9th Annual Association of Standardized Patient Educators Conference

Impacting Global Healthcare Through Scholarly Standardized Patient Simulation

June 27 – 30, 2010

Baltimore, MD

Hyatt Regency Inner Harbor

Hosted by

Mid Atlantic Consortium

The Mid Atlantic Consortium welcomes you to the Association of Standardized Patient Educators' Ninth Annual Conference: Impacting Global Healthcare through Scholarly Standardized Patient Simulation. The Conference Committee has been hard at work creating a program that accommodates everyone from the novice to the seasoned professional. If physical exam training or history taking is your area of interest, we have workshops ready. If hybrid or manikin simulation is your thing, we have sessions for you. Interested in trauma and disease simulation? There are workshops to make you experts. Want to bone up on training and feedback techniques? We've got you covered. And for the scholarly minded, Grants and Research is running two of the four workshops needed for the ASPE Scholars Certificate Program.

The Conference Committee even came up with at new format for some of the sessions called Interactive Presentation. These are shorter, small group sessions perfect for those of you who like information in smaller bytes. Then there are the plenary talks. Mark Scerbo on Sunday, followed by Elizabeth Hunt and Nicole Shilkofski on Monday promise to stretch our imaginations and our practices with their thought provoking discussions about SPs and simulation. Finally, there are all of the presentations from our fellow members. Be sure to allow yourself some program study time. There are so many great presentations that it will be hard to choose which to attend.

But it doesn't stop there. The variety and opportunity in the conference program is reflected in the conference site. Baltimore (a.k.a. Charm City) offers something for everyone. There are specialty neighborhoods like Little Italy, Lexington Market, Fells Point, and Federal Hill, all brimming with fabulous food, architecture, and history. Shopping venues near the hotel are in abundance, and for the more scientific at heart, the Maryland Science Center & National Aquarium are close by. If you love art, you'll want to visit the Walters Art Gallery or the Baltimore Museum of Art. Literature lovers, Baltimore is home to authors Gertrude Stein, Henry James, and Edgar Allan Poe. For the history buff, you'll want to see Fort McHenry, muse for the Star Spangled Banner, and climb aboard the *USS Torsk*, and the *USS Constellation*. Finally, if you are a baseball fan, Camden Yards is a short walk from the hotel.

All of this plus more politics, history, and art than you can imagine are only an hour away in Washington DC, Virginia, and Pennsylvania. And members of the Mid Atlantic Consortium will be on hand to help you explore them. So, in the language of Baltimore locals: Welcome to Charm City, Hon.

The Mid Atlantic Consortium: Eastern Virginia, George Washington, Georgetown, Howard, Johns Hopkins, Uniformed Services, University of Maryland, University of Virginia.

association of standardized patient educators

www.aspeducators.org

June 2010

Welcome to Baltimore!

Thank you for joining us at the 9th annual ASPE Conference held this year at the Hyatt Regency in Baltimore, Maryland. Baltimore is the largest city and cultural center of the state of Maryland. Founded in 1729, Baltimore is a major U.S. seaport and is situated closer to major Midwestern markets than any other major seaport on the east coast. Baltimore's Inner Harbor was once the second leading port of entry for immigrants to the United States and a major manufacturing center. The harbor is now home to Harborplace, a shopping, entertainment, and tourist center, and the National Aquarium in Baltimore (*http://en.wikipedia.org/wiki/Baltimore, Maryland 5.25.10).* We hope you find time to enjoy this marvelous city.

Our featured conference speakers include Mark W. Scerbo, Ph.D. from Old Dominion University who will be presenting *"A Human Factors Perspective on Medical Simulation and Standardized Patients"* and Elizabeth Hunt, MD, MPH, PhD and Nicole Shilkofski, MD, M.Ed. from Johns Hopkins Medicine Simulation Center who will be presenting ***"****Leveraging SPs: Expanding our Educational and Research Capabilities through Mixed Modality Simulation".* In addition, the conference will feature two new innovations. The First Annual Immersion Medicine for SP Educators hands-on workshop and the Education, Communication, Feedback, Hybrid & Administrative Interactive Presentations. We hope you find both stimulating and informative. Also new this year is a change in format for the annual business meeting. It will be held Monday from 6:00-6:30pm in the Baltimore room of the Hyatt Regency. We hope you will attend and hear about the status of the association, meet new members of the Board, and help recognize and honor those who have provided special service to the association.

Many thanks to everyone who helped put this conference together. Special thanks to Mary Cantrall and Grace Gephardt and the members of the Conference Committee as well as Pamala Schmidt from the ASPE Administration Conference Planning Team. Your hard work and dedication is appreciated. Gratitude is extended to our regional hosts the "Big M.A.C." Eight schools form this consortium and include Eastern Virginia Medical School, Georgetown University School of Medicine, George Washington University Medical Center, Howard University College of Medicine, Johns Hopkins Medicine, University of Maryland School of Medicine, University of Virginia School of Medicine and Uniformed Services University of the Health Sciences. And lastly, we would like to thank the conference Exhibitors. Their support is invaluable.

Enjoy the conference!

Karen L. Reynolds RN, MS
ASPE President

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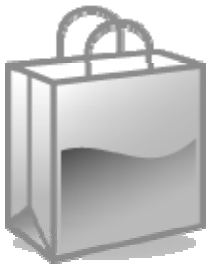
www.aspeducators.org

THANK YOU!



For the Conference Tote Bags—

LIONIS SOFTWARE

Registration Assistance provided by the

Mid Atlantic Consortium

10th Annual ASPE Conference

June 5 - 8, 2011

Hilton Nashville Downtown Hotel

TOP 5 THINGS YOU CAN ONLY DO IN NASHVILLE

1. Hear the music where music lives - Strumming the heartstrings of a city, Nashville's harmony runs deep. Priding itself on the moniker "Music City," nowhere else can you hear the diverse sounds of Americana, country, rockabilly, jazz, blues, gospel and rock 'n' roll.

2. Hit the Hall - Visit the Country Music Hall of Fame and Museum. Choose from over 100 top hits and burn your own CD. Do more than *Hear* the Music. *See it. Live it. Experience it.*

3. Ride the Row - Visit Historic RCA Studio B by taking a trolley tour of Music Row and the famous recording studio where Elvis recorded over 200 songs.

4. Visit the home of the Greek gods - Nashville is where you'll find the world's only full-scale reproduction of the famous Greek temple. Nashville's Parthenon stands in Centennial Park and features both the city's art museum and Athena Parthenos. At almost 42 feet in height, Athena Parthenos is the tallest indoor sculpture in the Western world.

5. Kick up your boots - At the Wildhorse Saloon, they really serve up Country that Kicks! Order their famous BBQ and try line dancing. The Bluegrass Inn, Tootsie's Orchid Lounge, Legends Corner and Robert's Western World are all experts at serving up cool longnecks and hot country music. Visit the Grand Ole Opry. With over 80 years under its belt, the Grand Ole Opry, the world's longest running live radio program, shows no signs of slowing.

Detailed Daily Schedule
Sunday, June 27, 2010

7:30am – 5:00pm **Registration Open** *Foyer*

8:00am – 12:00noon **Pre-Conference Workshops**

PCWS1 *Baltimore*
Developing Standardized Patient Cases With and Without Checklists
Presenters: Ann King, MA and Heather Frenz

PCWS2 *Annapolis*
Foundations of Standardized Patient Methodology
Presenters: ASPE Education and Professional Development Committee Standards of Practice Committee, and Grants and Research Committee

PCWS3 *Chesapeake A*
Bruised, Bloody and Burned: Basic Moulage Techniques
Presenters: Patty Bell, Elizabeth Darby, and Joseph Lopreiato, MD, MPH

PCWS4 *Frederick*
You Don't Say: How Facial Expressions and Body Language Speak for All of Us, All the Time
Presenter: Amy Flanagan Risdal, MFA

PCWS5 *Chesapeake B*
SSiH: Incorporating Mannequins into SP Cases – A Workshop to Share Ideas and Leave with Cases!
Presenters: Robin Wooten, MBA, RN, and Dena Higbee, MS

PCWS6 *Lombard/Camden*
Foundations of Feedback for SP Educators
Presenters: Catherine Smith, PhD, Stan Rogal, MA, Kevin Hobbs, HBA, Jacquie Jacobs, AOCA, Lorena Dobbie

PCWS7 *Calvert/Pratt*
Playing Doctor: Medical History-taking SP Educator Style
Presenters: Anita Richards and Robert MacAulay

12:00noon **Lunch on Your Own**

1:00pm – 4:00pm **Exhibitor & Poster Set-up** *Constellation Ballroom CDEF*

1:30pm – 2:30pm **First Time Conference Attendee Welcome** *Columbia*
Conference Advisor/Advisee Meet & Greet

2:00pm – 2:15pm **ASPE Committee Members Meeting with ASPE President** *Baltimore*

Program Abbreviations

PCWS – Pre-Conference Workshop
TT – Training Technique
R – Research **P**-Poster
PD – Presentation/Discussion

WOW – Workshop on Wednesday
IP– Interactive Presentation
(**EIP** – Education, **CIP** – Communication,
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2:30pm – 2:45pm **Welcome & Opening Remarks** *Constellation Ballroom AB*

David Mallott, MD
Associate Dean for Medical Education and Associate Professor of Psychiatry
University of Maryland
Louise Jenkins, RN, PhD, Director
Institute for Nurse Educators and Professor of Nursing
University of Maryland

2:45pm – 3:45pm **Opening Plenary** *Constellation Ballroom AB*

A Human Factors Perspective on Medical Simulation and Standardized Patients

Mark W. Scerbo, PhD
Old Dominion University

4:00pm – 5:30pm **Breakouts**

4:00pm – 5:30pm TT1 *Chesapeake A*

Educational Scholarship for Teaching: MedEdPORTAL
Presenters: Ma'Queishia Tejeda and Eric Q Wilkerson

4:00pm – 5:30pm Education Interactive Presentations *Baltimore/Annapolis*

EIP1
Writing and Teaching Medical Education Curriculum with Patients and Families
Presenters: Janice Hanson, Alna J P Robb, and Amy Flanagan
EIP2
Using Standardized Patients to Teach about Patient Safety Issues
Presenters: Mary T Aiello, Linda J Morrison, and Karen L Reynolds
EIP3
Between the Lines: Domestic Violence Training via the Creative Use of Standardized Patients and Gynecologic Teaching Associates
Presenter: Isle M Polonko
EIP4
Training Patients to be Standardized Patients
Presenter: Liz Ohle

4:00pm – 5:30pm Communication Interactive Presentations *Frederick/Columbia*

CIP1
Different Feedback Models with the Same Goal
Presenters: Lorraine Lyman, Patrick Merricks, John Darrow, and Amelia Wallace
CIP2
Giving Written and Verbal Feedback: Same Goals, Separate Skills
Presenters: John Nygro and Marsha E Kaye
CIP3
Building a Better Measure of Communication Skills: Validity and Reliability Evidence for the Master Interview Rating Scale
Presenter: Carol A Pfeiffer

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4:00pm – 8:00pm **Exhibits Open** *Constellation Ballroom CDEF*

5:30pm – 8:00pm **Poster Reception** (Lead Author) *Constellation Ballroom CDEF*
Silent Auction!
All proceeds benefit the ASPE Scholarship Program.
Bid high and bid often!

P1
Comparing OSCE Performance of First and Third Year Medical Students (Akins)

P2
Individualized Education Plans: Using Educational Prescriptions from SP Encounters to Foster Student Performance Improvement (Aloi)

P3
The Impact of Repeated Health Behavior Counseling in Nutrition and Physical Activity with Overweight Standardized Patient Instructors (Bernat)

P4
The Influence of a Clinical Decision Support System on Diagnostic Reasoning During Simulated Encounters (Carlson)

P5
Teaching Alcohol Intervention During Family Medicine Clerkship (Day)

P6
SPs as Business Executives (Day)

P7
Bringing Problem Based Learning to Life Through the Use of Standardized Patients (Dyer)

P8
Knowing What You Already Know: A Case for the Adoption of a Knowledge Management Approach to Standardized Patient Case Creation, Management and Storage (Gregory)

P9
Hybrid Simulation to Assess Pelvic Examination Skills of Second-Year Medical Students (Heiman)

P10
Patient Champion Customer Service Training (Higbee)

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P11

Using Standardized Patients to Teach and Assess Medical Students to Disclose Medical Errors (Hobgood)

P12

The Case-Content-Quiz: A Valuable Training Adjunct for Standardized Patients (Hodson)

P14

The Effect of Precepted Video Review as Remediation for Poor Performer In Clinical Performance Examination (Kim)

P15

A Multi-disciplinary Simulation – Using Standardized Patients, Mannequins, and Medication Workshops to Address a Clinical Scenario (Kline)

P16

Is More Really Better: Effect of Non-Curricular SP Sessions on Student Scores (Lawson)

P17

THE BOOK: Project Survival Guide 101 (Manley)

P18

WinDix Training Manual for Standardized Patient Trainers: How to Give Effective Feedback (May)

P19

Enhancing Patient Safety Through Undergraduate Interprofessional Education (Mullins-Richards)

P20

Check This: Shortcuts to Long Assessments (Neidhart)

P21

The Role of Human Factors in SP Training (Newlin-Canzone)

P22

Influence of a Single Training Session with Standardized Patients on Communication Skills in Oriental Abdominal Palpation by Acupuncture and Moxibustion Students (Okuno)

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P23

How to Solve the Case of "Too Much Work and Not Enough SPs" with a DIME (Ortega)

P24

SPs and E-Training: Using Blackboard for Distance Training (Owens)

P25

Open Interview – Casting a Wide Net (Page)

P26

The Safety of Standardized Patients During the First High Stakes SP-Based Medical Licensing Examination in Korea (Park)

P27

Rethinking the Training: Standardized Patients and Neurological roles for Physical Therapy Students (Rock)

P28

Challenges and Successes: Collaborative Approach to Developing Mental Health Cases with Faculty of Nursing (Rock)

P29

Standardized Patients on Labor and Delivery (A Smith)

P30

Recovering from a Natural Disaster: Re Group 101 (H Smith)

P31

"S"PBL – Problem Based Learning on Steroids (Sparks)

P32

Capturing Additional Information about Students through a Standardized Patient Note of Concern (Szauter)

P33

Loss of Resources Provides Opportunities for New Innovations (Szauter)

P34

Use of a Remote, Live Standardized Patient to Assess Mastery of Clinical Skills on Alcohol Abuse and Dependence (Wilhelm)

5:30pm – 8:00pm **Poster Reception** (Lead Author) *Constellation Ballroom CDEF*

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P35

Incorporating Trauma Cases in a Short-Station OSCE: Training Considerations (Wojcik)

P36

Impact of Direct Verbal Feedback on Student Performance During Pharmacy OSCEs (Woodyard)

P37

Interviewing the Standardized Patient Candidate: A Quantitative Approach to Hiring New SPs (Woodyard)

P38

Breaking Down the Barriers: Implementing Simulations for Inter-Disciplinary Education (SIDE) Opportunities (Woodyard)

P39

Training Deaf Persons to be Standardized Patients (Yudkowsky)

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Monday, June 28, 2010

7:00am – 5:00pm **Registration Open**

7:00am – 8:00am **Continental Breakfast** *Constellation Ballroom AB*

7:00am – 8:00am **SIG Meetings**

- **Hybrid Simulation** *Columbia*
- **GTA** *Frederick*

8:00am – 8:15am **Poster Session Awards & Announcements** *Constellation Ballroom AB*

8:15am – 9:15am **Plenary Session**

Leveraging SPs: Expanding our Educational and Research Capabilities through Mixed Modality Simulation

Elizabeth Hunt, MD, MPH, PhD and Nicole Shilkofski, MD, MEd
Johns Hopkins Medicine Simulation Center

9:30am – 12:30pm **Breakouts**

9:30am – 12:00pm **ASPE International** *Constellation Ballroom AB*

Volunteer Patients, Real Patients and Simulated Patients/ Participants Around the World – How Ethnically Diverse Are We?
Presenters: Karen Barry, Jan-Joost Rethans, Jim Blatt, Alna Robb, Keiko Abe, Marcos A. Nuñez Cuervo and Claudia Schlegel

9:30am – 11:00am PD1 *Chesapeake A*

Creating Job Description and Employee Manuals
Presenter: Crystal Wilson

9:30am – 11:00am PD2 *Chesapeake B*

Using Online Virtual Team Spaces to Make Your SPs More Self-Sufficient
Presenters: Jennie S Struijk, Kris Slawinski, and Angela Blood

9:30am – 11:00am Research Presentations *Columbia*

R1
The Impact of Student Communication Training on their Communication Skills in Clinical Practice: Peer Role-Playing Versus Standardized Patients
Presenters: Claudia Schlegel and Ulrich Woermann

R2
Do Children and Parents Have Different Experiences with the Same Pediatrician? A Comparison of Parent and Child Rating of the Doctors' Communication Skills
Presenters: Mary Cantrell and Grace Gephardt

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9:30am – 11:00am	Research Presentations	*Columbia*
	R3 **Teaching Interpersonal and Communication Feedback Skills to Standardized Patients: Assessment of a Cognitive Model** Presenter: Denise M Souder and Win May	
10:00am – 12:00pm	WS1 **Training the Rater: Improving Objective Feedback of Learner Performance on OSCEs** Presenters: Gautam J Desai and Cheryl J Benge	*Baltimore*
10:00am – 12:00pm	WS2 **Have It Four Ways! Generations at Work in the SP Training Environment** Presenters: Jamie Roberts and Anna Howle	*Annapolis*
10:00am – 12:00pm	WS3 **"What Should I Focus On?" Using Flanders Interaction Analysis to Determine SP Communication Rating Preferences** Presenters: Tony Errichetti and Penny Patton	*Frederick*
11:15am – 12:15pm	Research Presentations R4 **Are Medical Schools' Clinical Skills Examinations Predictive of Students' Performance on USMLE Step 2CS? Results of a Multi-Institutional Collaboration Supported by ASPE** Presenter: Heather Hageman R5 **The Effect of a CTA Tutorial on the Practice of Prac Nurses** Presenter: Christine E Fairbank	*Columbia*
11:15am – 12:15pm	TT2 **The Rhetoric of the Checklist and other Problems: Applications of Linguistics in Clinical Communication Skills** Presenter: John R Skelton	*Chesapeake A*
11:15am – 12:15pm	TT3 **Improving Standardized Patient Accuracy by Using Role-Play During Training** Presenters: Donald J Woodyard and Erica Clarkson	*Chesapeake B*
12:30pm – 1:30pm	**ASPE Educator of Year Award & Lunch**	*Constellation Ballroom AB*
1:45pm – 6:00pm	**Breakouts**	

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1:45pm – 6:00pm **Breakouts**

1:45pm – 3:45pm WS4 *Chesapeake A*
Simulation Strategies to Improve Occupation-Specific Literacy Skills
Presenters: Cathy Smith, Stan Rogal, Kevin Hobbs, Lorena Dobbie, and Jacquie Jacobs

1:45pm – 3:45pm WS5 *Annapolis*
Investing Wisely in Clinical Skills Technology – Considerations for Building, Renovating or Outfitting a Simulation Center
Presenters: Paul J Donahue, Amy Flanagan Risdal, and Joseph O Lopreiato

1:45pm – 3:45pm WS6 *Chesapeake B*
Creating a Mystery Shopper Program for Physician Private Practices at Your Institution
Presenter: Terry Sommer

1:45pm – 3:15pm PD3 *Columbia*
Remediating Students after High-Stakes SP Exams
Presenters: Carrie A Bohnert, Dena K Higbee, Elizabeth O Leko, Tamara L Owens, and Kris Slawinski

1:45pm – 3:15pm PD4 *Frederick*
Taking the OSCE on the Road: Application of Mobile Technology and Personnel for Assessing Medical Students at Geographically Distributed Clerkship Sites
Presenters: Debra A Allan Danforth, Dianne Walker, and Turner Gregory

3:00pm – 4:00pm TT5 *Baltimore*
Supporting our SPs in Emotionally Challenging Scenarios: How to Avoid Compassion Fatigue in Standardized Patients
Presenters: Tracy Nicholson, Holly Gerzina and Howard Gregory

4:00pm – 6:00pm WS7 *Chesapeake A*
Advanced Verbal Feedback by Standardized Patients for Students
Presenter: Lou Clark

4:00pm – 6:00pm WS8 *Annapolis*
Empowered Negotiation: Having Evidence You Need to Say "Yes" or "No" to an SP Event
Presenters: Connie B Perren and Cecily Storm

4:00pm – 6:00pm WS9 *Chesapeake B*
Are You Really Measuring What You Want? A Practical (*and Sweet*) Approach to Developing Rating Scales
Presenter: Karen Szauter

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4:00pm – 5:30pm	Research Presentations R6 **Assessing the Effectiveness of Simulations for Teaching Emergency Response Skills to Interprofessional Teams of Health Science Students** Presenter: Jane L Miller R7 **The Role of Student Self-Assessment in a Formative Assessment of Students' Clinical Skills** Presenter: Carrie K Bernat R8 **Drilling to the Details of Documentation: A Finer Look at Mismatches** Presenters: Eileen S Moore and Mary F Donovan	*Columbia*
4:00pm – 5:30pm	PD5 **How Standardized are Standardized Patients: The Development of a Certificate Program for Standardized Patients** Presenter: Dawn M Schocken	*Frederick*
4:15pm – 5:15pm	TT6 **The "S"PBL – Using Standardized Patients to Enhance the Preclinical Curriculum for Medical Students** Presenters: Rhonda A Sparks, Michelle D Wallace, and Sheila M Crow	*Baltimore*
5:45pm – 6:45pm	**ASPE Business Meeting – Open to All ASPE Members!**	*Baltimore*
6:45pm	**Dinner On Your Own and/or Dine-Arounds**	

