hand, standardization among facilitators has also affected the success of an SP-based simulation session. The conflict between facilitators and SPs demonstrated an ineffective patient-doctor encounter. The worst scenario if both party were arguing in front of the students, which demonstrated unprofessionalism to the students.

The second “learning” was SPs gain knowledge along their journey participated as an SP. These gaining were including medical knowledge, pharmacology knowledge, and how to differentiate good and bad doctors. SPs expressed that they started to pay attention to their self-care and improve compliance with lifestyle changes, medication as well as follow up. Besides that, SPs also mentioned that they were able to recognize a good doctor and bad doctor from a patient-doctor encounter, for example, the choice of word. Some SPs were even able to identify the important information for a doctor to
diagnose so that they volunteer that information without the doctor asking.

As a conclusion, the experience participated as SP benefited SP in many ways. Their experiences also give some insight into how to improve the SP-based simulation session, such as integrated teaching soft skills into technical skills sessions, as well as standardization among facilitators.

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References


