**Using Standardized Patients to Develop Professional Competence  
April 29, 2020**

**Richard Zraick  
Mark DeRuiter**

0:00

And welcome to a CAPCSD video podcast on using standardized patients to develop professional competence. My name is Mark DeRuiter and I serve as the vice president for professional development with capsid today. We're talking with Dr. Richard Zraick.

0:19

Who comes to us from the School of Communication Sciences and Disorders at the University of Central Florida where he serves as professor and brings to us a range of experience and knowledge within this topic that I know many of us are excited to learn more about especially in the context of the pandemic. Richard, could you tell us a little bit about your background and experience with standardized patients. Certainly.

0:48

Good morning. Happy to be here this morning. I started working with standardized patients about 20 years ago, when I was at the University of Arkansas for Medical Sciences. At that time, I was a new assistant professor looking for some research ideas, and I was asked to serve in a service capacity on the Clinical Skill Center Advisory Board and that Clinical Skill Center Advisory Board was what oversaw the standardized patient program for the College of Medicine and the College of Nursing and so I served on that Advisory Board. And during that time, particularly in the first year,

1:18

I became very aware of the fact that there was a lot of potential for standardized patients to be used in speech-language pathology. And so I did some research at that time to see if it had been done and there had only been less than a handful of studies which were all essentially descriptive studies of using standardized patients in the classroom with students. And so I saw it as a unique opportunity to do some research and bring some unique training to our graduate students. And so that's how I got started. And shortly thereafter, I applied for a grant to the American Speech and Hearing Foundation.

1:48

And, I got a new investigator award which really started the whole process for me.

1:55

Well, that's great. Yes. I know we've talked with Dr. Carol Dudding as well about clinical simulation and the broader context here and that you know, our discipline certainly has a way to grow and learn more within this context and I know that you'll be talking about simulation and standardized patients and how those terms relate today. And so I'm excited.

2:24

of that. I know you have a great quote to kind of kick us off here. And so I’d like to have you talk with us about that and then let you kind of take it away here. All right. Thank you.

2:38

So here's the quote: “If we teach today's students as we did yesterday, we rob them of tomorrow” a quote from John Dewey back in the early 1900s, and I've always used this quote when I present about standardized patients and even when I write about standardized patients, because I think it encapsulates where we are today currently in 2020 and trying to get the best education we can for our graduate students and so many of us, you know, have been trained a long time ago. I was a graduate student over 30 years ago and the methods that were used to train me then, while they were very effective, are not the kinds of methods that are completely being used today. We've evolved as a profession’s technology has enabled us to do things differently and students are more technologically advanced and more willing

3:24

to engage in technological kinds of Pursuits to enhance their graduate education. And so I think if we just continue to do things like we have in the past the same old same old, we lose out on an opportunity to find new ways to train our students better and then ultimately our patients will be served better.

3:45

Thanks for that. I think you're right. We can really become very comfortable right with what how we've learned and what we've always done.

3:56

So, one of the things that we really have to think about when we're talking about any kind of training approach is what is professional competence. We're all trying to prepare our students to be competent. And so really at the core, we need to think about what does competence mean? I put this slide up with some icons just to kind of encapsulate a little bit about what we're talking about in terms of confidence.

4:17

So, certainly communication is one of the very first things that we think about being in speech language pathology or audiology is the ability to make sure our students can competently communicate what they know to us and to their patients and those that they serve but, fundamental to that is, they need to have knowledge. They need to have good technical skills. They need to know what the evidence shows in terms of their decision-making and their justification for what they're doing. And then also it's not just what they say, about how they say it. So, the emotional component is also very important. So when you really think about professional competence, we're really breaking down one.

4:55

large domain of professional competence into sub domains Each of which has its own challenges and each of which may require its own approach. One of the things that's nice about standardized patients is standardized patients allow us to look at competency across each of these domains. And that's one of the things that's very unique to standardized patients.

5:18

Thanks for that. I, you know, this is definitely where I think about in the current situation. I think there's a push sometimes to use this for moving students through with ours, but we can definitely think more broadly about competence and what that means as we engage with standardized patients and and really get this in our curriculum.

5:48

in a meaningful way. Well, it's interesting that you bring that up because that's a nice segue into this slide, you know, one of the things that many of us who started doing this work 20 years ago. We're hoping for there would come a day where the clinical certification would allow for some element of standardized patient or simulation engagement, whether it be at a graduate level to get clock hours as you mentioned or ultimately someday to use standardized patients to assess competency in a very high stakes.