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Detailed Daily Schedule
Tuesday, June 29, 2010

8:00am – 3:00pm **Registration Open**

8:15am – 9:15am **Breakfast and Town Hall/Certification Discussion** *Constellation Ballroom AB*

9:30am – 11:30am **Breakouts**

9:30am – 11:30am WS10 *Baltimore*
Scholarly Work with Standardized Patients: An Introductory Workshop
Presenters: ASPE Grants and Research Committee

9:30am – 11:30am WS11 *Annapolis*
SPs to Use Questions Effectively in Oral Feedback Sessions
Presenter: Amy L Lawson

9:30am – 11:30am WS12 *Frederick*
Implementation of a Management-Focused Clinical Skills Exam for Assessing Emergency Medicine, Critical Care or Intensive Care Clerkship Skills
Presenters: Connie H Coralli, Andrea E Haynes, and Robin N Kirk

9:30am – 11:30am WS13 *Columbia*
SP Stage Managers: An Administrative Life Boat
Presenters: Bob Kiser, Martin Hurm, Rachel Yudkowsky, and Amy Binns-Calvey

9:30am – 11:00am Hybrid Interactive Presentations *Charles/Calvert/Pratt*

HIP1
Simulations for Inter-Disciplinary Education (SIDE): Implementing Programs for Medical, Nursing, and Pharmacy
Presenters: Donald J Woodyard, Jim Barrick, and Julie Golding

HIP2
Hybrid Use of High-Fidelity Simulation Improves Skill Retention In Advanced Cardiac Life Support (ACLS) Task Training
Presenter: Dawn M Schocken

HIP3
Training SPs to Evaluate and Provide Feedback to Students Placing Peripheral Intravenous Catheters
Presenters: Karen L Lewis and Meghan L Semiao

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9:30am – 11:00am Education Interactive Presentations *Chesapeake AB*

EIP5
Remediation Strategies for Students Who Do Not Pass Clinical Skills Assessments: A Longitudinal Study
Presenters: Carol A Pfeiffer and Lynn Y Kosowicz

EIP6
Implementing Health Behavior Counseling (HBC) with Standardized Patient Instructor (SPI) Educational Sessions: Making It Work for the Students, the Program and You
Presenters: Heather Wagenschutz and Carrie Bernat

EIP7
Using Standardized Patients to Teach about Patient Safety Issues
Presenters: Linda Morrison, Mary Aiello, Lorraine Lyman and Gayle Gliva-McConvey

EIP8
No Need to Travel: Description of an Innovative Training Program to Prepare Community Based Faculty to Score OSCEs from Remote Locations
Presenters: Debra A Allan Danforth and Dennis Baker

11:45am – 1:00pm **Committee Networking Lunch** *Constellation Ballroom AB*

1:15pm – 2:45pm **Breakouts**

1:15pm – 2:45pm PD6 *Chesapeake B*

Get the Most Out of Your Reports: Feedback for SPs, Students and the Program
Presenters: Heather Hageman, Amy Lawson, Jim Carlson and Valerie Fulmer

1:15pm – 2:30pm Feedback Interactive Presentations *Charles/Calvert/Pratt*

FIP1
The Reliability Testing of the Master Interview Rating Scale
Presenters: Teresa Sapieha-Yanchak and Carol Pfeiffer

FIP2
From Behavior to Interference to Judgment and Back Again – Training SPs Experience the Methodology and Give Feedback with Heightened Awareness
Presenters: Amelia M Wallace, Mary L Lyman and Patrick J Walker

FIP3
It's Not Just Semantics: Using "I" Statements in the Delivery of Effective Verbal Feedback
Presenters: Cathy Smith, Stan Rogal, Kevin Hobbs, Jacquie Jacobs and Lorena Dobbie

3:00pm – 5:00pm **Technology Sessions**

- **B Line Medical** *Columbia*
- **Lecat's Ventriloscope** *Baltimore*

4:00pm **Exhibits Close and Poster Boards Removed**

5:00pm **Dinner on Your Own and Dine-Arounds**

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Detailed Daily Schedule
Wednesday, June 30, 2010

8:00am – 1:00pm **Registration Open**

8:00am – 9:00am **Continental Breakfast and Affinity Groups** *Constellation Ballroom CDEF/Foyer*

- ***Nursing***
- ***Osteopath***
- ***Chiropractic***
- ***Dental***
- ***Pastoral Care***
- ***Pharmacy***
- ***Veterinary Medicine***

9:00am – 9:30am **G & R Research Project Updates** *Constellation Ballroom CDEF*

9:45am – 12:45pm **Breakouts**

9:45am – 11:45am Administrative Interactive Presentations *Charles/Calvert/Pratt/Lombard/Camden*

AIP1
Quality SP Training on a Reduced Budget – Getting the Most Bang for Your Buck
Presenters: Jamie Pitt andJennifer Owens

AIP2
So You've Been Asked to Start a SP Program – How to Ramp Up Rapidly and Continue to Grow Effectively Within Tight Budget Restraints – Collaboration is Key
Presenter: Dyan Colpo

AIP3
Designing Standardized Patient Facilities: Case Study at UCSF
Presenters: Malvin H Whang, Bernie Miller and Michael Quirk

AIP4
How-to: Starting a New Simulation Center and a Service Program
Presenter: Ralitsa Akins

AIP5
Support Staff 101
Presenter: Amy Zeltner

9:45am – 12:45pm **Invited Programming – WOWs (Workshops on Wednesday)**

WOW1 *Baltimore*
The Patient Educator's Perspective: Giving Voice to a Blueprint for Success
Presenters: Scott W George and Isle M Polonko

WOW2 *Annapolis*
Standardized Patient Program Essentials for Beginners
Presenters: ASPE Education and Professional Development Committee

Program Abbreviations

PCWS – Pre-Conference Workshop
TT – Training Technique
R – Research **P**-Poster
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9:45am – 12:45pm **Invited Programming – WOWs (Workshops on Wednesday)**

WOW3 *Frederick*
How to Turn Everyday Educational Activities into Scholarship: Understanding Qualitative and Quantitative Research Methods
Presenters: ASPE Grants and Research Committee

WOW4 *Columbia*
Building a Successful Business Model for Long-Term Sustainability And Institutional Outcomes
Presenters: Jane L Miller and Anne Woll

WOW5 *Chesapeake A*
Are You Ready? Leadership Skills for Training, Management, and Beyond
Presenters: Gail Furman and Allyson Lehrman

12:45pm – 1:45pm **Closing Luncheon** *Constellation Ballroom CDEF*
President's Remarks

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Detailed Daily Schedule
Sunday, June 27, 2010

7:30am – 5:00pm **Registration Open** *Foyer*

8:00am – 12:00noon **Pre-Conference Workshops**

PCWS1 *Baltimore*
Developing Standardized Patient Cases With and Without Checklists
Presenters: Ann King, MA and Heather Frenz

PCWS2 *Annapolis*
Foundations of Standardized Patient Methodology
Presenters: ASPE Education and Professional Development Committee Standards of Practice Committee, and Grants and Research Committee

PCWS3 *Chesapeake A*
Bruised, Bloody and Burned: Basic Moulage Techniques
Presenters: Patty Bell, Elizabeth Darby, and Joseph Lopreiato, MD, MPH

PCWS4 *Frederick*
You Don't Say: How Facial Expressions and Body Language Speak for All of Us, All the Time
Presenter: Amy Flanagan Risdal, MFA

PCWS5 *Chesapeake B*
SSiH: Incorporating Mannequins into SP Cases – A Workshop to Share Ideas and Leave with Cases!
Presenters: Robin Wooten, MBA, RN, and Dena Higbee, MS

PCWS6 *Lombard/Camden*
Foundations of Feedback for SP Educators
Presenters: Catherine Smith, PhD, Stan Rogal, MA, Kevin Hobbs, HBA, Jacquie Jacobs, AOCA, Lorena Dobbie

PCWS7 *Calvert/Pratt*
Playing Doctor: Medical History-taking SP Educator Style
Presenters: Anita Richards and Robert MacAulay

12:00noon **Lunch on Your Own**

1:00pm – 4:00pm **Exhibitor & Poster Set-up** *Constellation Ballroom CDEF*

1:30pm – 2:30pm **First Time Conference Attendee Welcome** *Columbia*
Conference Advisor/Advisee Meet & Greet

2:00pm – 2:15pm **ASPE Committee Members Meeting with ASPE President** *Baltimore*

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2:30pm – 2:45pm **Welcome & Opening Remarks** *Constellation Ballroom AB*

David Mallott, MD
Associate Dean for Medical Education and Associate Professor of Psychiatry
University of Maryland
Louise Jenkins, RN, PhD, Director
Institute for Nurse Educators and Professor of Nursing
University of Maryland

2:45pm – 3:45pm **Opening Plenary** *Constellation Ballroom AB*

A Human Factors Perspective on Medical Simulation and Standardized Patients

Mark W. Scerbo, PhD
Old Dominion University

4:00pm – 5:30pm **Breakouts**

4:00pm – 5:30pm TT1 *Chesapeake A*

Educational Scholarship for Teaching: MedEdPORTAL
Presenters: Ma'Queishia Tejeda and Eric Q Wilkerson

4:00pm – 5:30pm Education Interactive Presentations *Baltimore/Annapolis*

EIP1
Writing and Teaching Medical Education Curriculum with Patients and Families
Presenters: Janice Hanson, Alna J P Robb, and Amy Flanagan
EIP2
Using Standardized Patients to Teach about Patient Safety Issues
Presenters: Mary T Aiello, Linda J Morrison, and Karen L Reynolds
EIP3
Between the Lines: Domestic Violence Training via the Creative Use of Standardized Patients and Gynecologic Teaching Associates
Presenter: Isle M Polonko
EIP4
Training Patients to be Standardized Patients
Presenter: Liz Ohle

4:00pm – 5:30pm Communication Interactive Presentations *Frederick/Columbia*

CIP1
Different Feedback Models with the Same Goal
Presenters: Lorraine Lyman, Patrick Merricks, John Darrow, and Amelia Wallace
CIP2
Giving Written and Verbal Feedback: Same Goals, Separate Skills
Presenters: John Nygro and Marsha E Kaye
CIP3
Building a Better Measure of Communication Skills: Validity and Reliability Evidence for the Master Interview Rating Scale
Presenter: Carol A Pfeiffer

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4:00pm – 8:00pm **Exhibits Open** *Constellation Ballroom CDEF*

5:30pm – 8:00pm **Poster Reception** (Lead Author) *Constellation Ballroom CDEF*
Silent Auction!
All proceeds benefit the ASPE Scholarship Program.
Bid high and bid often!

P1
Comparing OSCE Performance of First and Third Year Medical Students (Akins)

P2
Individualized Education Plans: Using Educational Prescriptions from SP Encounters to Foster Student Performance Improvement (Aloi)

P3
The Impact of Repeated Health Behavior Counseling in Nutrition and Physical Activity with Overweight Standardized Patient Instructors (Bernat)

P4
The Influence of a Clinical Decision Support System on Diagnostic Reasoning During Simulated Encounters (Carlson)

P5
Teaching Alcohol Intervention During Family Medicine Clerkship (Day)

P6
SPs as Business Executives (Day)

P7
Bringing Problem Based Learning to Life Through the Use of Standardized Patients (Dyer)

P8
Knowing What You Already Know: A Case for the Adoption of a Knowledge Management Approach to Standardized Patient Case Creation, Management and Storage (Gregory)

P9
Hybrid Simulation to Assess Pelvic Examination Skills of Second-Year Medical Students (Heiman)

P10
Patient Champion Customer Service Training (Higbee)

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5:30pm – 8:00pm **Poster Reception** (Lead Author) *Constellation Ballroom CDEF*

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P11

Using Standardized Patients to Teach and Assess Medical Students to Disclose Medical Errors (Hobgood)

P12

The Case-Content-Quiz: A Valuable Training Adjunct for Standardized Patients (Hodson)

P14

The Effect of Precepted Video Review as Remediation for Poor Performer In Clinical Performance Examination (Kim)

P15

A Multi-disciplinary Simulation – Using Standardized Patients, Mannequins, and Medication Workshops to Address a Clinical Scenario (Kline)

P16

Is More Really Better: Effect of Non-Curricular SP Sessions on Student Scores (Lawson)

P17

THE BOOK: Project Survival Guide 101 (Manley)

P18

WinDix Training Manual for Standardized Patient Trainers: How to Give Effective Feedback (May)

P19

Enhancing Patient Safety Through Undergraduate Interprofessional Education (Mullins-Richards)

P20

Check This: Shortcuts to Long Assessments (Neidhart)

P21

The Role of Human Factors in SP Training (Newlin-Canzone)

P22

Influence of a Single Training Session with Standardized Patients on Communication Skills in Oriental Abdominal Palpation by Acupuncture and Moxibustion Students (Okuno)

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5:30pm – 8:00pm **Poster Reception** (Lead Author) *Constellation Ballroom CDEF*

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P23

How to Solve the Case of "Too Much Work and Not Enough SPs" with a DIME (Ortega)

P24

SPs and E-Training: Using Blackboard for Distance Training (Owens)

P25

Open Interview – Casting a Wide Net (Page)

P26

The Safety of Standardized Patients During the First High Stakes SP-Based Medical Licensing Examination in Korea (Park)

P27

Rethinking the Training: Standardized Patients and Neurological roles for Physical Therapy Students (Rock)

P28

Challenges and Successes: Collaborative Approach to Developing Mental Health Cases with Faculty of Nursing (Rock)

P29

Standardized Patients on Labor and Delivery (A Smith)

P30

Recovering from a Natural Disaster: Re Group 101 (H Smith)

P31

"S"PBL – Problem Based Learning on Steroids (Sparks)

P32

Capturing Additional Information about Students through a Standardized Patient Note of Concern (Szauter)

P33

Loss of Resources Provides Opportunities for New Innovations (Szauter)

P34

Use of a Remote, Live Standardized Patient to Assess Mastery of Clinical Skills on Alcohol Abuse and Dependence (Wilhelm)

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5:30pm – 8:00pm **Poster Reception** (Lead Author) *Constellation Ballroom CDEF*

Silent Auction!

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Bid high and bid often!

P35

Incorporating Trauma Cases in a Short-Station OSCE: Training Considerations (Wojcik)

P36

Impact of Direct Verbal Feedback on Student Performance During Pharmacy OSCEs (Woodyard)

P37

Interviewing the Standardized Patient Candidate: A Quantitative Approach to Hiring New SPs (Woodyard)

P38

Breaking Down the Barriers: Implementing Simulations for Inter-Disciplinary Education (SIDE) Opportunities (Woodyard)

P39

Training Deaf Persons to be Standardized Patients (Yudkowsky)

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PCWS 1
Developing Standardized Patient Cases With and Without Checklists
Sunday, June 27, 2010
8:00 AM - 12:00 PM
Intended Audience: All Audiences
Baltimore

Ann King, MA[1], Heather Frenz[2], Ruth Hoppe, MD[3], Henry Pohl, MD[2], Colette Scott, MEd[1]. [1]National Board of Medical Examiners, [2]Albany Medical College, [3]Michigan State University (Emeritus).

For the past several decades SP educators have been creating SP cases to assess the clinical skills of medical students, residents and practicing physicians. The SP cases have evolved to become more complex than the doctor–patient encounter to include multiple family members and most recently, mechanical simulators. With few exceptions, the assessments have utilized a checklist to evaluate the trainee's performance. Checklists come in multiple forms and may be completed by the standardized patient or by trained observers. There is a vast amount of literature on the merits and hazards of using checklists.

The workshop is intended for SP educators who are relatively new to the field as well as experienced SP educators who want to discuss the impact of using assessments with and without checklists. During the workshop, we will discuss: key elements of performance-based assessments; differences between formative and summative assessments; challenges and scoring issues that are involved with checklists, and the impact of the checklist on SP scenario development and training.

While working in small groups, participants will design case material for two SP cases. For both cases we will discuss the pros and cons of using a checklist. This session will conclude with a discussion among all participants regarding the small group activities and how their experience in the working groups might impact the development of case material in their institution.

The format of the four-hour workshop is as follows:

Introduction and principles of assessments	60 minutes
Working Group 1	70 minutes
Working Group 2	70 minutes
Discussion	30 minutes

PCWS 2
Foundations of Standardized Patient Methodology
Sunday, June 27, 2010
8:00 AM - 12:00 PM
Intended Audience: All Audiences
Annapolis

ASPE Education and Professional Development Committee, Standards of Practice Committee, and Grants and Research Committee

Overview:
Module One of ASPE's Core Curriculum Certificate Series will provide the foundation for ASPE members interested in completing the certificate track. The workshop will introduce participants to the principles, tools, and resources for developing and implementing curriculum utilizing standardized patient methodology for teaching and assessment. References to key journal articles and books will be distributed. Novice to veteran SP Educators will benefit from this interactive session, taking home a deeper understanding of SP methodology and how it applies to your home institution.

Objectives:
By the end of the workshop, participants will be able to:
- Describe the background and history of SP methodology
- Define key standardized patient terminology
- Discuss the scope of practice and identify essential elements for their specific program
- Identify resources and tools useful to programming

Format:
Introduction and Principles of SP methodology - 60 minutes
Large Group Activity - 45 minutes
Break – 15 minutes
Small Breakout Group Activity - 60 minutes
Discussion - 60 minutes

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PCWS 3
Bruised, Bloody and Burned: Basic Moulage Techniques
Sunday, June 27, 2010
8:00 AM - 12:00 PM
Intended Audience: All Audiences
Chesapeake A

Patty Bell, Elizabeth Darby, Joseph Lopreiato. Clinical Skills, Uniformed Services University.

Overview:
This workshop will teach participants basic moulage techniques. Participants will learn how to apply moulage for the types of applications likely to be used with Standardized Patients. The workshop will demonstrate moulage techniques for diseases and illnesses, burns (1st and 2nd degree), abrasions, bruises and superficial cuts. Participants will have the opportunity and materials to practice the techniques on each other or themselves in a watch-one-do-one format. Presenters will provide photographs for reference and information on additional resources. All materials will be supplied.

Rationale:
With a goal of realism in mind, Standardized Patient Educators may wish to simulate illness and/or injury more faithfully. With a few basic skills and materials in hand, the artist can prepare an SP to present an illness or injury in a more detailed and realistic manner, thereby guiding the student/learner to ask pointed questions about a given condition. Accurate moulage application can be used to prepare the student to recognize and identify certain illnesses. The presence of abrasions and bruises can be used to raise issues about abuse that might only arise during a physical examination or can open the door for emergency/trauma scenarios. Learning proper moulage techniques broadens the scope of opportunities for SP Educators by heightening the realism.

Objectives:
Participants will :
o Build a repertoire of moulage techniques and skills through hands-on practice in creating realistic medical findings, and learn best practices and universal precautions relating to moulage creation and application
o Learn to put together a basic moulage kit that will meet the needs of their program, including purchased materials, homemade options/recipes, and tools/supplies.
o Develop tools for planning and recordkeeping so that moulage can be accurately recreated for recurring events

Intended Discussion Questions:
What uses would you have for moulage?
What basic supplies are needed to add moulage to simulations?
Have you used moulage for a case? What was the feedback?

Session Format:
15 minutes: introductions, authors' backrounds, introduction of materials
10 minutes: Brief description of moulage, it's applications and limitations
85 minutes: demonstrations of moulage techniques and participant exercises applying moulage to self or partners
10 minutes: conclusion, questions, resources

Reference List:
http://www.militarymoulage.com/.
http://www.moulage.net/IPTng.htm.

PCWS 4
A Key to Decoding Emotions: How Learning To Identify Micro- and Subtle-Expressions of Emotion Will Aid You in Every-Day Communication
Sunday, June 27, 2010
8:00 AM - 12:00 PM
Intended Audience: All Audiences
Frederick

Amy Flanagan Risdal. NCA Medical Simulation Center, Uniformed Services University.

Overview:
Can you read someones thoughts just by looking at their facial expressions? Common opinion would say No, and common opinion is correct...to a point. While specific thoughts cant be decoded by watching facial expressions, specific emotions play across the face constantly. Dr. Paul Ekman began researching facial expressions in the late 1960s, and through years of work created the Facial Action Coding System (FACS)--a dictionary of all facial expressions and their consistent indications of underlying emotion.
Through Dr. Ekmans development of FACS, he also developed the Micro Expression Training Tool (METT) . These tools are proven to teach people with no previous experience how to recognize very brief (less than 1 second) facial expressions. Learning how to spot micro facial expressions is a powerful communication tool that has been proven to provide detailed insight into what a person may be feeling, even if he or she is unaware of the emotion.

Rationale:
Reading faces and facial expressions is something that we all do every single day, often without being aware of what we are doing. If a friend tells us that he/she is going away, we look at the face. If said while smiling, then we assume its for a happy reason: a vacation, a visit to family. But, if its said while frowning, then our emotions match theirs. We know innately that the trip is not wanted for some reason--perhaps an illness or a funeral.
Every day, also without being aware of it, we communicate our emotions to everyone around us through the expressions on our face, and others read and interpret our emotions. If we ask our significant other to sit down and talk, he or she will immediately look at our face to discern what the conversation might be about.
Learning how to recognize these brief, unique expressions in others helps us to identify what a person might be feeling underneath what he or she is saying. Building this skill provides a valuable, real-time insight into human emotions and provides a guideline for us to understand where our own reactions and emotions might be coming from.