6:18

way where the CFY experience culminates with a standardized patient interaction. So we're at the stage now finally, and very excitedly, where ASHA is now allowing us to use simulation which includes standardized patients for clock hours and both in audiology and speech-language pathology. And that is a major step forward in terms of simulation and in the importance of simulation. So, I think we're in a really good transition time. We have been over the last few years.

6:47

In particular, where more and more individuals and educators and programs are looking at clinical simulation to meet the needs of their students and the patients.

6:59

You're right. And I think we're at that point where you know, we've certainly been pushed and we hear many of us talking about finding any positives in the the situation we're in with the pandemic and elements like this certainly are some of the ways that we can see some positive growth. Absolutely.

7:23

A couple of years ago, Carol Dudding, as you all know, did a survey which was very interesting because it looked at how simulation is being used in university programs in communication sciences and disorders and I've just put a screenshot of the front page of the article. You can see the abstract but essentially what she found, which was very interesting was that about 50% of programs are using some form of clinical simulation. So this isn't a new idea or a new endeavor for least.

7:51

half the programs are using some form of simulation, which is really really exciting because I can recall back when many of us started doing this work 20 years ago, there were maybe three programs in the country doing simulation. So now we're looking, at you know, half the programs that she surveyed were using simulation and within that, once you drill down to say what kinds of simulations are being used, the most commonly used simulation was either standardized or simulated patients, Again, that's a major finding and a major step forward.

8:22

for our profession being accepting of and ready to use standardized and simulated patients and then furthermore the other key finding from the study was that 75 percent of respondents felt that clinical simulation should be increased, whether that be standardized patients or other forms of stimulation. So clearly we're at a point in our profession, now, where standardized patients are being used; simulation is being used and people are willing to and wanting to do more simulation. Of course,

8:51tThis is well before the current crisis that we're facing the COVID-19. Since COVID-19, there's been a real uptick in interest and activity surrounding the use of standardized patients or simulated patients. Yeah. I was just thinking that it'll be interesting for us to learn more about what our programs are doing within the next few years after this crisis. Absolutely.

9:19

So one of the things that we probably should talk about is what is a simulated participant. What is the environment? Who are we describing as a simulated participant? What's the difference between a standardized patient and a simulated patient and so forth. So broadly speaking, the term simulated participant is used to describe all human role players within any form of simulation based education. So it could be the standardized patient. It could be simulated patient.

9:49

Be a simulated healthcare worker. It could be a simulated family member. It could be a simulated hospital administrator, could be a simulated person off of the street comes in. And so there's a number of ways that we can define what a participant is than the broader term of participant. I think is a great way to think about it because it doesn't just narrow our view to the simulated person being a patient or the standardized person being a patient only.

10:19

So, it really broadens our view that we can have any number of individuals within a simulation based environment who can be simulated and then create a scenario in which all of those individuals are engaging and, the truth be told, that's the reality for any of us that have worked in clinical practice. We don't just walk into a room and have a patient. We may have individuals in other disciplines.

10:42

We may have individuals with other responsibilities within the facility that we're in and so if we broaden our view, you think about the environment and the simulated participant in the broader terms. I think that will really guide us towards where we're going to be going in the future.

10:58

Thanks for that. I think what really stands out for me there is where you kicked us off to thinking about competence and that's you know, working with these other professionals or family members or really anyone in the room becomes part of that competence. And so thinking of it this way is very helpful for me. And if you look at the graphic, it really focuses, I think, on a number of things that are important particularly in that gray circle that you know, it's learners.

11:28

Learner-centered, trusting, collaborative, interactive, experiential, interdisciplinary, and all of those things can be encapsulated in an environment, a simulated environment. We have more than one individual who's portraying a role in that environment.

11:48

So, the sort of the $64,000 question that I get and I probably get this question at least once every two weeks: somebody will email me and say what's the difference between a simulated patient and a standardized patient? And there is a difference and the best way that I've been able to explain this to the individuals is to put this quote from Adamo from 2003: “standardized patient is always a simulated patient but a simulated patient is not always the standardized patient.”

12:15

So, when we think about what that really means is any number of us could simulate a patient. We probably all do you know when we were graduate students? We probably had that favorite professor who could imitate somebody with Broca's aphasia or imitate somebody with a voice disorder or imitate somebody who had a fluency disorder and they did that in an attempt to give us a sense of what it was like to encounter an individual without that particular kind of disorder. And in that scenario, with what the professor is doing, is simulating a patient in a very limited way.

12:49

That is very different than presenting a patient in a standardized way. Standardization is really much, a much higher level of preparedness needs to go into standardizing patients and there's a lot of implications when you use the word standardized in terms of assessment whether it be formative summative or a high-stakes assessment.

13:11

Okay. Yeah. So, what's coming to mind here is the great range of things that are nested within simulation and then also within standardized patients. I'm imagining there's more you can tell us they're about that standardization and types of standardization. Absolutely. So when you think about standardization we often go initially to thinking about individual standardization.

13:40

So, we take one individual, we train them to portray, let’s say, Broca's aphasia and we want them to be true to character and present consistent performance every time they're encountering an individual who's a learner like a graduate student. So, I have you know, Mr. Smith is my standardized patient. He's got Broca's aphasia and every time he encounters any one of my 35 graduate students, he's going to give the same presentation.

14:05

And so that's an example of individual standardization, but then there's the idea of team standardization, which means if I have six individuals who are portraying Broca's aphasia, and I'm going to use six different individuals to help teach my 35 graduate students, then all six of those individuals who are portraying a person with Broca's aphasia need to do that in a very consistent way.

14:30

so that there's fidelity to the character so that regardless of who my graduate student encounters that day that person that they encounter with “Broca's aphasia” is going to be the same individual that the next student sees and the next student sees and if they come back the second day and they encounter a different individual’s Broca's aphasia, that second individual was going to be very similar to the first individual that they encountered. So it's important

15:00

when we're developing standardized standardized patient programs or taking on a standardized patient approach that we think about: Yes, we want to make sure the individual is standardized. But if we're going to use more than one individual and all those individuals need to be as close to the same as possible.

15:18

So within this and perhaps this is a naive question, but as I'm listening to you, here are you thinking of these standardized patients as actors or are they actual patients who are, who have a condition where we're having them almost as talent in the room with their condition? Well, actually you can use both historically and most commonly it's an individual.

15:48

Who’s not a patient that is presenting a standardized presentation of symptoms and it doesn't necessarily need to be an actor. That's another very common question that I get: do I have to be an actor to be a standardized patient or do you have to hire actors to be standardized patients? And actually there's some debate in the literature and even within the standardized patient community about whether actors are the most appropriate or the least appropriate. It does not have to be an actor.

16:14

It just has to be an individual who understands the case who could be very consistent in their behavior, can monitor their own behavior, and not inject so much of themselves into the case that it takes away from the fidelity. Sometimes, actors are very good at doing that; at other times actors tend to over act and take the case in the direction that you don't necessarily want it to go or expect it to go. So, I have used actors, but the majority of time that I've done this I have used non-actors.

16:45

They're just lay people who have an interest in doing this, want to give something back to the medical community and the education community. I’ve been able to train them at a very high level of fidelity without any of them or most of them have a acting background. Okay. Thank you. I appreciate that. And I'm sure you have so much more to tell us here. Well, one of the things I think that's important when we think about standardized patients is where are we going to get the standardized patients from how are we going to train them ,and so forth, and we can talk about that as we go on.

17:18

this morning, but you know at a minimum. depending on the setting you're in if you're in. a setting where there are standardized patients being used by others, let's say you're in an academic Health Sciences Center, like I am, where there's an established standardized patient program.

17:32

you have now at your disposal at least the potential for any number of standardized patients who've been used for other cases that you can then use to develop your own cases in other situations, which is the majority of faculty in the majority of programs are not an academic health sciences centers but you can still use individuals as standardized patients as long as you can find an individual who's willing to act as a standardized patient. And as long as you follow good standards of practice in terms of how you train them and how you implement them. You don't have to be in an academic Health Sciences Center to do that. You can be at a small program at a university maybe in a smaller City that doesn't have access to a standardized patient program.

18:18

Okay. So the one of the main things I'm hearing here is preparation upfront is very critical for those who are beginning to step into this space. Absolutely.

18:31

And one of the concerns that many of us have now is this reaction to COVID-19 is presenting a scenario in which educators who are very well-intentioned and have the best interest in their students outcomes, starting to jump into the world of using standardized patients and doing it in a way that's not systematic and that creates a whole series of potential problems for the graduate students and then ultimately for the patients that they're going to serve. So yes, we have to be deliberate and I think you know forums like this that we're doing, engaging in today, is one way to help individuals feel more comfortable using standardized patients and feel confident that there's a science behind using standardized patients.

19:14

And so, when we take a look here at this slide, one of the things that I think is key to this slide is the fact that these are individuals who portray a specific patient case,

19:26

very specific patient case, and so what that implies is you need to have very specific behaviors, verbal behaviors, nonverbal behaviors, and so forth. You want to have some very specific learning outcomes for the students that are engaging with the standardized patients. Those learning outcomes need to be tied to the reality of clinical practice today and so forth.