Objectives:
Participants will be introduced to the history and development of the Facial Action Coding system, its reliability in research, and potential applications.
Micro Expressions Training Tool will be shown.
Participants will learn how to identify:
--Facial Expressions that indicate the seven emotions with universal facial expressions (Happiness, Sadness, Fear, Anger, Disgust, Contempt, and Surprise)
--Micro Expressions (those that appear on the face for 1/4 of a second or less)
and will practice their new skills by watching video clips and receiving immediate feedback.
After learning to identify and interpret Micro Expressions, workshop participants will discuss and role play different ways to use the interpretation of Micro and Subtle Expressions to facilitate communication at home, in the workplace, and socially. Applications of FACS, universal facial expressions, and Micro Expressions in SP training and portrayal will also be discussed.

Reference List:
Ekman, Paul. Facial Expression and Emotion. American Psychologist, Vol. 48, No. 4384-392.

PCWS 5
Incorporating Mannequins into SP Cases – A Workshop to Share Ideas and Leave with Cases!
Sunday, June 27, 2010
8:00 AM - 12:00 PM
Intended Audience: All Audiences
Chesapeake B

Robin Wootten, MBA, RN[1], Dena Higbee, M.S.[2]. [1]Executive Director, Society for Simulation in Healthcare, [2] Director, Russell D. & Mary B. Shelden Clinical Simulation Center – University of Missouri

Description:

A short presentation on healthcare simulation updates will be provided followed by an interactive workshop. Groups of participants will develop SP cases that include an infant mannequin. The workshop will include sessions on writing cases that include mannequins, training the SP for the encounter, dry running cases including mannequins, and student feedback to mannequin data as well as SP communication. The session will include actual running of cases created by the groups. All blueprints created will be provided to the participants after the session to take back and use in their centers. There will be plenty of time for questions and answers as well as hands-on time with the infant mannequin.

Objectives:

1. Understand current trends in healthcare simulation.
2. Apply knowledge of case writing to hybrid simulation including mannequin and SP.
3. Generate a hybrid case blueprint within a group setting.
4. Evaluate the dry run of a case and apply needed changes to blueprint.
5. Collaborate with other groups to share blueprint cases created in the workshop.

Schedule:

8:30 – 8:50 Overview of current healthcare simulation trends
8:50-9:00 – Videos of hybrid cases
9:00-9:20 – Group Assignment / Mannequin Overview
9:20-10:00 - Group work – blueprint draft
10:00-10:15 – Break
10:15-10:30 – Training the SP to work with a mannequin
10:30-10:50 – Feedback checklists incorporating Mannequin and SP Data
10:50-11:00 - Selection of Cases for dry run
11:00-11:40 – Dry run of cases selected
11:40-12:00 – Evaluation / Touch up of cases
12:00-12:15 – Questions
12:15-12:30 - Evaluation of workshop / wrap up

PCWS 6
Foundations of Feedback for SP Educators
Sunday, June 27, 2010
8:00 AM - 12:00 PM
Intended Audience: All Audiences
Lombard/Camden

Catherine Smith, PhD [1], Stan Rogal, MA[1,2], Kevin Hobbs, HBA[2], Jacquie Jacobs, AOCA[2,1,], Lorena Dobbie[2]. [1]Department of Family and Community Medicine, [2]Standardized Patient Program - University of Toronto

Short Description of Workshop

Coaching others to deliver effective feedback can be a daunting task for even the most experienced teacher. As SP educators, we have come to the realization that no matter how complex the learning situation or experienced the SP, there are basic principles that can create a structure for providing effective feedback and that the key to coaching others in the development of this skill is to develop the skill in oneself.

This immersive workshop will focus on feedback fundamentals. Through a series of experiential exercises, participants will be exposed to the theory, form and content of basic feedback delivery. Practical tools will be provided. Learners will be encouraged to reflect on how they can apply these concepts to their own practice. Activities include individual self-reflection, large group discussion, "conversation circles", large group modeling, and small group simulation and problem solving.

Intended Learning Objectives:

Participants will:
1. Discuss the foundations of effective feedback
2. Practice and enhance their ability to deliver effective feedback
3. Practice and enhance their ability to coach SPs to deliver effective feedback
4. Reflect on applications to their own practice

Format:

5 minutes	Introduction
5 minutes	Individual self-reflective exercise
20 minutes	Conversation circles –small group interactive session
10 minutes	Large group discussion
20 minutes	Small group introductory exercise to giving feedback—"It's all about you "- giving feedback about what was heard and seen
20 minutes	Discussion – principles of feedback, guidelines for giving feedback
15 minutes	Large group modeling and discussion of principles and guidelines for giving feedback
20 minutes	Small group exercise – analyzing feedback
15 minutes	Health break
85 minutes	Interactive small group simulations with feedback practice
10 minutes	Large group debrief – take home points
10 minutes	Individual self-reflective exercise --take home points
5 minutes	Workshop evaluation

PCWS 7
Playing Doctor: Medical History-Taking SP Educator Style
Sunday, June 27, 2010
8:00 AM - 12:00 PM
Intended Audience: All Audiences
Calvert/Pratt

Anita Richards, Robert MacAulay. University of California, San Diego.

Overview: This workshop will focus on medical history-taking skills that are essential for SP educators to acquire so that they can conduct realistic role-plays with their SPs. Through large and small group activities, participants will learn how to take a medical history, be introduced to history-taking resources and practice several different techniques to assist them in taking a medical history.

Rationale: Standardized patients are expected to answer medical history questions posed to them by health care providers. In order to train an SP to do this the SP educator must be able to "play doctor," i.e., act like a student doctor during practice clinical encounters. However, the educational and experiential backgrounds of SP educators are varied and many times SP educators have little or no health care or medical background to prepare them for this role. This workshop will introduce basic history-taking methods and provide participants several opportunities to practice this important skill.

Objectives:
By the end of this workshop, participants will be able to:

1) Conduct a thorough medical history
2) Use mnemonics to assist in taking a medical history
3) Take a medical history while incorporating realistic challenges to the SPs
4) Identify resources that will help develop and refine history-taking skills

AGENDA

8:30 – 8:45	Introductions
8:45 – 9:15	Components of a medical history
	Age-focused interviewing
	Special topics
	Common mnemonics
9:15 – 9:30	Break
9:30 – 10:30	Practice: Using a mnemonic to take a medical history
10:30 – 10:45	Break
10:45 – 12:15	Adding SP Educator "style" to produce a top-notch simulation
	Work the checklist
	Incorporate "challenging" student doctor behaviors
	The art of juggling
12:15 – 12:30	Final thoughts & workshop evaluation

TT 1
Educational Scholarship for Teaching: MedEdPORTAL
Sunday, June 27, 2010
4:00 PM - 5:30 PM
Intended Audience: All Audiences
Chesapeake A

Ma'Queishia Tejeda,[1] Eric Q Wilkerson[2]. [1]MedEdPORTAL, Association of American Medical Colleges, [2]MedEdPORTAL, Association of American Medical Colleges.

Technique:
Faculty invests significant time and effort into creating teaching and assessment tools in medical education; particularly around the instillation of humanities in medicine to complement traditional science-based instruction. The Association of American Medical Colleges (AAMC) developed MedEdPORTAL (MEP) to serve as a free, yet prestigious publishing venue and dissemination portal through which these educators can share and build upon their works. MEP was designed to promote collaboration and educational scholarship across institutions by facilitating the exchange of high-quality, peer-reviewed educational materials and solutions – further promoting cross-disciplinary and inter-professional activities of educators, administrators, and students around the globe.
MedEdPORTAL staff will demonstrate how ASPE members submit resources for publication.

Rationale:
MEP's collection contains over 1,500 successfully peer-reviewed published teaching and assessment resources. MEP resources are being utilized in over 1,700 medical and dental schools, teaching hospitals and other health education institutions in over 170 different countries worldwide. Representatives will show attendees the benefits of submitting to MedEdPORTAL.

Objectives:
Presentation will begin with an overview of the MEP website by providing examples of published materials.
Describe the purpose of MedEdPORTAL, the peer-review criteria and the publication process.
Identify resources appropriate for submission and evaluate the degree to which items meet accepted standards of educational scholarship.
Cite MedEdPORTAL publications and demonstrate utilization and impact of published resources for promotional purposes. Demonstrate how MedEdPORTAL addresses international intellectual property, copyright, and potential patient right violations associated with resources submitted to and published in MedEdPORTAL.

EIP 1
Writing Standardized Patient Cases with Patients and Families
Sunday, June 27, 2010
4:00 PM - 5:30 PM
Intended Audience: All Audiences
Baltimore/Annapolis

Janice Hanson, Alna JP Robb, Amy Flanagan. Uniformed Services University of the Health Sciences, Faculty of Medicine, University of Glasgow, National Capital Area Simulation Center, Uniformed Services University of the Health Sciences.

Rationale:
Patients and family members who have had repeated or intense experiences with the health care system can bring a wealth of insight and reality to the development of standardized patient case scenarios and related medical education activities. They can bring ideas for realistic dialog and patient and family concerns, as well as insight about important priorities for educational goals and objectives. As medical education continues to evolve in response to changing health care systems and societal challenges, the contributions of patients and families can help educators incorporate teaching designed to meet the life challenges that future physicians and other health care workers must help their patients address.

Overview:
This interactive presentation will introduce an approach to involving patients (service users) and families (carers) with medical education faculty to co-develop standardized patient cases. The presenters will provide patient and family narratives about their experiences with healthcare decisions, along with trigger questions based on these narratives. A poster will illustrate how to use similar trigger questions in planning groups of patients, families and medical educators to generate learning objectives and desirable health professional behaviors that form the basis of scenarios, role descriptions and checklists for standardized patient cases. Using the topic of shared decision-making, the poster will illustrate the development of a standardized patient case using this process. Presenters will dialog with participants who visit this interactive session. Participants will receive a copy of the curriculum guide entitled, Patients and Families as Advisors – Enhancing Medical Education Curricula.

Reference List:
14. Hanson JL & Randall VF (2007) Patients as Advisors: Enhancing Medical Education Curricula. Bethesda, MD: Uniformed Services University of the Health Sciences. 156 pp.
1. Hanson J, Jones WS, Pelzner M, Zawadsky P (2008) Standardized Patient Case Using the HEEADSSS Model for an Adolescent Interview. MedEdPORTAL: http://services.aamc.org/jsp/mededportal/retrieveSubmissionDetailById.do?subId=1681.
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EIP 2
Using Standardized Patients to Teach about Patient Safety Issues
Sunday, June 27, 2010
4:00 PM - 5:30 PM
Intended Audience: All Audiences
Baltimore/Annapolis

Mary T Aiello, Linda J Morrison, Karen L Reynolds. Office of Education and Curriculum, Southern Illinois University School of Medicine.

Overview:
Patient safety is of major concern for physicians, health administrators and patients. Thousands of people die every year as a result of medical error. In a hectic environment (like the typical hospital ward), mistakes can easily occur if preventive strategies are not in place. A particular danger spot is during shift transitions: when healthcare teams hand-off their patients to the next shift. Educating students early in their training (prior to entering their clerkship rotations) on issues of patient safety/medical error will sensitize them to areas of risk and better prepare them to safely care for patients.

To address this need, our institution designed a handoff exercise for second year medical students using standardized patients and staff. A patient with lower abdominal pain (previously seen by the class during regular unit teaching activities) is admitted to the hospital. The students are told they will work up the patient and then transfer her care to the chief resident. Students interview and examine the patient and then proceed to a simulated nurse's station to write a progress note prior to handoff. The noise and activity of a busy nurse's station covering many patients with multiple residents and attending physicians is replicated. Students receive lab results on their patient at this time to incorporate into their notes. Upon completion of the progress note, students verbally hand-off the patient to the incoming chief residents. A small group debriefing, led by a physician faculty, concludes the activity.

In this session, the patients and chief residents were simulated by SPs and senior medical students, but nursing staff could also be simulated. In this session, we will discuss how each component was created, trained and simulated as well as present student feedback on the event.

EIP 3
Between the Lines: Domestic Violence Training Via the Creative Use of Standardized Patients and Gynecologic Teaching Associates
Sunday, June 27, 2010
4:00 PM - 5:30 PM
Intended Audience: All Audiences
Baltimore/Annapolis

Isle M Polonko, Lisa Pompeo. Obstetrics, Gynecology and Women's Health, New Jersey Medical School, UMDNJ.

Overview:
Often training for medical students and other learners in the area of domestic violence does not meet the training needs of the learner. Training material focuses on generalities and not on the more subtle points of domestic violence which are vital to the health and welfare of domestic violence survivors. In addition, scenarios utilized in domestic violence training have become stereotypical. It is imperative for learners to understand the magnitude of the problem and to be given an opportunity to practice meeting the needs of patients effectively so that when a survivor is identified, learners will have the necessary skills and practice to effectively meet their needs.

In this interactive IP session, you will learn about an innovative program that affords a learner a unique opportunity to train in the area of domestic violence utilizing the vehicle of a Teaching OSCE (TOSCE). The creative use of Gynecologic Teaching Associates and Standardized patients in TOSCE stations is paramount when training a learner in these subtle aspects of the domestic violence problem. Non-interactive methodologies simply fall short. For instance, "the number one indicator for child abuse is spousal abuse"(1) and "in homes where partner abuse occurs, children are abused at a rate of 1500 times the national average"(2). Hearing these two statistics in a lecture may succeed in raising learner awareness to these facts. However, this tragic and often overlooked aspect of the domestic violence problem is driven home to a learner who has to utilize this knowledge to successfully obtain information regarding the safety of the children in a home and will then need to practice speaking to a parent, who may be abuser or survivor, regarding follow-up with State child welfare organizations. The learner not only gains the knowledge and absorbs it experientially, but gains skills vital to effective treatment and response to domestic violence survivors.
Examples of TOSCE stations given during this session will focus on several key areas, cultural, child protection, medical presentations and lesbian/gay survivors. Additionally, information will be given as to how Gynecologic Teaching Associates use their specialized skills in this innovative work to train learners on the medical presentations component of this problem. Handouts will be available for all attendees at the session.

1 Stark and Flitcraft, (1988) *Women at Risk: A Feminist Perspective on Child Abuse*, International Journal of Health Services

2 Department of Justice, Bureau of Justice Assistance, Family Violence Interventions for the Justice System (1996)

EIP 4
Training Patients to Be Standardized Patients
Sunday, June 27, 2010
4:00 PM - 5:30 PM
Intended Audience: All Audiences
Baltimore/Annapolis

Liz Ohle. Faculty of Medicine, Memorial University of Newfoundland.

The use of standardized patients in formative sessions allows students to become well-versed in history taking and physical examination techniques and familiar with the parameters of normal anatomy. Then they practice these skills with patients in a clinic setting during clerkship rotations, under the supervision of residents and physician preceptors.

It is possible to offer an additional incremental step in skill development by including formative interactions between students and patients with stable medical findings. These learning opportunities, without a checklist evaluation, maintain all of the advantages of using Standardized Patients in medical education. Specific training of the Standardized Teaching Patients is needed for these unique formative sessions. This session focuses on training patients with medical conditions and includes:

The appropriateness of the individual's medical condition for the student's level of knowledge and the objectives of the session.

The development of the individual's presenting 'complaint' to simulate an actual doctor/patient encounter.

Revealing the medical history in response to student's questions and not all at once.

Assuring that the Teaching Patients do not have any hidden agendas regarding incomplete or frustrating personal experiences they may have had within the medical system.

CIP 1
Different Feedback Models with the Same Goal
Sunday, June 27, 2010
4:00 PM - 5:30 PM
Intended Audience: Novice
Frederick/Columbia

Lorraine Lyman,[1] Patrick Merricks,[2] John Darrow,[2] Amelia Wallace[1]. [1]Theresa A. Thomas Professional Skills Teaching & Assessment Center, Eastern Virginia Medical School, [2]The Office of Clinical Skills Assessment and Education, East Carolina University.

Overview:
Providing meaningful feedback to medical students in the area of doctor-patient relationship can be facilitated using aspects of MIRS. At the Brody School of Medicine, this feedback occurs using a focus-group feedback model. The participants in the focus-group are the student cohort, clincal faculty and a standardized patient trainer. These sessions focus on reviewing snippets of practice SP encounters, self-analysis, peer review, feedback scores, SP comments and faculty feedback. The SP trainer balances the feedback of clinical knowledge and clinical skills with clinical faculty and student viewpoints. Aspects of MIRS are threaded throughout the discussion.

At Eastern Virginia Medical School, this feedback occurs using an individualized feedback model.
These sessions focus on immediate recall through discussions and analysis of the preceding SP encounter from both parties who were involved in the encounter. The standardized patient facilitates the individualized feedback model. The SP discusses content checklist, the communication skills based on MIRS and explains how to refine techniques. The perspective includes all people involved in the conversation.

Participants will come away with awareness of challenges and benefits of both feedback models as discussion will compare and contrast. Participants can then incorporate these ideas into their programs.
Participants will be able to identify, analyze and discuss similarities in both programs.

CIP 2
Giving Written and Verbal Feedback: Same Goals, Separate Skills
Sunday, June 27, 2010
4:00 PM - 5:30 PM
Intended Audience: All Audiences
Frederick/Columbia

John Nygro, Marsha E Kaye. Clinical Education Center, Northwestern University.

Overview:
SPs are often required to give written or verbal feedback to learners. SPs sometimes assume that if they excel in one of these formats, they can simply apply the same skill set to the other. However, in order to deliver each of these feedback formats effectively, SPs should develop two sets of skills. Therefore, each type of feedback requires different approaches to training. This session will discuss training the nuances of expression, content, format, integrity and the connection between learner and SP.
Written feedback is essentially a one-sided communication. It must be written clearly and use appropriate language so the learner remains open to the feedback. Written feedback must reflect the SP's reactions during the encounter. In addition, there is freedom to modify, edit and change before being viewed by the learner. Verbal feedback is similar to written feedback. However, it is given immediately and face to face. In verbal feedback SPs have freedom to think out loud. SPs need to be encouraged to express their valuable opinion to the learner, without being intimidated. Lastly, SPs need to learn that prior to speaking; they should create a format to prevent rambling and to give clarity to their feedback.
No matter what style of feedback used at an institution, SP trainers can take steps to assure that SPs deliver clear and useful feedback.

Rationale:
SP trainers should approach verbal and written feedback training differently. The result is the delivery of effective feedback in either format which is expressive, concise, and honest and creates a connection with the learner. Using a few simple guidelines to coach SPs in both written and verbal feedback, trainers can help SPs to prioritize the points they communicate to the learner, make SPs aware of the impact of their word choices on the learner and confirm that the SP's feedback matches their portrayal. Additionally, the approach to coaching verbal feedback specifically requires SP trainers to inspire confidence in SPs so that SPs feel their feedback is valuable to the learner.

Objectives:
Learn about specific differences in delivering written and verbal feedback.
Develop skills in coaching SPs that address expression, content, feedback format, integrity and connection to the learner.

CIP 3
Building a Better Measure of Communication Skills: Validity and Reliability Evidence for the Master Interview Rating Scale
Sunday, June 27, 2010
4:00 PM - 5:30 PM
Intended Audience: Veteran
Frederick/Columbia

Carol A Pfeiffer. Medicine, University of CT SOM.

Introduction:
Health communication experts have agreed upon the Kalamazoo Consensus Statement (KCS) as a description of competencies needed to to evaluate measures of communication skills.
The Master Interview Rating Scale (MIRS) was developed by the staff of the TA Thomas Professional Skills Teaching & Assessment Center, at Eastern Virginia Medical School as an update of the Arizona Clinical Interview Rating Scale to reflect the communication competencies described by the KCS.
Questions Addressed:
1. Are the MIRS items relevant and representative of the construct of communication skills?
2. Do scores on the MIRS relate to measures of different constructs?

Methods:
1. The sample was 51 medical educators who were introduced to the MIRS and used it to rate two medical encounters. Then they completed a form that rated their judgment about how well the MIRS matched the items on the KCS.
2. The mean scores on the MIRS for a 7-14 case assessments of 3 classes of medical students (n=243) were correlated with their performance on the MCAT, their clinical reasoning, clerkship honors obtained, and the NBME Step 2CK score. Pearsons Product moment correlations on SPSS were used.

Results:

Table 1: Means and standard deviations of ratings of the validity of the MIRS for KCS communication tasks

Task	MIRS by Med. Ed.	ACIR by Experts
	N=51	N=6
Rapport relationship building	2.0+1.2	2.7+1.3
Opens the discussion	1.8+1.2	3.3+0.8
Gathers information	2.0+1.2	1.8+0.4
Understands patient's perspective	2.0+1.2	3.5+1.0
Shares information	2.0+1.2	2.7+1.4
Reaches agreement	2.2+1.3	4.2+0.4
Provides closure	1.8+1.8	3.3+0.8
Efficiency	2.3+1.1	2.4+1.1
Overall Value	1.9+1.0	3.0+0.9

Table 2: Correlation of Mean MIRS score with other measures of student performance

Year	N	MCAT	Clinical Reasoning	Honors	Step2CK
MS 1	78	.03	--	--	--
MS III	83	-.16	.24*	.25*	.39*
MS IV	82	.08	.34*	.34*	.33*

* correlation significant at the .05 level (two tailed)

Conclusions:
Progress towards establishing validity is slow. MIRS rates better than ACIR but not highly.
The low to moderate correlation of MIRS scores and other performance measures is logical and indicates a place for this measure in student evaluation.

Program Abbreviations

PCWS – Pre-Conference Workshop
TT – Training Technique
R – Research **P**-Poster
PD – Presentation/Discussion
WOW – Workshop on Wednesday
IP– Interactive Presentation
(**EIP** – Education, **CIP** – Communication,
HIP – Hybrid, **FIP** – Feedback, **AIP** – Administrative)

P 1
Comparing OSCE Performance of First and Third Year Medical Students
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Ralitsa Akins, Regina Loya, Gordon Woods. Medical Skills Course, Paul L. Foster SOM.