19:48

And so that ASPE standards of best practice really talked a lot about what the role of the standardized patient is. It’s more than just giving the student an opportunity to “practice their skills.” When you’re really at the level of using standardized patients, you're looking at a much larger goal at the end, which is the goal of professional competence.

20:09

So, case development is is critical here. Absolutely. Case development is critical and fortunately for us the Association of Standardized Patient Educators has a casebook or case development case template. I'm sorry; Case development template that's available on their website and have a link here to it. And it's a very extensive document but very readable and it really takes one through the process of developing a case for specific learning outcomes.

20:39

And so for example, if you want to develop a standardized patient with Broca's aphasia again, as an example, you can go through this case development template and know all the key elements that need to be included in that case in order to really get the best outcome for your students when they engage with that standardized patient. And you can see some of the sections that are listed there starting with, you know, just the administrative details of how one goes about doing it and scheduling it and so forth all the way through to part 4, for example, is a standardized patient checklist, posting counter activities part 7, part 9 is the briefing and learner orientation and then very critical is part 10 the debriefing which I know Carol Dudding talked about in a recent podcast that you did. Yes. Yeah, if we have listeners today who are listening to this one we certainly will tip you back to our website for the debriefing

21:38

video podcast, great information there. Another thing that kind of pops for me listening to you talk about this, you used that word readable and that's certainly what I find in this literature. It's readable; you're able to digest it, and you're able to move forward with it really quickly.

21:59

Absolutely, one of the things that people perceive sometimes when I give presentations is that it takes a lot of time and effort and money to do this and it takes effort and it takes time and it takes a little bit of money but it doesn't take any more time effort or money than trying to set up any other kind of educational experience for graduate students, whether that be setting up externships or internships or doing some other kinds of creative things in house within your clinic.

22:28

It's just a different way of approaching it. It's not insurmountable. There's certainly an emerging literature over the last 20 years of how to do it in speech language pathology and audiology and there are plenty of people who are willing people like myself and Carol and Stacy Williams and other people who are more than willing to help individuals learn how to do this. I think that's very important for people to know that there are resources out there for how to use simulation and how to use standardized patients. We all want more of this to be done.

22:59

It's been, for many of us, our career goal to advance simulation in speech-language pathology and audiology. My goal, of course, has been to advance the standardized patient portion of that. And so, I'll talk to anybody who wants to do this because I really believe that it's a very important step for us and a very important way for us to train our students.

23:19

Yes, it's about taking those initial steps and just getting it done. Well, I appreciate that. Now. I know you have some more specific information for us and some thoughts on ways you may have implemented things what we might see out there. Sure.

23:38

So one of the things that I thought would be illustrated for us would be to just talk about a case that I've used one example, just to kind of show people how it can be done and so when you think about particular case I just picked the case with aphasia because that was the first study that I did was with individuals with aphasia. So if you look at the left most graphic there, talks about persons with aphasia and their primary communication partners are recruited by standardized patient experts and content experts and they're trained in how to portray an individual with aphasia, both the verbal and nonverbal manifestations of that disorder and then you can use a ASPE’s case development

24:18

and template as a guide which is very very helpful. So you're not navigating and borders that you have been in before once you've developed the case and the case book you can have those cases reviewed by standardized patient educators

24:32

and by any of the other standardized patients who are portraying the cases, a very important step which has not been used very much is to actually have individuals who do have aphasia to review those standardized patient cases and to give you feedback about whether it's realistic or not. So, really taking a person who's living the experience of having aphasia and letting them engage with the standardized patient. That's an important step. I think we're going to see more of that being done over time, that kind of helps you fine-tune the case in terms of the fidelity and the realism and then you continue to train the case and retrain the case and then ultimately you can pilot the case. And so when you look at this slide, you think to yourself: gosh, you know, that's a lot of work and boy that's going to take me a lot

25:18

of time, but the reality is this can all be done in a matter of two sessions maybe lasting two hours at most each session. So it's not a huge investment of time. once you're engaged with the process. You have to put a lot of time into thinking about it beforehand. But once you're engaged in the process itself can go very quickly in terms of taking an individual who's never portrayed somebody with aphasia and having them do so in a highly accurate way,

25:48

a realistic way, you can do that in a matter of hours. And I think that's an advantage and that's not something that people often times understand and I think hopefully people will have confidence in me when I say that that could be done because I've done it any number of times that it just doesn't take as much time as one thinks to actually do this and I think that's an advantage for us, particularly when we have limited time and other kinds of resources.