Introduction:- Objective Structured Clinical Examination, OSCE, is a mandatory end-of-third-year exam, required for student promotion to the fourth year of medical school. We have implemented an integrated clinical presentation-based curriculum for MSI students including weekly OSCE experiences and two OSCE exams per semester.

Methods:
1. **Research question**: Is the OSCE performance of MSI students in an integrated curriculum comparable to the performance of MSIII students in a traditional curriculum?
2. **Study population**:OSCE outcomes of MSI students in an integrated curriculum will be compared to data from 5-station end-of-year OSCE of MSIII students.
3. **Study instrumentation**: Data analysis will be completed with statistical software SPSS 17.0, utilizing descriptive statistics, paired t-test with p-values and ANOVA.

Results:
Our new MSI Medical Skills Course was introduced in 2009. At the time of submission of this application, we have completed four 3-station OSCE exams. The average OSCE score for MSI students was 80.
The end-of-year OSCE examination for MSIII students in the traditional curriculum was completed in May 2009 and included 5 OSCE stations. The average OSCE score for MSIII students was 80.
The MSI and MSIII OSCE stations were of comparable difficulty and checklist detail.
We will present the comparison of results only for OSCE stations that **assessed the same cases** between the two groups.
We will discuss the **similarities and differences of student competency in history taking, communication skills, physical examination and written notes of MSI students taught in an integrated curriculum including weekly SP encounters, compared to MSIII students going through a traditional curriculum with two basic science years.**

Conclusions:
Our preliminary data lead us to believe that there would be value comparing data about OSCE outcomes between MSI students in an integrated curriculum and MSIII students in a traditional curriculum.**The data from our study would be important in determining the possible direction of influence of new integrated curricula on student clinical competencies.**

P 2

Individualized Education Plans: Using Educational Prescriptions from SP Encounters to Foster Student Performance Improvement

Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Daniel J Aloi,[1] Anton Alerte,[2] Carol A Pfeiffer,[1] Lynn Y Kosowicz,[4] Mark D Johanneck[3]. [1]Clinical Skills Assessment Program, University of Connecticut, [2]Department of Pediatrics, University of Connecticut, [3]Department of Academic Affairs, University of Wisconsin School of Medicine and Public Health, [4]Department of Medicine, University of Connecticut.

Introduction:
When students receive exam scores, they do not necessarily know what their areas of strengths and weaknesses are. This limits the utility of the feedback. More specific educational prescriptions about student performance can be a partial solution to this problem. Both students and faculty will find this useful. Checklist data produced from an SP encounter results in an opportunity to test for patterns, and when these patterns are present an opportunity to produce predetermined expert feedback.

Project Description:
Clinical skills assessment (CSA) check lists and student scores were studied for meaningful patterns, which may reflect student strengths and weaknesses. Filters were created to test for the presence of these patterns in each student's score results. When conditions were met an educational prescription was distributed to the student that resulted in in-depth specific feedback produced by subject matter experts and directions for further exploration of content.

Outcomes:
For example a filter was created to test for 32 history items related to review of systems across 2 cases on a second year medical student CSA. When it was determined that an unsatisfactory level of performance was present, a predetermined education prescription was delivered with information related to improving the review of systems set of skills. This prescription was delivered to 9% of the class which was identified as obtaining a passing grade but could benefit from addition feedback on this area.

Conclusions/Discussion:
Students enjoyed the increased access to expert feedback. Students demonstrated a desire for in depth technical feedback not available from regular score results. The better the initial identification of related score clusters the more useful the prescriptions produced for the students. Although this process took an initial investment of time to create, once completed the result is the identification of meaningful score clusters and condition dependent predetermined expert feedback, which is reusable.

P 3

The Impact of Repeated Health Behavior Counseling on Nutrition and Physical Activity with Overweight Standardized Patient Instructors

Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Carrie K Bernat, Heather Wagenschutz, Paula T Ross, Monica Lypson. Office of Medical Education, University of Michigan Medical School.

Introduction:
The Health Behavior Counseling (HBC) model is an important and effective therapeutic tool for reducing health risks and establishing medical regimens with patients. At our institution, Standardized Patient Instructors (SPIs) are utilized in teaching medical students the fundamentals of HBC. We investigated the impact of SPIs' participation in a HBC case as it relates to attitudes and behaviors regarding changes in their nutrition and physical activity. SPIs were selected to participate in the medical student case because of overweight or obese status based upon BMI criteria.

Methods:
SPIs who participated in the medical student case were invited to participate in one of two focus groups. The questions and discussion focused on their motivation for working the case and if participation impacted their personal health behaviors in the areas of nutrition and exercise. The transcripts were analyzed qualitatively and discussed by the research team until consensus was reached.

Results:
Our analysis of the transcripts revealed that SPIs experienced several outcomes attributable to their participation in this case. While not all SPIs recounted their experiences with weight loss, all discussed ways in which the case provided them with insight into their personal eating and physical activity habits. Almost all reported learning more about nutrition and activity levels, and many made significant changes to their behaviors in these areas.

Conclusions:
Health Behavior Counseling has been promoted as an effective means to get patients actively engaged in their health surrounding issues of chronic disease. In this study we have an example of women engaged in role playing and teaching medical students around issues of nutrition and exercise. The SPIs' recurrent exposure to HBC led to the following conclusions:

- HBC is a successful method utilized to encourage patients to make personal health behavior changes.
- Despite a lack of overall weight loss, SPIs achieved success in personal health behavior change.
- Learning HBC can assist future doctors in the techniques of effectively counseling patients in changing health behaviors (e.g. weight loss, tobacco cessation, etc.).
- Utilization of role-play to assist patients in making behavior changes is a viable option and should be explored with future research.

Reference List:
Boerjan, M., Boone, F., Anthierens, S., Weel-Baumgarten van, E., & Deveugele, M. (2008). The impact of repeated simulation on health and healthcare perceptions of simulated patients. Patient Education and Counseling, 73, pp. 22-27.
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Wallach, P.M., Elnick, M., Bognar, B., Kovach, R., Papadakis, M., Zucker, S., & Speer, A. (2001). Standardized patients' perceptions about their own healthcare. Teaching and Learning in Medicine, 13, pp. 227-231.
Woodward, C.A., Gliva-McConvey, G. (1995). The effect of simulating on standardized patients. Academic Medicine, 70, pp. 418-20.

P 4

The Influence of a Clinical Decision Support System on Diagnostic Reasoning During Simulated Encounters

Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

James R Carlson,[1] Barbara Eulenberg,[1] Thad Anzur,[1] Diane Bridges,[1] John Tomkowiak[1]. [1]Education and Evaluation Center, Rosalind Franklin University of Medicine and Science, [2]Healthcare Administration and Management Program, Rosalind Franklin University of Medicine and Science.

Introduction:
It has been suggested that clinical decision support systems (CDSS) may help students acquire diagnostic reasoning skill during training. ISABEL, a web-based CDSS has been In this study, we explored the influence of ISABEL, a web-based CDSS, on student diagnostic reasoning.

Project Description:
Diagnostic reasoning was assessed in 20 fourth-year medical students during four standardized simulated case scenarios. After seeing each case, students submitted diagnostic hypotheses prior to (Pre-ISABEL) and after (Post-ISABEL) using the ISABEL CDSS. The quality of the Pre and Post ISABEL diagnostic hypotheses were assessed and compared to explore the impact of ISABEL on diagnostic reasoning for each case and student using paired t-testing. A follow up survey and focus group identified student perception toward the use of ISABEL in educational settings and perceived influence on diagnostic accuracy.

Outcomes:
Paired t-testing demonstrated that Pre to Post ISABEL diagnostic quality scores significantly improved after using the ISABEL CDSS ($p < 0.05$). Students found the software relatively simple to learn, felt that ISABEL helped them reflect on diagnostic options that they had not originally considered, and valued to opportunity to use the software in conjunction with patient cases.

Conclusions/Discussion:
Despite limited experience, clinical level students were able to effectively use ISABEL to improve their diagnostic accuracy and found it to be a helpful diagnostic support tool. Further use of CDSSs' in educational settings should consider their use within the context of a patient case as a distinctive clinical skill set and provide gold standards for how to best use the tool in specific clinical situations. Further study should explore if the use of a CDSS can be used with pre-clinical learners and at different points in the clinical encounter to augment diagnostic reasoning and data gathering.

Reference List:
Harasym PH, Tsai T, Hemmati P. Current trends in developing medical students' critical thinking abilities. Kaohsiung J. Med. Sci. 2008 Jul ;24(7):341-355.
Berner ES, Lande TJ. Overview of Clinical Decision Support Systems. In: Clinical Decision Support Systems. 2007. p. 3-22.
Ramnarayan P, Tomlinson A, Kulkarni G, Rao A, Britto J. A novel diagnostic aid (ISABEL): development and preliminary evaluation of clinical performance. Stud Health Technol Inform. 2004 ;107(Pt 2):1091-1095.

P 5
Teaching Alcohol Intervention During Family Medicine Clerkship
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Hollis D Day, Melinda Campopiano, Valerie L Fulmer, John F Mahoney. Office of Medical Education, University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic.

Introduction:
In August of 2009 a pilot Alcohol Workshop was instituted in our Family Medicine (FM) Clerkship in order to offer a model for teaching both knowledge and skill in identifying problematic alcohol use and effectively addressing it while also determining student deficiencies.
Earlier in 2009 during our MS4 Clinical Competency Assessment a case in which alcohol use was a component of the chief complaint was implemented as a needs assessment to determine students' ability to assess alcohol use. Data revealed that students were inconsistent in assessing problematic substance use. Additionally, students who assessed alcohol intake spent little time in counseling.

Project Description:
With a strong foundation of teaching tobacco cessation in our Combined Ambulatory and Pediatric Medicine Clerkship using Sps we placed a similar Alcohol Workshop during the student orientation for each FM clerkship.
The workshop is preceded by a didactic on the relevance of addiction counseling in the primary care setting by, a family physician and specialist in chemical dependency.
The workshop consists of interviewing 4 Sps, each representing one of the stages of change as defined by the Transtheoretical Model of Change.
In groups of three students take turns acting as interviewer, observer and moderator. They then receive feedback from their colleagues and the SP, who makes use of a check list developed to focus on interviewing and counseling issues related to behavior change, attitude, and appropriateness of counseling.

Outcomes:
While quantitative analysis is underway preliminary results indicate a positive outcome. According to post event evaluations, students appreciate the relevance of the topic in this experiential format. The involvement of all students maintains interest. Observing faculty report that the cases have a high level of fidelity and the SPs are consistent and engaging.

Conclusions/Discussion:
Evaluations indicate that placing the workshop at the end of a long orientation creates limitations. Faculty involved have also expressed desire to have a group "debriefing" to add value and closure to the experience.
Ongoing assessment will inform modifications to the pilot. Changes to format, duration and venue will be considered. Overall, however, this is felt to be a valuable experience that can be implemented in any SP program.

P 6
SPs as Business Executives
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Hollis D Day, Russell W Robbins, Jacqueline M DeCoursey, John F Mahoney. Office of Medical Education, University of Pittsburgh.

Introduction:
Standardized Patients (SPs) often participate in events outside of medical school courses, as healthcare educators recognize the benefits of SP methodology. However, this experiential learning model can also transfer to the business world, where SPs can portray business executives to assess graduate business students working towards a Masters in Business Administration (MBA).

Project Description:
MBA students interested in the consulting field are often assigned projects that require teamwork, as students need hands-on experience with client interaction, task delegation, and project management. Current MBA's are eager to use technology and web-based resources that facilitate open communication and increased collaboration.

Objective:
The challenge facing MBA faculty was to use innovative technology to assess student performance on a consulting project through a virtual world called *Telespace*. In the virtual world, **avatars**, or computerized images that represent characters, are used to portray employees of a hypothetical company. The goal is to assess 4 MBAs as they utilize *Telespace*, working as employees of a theoretical consulting firm to solve a problem for Trilleum Corporation, a fictitious medical device manufacturer. The role of the SPs was to portray Trilleum business executives and interact with the MBAs within *Telespace*.

Outcomes:
Since the SPs portrayed business executives rather than patients, they were referred to as Standardized Educators (SEs). Three experienced SEs underwent training with the project director and case author, which included practice navigating and communicating within *Telespace*. Additionally, each SE independently studied case materials, which incorporated organizational charts and relevant company data. On the event date, students and SEs were seated at computers to access *Telespace*, and wore headsets to communicate. The students viewed the avatars on monitors and conducted interviews of Trilleum executives. Students had work sessions to problem-solve, strategize, and develop recommendations. All interactions on *Telespace* were recorded.

Conclusions/Discussion:
MBA students presented recommendations to the Trilleum executives within *Telespace*. The pilot took place in 8 hours, though future sessions may span 4-6 weeks to allow for further student investigation. Student feedback proved that avatars are an effective learning tool. Furthermore, the skills offered by Standardized Patients are valuable to educators in various academic settings.

P 7
Bringing Problem Based Learning to Life through the Use of Standardized Patients
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Carla A Dyer, Dena K Higbee. School of Medicine, University of Missouri.

Overview:
This discussion group will walk standardized patient educators through the process of introducing simulated patient encounters into an existing problem based learning curriculum. An overview of the effectiveness of this endeavor will be discussed. The overall goal of integrating standardized patient encounters into the PBL process is to strengthen the bridge between basic and clinical sciences, while improving clinical skills.

Rationale:
In our preclinical curriculum, Problem Based Learning (PBL) is one of the primary methods of curriculum delivery. The integration of problem based learning and simulated patient encounters provides an opportunity to reinforce history taking, physical exam, documentation, and oral presentation skills while bridging basic and clinical sciences, thus preparing students for a more seamless transition to their clinical clerkships. By integrating Standardized Patient (SP) experiences into the established PBL curriculum, we create immersive, active learning opportunities. Students complete simulated histories and physical exams to obtain information in a more authentic way than the traditional written format used to begin each new PBL case. Bringing these cases "to life", the students are immersed in the process of collecting data on their patient in order to provide an accurate "report out" to their PBL lab group. Students take more ownership of the patient and assume a level of responsibility that is more consistent with the clinical years.

Objectives:
1) Participants will understand how simulation was integrated into selected PBL cases and the advantages that it provided at our institution.
2) Participants will understand the process for adapting traditional PBL cases, along with its challenges, and view a sample of an integrated simulation case.
3) Participants will understand the resources needed to integrate simulation into our PBL curriculum.
4) Participants will explore possible methods of evaluating the effectiveness of this intervention.

Intended Discussion Questions:
1) Does introducing a standardized patient encounter enhance the traditional PBL process?
2) Will the student potentially be more prepared for their clinical experiences via improved history taking, differential diagnosis, and oral presentation skills?
3) What is the cost of integrating simulated patient encounters into a PBL process? (SP costs, faculty time, staff time, evaluation)
4) What are the challenges and limitations of this curricular integration?
5) Are there any time-saving factors with this type of integration?
6) How may this affect the traditional PBL process as students work through the case?

Session Format:
• Introduction and goals (5 minutes)
• Typical case format (10 minutes): including 5 minute demonstration of video
• Selection and adaption of cases (including training of standardized patients) (10 minutes)
• Evaluation of effectiveness, including challenges (10 minutes)
• Conclusions and implications for the future (5 minutes)

P 8

Knowing What You Already Know – A Case for the Adoption of a Knowledge Management Approach to Standardized Patient Case Creation, Management and Storage

Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Howard M Gregory, Lori Gourley Babbey, Jinny Fedorchak. Wasson Center, NEOUCOM.

Introduction:
The Wasson Center of Northeastern Ohio Universities Colleges of Medicine and Pharmacy has recently experienced increasingly high demands on time and resources caused by internal program growth due to changing medical curriculum and the addition of a PharmD program which has resulted in our scheduled programming doubling in the past year, as well as external program growth through a collaboration with area organizations in the creation of the Austen BioInnovation Institute in Akron. New accreditation requirements are also influencing our strategies for the organization of our resources. Subsequently we asked ourselves what techniques could we adapt that would allow us to continue quickly creating and executing high quality Standardized Patient (SP) activities within these new constraints? With the adoption of a Knowledge Management Approach to SP Case Creation, Management and Storage we hope to create a uniform structure that will make our documents more accessible while improving time management and reducing information loss caused by employee turnover.

Project Description:
Original SP Cases represent a costly, time intensive collaboration between staff, physicians and course directors, these documents are often updated and repurposed numerous times. How do we track those changes? Are we able to find the case version we need when we need it? When I create or update an SP case how would others be able to find and identify that updated case when needed?
A Knowledge Management Approach to SP Case creation will allow us to standardize this process via the use of:
Templates - Insure that new documents are created in a standardized format.
Case Naming Conversion and Version Control - How can I tell the difference between repurposed SP cases?
Document Control - Who is able to create, modify and delete documents?
Taxonomy – Creates a standardization and controlled vocabulary.
Records Retention Schedule - Keeping all of your documents indefinably will hinder you when you attempt to find a specific document.

Outcomes:
This poster will outline the process we are currently implementing along with lessons learned and suggested best practices.

Conclusions/Discussion:
We intend to complete a needs assessment and bench marking to improve our efficiency by implementing best practices, results to be shared at future conferences.

Reference List:
Asprey, L., & Middleton, M. (2003). Integrative Document & Content Management: Strategies for Exploiting Enterprise Knowledge. Hearsey: Igi Global.
Craine, K. (2000). Designing a Document Strategy. Grapevine, Texas: Mc2 Books.

P 9
Hybrid Simulation To Assess Pelvic Examination Skills of Second-Year Medical Students
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Heather L Heiman,[1,2] Patricia M Garcia,[3] Marsha E Kaye[1]. [1]Augusta Webster, MD, Office of Medical Education, Northwestern University Feinberg School of Medicine, [2]Division of General Internal Medicine, Northwestern University Feinberg School of Medicine, [3]Department of Obstetrics and Gynecology, Northwestern University Feinberg School of Medicine.

Introduction:
Competent performance of the pelvic examination is a critical skill for graduating medical students, and the AAMC recommends that students starting clerkships be able to perform a pelvic examination at an "advanced beginner" level. [1] Second-year students have little opportunity to practice the pelvic examination on real patients.[2] We believed that incorporating a pelvic examination station into the second-year final OSCE would motivate students to practice the examination. We developed a hybrid SP-task trainer station to evaluate performance of the speculum and bimanual examination.

Project Description:
We constructed a 15-minute pelvic examination encounter. An SP provided the "communication" portion and a mannequin was used for the examination portion. We instructed the SP to express mild anxiety over the examination, to ask what the student would do during the pelvic examination, and to inquire whether it would be uncomfortable. Before the examination, the SP announced she was breaking character, then observed the student performing the examination and assisted with positioning of the light if needed. At the end of the encounter, students were asked to select the correct cervical abnormality from a set of images of the cervix. We prepared students for the hybrid format by demonstrating the station for them in large group sessions prior to the exam.

Outcomes:
The hybrid station was easily understood by students and SPs, and the mean score was 87%. Many students took advantage of practice time with the simulators prior to the OSCE. On the 20-item checklist, the most common errors were failing to inform the patient the uterus and ovaries would be examined during the bimanual examination (44%), or the vagina and cervix would be examined during the speculum examination (41%); not initiating contact with neutral touch (25%); not talking before touch (20%); and improperly positioning the hands for the bimanual examination of the uterus (20%). The station was cost-effective; it cost $ 2,675 to run this station with standardized patients compared to approximately $8,000 which would have been required to hire professional patients to undergo pelvic examination.

Conclusions/Discussion:
In summary, the hybrid station was well-received, cost-effective, stimulated practice, and showed areas for improvement in teaching.

Reference List:
Recommendations for clinical skills curricula for undergraduate medical education. Association of American Medical Colleges, 2008. p. 26.
Wolfberg, AJ. The patient as ally—learning the pelvic examination. N. Engl J Med 2007:356:889-90.

P 10
Patient Champion Customer Service Training
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Dena K Higbee,[1] Sarah L Knoerr[2]. [1]Office of the Dean - Shelden Clinical Simulation Center, University of Missouri - School of Medicine, [2]Employee Services, University of Missouri Health Care.

Introduction:
Hospitals are more commonly evaluated on the level of customer service satisfaction,now that scores are available to the public through the HCAHPS initiative. Phase 1 of the Patient Champion initiative specifically targets the patient satisfaction questions “Friendliness/courtesy of the person serving your food” and “Friendliness/courtesy of the person cleaning your room.” Patient Champion Customer Service graduates are non-clinical staff having direct interaction with patients on a daily basis.

Project Description:
Potential Patient Champions complete a simulation training in the Clinical Simulation Center. Activities include:
1) a pre-quiz within the individual’s department to achieve eligibility for Patient Champion training
2) a pre-simulation survey asking general demographics and prior knowledge about learner’s area of patient service
3) digitally recorded interaction with a Standardized Patient (SP), who acts out a variety of scenarios likely to occur when interacting with patients and visitors
4) completion of an electronic version of the same quiz that was required as entrance for comparison of knowledge of proper scripting and accepted actions of requests by a patient.
5) a debriefing with learner that includes feedback from learner (post-simulation quiz), SP (post-simulation evaluation), trainer (evaluation completed while watching the live simulation)
6) if unsatisfactory performance, guidance is given to the individual and the simulation is repeated
7) a post-encounter survey collecting the learner’s opinion of the experience
Once staff members have passed this phase, the individual has earned the title of Patient Champion and receives a printed certificate and lapel pin.