26:14

So one of the things that I think people often ask is: do I need to be in a standardized patient center, you know, our standardized patient center here at the College of Medicine is, it's a beautiful facility. I mean, it's got ten rooms and cameras and all the technology that one could want but you don't have to have that if you have one person, one camera, and one room. You can create a standardized patient. You can train a standardized patient to be able to have an encounter with a graduate student. That's meaningful. Again, one camera, one room, one patient.

26:48

and you say, so that's not a lot of resources to be able to do that or that are needed to do that ways that you can use those individuals. So, if you have somebody trained to be a standardized patient, I mean we typically think about them as being used in a live encounter but there's other ways that can be used. So if you don't mind, I'll take you through a couple of those.

27:12

Absolutely. So one of the ways is to create a teaching video library and I'll give you an example of what I've done. So I've shown you here six categories of standardized patients and standardized patient family members that I have created. And so I have any number of individuals who are portray aphasia all the kind of classic aphasia syndromes and various severities, traumatic brain injury. You see a young man there who's portraying somebody with a traumatic brain injury from a car accident,

27:42

hemisphere syndrome, Alzheimer disease, voice disorders, or parents of children with voice disorders and then another area that I'm very interested in is health literacy. And so what I've done is I've created a whole series of videos. I probably have a hundred and forty to fifty videos of individuals who are all standardized patients and I've used those videos to supplement my classroom teaching. So when I teach the course on neurogenic language disorders, and we're talking about Broca’s

28:12

aphasia or Wernicke's aphasia, while they're in the class, I'm actually showing them videos of individuals standardized patients who are portraying that type of aphasia and it's been very helpful to the students in terms of giving them some exposure that they wouldn't normally have in some programs. The students may be taking an aphasia class concurrently with while in clinic seeing aphasic patients. But in other programs, maybe they're in the class and they've yet to see an aphasic patient.

28:40

And so at that point, you know having exposure before they actually encounter a real individual with aphasia can be very helpful. So this is one way to do it is to create a video library and these encounters are very straightforward to produce. They don't cost a lot of money again, just a couple of hours. You don't have students in the room. So, there's really no stakes there for learners.

29:03

It's just you rehearsing with the patient and fine-tuning the case to decide and portray the behaviors that you think are most important and most salient features for those students to pick up on and again, you can do a whole range of severity so you could have somebody with a mild cognitive impairment due to a TBI to somebody having a severe cognitive impairment with the TBI. You could have the parent of a child who's been in a car accident and has a traumatic brain injury so you can train a standardized parent and you can have encounters with that parent so that the students can learn about what it's like to be the caregiver of somebody with a traumatic brain injury. So, video libraries are

29:42

one way that you can use standardized patients to help train your students in the classroom or even in a preclinical kind of setting another way to do it is the more traditional way that one thinks about which is the small group instruction. And that's where you have a standardized patient in a room. You have one student or two students in a room. And in this example, we had two students in the room with a standardized patient and then we have the standardized patient educator in the room.

30:12

And so this was a practice session where each student did half of a sort of bedside examination for aphasia. And so one student did one part of it and the other student did the other part of it.

30:25

And so the student who is engaged with the standardized patient had a checklist of things that they were going to do and that they needed to do from case history to medical history and so forth and the second student watched and a standardized patient educator watched and then throughout the procedure or throughout the interaction the standardized patient educator may interrupt the student sort of take what's called a timeout approach and give the student feedback about how they could have done something differently, usually the better, and the student reflects on that and then they continue the encounter and then they switch and the other graduate student engages with the standardized patient and they've had the advantage of learning a little bit by watching the student before them, but they have a different set of, maybe, goals that they will need to achieve with that.

31:12

interaction and again, the standardized patient educator observes, interacts with them, guides them, and then at the end, the standardized patient himself gives feedback to the students about their engagement with him, whether it be their professionalism, their eye contact, or proxemics, their confidence, his confidence in them, and so forth. And so, this is a typical way that one might train graduate students in a learning environment

31:41

that's low stakes. If they make a mistake, they make a mistake. They have not harmed anybody and that's really the key. This is a learning environment in which everybody wins regardless of the outcome. Yeah. I was thinking that here, that that safe space in which they can engage. What a great way to work with a learner.

32:07

Absolutely and one of the things that the students often tell me when they engage in these kinds of learning experiences is that I would rather make a mistake where they know that nobody's going to be harmed then to walk into an environment where if they make a mistake somebody could potentially be harmed and so even though they feel some anxiety about doing this because it's new like anything else and they've got, you know individuals watching them, whether it be a clinical supervisor or peer or standardized patient educator.

32:36

They would rather be in that environment for the first time working with somebody who “has aphasia” than actually going into to a hospital environment and that's the first time they've ever seen somebody with truly with aphasia. So again, it's a safe environment for the students to be in and it's a safe environment for the standardized patient as well because the student doesn't do well, the standardized patient, isn't harmed in any way and then of course the third way is to really go to the highest level which is what's referred to as an OSCE or an objective structured clinical exam. And that's where you're really looking at assessment. Okay in a very more high

33:14

stakes away of assessment. So, in an OSCE, it's a very highly structured encounter with a very specific purpose designed to assess specific skills and competencies of the students.

33:26

So the way that I've used OSCE before is I would have, for example, six different individuals portray, each portraying a different kind of aphasia and each one would be in a different room and what the students had to do for their capstone experience in my aphasia class was each student had to go into each room. They had 15 minutes with that standardized patient and they had to engage with the standardized patient and at the end they have to come out, go to a workstation ,and write up a very brief summary of their encounter which included what there observations were, little bit about the patient's history. And then at the end they had to tell me what kind of aphasia now the individual had and then they would move to the next room and do the same thing and so forth.

34:11

They would rotate across six rooms over a period two hours, each individual would have a different kind of aphasia at the end. They have to come out and tell me what kind of aphasia they had and they had to show accuracy at doing that and during that encounter. They were being videotaped. They were being graded by a faculty judges not only for were they accurate at diagnosing the aphasia,

34:34

but what were their overall competencies in terms of the way they comported themselves emotionally and professionally and so there was much more to it. Again you, I'd think that the students would have a lot of anxiety about doing this and there was some anxiety about doing it. But again, at the end of the day, they walk out of the room and they had a lot of confidence that if they actually saw an individual with a particular kind of aphasia, they would at least recognize that and be pretty close to recognizing what kind of aphasia they had. So it was very empowering for the students at the end to go through that experience.

35:08

And so the OSCE is a very critical component if you're looking at things like competencies in terms of capstone experiences or moving students, you know, from one level of clinical training to the next level of clinical training, where they require less supervision and so forth.

35:27

And thanks for that. I really what I'm what's kind of popping for me just listening to this is the many ways we can use simulation and that these activities could be not all of them. But but they could be used in other formats.

35:46

So, your efforts here give you potentially something in real time and then something potential for the future, which I think we really T\think about in these times where we're trying to create all the economies with our time and effort as we can. Absolutely and I think that something like a standardized patient encounter, whether it be just a one-on-one teaching encounter or a more formalized experience like an OSCE,  there's a great return that you get on your investment in time, when you think about spending, you know, few hours training and individual to be a standardized patient or standardized patient family member.

36:27

And that is time well spent because if you use that case over and over and over again in different classes or different learning situations or learning environments, you're getting a great return on that investment of your time not just in terms of practicality, but the greater return on investment is really the students and that's what we're in this for and it really gives the students an opportunity to learn in a way that's safe non-threatening, in a way that builds their confidence and their self-efficacy and their skills.

36:57

I think that's an important return on investment and that's why we're doing it. It's a lot of fun to do. Personally, I find it very enjoyable and it's a lot of fun but there's a lot of value to doing it as well. So one of the things that we want to think about is when you think about you know, how do we evaluate whether or not students are going to do well or whether they've done well, there's any number of different communication scales that are out there. I just put up an example of one here this global rating scale

37:27

well on the essential elements of communication gives you just an idea of the kinds of domains that are being assessed by an educator when they're watching the student engaged with a standardized patient. So starting from opening the discussion with the patient and then working all the way through to understanding the patient's perspective, being able to provide closure to the patient and closure to that encounter,

37:52

and then also the overall rating, and in this particular scale uses a 5 point Likert scale as to whether the student exhibited any one of the skills that are necessary under each of those domains. So this gives us kind of a global overall rating of how the student did in that encounter. And that's an important thing for us to have is those kinds of objective data that show that the student demonstrated competency across any number of domains.

38:19

So, this is just one example of a rating scale that one could use. Thanks for that. I know when I'm listening to people and they talk about activities whether their simulation or standardized patients, there's always a concern about how do we know that there is growth and development and so getting us to think about this is really useful as we kind of nudge this ahead in our field.