Outcomes:
Data has been collected for almost a year and it is evident already that both patient satisfaction questions have trended upward since the time of implementation, even surpassing goals set in place at the health-system level.

Conclusions/Discussion:
Phase 2 of the training program is to train Hospitality Coordinators, Patient Transporters and Security Officers in the same manner. One of the highlights for the staff in this training is the ability to view the video during the debriefing, and the individual often notices the minor areas for improvement before being told. The investment the hospital has made in the staff is a model that should be more widely distributed amongst all departments.

P 11
Using Standardized Patients to Teach and Assess Medical Students to Disclose Medical Errors
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Cherri Hobgood, Donald J Woodyard, Francis Schofer, Katherine Kronquist, Erica Clarkson. School of Medicine, University of North Carolina.

Introduction:
Informing patients of a medical error is a difficult task for which few physicians receive formal training. The purpose of this study was to determine 1) the feasibility of providing a simple educational intervention "HEEAL" in a workshop format to a class of medical students, and 2) to determine if the intervention improved objective measures of error disclosure competence, and student confidence in performing an error disclosure.

Project Description:
The workshop focused on teaching students to use the mnemonic HEEAL (**H**onesty, **E**mpathy, **E**xplanation, **A**pology, and **L**essen the Chance for Future Errors) to offer the provider a communication template to ensure full disclosure of the error, reassurance, and empathy toward the patient. For performance assessment, students were randomized to one of two pre test standardized patient (SP) scenarios. At the post test encounter, students were presented with the alternate case (A-B or B-A). SPs were trained for three hours on the scenario and how to complete the 18-item checklist. Two measures were used to determine intervention efficacy: Pre-intervention to post-intervention change in Competence (scored by the standardized patient) and self-confidence (scored by the individual student). Pre/Post intervention mean scores were calculated for both measures and the difference in mean scores was used to identify performance changes. We used a paired T-test to assess student improvement from pre to post.

Outcomes:
77 fourth year medical students participated in the study. Of these, 71 (92%) had complete pre- and post-training competence data and 61(79%) had complete self-confidence data. For competence items, the mean pre-test score was 49 and the post-test score was 62 for an average improvement of 13 points ($P<0.0001$). Students' self-confidence data demonstrated an increased from 47 to 57 a ten point increase ($P<0.0001$).

Conclusions/Discussion:
The HEEAL intervention provides an effective and efficient way for medical educators to teach senior medical students how to provide competent error disclosure. Standardized patient methodology provides educators with a mechanism to assess learner competence in acquisition of this important skill.

P 12
The Case-Content-Quiz: A Valuable Training Adjunct for Standardized Patients
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Steve B Hodson, Connie B Perren. UTMB.

Introduction:
Efficient training of standardized patients (SPs) is essential to optimize portrayals without exceeding available resources. Although SPs are required to study case materials between training sessions, we recognized that some SPs came to training inadequately prepared. We also wanted to improve standardization of a given case by multiple SPs. In spring 2009, we introduced a Case Content Quiz (CCQ) as part of training. We believe the CCQ has significantly enhanced training outcomes. We share our experience with the CCQ here to allow others to adapt it to their own training protocol.

Project Description:
The CCQ begins our second training session for both formative and summative activities. A 25-35 question (true/false and short-answer) case-specific quiz is administered. Trainers develop the questions. Questions address anything from general affect and opening statement to specifics of the medical history and physical exam . After completing the CCQ, the SPs' answers are reviewed in round-table discussion. Facts are corrected, and areas of uncertainty exposed. This facilitates better understanding of case details.

Outcomes:
We have used the CCQ during the training of 12 cases involving 26 SPs. The quizzes typically take 10-15 minutes to complete. SPs self-score the quiz during the round-table discussions. Scores typically range from 75-100% correct, with most SPs demonstrating incorrect responses on 2-3 questions.

Conclusions/Discussion:
The case content quiz is a useful training adjunct, allowing us to assess our SPs' case preparedness and overall understanding. Debriefing the CCQ in group also facilitates the standardization of multiple SPs identifying the most appropriate responses to given questions. SPs universally agreed the CCE is helpful, since it solidifies their understanding of training materials. SPs comment that they feel better prepared and more confident overall. Preparation for training is taken more seriously. The CCQ creates a positive atmosphere during discussions as the SPs work together to optimize their portrayals.

P 14

The Effect of Precepted Video Review as Remediation for Poor Performer in Clinical Performance Examination

Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Jonghoon Kim,[1] Hoonki Park,[2] Jaejin Han[3]. [1]Medical Education, Inha University School of Medicine, [2]Medical Education, Hanyang University College of Medicine, [3]Medical Education, Ewha Womans University College of Medicine.

Introduction:
Precepted video review (PVR) has been considered as one of the methods for the remediation of poor performers of clinical performance examinations (CPX). However quantitative aspects of the effect of PVR for CPX poor performers are seldom studied.

Project Description:
Sixty one students participated in 2 CPXs. Poor performers of 1st 5-station CPX were defined as 1) Individual average scores of CPX less than the average scores – 1 standard deviation of all performers 2) The scores of 2 or more stations less than the average scores – 1 standard deviation of all performers of the individual stations. Poor performers of the 1st CPX were notified to receive brief PVR. Two months after the 1st CPX, the students took a 2nd 10-station CPX. The differences of history taking (Hx), physical examination (PE) (evaluated with checklists) and patient-physician interaction (PPI) (evaluated with 6-point rating scales) scores between PVR (poor performers of 1st CPX only who received PVR) and non-PVR groups between 2 CPXs and within each CPX were analyzed using t-test.

Outcomes:
Seventeen students were identified as poor performers after 1st CPX, and 13 among them received PVR. Although the non-PVR group got significantly higher scores in all categories of 1st CPX, the differences in Hx and PPI scores between two groups disappeared in 2nd CPX. Non-PVR group still got significantly higher PE scores in 2nd CPX, however the difference between two groups were markedly diminished. There were significant improvements in Hx and PPI scores between 2 CPXs in PVR group; only PPI scores improved in the non-PVR group.

Scores of CPX

CPX	Group	Scores of CPX		
		History taking	Physical examination	Patient physician interaction
1st CPX	Non-PVR	55.1±4.7*	44.3±12.9*	54.8±4.7*
	PVR	46.9±3.9	29.3±8.1	52.4±3.2
2nd CPX	Non-PVR	56.7±5.4	42.6±7.8*	63.1±5.1†
	PVR	56.7±5.5†	35.3±9.2	63.2±3.2†

* : P<0.05 vs. PVR, † : P<0.05 vs. 1st CPX

Conclusions/Discussion:
The scores of CPX can be improved by brief PVR. PVR appears to be an effective method to improve clinical skills of poor performers in CPX. The big differences in scores of PPI between 2 CPXs may be due to the differences of standardized patients.

Reference List:
Remediation Techniques for Student Performance Problems After a Comprehensive Clinical Skills Assessment. Acad Med. 2009; 84:669–676.

P 15

A Multi-Disciplinary Simulation – Using Standardized Patients, Mannequins, and Medication Workshops to Address a Clinical Scenario

Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Jonathan Kline,[1] Scott Cottrell,[2] Lloyd Tracy,[2] Rosemarie Cannarella-Lorenzetti,[2] Joy Buck,[3] Mitch Jacques[2]. [1]School of Pharmacy, West Virginia University School of Medicine- Eastern Division, [2]School of Medicine, West Virginia University School of Medicine- Eastern Division, [3]School of Nursing, West Virginia University School of Medicine-Eastern Division.

Introduction:

Our school of medicine is a regional campus for third- and fourth-year medical students. A curriculum model of integrated clerkships was designed to optimize students' learning opportunities with community physicians. This curriculum challenges students to move beyond the acquisition of clinical skills and conceptualize patient care as a coordination of diverse medical disciplines. All required third-year clerkships were combined into two integrated modules with several innovative features. Pediatrics, Obstetrics/Gynecology and Family Medicine are taught together in one six month module; Surgery, Internal medicine and Psychiatry/Neurology in a second six-month block. Beginning in 2008, we developed a series of multi-disciplinary simulated learning experiences, which include a standardized patient encounter, a simulation using mannequins and a medication workshop. This simulation targets several learning expectations of a clinical case, including content knowledge, clinical and communication skills.

Project Description:

A weekly day-long educational program is specially designed to supplement clinical experiences. A multi-disciplinary simulation is done monthly as part of this program and each day's activities revolves around a single disease and clinical scenario. Students participate in a standardized patient scenario focused on the development of communication skills, a mannequin simulation focused on the development of clinical evaluation and decision making, and a medication workshop focused on knowledge development. Faculty from medicine, nursing, and pharmacy along with the participation of pharmacy students give the simulation a multi-disciplinary focus.

Outcomes:

In general, students rated the simulated learning experience positively. Special praise for the one-on-one teaching by experienced clinicians and the opportunity for more hands-on experience have been reported by the students.

Conclusions/Discussion:

This poster will present a novel approach to curriculum delivery in a community-based clinical campus. Our simulation experience utilizes multiple methods of instruction with multi-disciplinary delivery of a clinical scenario.

P 16
Is More Really Better? Effect of Non-Curricular SP Sessions on Student Scores
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Amy L Lawson,[1] Douglas P Larsen[2]. [1]Department of Pediatrics, Washington University School of Medicine, [2]Department of Neurology, Washington University School of Medicine.

Introduction:
Standardized patient (SP) experiences contribute to the formative and summative evaluation of medical students. Because of expense and logistics, however, SP experiences are often used sparingly. The objective of this study was to determine whether students participating in additional SP experiences beyond the standard curriculum perform with greater expertise on a year-end SP exam.

Project Description:
100% (121) first-year medical students participated in eight SP encounters as part of the standard curriculum. 31% (41/121) students were recruited for a non-curricular study designed to evaluate the effect of repeated testing (including SP testing) on information retention. These 41 students accrued four additional SP encounters: they received instruction about specific neurology topics and were repeatedly tested using SP encounters to assess knowledge retention. Communication skills were not specifically addressed in study teaching or feedback. Scores on the last curricular SP session of the year for the 41 study participants versus the 80 non-participants were analyzed using the Mann-Whitney U test for Likert-style data and t-test for continuous data.

Outcomes:
Evaluations covered four areas: global rating of performance, communication/interpersonal skills (CIS), history, and physical exam. SPs rated study participants significantly higher than non-participants on global performance: 5.39 vs 4.81 (maximum 8), p=0.028. Difference in scores on CIS items neared significance: 21 vs 20.6 (maximum 22), p=0.071. Scores on specific components of history and physical exam showed no differences between study participants and non-participants.

Conclusions/Discussion:
Even in the absence of additional instruction or feedback concerning communication or professionalism, repeated experience with SPs improved SP-generated global rating of performance, reflecting a higher level of perceived student competence. The lack of benefit in history and physical exam scores can be explained by the concept of content specificity, which would predict no skill transfer in these areas because the neurology topics taught during the study were not represented on the final SP exam. Similar between-group history and PE scores also showed that study volunteers were not a high-achieving subset of the class. This analysis provides justification for allocating resources to increase student exposure to SPs.

P 17
THE BOOK: ***Project Survival Guide 101***
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Nicole Manley, Diane Ferguson. H-E-B Clinical Skills Center, School of Medicine, UT Health Science Center, San Antonio.

Introduction:
Simulation program/center coordinators face many challenges in establishing procedures for team projects. A coordinator's responsibilities can involve everything from day-to-day office management to setting up a SP/simulation activity. Combined with the responsibilities of supporting the entire SP/simulation center team, the job can become overwhelming.
In order to keep our team on task and informed in the planning of each activity/project, we developed a centrally located resource for all our center projects. This resource allows each team member to assist in planning and stay on task while maintaining the session standards.

Project Description:
Inexpensive hanging 3-ring binders are sectioned, labeled, and color coded according to course and/or project name. One binder is made for each activity/project. Each binder contains all the resources necessary to prep, set up, and run an activity. All documents are date-stamped to verify the most current version.
Project binder (or "The Book") sections:

• **Logistics**
- Timing of stations and number of iterations
- Cases being used
- Station/exam room needs
- Number of students
- Dates/times
- Number of sessions required for activity
• Map, with rooms highlighted–a visual of activity flow
• Door signs to designate each student group and each station
• Door scenarios
- Station instructions/patient information
• Checklists (copies)
• Cases (copies)
• Student post encounter (copies)
• Student & SP schedules
• Notes
Although our SP checklists and student post encounters are completed electronically, paper copies are included in the event of a technology emergency.
Outcomes:
Implementing this centralized, easy to maintain and use, resource allows everyone to participate in project set up and implementation with less chaos should a team member be unavailable. The binders allow us to maintain standards from year to year by reminding us what we have done in the past and recording what works and what does not on any given project. We keep electronic versions of all documents on a central share drive, but "the book" provides an immediate resource for the entire team.

Conclusions/Discussion:
The binders have improved our communication, quality, and flexibility as our center continues to grow.

P 18
WinDix Training Manual for Standardized Patient Trainers:
How To Give Effective Feedback
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Win May, Dixie Fisher, Denise Souder. Medical Education, Keck School of Medicine, University of Southern California.

Introduction:
Standardized patient (SP) programs train actors to portray patients and to give feedback. To be effective, feedback should contain specific behavioral comments and suggestions. Although SPs are skilled at portraying patients and simulating physical findings, they are less skilled at providing effective feedback. These observations, in conjunction with existing literature regarding feedback, led to the development of this Feedback Training Manual (FTM) for training SPs to give effective verbal feedback. The purpose of this study was to determine whether SPs utilize the steps in the Quality of Standardized Patient Feedback (QSF) form contained in the FTM when giving feedback.

Project Description:
One hundred and thirty SPs were trained using the feedback training manual (FTM). We determined inter-rater reliability of the QSF by having two faculty members rate 25 randomly selected videos. Additionally, an SP trainer faculty member rated an additional randomly selected 30 videos to determine the number of QSF items SPs incorporated into their feedback post-training. SPs were also asked to complete a satisfaction questionnaire.

Outcomes:
The majority of SPs delivered feedback according to the categories described in the FTM. Sixty-seven percent of SPs included at least five of the six major categories in their feedback.
Standardized patients were also asked to complete a satisfaction survey for the FTM training sessions. The quantitative data for the questionnaire item of "The Feedback Training Manual was helpful" was 4.41 (SD 1.02), (5= strongly agree, 1= strongly disagree). For the open-ended question, "Which training activity did you find the most useful and effective?", SPs volunteered 26 positive comments regarding the QSF.

Conclusions/Discussion:
The QSF form allowed SP feedback to be quantified and compared. Analysis of videos revealed that the SPs who did not follow the QSF guidelines provided personal views of the encounter or used training materials as feedback. We also observed that high QSF scores were necessary but not sufficient for what we consider "optimum" feedback. What seemed to be missing from a limited number of SPs who had high scores was a natural and engaging method of feedback delivery. These findings have led us to revise our training.

P 19
Enhansing Patient Safety through Undergraduate Interprofessional Education
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Paula J Mullins-Richards, Anne Kearney. Standardized Patient Program - Faculty of Medicine, Memorial University of Newfoundland.

Introduction:
Enhancing patient safety is a key priority for health care decision makers and practitioners. An interprofessional team approach improves patient safety and quality of care by facilitating more effective communication and shared responsibility for the effective management of the patient.

Project Description:
The Newfoundland and Labrador (Canada) Task Force on Adverse Events recommended the creation of interprofessional education curriculum at Memorial University on patient safety. To this end, an undergraduate module for students in medicine, nursing (two sites) and pharmacy was created by an interprofessional team of faculty and experts in the field. The interprofessional module consists of case-based learning on line, small group discussion of key questions related to patient safety, a standardized patient simulation related to disclosure, and a plenary discussion led by a panel of experts.

Outcomes:
This poster will outline the key components in the undergraduate module as well as the results from a pre-post survey on attitudes related to adverse event disclosure, and post-module evaluation of particpiant satisfaction, knowledge of interprofessional teamwork and patient safety.

Conclusions/Discussion:
The poster will provide an opportunity to learn how the use of Standardized Patients may be utilized within interprofessional education initiatives.

P 20
Check This: Shortcuts to Long Assessments
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Mary Neidhart, Lou Clark, Kim Persinger, Michael Hess, Nancy Sinclair, Toni Edwards, Tina Haroldson, Heather Lovick-Tolley, Heather Simpson-Irick. UME - Assessment & Learning, University of New Mexico.

Introduction:
Lengthy checklists for documentation and assessment, though necessary, can be frustrating for standardized patients (SPs) and result in less accurate scoring. Long and detailed checklists can make items hard to locate and increase cognitive load. This can lead to checklist recorder frustration, distractions, and missed information, which decrease score reliability and increase trainer post encounter review time. Particularly for long assessments, a checklist tool that combines efficiency with accuracy is extremely important.

Project Description:
Once a year, a comprehensive performance assessment is conducted for first year students after they complete their Foundations of Clinical Practice course. The assessment involves a 50 minute encounter with a complete history and physical examination. It is evaluated with an 86 item checklist including: investigation of the presenting complaint, past medical and family history, and a complete review of systems. Ten SPs portray the patient, another group of ten SPs serves as recorders for the lengthy checklist. On their own initiative, four SPs collaborated with a trainer and our operations specialist to develop a checklist format simplifying recorder documentation of observations. Past checklist items were presented in a standard sequence. The SPs designed an innovative format grouping checklist items into logical categories on different sized pages in a tabbed format, allowing recorders to quickly locate specific items. This was especially helpful if student behaviors occurred outside of the natural flow of the interview or physical examination.

Outcomes:
Recorders had positive feedback on the new checklists. They felt more confident in their ability to accurately document observations. They perceived the new format to be time efficient; rather than wasting time and missing key items while searching for the right checklist item, they could focus on the encounter and easily locate the required checklist item.

Conclusions/Discussion:
In long assessments that have detailed checklists, efficiency and accuracy is extremely difficult to achieve without taxing the attention of checklist recorders. By developing a new checklist allowing for easier scoring within a tabbed format, our SPs created an important innovation which decreased the cognitive load on the SPs. Reliability assessed by percent agreement did not change.

P 21
The Role of Human Factors in SP Training
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Elizabeth T Newlin-Canzone, Mark W Scerbo, Gayle Gliva-McConvey, Amelia M Wallace. Psychology, Old Dominion University, Theresa A. Thomas Professional Skills Teaching & Assessment Center, Eastern Virginia Medical School.

The advantages of using Standardized Patients (SPs) has been well documented over the past 45 years. However, little research has looked at the potential cognitive challenges which provide several opportunities for research from the human factors psychologists perspective.

The human factors discipline has traditionally been concerned with the interaction between humans and technology and has a long history with simulation-based training (Wickens & Hollands, 2000). Given that the primary role of SPs is to function as a "simulator" for training and assessment, human factors expertise in the areas of training, attention, workload and assessment seems particularly relevant.

Perhaps, one of the important issues concerning SPs is mental workload (O'Donnell & Eggemeier, 1996). Most SPs are expected to perform several demanding tasks simultaneously. First, they must remember details from a case containing information about the patient and the disease/condition. They must also be able to react (as a patient) and adapt to the learners demeanor and their questions. Second, they must attend to their portrayal so that their behaviors and mannerisms are consistent (and realistic) with the case. Last, they must assess the student's performance. Most SPs are required to maintain a checklist in memory and then formally rate the student and provide feedback upon completion of the scenario. Each of these activities places heavy demands on attentional resources and working memory, yet there is little empirical research addressing the workload demands experienced by SPs and the effects they have on the SP and his/her ability to successfully perform all tasks. Research is currently underway at Eastern Virginia Medical School (EVMS) and Old Dominion University (ODU) to better understand these attentional workload challenges, to measure their potential effects, and to develop mitigating cognitive strategies. Results of a literature search show that this research is the first attempt to address these cognitive issues with SPs. The poster will report this work in progress: identifying the attentional workload challenges, potential effects and possible cognitive strategies to address these challenges.

Reference List:

O'Donnell, R. D. & Eggemeier, F. T. (1986). Workload assessment methodology. In K. Boff. L. Kaufman & J. Thomas (Eds.). *Handbook of perception and performance* (vol. 2). New York, NY: Wiley.
Wickens, C.D, & Hollands, J.G. (2000). *Engineering psychology and human performance, 3rd Ed.*-, Upper Saddle River, NJ: Prentice Hall.

P 22

Influence of a Single Training Session with Standardized Patients on Communication Skills in Oriental Abdominal Palpation by Acupuncture and Moxibustion Students

Sunday, June 27, 2010

5:30 PM - 8:00 PM

Intended Audience: Novice

Constellation Ballroom CDEF

Yuka Okuno, Masaru Taniguchi. National Rehabilitation Center for Persons with Disabilities.

Introduction:

Oriental abdominal palpation (OAP) is conducted by acupuncturists and medical doctors who practice Oriental medicine. We trained Standardized Patients (SPs) to evaluate student's clinical attitudes and palpation skills. The purpose of this study was to evaluate the influence of training with SPs on communication skills of students.

Project Description:

SPs consisted of acupuncturists who had mastered OAP. Students were divided into two groups: Group A (intervention group) and Group B (control group). Both groups underwent one 90 minute training session divided into five sessions, in which students played a patient one by one in a foursome, or played acupuncturists, and diagnosed a classmate by OAP. Group A used SPs in place of classmates in the fifth session. Two weeks after the training, clinical attitudes and palpation skills were evaluated by a clinical examination and recorded on video camera. Students-SPs conversations were analyzed with Roter Method of Interaction Analysis System (RIAS).

Conclusions/Discussion:

Compared to Group B, students in Group A were evaluated by instructors to have better skills in verbal communication, eye contact, emphatic listening, utterance token, and proper use of terminology and enunciation. SPs evaluated Group A as more attentive and empathetic towards SPs than Group B. Group A showed greater communication than Group B did. These results suggest that a single training session with SPs influenced the clinical attitude and communication skill of students toward OAP.

P 23
How To Solve the Case of "Too Much Work and Not Enough SPs" with a DIME
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Audrey Ortega, Kenton Coker, Diane Ferguson. Clinical Skills Center, University of Texas School of Medicine at San Antonio.

Introduction:
In 2005 our Clinical Skills Center opened with 25 Standardized Patients (SPs) and 800 hours of learner activities (primarily medical). Five years later learner activity hours have risen 2000%. Higher demand from within the school of medicine, other campus schools, and outside entities required not only a larger SP pool but better utilization and management of our current SPs. We needed a way to place each SP where they were best suited to perform within our extremely varied learning environment.

Project Description:
We developed "Assign on a DIME (**D**emographics, **I**ndividual performance, **M**otivation, **E**valuation)" to help us accomplish our goals. Utilizing information on current SPs such as, demographics, performance evaluations, inter-rater scores, student evaluations, written comments (SP to student), attitudes, and any other documentation (including video) already on file, we began assigning SPs to activities based on their overall DIME profile.
Next we turned to recruiting, hiring, and training new SPs having noted any voids within our existing SP pool. Recruiting was limited to only the SP types we needed. Early training and immediate observation allowed us to fully round out our group. Additionally, physical examination and feedback classes where developed and held for all SPs, new and old.

Outcomes:
Data was used to demonstrate performance strengths and weaknesses to veteran SPs allowing us to assign them to specific activities appropriate to their abilities. New demographically appropriate SPs were assigned low stakes activities that allowed us to develop them quickly into the SPs we needed to fill holes in various activities. This project also demonstrated to the SP educators that changes needed to be made in SP training overall.

Conclusions/Discussion:
Assign on a DIME utilizes a variety of methods to help us find the right SP for each job. The project has allowed our program to quickly provide quality SPs for all our activities and serves as a retention strategy for experienced SPs. Positive comments from course directors, SPs and students, decreased stress on our part, and continued double digit increases in yearly activity requests tells us we are headed in the right direction.

P 24
SPs and E-Training: Using Blackboard for Distance Training
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Tamara L Owens,[1] Marcy K Hamburger[2]. [1]Clinical Skills and Simulation Center, Howard University College of Medicine, [2]Office of Educational Programs, University of Texas Medical School at Houston.

Introduction:
Standardized Patient (SP) training traditionally consists of face-to-face onsite sessions. In a classroom setting, Trainers provide basic project information, demonstrate case portrayal needs, and conduct dress rehearsals. Onsite training hours on average are between 12 to 16 hours for SPs. However, the current economic situation impacted institutional budgets specifically SP Programs budgets. Programs have to reduce budgets yet maintain the same level of quality which has presented several problems:
1. reduction in paid training hours
2. compromise of realistic case portrayal
3. increased error on data collection

To address the problems and maintain quality, a review of standard training protocol was conducted. Can we eliminate a session or present information in a different format? Training Session I was the only session that potentially could be presented differently because it focused on basic project information (logistics, scheduling etc). The new presentation method must be accessible and trackable. We selected Blackboard to deliver e-training for Training Session I.

Project Description:
Blackboard LearnTM is an online course management system that provides a central place to engage and assess learners. The SP E-Training site within Blackboard is designed to do just that. Each section of the site is password protected allowing SPs access only to projects they are participating in. SPs can access the website from home. Trainers can monitor the site, add quizzes to complete and contact SPs as needed. Training Session I must be completed prior to attending Training Session II.

Outcomes:
SPs have responded positively to E-Training. They like the autonomy and flexibility and have been compliant. Onsite training is now more engaging and interactive. Trainers are able to focus more on the content instead of logistics. Case portrayal and data collection have maintained the same quality and reliability as before. Also, the reduced training hours decreased the training budget.

Conclusions/Discussion:
Moving forward, data is needed to determine statistical significance of E-Training as a training method. E-Training is not an acceptable method or substitute for onsite training. Programs need to assess what can be delivered using this methodology and what cannot.

P 25
Open Interview – Casting a Wide Net
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: Novice
Constellation Ballroom CDEF

Amy S Page. Standardized Patient Program, University of Michigan.

Introduction:
Standardized Patient programs often receive a high number of applicants each year. Due to staff and SPE work load, individual interviews are often perceived as an inefficient use of time and resources. Our goal is to condense the time spent interviewing potential applicants yet utilize effective methods for screening applicants.

Project Description:
Two to three times a year applicants are invited to attend a group interview. They are first provided with an introduction to our program which includes the various uses for which a standardized patient is utilized. They are then asked to participate in three activities that check for recall, scoring accuracy and potential feedback qualities. Participants are provided with a simple, one page case outline, given ten minutes to study, and broken into groups of 5-7 where they are asked case specific questions that are expected as answer "in character." Participants may not refer to their outline. Educators are looking for answer accuracy as well as the ability to ad-lib in a manner that supports the role and is consistent with the case. Educator expectations are adjusted given the abbreviated time allowed. The next activity is designed to assess scoring accuracy. Participants watch a video of a student/patient interaction and then complete a checklist. The checklists are collected and later tabulated with a cut score established at 80%. And finally, in small groups, participants are asked to give feedback to the SPE as he/she were the student in the video. SPEs are listening for constructive feedback qualities such as non-judgmental, cause and effect, positive tone and demeanor among others. Candidates are then given a survey where they may indicate their comfort level with participating in invasive examinations as well as document their work availability.

Outcomes:
One of three outcomes occurs as a result of the open interview. One, the candidate discovers, after experiencing the activities, he or she are no longer interested in the program. Two, we the SPEs determine the applicant does not meet our requirements for hire. Three, the applicant meets our minimum requirements for hire and is then contacted at a later date and offered a role on a case. The type of role the SP is offered, i.e., the skill level necessary to perform the role, is dependent upon the SP's performance in the open interview.
This method has proven successful. Each year several quality standardized patients are added to our program using this method.

P 26

The Safety of Standardized Patients During the First High Stakes SP-Based Medical Licensing Examination in Korea

Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Hoon-Ki Park, Jong-Hoon Kim, Jae-Jin Han. Family Medicine, Hanyang University College of Medicine, Medical Education, Inha University College of Medicine, Medical Education, Ehwa Women's Graduate Mecical School.

Introduction:
During the high stakes clinical skills assessment, it is usually announced that examinees are not allowed to do directly such behaviors as corneal reflex or rectal exam and so on. However, as candidates are eager to get points as high as possible during an encounter, standardized patients (SPs) may be embarrassed with unexpected events.
This study was conducted to know how many SPs happen to experience unexpected behaviors, to describe the types of examinee's misdemeanors during a high stakes clinical skills assessment, and to suggest the solutions for the problems.

Project Description:
One hundred and five SPs who performed during the first clinical skills assessment of Korean Medical Licensing Examination (KMLE) were included in this study. As a whole 3830 examinees took the 12 cases OSCE. Each SP had chance to meet with around 150-250 examinees in series over 15-20 days of exam. All of them completed structured questionnaires at the later part of the exam period.

Outcomes:
Fifty SPs (47.6%) were male and 51 (48.6%) SPs had backgrounds as performers. Sixty SPs (58.8%) had ever experienced negative behaviors from examinees. Eighty six percents of them were satisfied with their preparatory training before the exam and 70% thought that orientation for examinees was enough in terms of medical demeanor. Thirty SPs (28.9%) were not ready to allow unexpected behaviors from examinees. Thirty one (29.5%) SPs felt rudeness by examinees, eleven (10.5%) SPs had ever been hurt by examinees' aggressive manner during physical, and 15 (14.3%) got subjective sexual humiliation. Frequently quoted unexpected behaviors are classified as rudeness, aggressive treating, inappropriate exposure, straightforward questions about patient's privacy, disdainful gestures, psychotic behaviors, treating as a fake patient, and unexpected behaviors not mentioned in the scenario.

Conclusions/Discussion:
Sixty percent of SPs had ever experienced unexpected negative behaviors of examinees during a high stakes exam. Examinees are required to be educated in detail for how to treat SPs during the exam.

P 27
Rethinking the Training: Standardized Patients and Neurological Roles for Physical Therapy Students
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Pamela A Rock. Standardized Patient Program, University of Alberta.

Introduction:
The Standardized Patient Program at the University of Alberta has been working with the Department of Physical Therapy for over 15 years. The SP experience occurs in a variety of formats, ranging from interviews, physical and functional assessments to the application of various treatment modalities/techniques, requiring a variety of medical conditions and functional situations.
SP roles in the Neurological Integration Skills Lab are challenging because they are physically complex with overlying issues such as muscle weakness, abnormal movement patterns, altered functional ability, tone, balance, posture, sensation, speech and cognitive abilities. The roles are further complicated in the context of the functional assessments in physical therapy requiring the SP to alter their physical presentation in response to treatment interventions.
The training approach that has been effective for other SP roles was not sufficient for the specific challenges associated with training the SP to physically transition the condition through various movements and positions in keeping with the nature of the neurological disorder.

Project Description:
This presentation describes the process we used to improve the effectiveness and efficiency of training standardized patients to perform neurological conditions/roles. In addition to our traditional training, we developed a workshop which provided the SPs with a better understanding of the physical, emotional and psychological dimensions of neurological conditions, how these manifestations impact the functional abilities of the patient and attempted to facilitate the translation of this information into the standardized patient's performance of specific neurological roles. The presentation includes a description of the content and format of the workshop.

Outcomes:
SPs who took the training reported that a deeper understanding of the experiences of patients with neurological disorders helped them to more clearly embody and express the roles. The SP Educator reported that the SPs were able to emulate the components of the neurological condition with more realism than with the traditional approach alone and that carryover of the information into training for other neurological roles occurred.

Conclusions/Discussion:
Inclusion of the workshop prior to the traditional training approach was more effective and efficient in preparing the SPs than the traditional approach alone.

P 28
Challenges and Successes: Collaborative Approach to Developing Mental Health Cases with Faculty of Nursing
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Pamela A Rock, Petra S Duncan. Standardized Patient Program, University of Alberta.

Introduction:
In the fall 2007, the Standardized Patient Program at the University of Alberta was approached by the Faculty of Nursing about the opportunity to provide third year nursing students with an introduction to the types of clients they may experience in their Community Mental Health Practicum prior to their actual placement in the community.

Project Description:
This was our first opportunity to provide SPs to the nursing program and viewed this initial project to be critical to the success of future collaborations. Due to this emphasis on developing a collaborative relationship with the Faculty of Nursing, significant effort was placed on the development of shared understandings of the needs of the instructors, students, SPs, and SP trainers.
This presentation describes the challenges and successes of beginning a collaborative partnership with the Faculty of Nursing integrating Standardized Patients into Nursing 395, Community Mental Health Module-based learning. The emphasis on effective collaborative partnership with Nursing resulted in a portrayal of those characteristics that are meaningful to nursing students. Without this relationship with instructors and faculty throughout the conceptualization, piloting, and revising processes, the development of this project would not have been a success.

Outcomes:

Challenges and Successes	
Challenges	Successes
Understanding the role nursing plays in Mental Health	Great working relationship with nursing instructors
Development of complex mental health roles for SPs	Gratitude shown by the nursing students -post encounter
Training of the SPs	Demand to run several special additional labs to enable the 4th year nursing students to capitalize on the experience
Developing and training SPs to understand about mental health	Ability to work with nursing throughout the development of the cases
Translate clinical understanding of mental health conditions into language understood by the trainer and SP	Led us to new opportunities to work with other instructors in the Faculty of Nursing

Conclusions/Discussion:
Key Messages:
1. Collaboration is work!
2. Collaboration works!
3. Work for collaboration!

P 29
Standardized Patients on Labor and Delivery
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Amy B Smith,[1] Melissa Walsh,[1] Kristin Friel,[2] Meredith Rochon[2]. [1]Division of Education, Lehigh Valley Health Network, [2]Division of Obstetrics & Gynecology, Lehigh Valley Health Network.

Introduction:
Education on the Labor and Delivery (L&D) Unit incorporates Standardized Patients (SPs) and Simulation for teaching and assessment. The goal of the education is to enhance patient safety. Practicing emergency situations *in situ* through simulation enhanced with SPs better prepares the care team for real life clinical encounters.

Project Description:
Resident Assessment
Standardized patient scenarios have been developed and implemented to assess resident's performance in explaining and acquiring patient consent. The patient presents for induction of labor and appears anxious. The SP has been trained to question the resident about the induction process and complications. The sessions are videotaped. The SP and faculty complete a checklist and provide feedback while watching the videotaped encounter.
Interdisciplinary Education
Standardized patients are also incorporated into interdisciplinary simulation-based education. Standardized patients play the role of the patient, family members, and friends. The interdisciplinary teams consist of physicians, residents, medical students, nurses, and technical partners.
A husband and wife present on the L&D Unit. During triage fetal decelerations are detected and the wife is taken for an emergency cesarean section. The team's challenge is to activate appropriate team members while addressing the mother, baby, and husband. The SP's challenge is to realistically show concern for the unborn baby, ask for information from the staff, observe the reactions of all present in the room, and accurately recall the behaviors and emotions and provide feedback. After the encounter, the team debriefs and feedback is shared from all team members including the SPs.

Outcomes:
We have identified several system issues including communication and equipment on the L&D Unit. SBAR and closed loop communication were identified as areas for improvement. Multifaceted feedback concerning communication skills improves the delivery of content and counseling skills. Equipment issues identified include rooms without stools, outdated paperwork, and location and contents of the difficult airway cart. Standardized patients illustrated the importance of appropriate communication with family members.

Conclusions/Discussion:
Standardized patients have increased the interaction and reality of the education provided to learners on the L&D Unit. The education promotes effective communication skills with patients, families and colleagues. Through this education the outcomes identified have been corrected to promote patient safety.

P 30
Recovering from a Natural Disaster: Re Group 101
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Hazel C Smith. Office of Educational Development, University of Texas Medical Branch.

Introduction:
When nature strikes it hits hard. In September 2008 a major storm came on shore bringing destruction and devastation to our institution and town. The storm surge flooded most campus buildings and kept the institution closed until early October. Our institution suffered a loss of over $710 million dollars. This year we have dedicated every moment toward embracing the challenge of bringing our program back up to speed and continuing to provide the quality testing environment.

Project Description:
We began by meeting with the courses to see what their immediate needs were. Once we knew what the need for Standardized Patient use was, we began the process of adjusting the center to accommodate additional displaced staff and still utilize a majority of the SP Center for student exams.
Step 1 - Evaluate the SP Center
Step 2 – Staff
Step 3 - Where are the SP's?
a. We sent out a mass email
b. We placed individual calls
c. We went into the community to locate SPs
d. We hosted a welcome back meet and greet so that people would know that we here and allow them to visit
Step 4- Where are the Students
Step 5- SP Center access

Outcomes:
Step 5- SP Center access
We were able to access our area one month after the storm and our first event would take place in 9 days. Without the knowledge or the whereabouts of staff, students and standardized patients, this was an enormous task. After developing a plan to locate everyone required to begin conducting exams, we were successful in not only making up for the exams that did not take place, but were also able to continue to provide services for any entities that made new requests or had existing requests.

Conclusions/Discussion:
One year after a natural disaster struck our town, our institution is up and running. We have successfully conducted exams for all 4 years of Medical Students, Nurses, PA's and Residents. Today, despite some expected challenges posed by the storm our school remains a home of continued educational, research and clinical excellence.

P 31
"S"PBL – Problem Based Learning on Steroids
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Rhonda A Sparks,[1] Robert W Blair,[2] Michelle D Wallace,[1] Robert M Hamm,[1] Sheila M Crow[1]. [1]Clinical Skills Education & Testing Center, University of Oklahoma, [2]Department of Physiology, University of Oklahoma.

Introduction:
Many colleges of medicine utilize Problem Based Learning (PBL) methodology. The expansion of standard PBL cases to include interaction with a Standardized Patient (SP) in an initial patient visit and a follow-up visit allows students to learn the evaluation and management of clinical problems during the basic science years. The SPBL allows opportunity for practice and evaluation of communication skills, introduces the skills of formal patient presentations, and allows the clinician interaction component of the SPBL to focus on data gathering, clinical thinking, and differential diagnosis development.

Project Description:
In the SPBL session, a small group of students interact with a SP. Students gather information through history and physical exam and schedule follow-up with the patient. The students identify learning issues, develop a differential diagnosis, and determine what diagnostic tests are needed. After completion of the research and obtaining results of the tests, the student group completes a follow-up appointment. The debriefing with an assigned clinician includes oral presentation of the patient case.

Outcomes:
133 first year medical students completed a pre- and post-evaluation of an SPBL session. Students were asked 10 questions related to their comfort level with performing each component of the SPBL activity. Students responded on a 5-point Likert scale.
To analyze the data, responses of "Agree" or "Strongly Agree" were added together to create a category called "Agree." Responses of "Disagree," "Strongly Disagree," and "Not Sure/Neutral" were added together to create a category called "Not Agree." McNemar's test was used to compare each of the pre- and post-SPBL survey questions. The test was considered to be significant if $P < 0.05$.
The students felt this activity significantly improved their comfort in clinical skills such as, developing a differential diagnosis, discussing diagnoses with patients, documenting the history and physical exam, developing a diagnostic plan, and oral presentations. The students also felt that the SPBL integrated basic science and clinical concepts in an engaging format.

Conclusions/Discussion:
In a system-based medical curriculum, the SPBL can be a successful educational activity to integrate basic science and clinical concepts, while helping students develop higher level clinical skills in preparation for their clinical rotations.

P 32
Capturing Additional Information about Students Through a Standardized Patient Note of Concern
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Karen Szauter, Connie Perren, Stephen Hodson. Office of Educational Development, University of Texas Medical Branch.

Introduction:
Early identification of unprofessional behavior of medical students allows for timely corrective interventions or counseling. In 2000, our medical school instituted an Early Concern Note (ECN) program. The ECN provides a process for reporting behavioral concerns outside of standard course or clerkship evaluations[1]. Building on the success of the ECN, we developed a Standardized Patient (SP) Note of Concern. We describe this innovation and early outcomes.

Project Description:
SP checklists typically capture case content items and ratings of interpersonal skills. We were frequently alarmed by SP's informal comments at the end of sessions "You won't believe what this student said/did/was wearing…." Often these issues did not easily fit into one of the checklist categories, or the SPs were uncertain whether the behavior warranted formal documentation. In response to this, we introduced the SP Note of Concern (SP-NoC) in 2008. SPs use the SP-NoC to document anything from the interaction with the student about which they have specific concerns. The SP-NoC has three categories: Verbal, Action, and Appearance/Attitude. The SPs know that a NoC will not impact the student's grade. Completed forms are given to the SP Medical Director and the video recording of the encounter is reviewed. Outcomes may include feedback to the SP, meeting with the student, or notification of the activity's course director about the student issue.

Outcomes:
We have received 35 SP-NoC from 26 SPs over the past year. SPs most often comment on the appearance or attitude of the student, or specific irregularities during the physical examination. Many of the concerns raised are subsequently reinforced in student orientations (eg: guidelines for personal appearance and hygiene) but on several occasions have required follow up discussions with course directors.

Conclusions/Discussion:
The introduction of the SP-NoC has empowered SPs to report concerns about their interaction with a student that might otherwise be dismissed. Knowing that the NoC does not impact the student grade allows the SP to avoid "filtering" their observations, and provides additional valuable feedback to the SP staff. The SP-NoC also supports the institutional ideal of supportive feedback to enhance the professional development of our learners.

Reference List:
Papadakis MA. Loeser H. Healy K. Early detection and evaluation of professionalism deficiencies in medical students: one school's approach. Academic Medicine. 2001:76(11):1100-6.

P 33
Loss of Resources Provides Opportunities for New Innovations
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Karen Szauter, Michael Ainsworth, Connie Perren, Stephen Hodson. Office of Educational Development, The University of Texas Medical Branch.

Introduction:
When a natural disaster devastated our medical school and primary clinical campus, students were relocated to distant institutions for clinical clerkships. Many of our standardized patients (SPs) were also displaced. Consequently, our previous end-of-clerkship objective structured clinical examinations (OSCEs) were no longer possible. To meet the curricular mandate of ongoing assessment of students' clinical skills, we worked with the educational administration and clerkship directors to create a new mid-year multi-disciplinary clinical skills assessment (CSA) for the third year students. We describe issues in development of this new CSA.

Project Description:
The Formative Year-3 OSCE was created through the collaborative efforts of the directors of six core clerkships (Internal Medicine, Family Medicine, Psychiatry, Obstetrics/Gynecology, Pediatrics, Surgery). Educational objectives for cases representing each discipline were developed at an initial clerkship directors meeting. Case and checklist development was guided by SP center staff. The blueprint for the CSA was constructed to ensure that case challenges from each clerkship were complimentary and that case content overlap was limited. A range of post-encounter activities including patient notes, management discussions, and questions directed at specific content knowledge, were also developed.

Outcomes:
The examination will be conducted during the midyear break (mid-December 2009), a time when no core-clerkships are in session. There are two versions of the examination, allowing students to be assessed only on cases from the clerkships that they have completed. Performance feedback to individual students will occur in early January, allowing students to focus on identified weakness and/or to refine their skills with six months remaining in year-3. Because this new exercise is formative, SP training has included specific directions on written feedback.

Conclusions/Discussion:
Although our new CSA is the product of challenging times, several of its positive features are worth discussion. The collaborative work of the clerkship directors in case/examination construction provided unique opportunities for faculty development in clinical skills assessment. The new CSA also addressed the SP program's limited resources by shifting from 22 end-of-clerkship exam sessions to a single mid-year assessment. The formative focus and midyear timing of the exam allows for student and curricular feedback at a time when modifications can still be made.