38:55

So, the question that a lot of people ask is how did the students like doing this, do they like doing it? Do they want to do more of it or they want to do less of it? Was it the best experience I ever had, was it the worst experience they ever had, and I can tell you that it runs the gamut but over all I can tell you with confidence that the students really accept doing this. They they're a little fearful at the beginning,

39:19

but then once they engage and they see that it's okay to make a mistake; nobody was harmed and they can learn from it. It's only going to make them better the next time and if you have multiple engagements with students and standardized patients, so one student maybe engages with a standardized patient two or three times and each time, they're building a different set of skills, and they're showing a different level of competency across different domains. They become much more receptive to doing it. They become more engaged

39:49

doing it. They realize that it's helping them in the long run and then they have a lot more confidence when they go out to their externship sites or ultimately when they graduate and start professional practice. In my case,

40:03

I've had a number of students who told me that it was one of the most important things that they did in graduate school is working with standardized patients because you know, they would call me up and say, oh my God Dr. Zraick, I was in the nursing home today and I saw this guy and he was exactly like the standardized patient that I saw in Graduate school and that's the payoff. Okay, they knew what they were capable of doing. They recognize what they needed to recognize they had a level of confidence and skill that maybe they wouldn't have had had they not engaged with standardized patients. So standardized patients are tools to help us. They're not the only way to do it. They are supplement to what we already know works,

40:43

you know, what we've been doing in a clinical science for many many many many many decades works. This is just the way to supplant it supplement. I should say rather what we're doing in a way that's engaging for students and really makes a difference in their lives.

41:02

Thanks for that example of having a student reach back to you. I think you know those can be really powerful moments for anyone in education. I know you have some thoughts about the direction moving forward here for us.

41:19

Absolutely, one of the ways that we can move forward is to use what's called hybrid simulation you standardized patients at a hybrid simulation. So, an example of that would be, lets say you have an individual who you want to teach the students how to do a laryngoscopy. So you have a standardized patient who's willing to let students practice doing laryngoscopy on them, rigid laryngoscopy. And so the standardized patient sits there and has the student perform the procedure on them.

41:49

And then, at the end, the standardized patient gives the student feedback about not only their technical skills at doing laryngoscopy, which the standardized patient doesn't know one way or the other but they tell the student, you know, whether they felt comfortable with the student. They thought the student had confidence or lack confidence, whether the student explain the procedure beforehand and explained the results afterwards and so forth.

42:12

So you can take something like a task trainer which would be the example of laryngoscopy and these are also used in audiology as well, and then combine them with a standardized patient or even a standardized patient family member and so using hybrid simulation that includes standardized patients I think is going to be the future of standardized patient use in our profession without a doubt. The other area that I think is going to lead us to the future is using standardized patients as part of interprofessional education. We all know how important interprofessional education is, many of us are doing interprofessional education to begin with in many different

42:49

ways but standardized patients and standardized patient family members and actually standardized patient healthcare workers are an ideal scenario for interprofessional education. So an example that could be used would be somebody who has dysphagia and then the speech-language pathology student comes in to do their assessment. There a nursing student comes in at the same time and does their assessment, there's nutrition and dietetics student comes in and does an assessment. There may be a medical student

43:19

in the room who does their assessment and so that's the reality of how we practice in clinic and so putting students into a situation where number one it's interprofessional. But number two, it's very controlled because you have a standardized patient at the core. I think is a very important way for us to learn and to control the learning outcomes for our students.

43:41

You could even have individuals portraying simulated healthcare workers so you can have different faculty members who are actually individuals who are trained in a particular discipline come into the room and then be very trained in that kind of feedback in the questions that they ask the standardized patient and ask the student. So the student has to learn how to engage with a neurologist or engage with a gastroenterologist or engaged with a nurse practitioner when they're asking questions.

44:11

And again, you've got the standardized patient at the core of that and so there's lots of ways that we can use standardized patients in interprofessional education again, then it's a great way to train to begin with and then you add the standardized patients on top of that and I think you really have a very powerful way going forward for students to learn.

44:30

Thanks for that. I appreciate the the many layers here that we could consider as we do move forward with these kinds of activities. Wanna tell us a little bit about resources?

44:46

There's some great resources available to people who are interested in pursuing work in the area of standardized patients. Probably the most important resource in terms of professional societies would be the Association of Standardized Patient Educators:  ASPE. I’ve been a member of ASPE and I've learned a lot just in the last year that I've been in member of ASPE; they have an annual conference every year and one of the things that's really exciting about ASPE is they're always looking for. What's the next big thing to do in

45:15pPatient education. When I went to the conference last year, they told me I was the first speech language pathologist to have ever come to their conference, as far as they knew. Many people told me: gosh, I’ve never even thought about uses communication disorders patients to train my medical students others said they thought it was a great opportunity and they wanted to learn more about it. So there's a real reception on the part of the standardized patient education community to this idea of speech language pathology and audiology being involved.