P 34

Use of a Remote, Live Standardized Patient To Assess Mastery of Clinical Skills on Alcohol Abuse and Dependence

Sunday, June 27, 2010

5:30 PM - 8:00 PM

Intended Audience: All Audiences

Constellation Ballroom CDEF

Susan E Wilhelm, T Bradley Tanner, Mary P Metcalf. Clinical Tools, Inc.

Introduction:

With funding from a grant from NIH/NIAAA (#1R44AA016724-01A1), we created an online medical student curriculum on alcohol abuse. To assess mastery of clinical concepts, we developed a novel method of conducting remote live standardized patient interviews using Google chat, where a trained staff member is the SP. In advance of a summative evaluation in Spring 2010, we conducted a pilot test to assess utility of the case and gather student feedback.

Project Description:

We developed a standardized patient case, Cynthia Stewart, who presents with insomnia and is diagnosed with alcohol abuse. Five third year students interviewed Cynthia during a 45 minute Google chat. Students completed the online courses, then performed a second SP interview. Clinical skill competency was measured using a 13 item done/not done checklist completed by both the SP and an independent reviewer. Interpersonal skills were evaluated by the SP using a 9-item checklist and a 5 point Likert scale. Student self-assessment, assessment of the SP by the student, and patient notes were also collected.

Outcomes:

Clinical skill competency rose modestly from pre-test (64%) to post-test (77%). Interpersonal skills rose modestly from pre-test (2.65) to post-test (3.22). Student self-assessment of interpersonal skills were much higher (4.03 pre and 4.11 post) than those assessed by the SP. Students had a favorable view of the SP performance (3.90 post experience). All students correctly identified alcohol abuse on the patient notes.

Students were asked usability questions about the standardized patient experience. Eighty percent (4/5) agreed or strongly agreed that the interviewing process was a valuable learning experience, that the SP interviews were consistent pre/post experience, and that the patient case was typical of a real patient. All students (n=5) agreed or strongly agreed that the SP interview via Google chat was an interesting way to practice clinical skills. Students provided open-ended feedback on ways to increase the difficulty of the SP case.

Conclusions/Discussion:

Students were able to improve clinical skills through a chat-based SP interview. The data allows the development team to refine the patient case and conduct a more thorough evaluation with a larger n.

P 35
Incorporating Trauma Cases in a Short-Station OSCE: Training Considerations
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Josee Wojcik. MCC QE Part II, Medical Council of Canada.

Introduction:
In every administration of the organization's twelve-station high-stakes objective structured clinical examination (OSCE), one trauma case is included in the blueprint in order to assess examinees' clinical competency in this area. However, developing training materials and protocols for standardized patients (SP's) and standardized nurses (SN's) for trauma stations can be a daunting and expensive task.

Project Description:
This poster summarizes the anxiety-relieving and cost-saving lessons learned by the organization when developing training materials for trauma cases in a short-station OSCE.

Outcomes:
The advantages of using both SN's and SP's in these stations will be described, as will specific recruitment and training considerations for each group, including helpful training tips. Issues pertaining to training the station observers will also be shared.

Conclusions/Discussion:
The importance of weighing the realism of a station against the associated training-related cost will be discussed. Although intimidating, training SP's and SN's for trauma cases in a short-station OSCE is well worth the effort. Incorporating the proposed training considerations will help ease the trainer's anxiety and improve standardization, all the while keeping costs low.

P 36
Impact of Direct Verbal Feedback on Student Performance During Pharmacy OSCEs
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Donald J Woodyard,[1] Kelly Scolaro,[2] David Hollar,[1] Jennifer Stegall-Zanation,[2] Tammie Davis,[2] Erica Clarkson,[1] Courtney Slough[1]. [1]School of Medicine, University of North Carolina, [2]School of Pharmacy, University of North Carolina.

Introduction:
Providing appropriate verbal feedback from Standardized Patients (SP) to students requires extensive training and active monitoring by program administrators. This study looked at the impact of real-time successive verbal feedback provided to students during Objective Structured Clinical Examinations (OSCE).

Project Description:
OSCEs are used to assess second (PY2) and third (PY3) year pharmacy students. The OSCEs require students to demonstrate skills or counsel SPs on topics taught as part of the Pharmaceutical Care Labs curriculum. The PY2 OSCE was formative and included four cases. Students received direct verbal feedback from the SPs following each case. SP training was focused primarily on giving verbal feedback to the students. The PY3 OSCE was summative and included seven cases. The PY3 students did not receive feedback from the SPs. SP training was primarily focused on accurately checklist scoring. Cases for both OSCEs were eleven minutes long: seven minute encounter between the student and SP and either three minutes for feedback (PY2 only) or for SP scoring (PY3 only). For both OSCEs, SPs completed skills checklists and relationship/communication instruments in the digital Clinical Skills System.

Outcomes:
The mean overall score for PY2s (n=146) being 87.3 +/- 7.54 and PY3s (n=146) being 93.6 +/- 3.53 (t_{142} = -10.4, p = .000). PY2 students showed significant improvement of their mean individual case scores from one (mean 84.5 +/- 17.8) to four (mean 88.6 +/- 14.6) by t_{145} = -2.30, p = .023. The PY3 students improved from case one (mean 91.9 +/- 7.47) to four (mean 93.9 +/- 7.52) by t_{142} = -2.36, p = .019. Trend analyses showed significant slopes for steadily improving scores across both groups, although the slopes were not significantly different. 94.8% of PY2 students reported the direct feedback as helpful.

Conclusions/Discussion:
Pharmacy students taking an OSCE will improve their performance on successive cases regardless of whether or not they receive immediate verbal feedback. Students appreciate the opportunity to receive direct verbal feedback and find it valuable to their education.

P 37
Interviewing the Standardized Patient Candidate: A Quantitative Approach to Hiring New SPs
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Donald J Woodyard, Erica Clarkson, Matthew Turner, Jim Barrick, Kristin Hartley, Julie Golding, Kelli Howard, Adam Felton, Pranay Prabhakar. School of Medicine, University of North Carolina.

Introduction:
The USMLE guidelines for hiring Standardized Patients (SP) state that preferred qualifications should include: "being comfortable in dealing with health care professionals, having good English reading and verbal communications skills, having good [memory] recall and the ability to concentrate, and being both reliable and punctual[1]." However, there is no standard among institutions for hiring SPs who demonstrate proficiency in these important skills.

Project Description:
We developed a standardized interviewing format using our clinical skills center to conduct interviews with candidates giving quantitative data on the important job qualifications while exposing the candidates to the process by which students undergo an OSCE. We recruited candidates for 15 open positions. Candidates attended a brief orientation before rotating through five 15-minute interviews. Candidates were presented several facts at the beginning of each interview and were asked to recall these facts both during the individual interview and outside the room in a "post-encounter" station. The interviewer completed a 20-item checklist rating them on both their recall of the facts and interpersonal communication during the interview. Finally, candidates were allowed two minutes to complete a 10-item relationship/communication instrument immediately after their final interview. The scoring was divided into two parts: Part 1 analyzed the applicant's item recall and number of items answered during the timed post-encounter, and Part 2 reviewed the scores from the interviewers on the applicant's professionalism and relationship/communication.

Outcomes:
Of the 75 applicants, 48 were offered interviews, and four withdrew from consideration. The mean scores for applicants who successfully completed the interviews on both Part One (N=44) and Part Two (N=34) was 79.9% and 77.9% respectively. There was a significant difference between the top performing 15 candidates and the rest of the group ($P<.001$).

Conclusions/Discussion:
A standardized interviewing system can be used to help identify the best candidates for Standardized Patient positions and ensure proficiency in the necessary skill sets. Our top 15 candidates were easily recognized by their higher scores from two critical elements for characterizing a good SP: the ability to recall information from multiple back to back encounters and the interpersonal skills to interact with students.

Reference List:
ECFMG Working as a Standardized Patient (SP) for the USMLE® Step 2 CS Exam.

P 38

Breaking down the Barriers: Implementing Simulations for Inter-Disciplinary Education (SIDE) Opportunities

Sunday, June 27, 2010

5:30 PM - 8:00 PM

Intended Audience: All Audiences

Constellation Ballroom CDEF

Donald J Woodyard,[1] Carol Durham,[2] Jim Barrick,[1] Kelly Scolaro,[3] Kevin Beise,[1] Julie Golding,[1] David Hollar,[1] Jennifer Stegall-Zanation,[3] Cherri Hobgood[1]. [1]School of Medicine, University of North Carolina, [2]School of Nursing, University of North Carolina, [3]School of Pharmacy, University of North Carolina.

Introduction:

Patient care often requires a multidisciplinary team. However, most healthcare learners receive their learning experiences within their own health professional school with little interaction among other health professions. Barriers to these opportunities include cost, time, and varying curriculums. As an approach to providing inter-professional educational experiences, we piloted a simulation for students in pharmacy, nursing and medicine.

Project Description:

For the project, advanced-level students from the three schools were recruited. All students completed a 26-item knowledge and attitudes pre-test and a 50-minute podcast on TeamSTEPPS. Teams were constructed to include one student from each discipline. The 30-minute case was designed around medication interactions for a decompensating post-op appendectomy patient. Information was given about the patient requiring students to work together to share their knowledge they each possessed. The facilitator played the role of a loved one with information on illicit drug use the night before. Students needed to include the loved one to discover that the patient is experiencing serotonin syndrome from a drug-drug interaction after ingesting ecstasy the previous night. The simulation was stopped prior to the patient's full arrest. Facilitators debriefed using the team's video. Outcome measures were changes in pre-post knowledge and attitudes test scores and cognitive debrief of faculty on the project.

Outcomes:

Five medical, eleven nursing, and thirteen pharmacy students (Total N=29) participated giving five complete groups. Analysis of the individual performance of the complete groups of students (N=15) demonstrated significant Pre-post improvement in attitudes towards other professions ($p=0.05$) and knowledge of team behaviors ($p=0.009$). Facilitators stated that students had several "ah-ha" moments. One medical student said while slapping his hand to the table, "the pharmacy student suggested we speak to the friend three times. I ignored her because I thought what I was doing for the patient was more pressing, and that's why we missed it!"

Conclusions/Discussion:

Opportunities for learning with other health disciplines is beneficial. This project demonstrated that interdisciplinary simulations improve attitudes and knowledge of team behaviors. Limitations, especially curricular schedules, highlight the need for senior leadership involvement for widespread implementation of inter-professional elements. Faculty and students endorse the utility and support more widespread interdisciplinary education.

P 39
Training Deaf Persons To Be Standardized Patients
Sunday, June 27, 2010
5:30 PM - 8:00 PM
Intended Audience: All Audiences
Constellation Ballroom CDEF

Rachel Yudkowsky,[1] Tali Lowenstein,[1] Elizabeth Lockwood,[2] Bob Kiser[1]. [1]Dr Allan L and Mary L Graham Clinical Performance Center, University of Illinois at Chicago, [2]Disability Resource Center, University of Illinois at Chicago.

Introduction:
Hearing loss is the sixth most common chronic condition in the United States and affects nine percent of the general population (excluding elderly patients). As a result of communication barriers, negative health care experiences, and lack of access to information, deaf individuals have poorer health and less frequent physician visits than the majority population. Our goal was to explore the feasibility of using Deaf standardized patients to increase Deaf-related awareness and training in health care.

Project Description:
We conducted a feasibility study in collaboration with the Disability Resource Center (DRC), focusing on training Deaf persons to be standardized patients (SPs) for a formative assessment of the communication and interpersonal skills of neurology residents. DRC Communication Access Consultants, including two Deaf SPs and one sign language interpreter participated in the study. The resident task was to obtain informed consent for a lumbar puncture.
Six neurology residents each interacted with a Deaf SP through an American Sign Language language interpreter, focusing on Deaf-related communication skills. SPs completed a rating scale and communication checklist after each scenario, followed by a feedback session that included the resident, Deaf SP, and interpreter.

Outcomes:
The residents learned how to more effectively interact with Deaf patients in a medical setting and all stated that they learned valuable information for later use. Key aspects of feedback focus included eye contact with the Deaf patient, the appropriate seating arrangement with a sign language interpreter, effective speed and tone of speech, and clear medical terminology. New considerations emerged from working with Deaf SPs, such as appropriate video angles to capture sign language for Deaf observers, interpreter feedback in the feedback session, extra room for seating, and providing more time for American Sign Language translation. Limitations include the small number of Deaf SPs (n = 2) and residents (n = 6).

Conclusions/Discussion:
Deaf persons can serve effectively as Standardized Patients, helping to sensitize residents to the needs of Deaf patients and broadening the range of communication scenarios that can be simulated and assessed.

A Human Factors Perspective on Medical Simulation and Standardized Patients

Mark W. Scerbo, PhD
Professor of Human Factors Psychology
Old Dominion University

Mark W. Scerbo, Ph.D. is Professor of Human Factors Psychology at Old Dominion University. He has over 30 years of experience researching and designing systems and displays that improve user performance in academic, military, and industrial work environments. Dr. Scerbo received his Modeling and Simulation Professional Certification in 2002 and serves on Old Dominion University's Modeling and Simulation Steering Committee. He has authored over 120 scientific publications, is a Fellow of the Human Factors and Ergonomics Society, and serves on the editorial board of *Human Factors* and as an Associate Editor of *Simulation in Healthcare.* Dr. Scerbo has been invited to share his perspectives on human factors and medical simulation at the National Academy of Sciences Committee Meeting on Human Factors, the Advanced Initiatives in Medical Simulation Meeting, the *Human Factors in Healthcare* Course at the Mayo Clinic, and the *Forum on Research in Science and Technology Education: Accelerating U.S. Competitiveness,* sponsored by the Federation of Behavioral, Psychological, and Cognitive Sciences and the Human Factors and Ergonomics Society.

Dr. Scerbo's program of research is aimed at improving patient safety through healthcare modeling and simulation technology. His research team develops and evaluates training systems that incorporate models, virtual reality, immersive virtual environments, and standardized patients. In addition, he is working on technology that can augment standardized patient encounters by simulating symptoms and conditions consistent with written scenarios. He and his partners at Eastern Virginia Medical School have been invited several times to showcase this technology at the U.S. Congress. His current work with standardized patients is focused on understanding the cognitive and attentional challenges needed for reliable portrayal and student assessments.

A Human Factors Perspective on Medical Simulation and Standardized Patients

Mark W. Scerbo
Professor, Human Factors
Department of Psychology
mscerbo@odu.edu

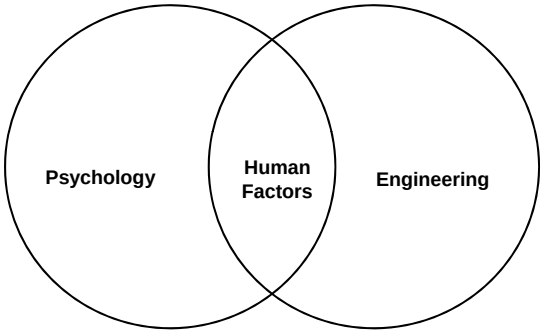
Outline

- Human Factors
- Human Factors Issues for Healthcare Simulation
- Fidelity
- Where SPs fit in
- Challenges
- New Directions

Human Factors

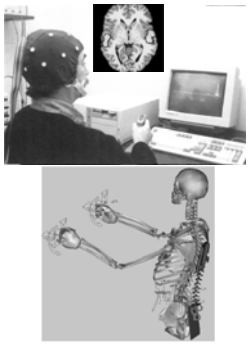
- ***the psychology of the mind at work***
- ***a discipline concerned with specifying human capacities and limitations and designing technology to accommodate those limits.***

Human Factors



Human Factors
Knowledge of Mind, Brain, & Body…

- Sensation & Perception
- Cognition
- Physiology
- Social interactions
- Personality
- Anthropometrics
- Biomechanics
- Experimental Design



Human Factors
Applied to:

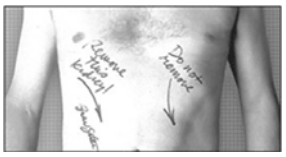
Aerospace Systems
Communications
Computer Hardware
Computer Software
Consumer products
Displays and Controls
Health Systems
Internet Systems
Medical Devices
Military Systems
Speech Systems
Surface Transportation
Tools
Training Systems
Virtual Environments
Warning Systems
Work Environments

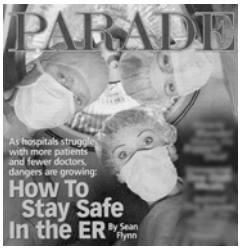
Driver on 2 Cell Phones Crashes, Cops Say

AP posted: 16 HOURS 43 MINUTES AGO comments: 40
filed under: Crime News, National News

LOCKPORT, N.Y. (July 31, 2009) -- Police say a western New York tow truck driver was texting on one cell phone while talking on another when he slammed into a car and crashed into a swimming pool.
Niagara County sheriff's deputies say 25-year-old Nicholas Sparks of Burt admitted he was texting and talking when his flatbed truck hit the car Wednesday morning in Lockport, which is outside Buffalo.

The Problem: Patient Safety

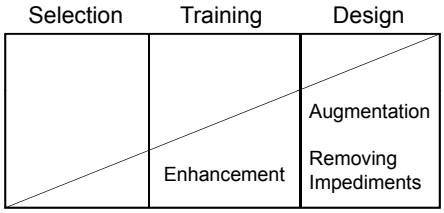




GOALS OF HUMAN FACTORS

- **reduce errors**
- **improve training effectiveness**
- **increase safety**
- **increase productivity**
- **improve the working environment**
- **reduce fatigue and stress**
- **increase human comfort**
- **reduce boredom and monotony**
- **increase convenience**
- **increase user acceptance**
- **increase job satisfaction**

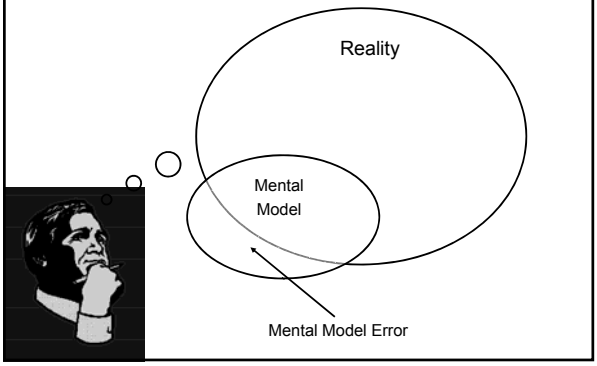
Improving Human Performance

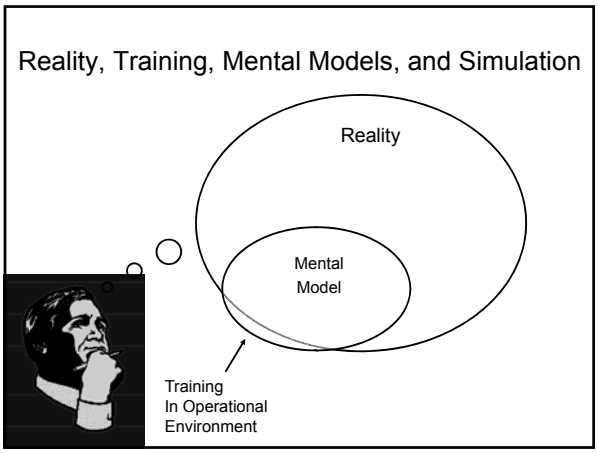


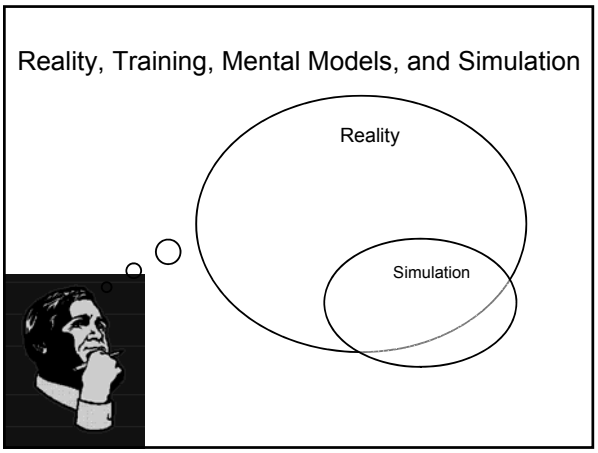
Human Factors

Simulation: Fidelity and Performance

Reality, Training, Mental Models, and Simulation







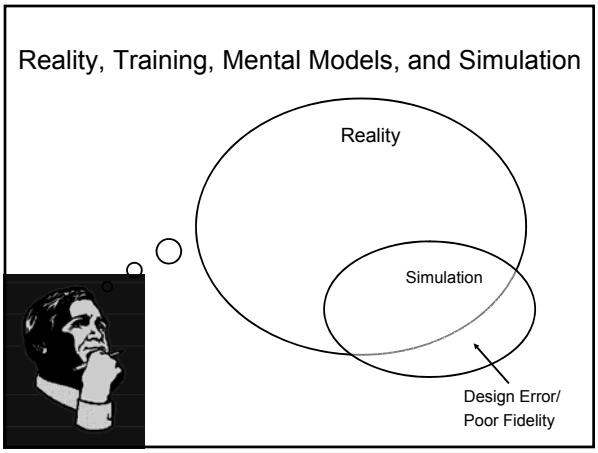
Fidelity

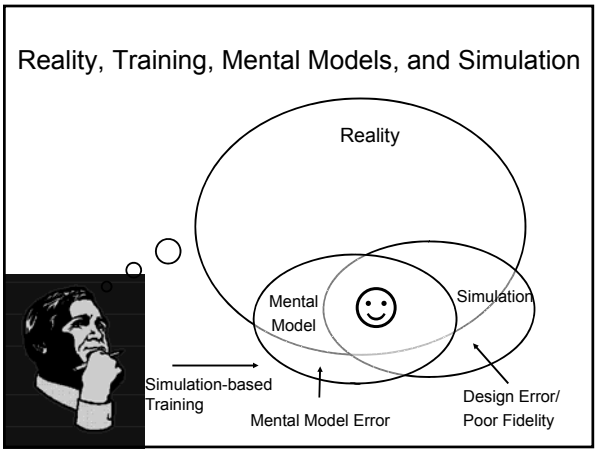
- The faithfulness of a simulation

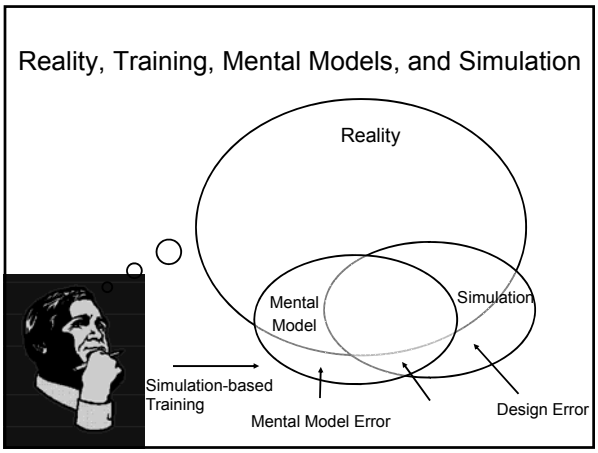
Types of Fidelity

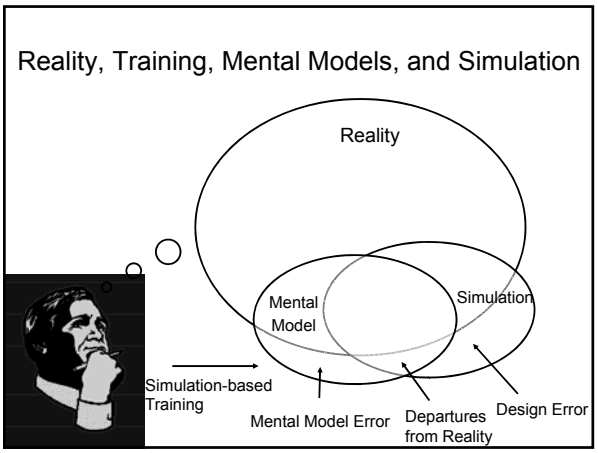
(Hayes & Singer, 1989; Dieckmann, Gaba, & Rall, 2007)