45:45

More particularly in the area of interprofessional education, another great resource is the Society for Simulation in Healthcare (SSH). They are a wonderful association that also presents lots of training information. They have a wonderful website that has all kinds of resources that are available to members of SSH as well as non-members. So those are two great web resources that one can go to and both times that I've been

46:15

engaged with both of those associations have been very receptive to learning more about what we want to do in speech language pathology and audiology. And then,of course, as you know, CAPCSD has the wonderful Best Practices and Healthcare Simulation ebook that came out two years ago.

46:31

And that's a very comprehensive document that goes into a lot of detail about not only standardized patients but simulation in general and what the best practices are and that was co-authored by a whole group of of individuals who have expertise in each area of simulation.

46:51

These are lots of great resources and I know as as we begin for those who fall on that half of or estimated half of programs where this may be new there are resources. There are as you've mentioned people very willing to connect with you and and help you think about options and I know CAPCSD will be continuing to work with more podcasts and webinar

47:22

over the coming months, to support member programs with more information and more resources of in a variety of formats. So appreciate this.

47:38

So, I always like to put a shout out to the American Speech and Hearing Foundation because they were the really the big supporters of me when I started doing standardized patient work in 1999. I mentioned I got an investigator award. I believe it was for five thousand dollars, which is a lot of money at that time and it really enabled me to get started in this area and I mention this because number one I'm very appreciative of the American Speech and Hearing Foundation for doing that.

48:03

But I mentioned it more importantly because I think that if you're a new assistant professor and you're looking research ideas. This is an opportunity for you, you know the American Speech and Hearing Foundation likes to do and support research that's cutting-edge. It's really going to move the needle as they say and certainly is much work has been done in standardized patients over the last 20 years the needle still needs to be moved significantly. And so the more people that can do that the better so whether it's you know applying for a research grant to the American Speech and Hearing Foundation or the Association for Standardized

48:38

Patient Educators or Society for Simulation and Healthcare, or even NIH or NIDCD. There are a lot of avenues where I believe this research can be funded. It has been funded going forward. And so if you're an individual looking to establish a line of research, programmatic line of research that can carry through to promotion and tenure, I think this is one area that's really ripe for opportunity for individuals who are looking to do research in this area.

49:05

So for those who are in PHD programs or new professors, I’d really encourage you to look at these opportunities because I think it's a wide-open field.

49:16

Great, and I see here, you're also thinking colleagues and students which really gets me thinking about that that broad net of people who participate in these activities and help us refine what we're doing and help us move forward. Absolutely.

49:35

I mean, I've made some wonderful colleagues over, you know, the 25 years or so that I've been doing this not only individuals within, you know, the discipline of communication sciences and disorders, but within the standardized patient education community. I mean, everything I've learned about how to do this, and I'm still learning how to do this, is coming from individuals across the spectrum. There's a lot of individuals that have an interest in standardized patients. They each come out it from their own discipline. And I think that that's the way to really learn from taking the viewpoint of others and try to incorporate it into what your own vision is. I've had some wonderful colleagues over the years going back to when I first started in Arkansas all the way through to today.

50:16

And even working on the best practices and simulation book for CAPCSD, that was a wonderful learning experience for me because I was surrounded by individuals who are really the best at what they do and their respective area. And then of course, the students are very critical because when I first started doing this, you know, these were the guinea pigs if you will, I mean, they knew that they were the first ones doing it that picture that I showed you earlier with all those smiling faces,

50:41

that was the very first group of students that I ever used with standardized patients and I asked them to buy in because they were excited that they were doing something that hadn't been done before, the level that I was doing it. And so even today, when I talk to students about engaging with standardized patients, you know, there are more aware of it. Now they want to do it, they feel an investment in their own future, and they feel an investment in the future of our profession. And so, I think it's really important to acknowledge the students who have helped me learn along the way and others that are doing work and standardized patients.

51:15

Well Dr. Zraick, we really appreciate your time today. You've shared so much of your energy around the topic your expertise around this topic. We're extremely grateful and our members can use so much of the information that you've put forward here. So many many thanks. My pleasure. Thank you for the opportunity.

51:40

And, as you listen today, we've mentioned here there are a few other podcasts available to you and upcoming webinars on the CAPCSD website. So, make sure to check the CAPCSD.org website and look at our COVID-19 resources as well as our professional development link which will give you more information about upcoming webinars.

52:08

Thank you, and have a great day.

RE-GENERATE TRANSCRIPTSAVE EDITS