- Physical
  - Physical
  - Functional
- Semantical
- Phenomenal









Sources of Departures from Reality

- System interface
  - keyboard, mouse
- Lack of user autonomy
  - system imposed constraints
- Perceptual insufficiency
  - Visual, auditory, haptic inadequacies

Sources of Departures from Reality

- Inadequate functionality
  - Operational inadequacies
- Inappropriate social dynamics
  - Contrived scenario or team interactions

Consequences of Departures from Reality

- If recognized and
  - Unrelated to educational objectives
    - can be ignored through suspension of disbelief

Consequences of Departures from Reality

- If recognized and
  - Unrelated to educational objectives
    - can be ignored through suspension of disbelief

Look, feel, and response of synthetic skin is not critical for teaching chest compressions.

Consequences of Departures from Reality

- If recognized and
  - Related to educational objectives
    - Undermines the training
    - Necessitates some other justification for using the simulation

Consequences of Departures from Reality

- If recognized and
  - Related to educational objectives
    - Undermines the training
    - Necessitates some other justification for using the simulation

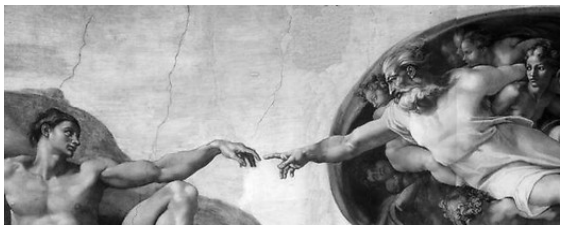
Look, feel, and response of synthetic skin *is* critical for teaching phlebotomy.

Consequences of Departures from Reality

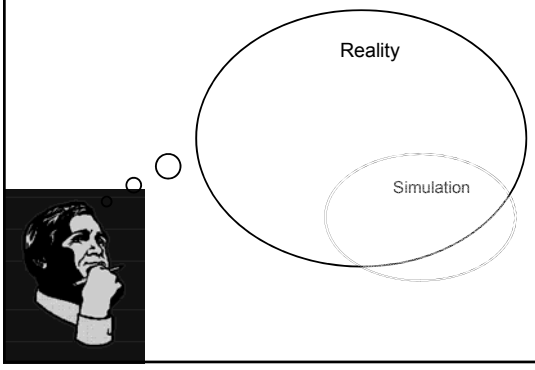
- If unrecognized,
  - Effects are unpredictable
    - Could be irrelevant
    - Could be the basis of bad habits

What about SPs?

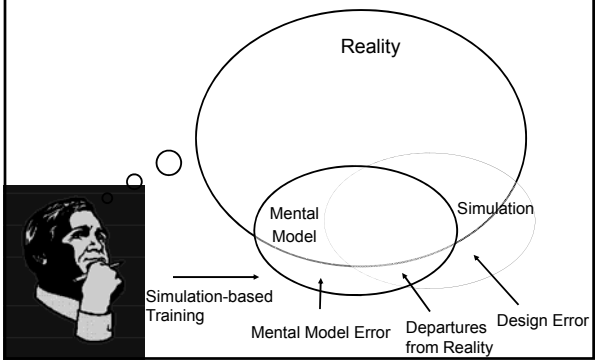
Design: SPs



Reality, Training, Mental Models, and Simulation



Reality, Training, Mental Models, and Simulation



Sources of Departures from Reality: SPs

- System interface
- Lack of user autonomy
- Perceptual insufficiency
  - None, where physical symptoms are not relevant
  - Present when physical symptoms *are* relevant

Sources of Departures from Reality: SPs

- Inadequate functionality
  - Reliability of portrayal
    - Consistency within and across sessions
  - Validity of portrayal
    - Behavior
    - Communication
      - Verbal
      - nonverbal

Sources of Departures from Reality: SPs

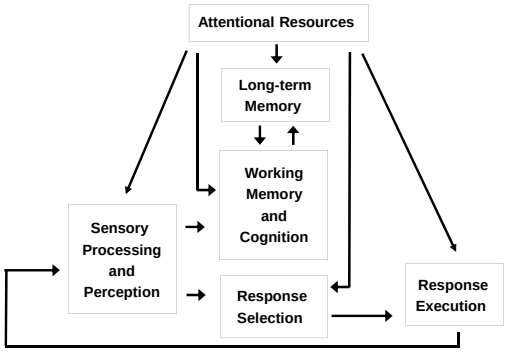
- Inappropriate social dynamics
  - Contrived scenarios
    - SP is not a patient
    - Must overcome personal style / etiquette of interaction

SP Roles

- Portrayal
- Assessment
- Communication

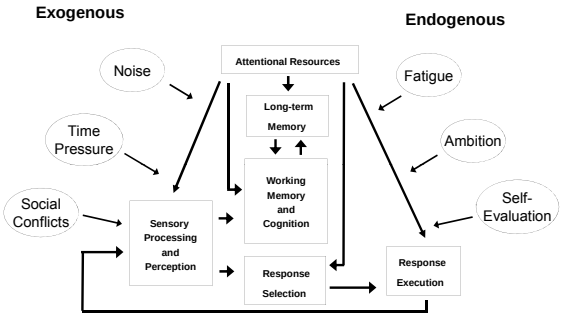
Human Fallibility

Human Information Processing

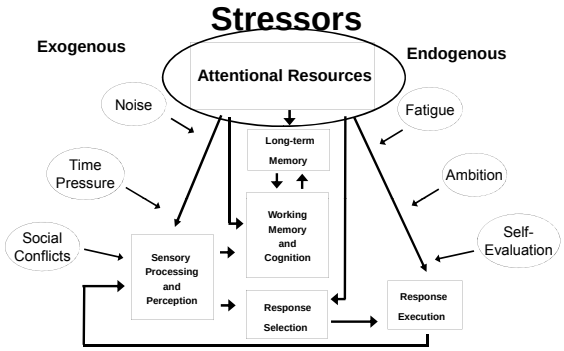


Errors occur when task demands exceed human abilities.

Stressors

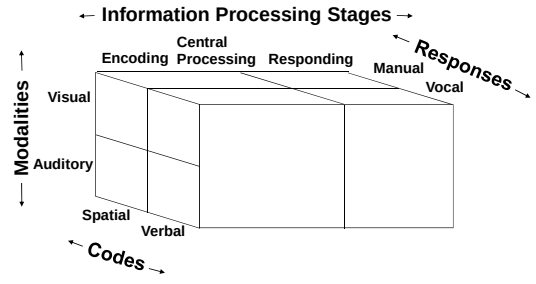


Stressors



Multiple-Resource Theory

(Wickens, 1984)



Multiple-Resource Theory

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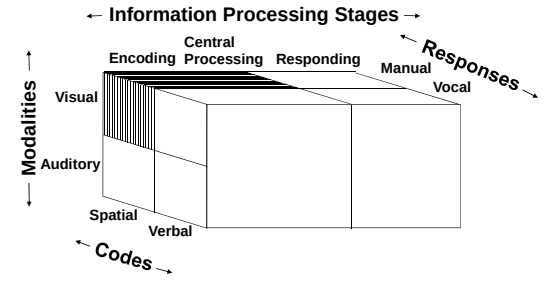
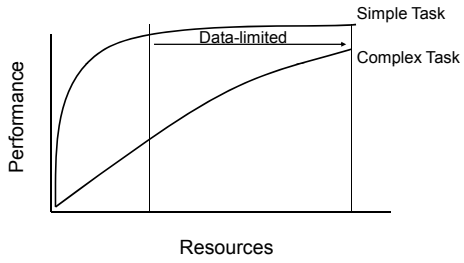


Driver on 2 Cell Phones Crashes, Cops Say

Change Blindness

Performance Resource Function

(Norman & Bobrow, 1975)



Thought-Task Categories

- Task relevant
- Task related
- Task irrelevant

Task Irrelevant Thoughts

- Thoughts unrelated to the task and have no direct effect on performance.

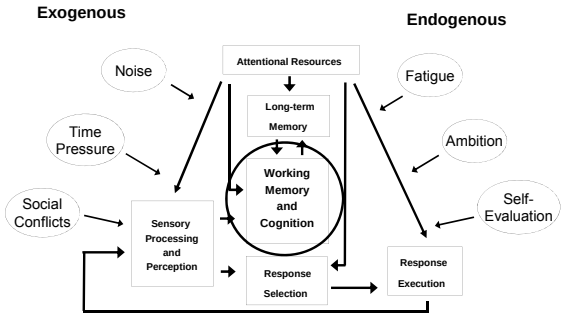
Examples

- The theme song from *Friends* keeps running through your head.
- The new receptionist is gorgeous and seems to be flirting with you.
- The smell of coffee initiates thoughts of getting some.
- Pressure on your bladder generates thoughts about relief.
- Your spouse yelled at you again for spending too much time at work.
- You begin to realize you will not be able to make an important deadline.

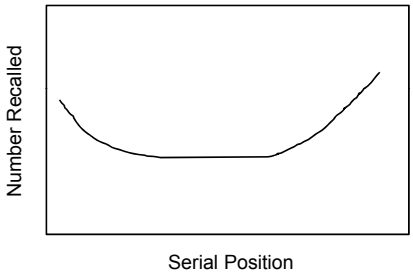
Types of Task Irrelevant Thoughts

- Daydreaming
- Worry
- Obsessive Thoughts

Stressors



Memory for Lists of Items



Cognitive Heuristics

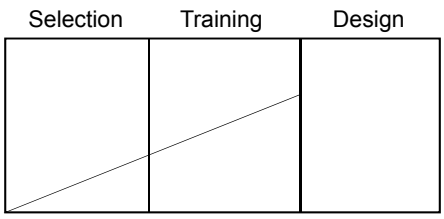
(Kahneman & Tversky, 1972; Goldstein, 2008; Halpern, 1984)

- Availability
- Representativeness
- Confirmation bias
- Hindsight bias
- Relative frequency
- Gambler's fallacy
- Small sample bias
- Pollyanna principle
- Perseverance phenomenon
- Entrapment
- Focusing illusion
- Probability of success vs. effort

Availability

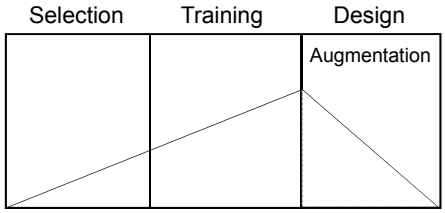
- Are there more annual deaths du to medical error or homicide?

Improving SP Performance



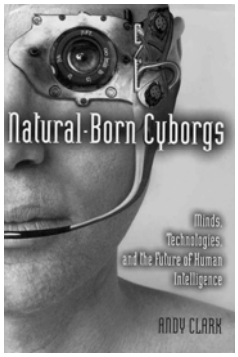
Human Factors

New Directions

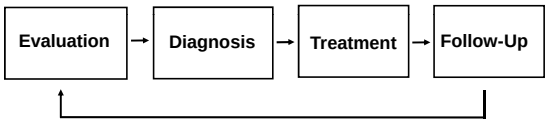


Human Factors

Augmentation



Serial Patient Experiences: Coupling SPs with other Simulation Training



Ectopic Pregnancy: Scene 1

- Description: Woman visits family physician complaining of lower abdominal pain.
  - Participant Team Composition: 1 physician, 1 nurse
  - Objectives: Take history, offer preliminary diagnosis, order tests, conduct brief, establish status of patient, handoff
  - Personnel: 1 female SP
  - Patient History:
    Vitals:
    Patient Symptoms:
    Physical Exam:
  - Tests Ordered
    Blood, Pregnancy, ultrasound

Ectopic Pregnancy: Scene 2

- Description: Female patient requires ultrasound exam and formal diagnosis.
  - Objectives: Confirm complaint/history, review test results, diagnose and prescribe treatment, conduct brief, establish status of patient, handoff
  - Personnel: 1 female SP
  - Equipment/Materials: Examining table/bed for patient, ultrasound system, standard physical exam equipment.
  - Conduct ultrasound
  - Results: A pelvic ultrasound shows a structure in the lower left abdomen. No signs of an embryo or fetus in the uterus.
  - Recommend Treatment: Immediate laparoscopic ectopic removal

Ectopic Pregnancy: Scene 3

- Description: Female patient requires laparoscopic surgery
  - Participant Team Composition: 1 surgeon, 1 nurse, other supporting personnel as needed
  - Objectives: Review test results, confirm diagnosis and treatment plan, get patient consent, perform surgery, conduct brief, establish status of patient, handoff,
  - Personnel: 1 female SP
  - Equipment/Materials: Simbionix Simulator, patient chart, consent form
  - Ultrasound Results: A pelvic ultrasound shows a structure in the lower left abdomen. No signs of an embryo or fetus in the uterus.
  - Perform surgery

Ectopic Pregnancy: Scene 4

- Description: Surgeon visits patient in Recovery and discusses outcome of the procedure.
  - Participant Team Composition: 1 surgeon, 1 nurse
  - Objectives: Discuss outcome, follow-up care, conduct brief, establish status of patient, handoff
  - Personnel: 1 female SP

CAE 7000 Level D Full Flight Simulator

Modalities Represented in Simulators

Sensory Modality	 CAE 7000
Vision	X
Audition	X
Olfaction	--
Taste	N/A
Touch	X
Acceleration	Some

The Most Complex Simulators

Conclusion

- Human factors is a discipline concerned with understanding and designing technology to accommodate human capacities and limitations.
- Human factors professionals are helping to design the next generation of medical simulation technology.
- Knowledge of human strengths and limitations can also be helpful for optimizing the use of SPs in clinical training and assessment.
- However, understanding how best to combine people and technology will offer many new opportunities for SPs in the future.

Thank you!

Acknowledgement
Standardized patient photos were provided courtesy of the Theresa A. Thomas Professional Skills Teaching and Assessment Center, Eastern Virginia Medical School

Detailed Daily Schedule
Monday, June 28, 2010

7:00am – 5:00pm **Registration Open**

7:00am – 8:00am **Continental Breakfast** *Constellation Ballroom AB*

7:00am – 8:00am **SIG Meetings**

- **Hybrid Simulation** *Columbia*
- **GTA** *Frederick*

8:00am – 8:15am **Poster Session Awards & Announcements** *Constellation Ballroom AB*

8:15am – 9:15am **Plenary Session**

Leveraging SPs: Expanding our Educational and Research Capabilities through Mixed Modality Simulation

Elizabeth Hunt, MD, MPH, PhD and Nicole Shilkofski, MD, MEd
Johns Hopkins Medicine Simulation Center

9:30am – 12:30pm **Breakouts**

9:30am – 12:00pm **ASPE International** *Constellation Ballroom AB*

Volunteer Patients, Real Patients and Simulated Patients/ Participants Around the World – How Ethnically Diverse Are We?
Presenters: Karen Barry, Jan-Joost Rethans, Jim Blatt, Alna Robb, Keiko Abe, Marcos A. Nuñez Cuervo and Claudia Schlegel

9:30am – 11:00am PD1 *Chesapeake A*

Creating Job Description and Employee Manuals
Presenter: Crystal Wilson

9:30am – 11:00am PD2 *Chesapeake B*

Using Online Virtual Team Spaces to Make Your SPs More Self-Sufficient
Presenters: Jennie S Struijk, Kris Slawinski, and Angela Blood

9:30am – 11:00am Research Presentations *Columbia*

R1
The Impact of Student Communication Training on their Communication Skills in Clinical Practice: Peer Role-Playing Versus Standardized Patients
Presenters: Claudia Schlegel and Ulrich Woermann

R2
Do Children and Parents Have Different Experiences with the Same Pediatrician? A Comparison of Parent and Child Rating of the Doctors' Communication Skills
Presenters: Mary Cantrell and Grace Gephardt

Program Abbreviations

PCWS – Pre-Conference Workshop
TT – Training Technique
R – Research **P**-Poster
PD – Presentation/Discussion
WOW – Workshop on Wednesday
IP– Interactive Presentation
(**EIP** – Education, **CIP** – Communication,
HIP – Hybrid, **FIP** – Feedback, **AIP** – Administrative)

9:30am – 11:00am	Research Presentations	*Columbia*
	R3 **Teaching Interpersonal and Communication Feedback Skills to Standardized Patients: Assessment of a Cognitive Model** Presenter: Denise M Souder and Win May	
10:00am – 12:00pm	WS1 **Training the Rater: Improving Objective Feedback of Learner Performance on OSCEs** Presenters: Gautam J Desai and Cheryl J Benge	*Baltimore*
10:00am – 12:00pm	WS2 **Have It Four Ways! Generations at Work in the SP Training Environment** Presenters: Jamie Roberts and Anna Howle	*Annapolis*
10:00am – 12:00pm	WS3 **"What Should I Focus On?" Using Flanders Interaction Analysis to Determine SP Communication Rating Preferences** Presenters: Tony Errichetti and Penny Patton	*Frederick*
11:15am – 12:15pm	Research Presentations R4 **Are Medical Schools' Clinical Skills Examinations Predictive of Students' Performance on USMLE Step 2CS? Results of a Multi-Institutional Collaboration Supported by ASPE** Presenter: Heather Hageman R5 **The Effect of a CTA Tutorial on the Practice of Prac Nurses** Presenter: Christine E Fairbank	*Columbia*
11:15am – 12:15pm	TT2 **The Rhetoric of the Checklist and other Problems: Applications of Linguistics in Clinical Communication Skills** Presenter: John R Skelton	*Chesapeake A*
11:15am – 12:15pm	TT3 **Improving Standardized Patient Accuracy by Using Role-Play During Training** Presenters: Donald J Woodyard and Erica Clarkson	*Chesapeake B*
12:30pm – 1:30pm	**ASPE Educator of Year Award & Lunch**	*Constellation Ballroom AB*
1:45pm – 6:00pm	**Breakouts**	

Program Abbreviations

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(**EIP** – Education, **CIP** – Communication,
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1:45pm – 6:00pm **Breakouts**

1:45pm – 3:45pm WS4 *Chesapeake A*
Simulation Strategies to Improve Occupation-Specific Literacy Skills
Presenters: Cathy Smith, Stan Rogal, Kevin Hobbs, Lorena Dobbie, and Jacquie Jacobs

1:45pm – 3:45pm WS5 *Annapolis*
Investing Wisely in Clinical Skills Technology – Considerations for Building, Renovating or Outfitting a Simulation Center
Presenters: Paul J Donahue, Amy Flanagan Risdal, and Joseph O Lopreiato

1:45pm – 3:45pm WS6 *Chesapeake B*
Creating a Mystery Shopper Program for Physician Private Practices at Your Institution
Presenter: Terry Sommer

1:45pm – 3:15pm PD3 *Columbia*
Remediating Students after High-Stakes SP Exams
Presenters: Carrie A Bohnert, Dena K Higbee, Elizabeth O Leko, Tamara L Owens, and Kris Slawinski

1:45pm – 3:15pm PD4 *Frederick*
Taking the OSCE on the Road: Application of Mobile Technology and Personnel for Assessing Medical Students at Geographically Distributed Clerkship Sites
Presenters: Debra A Allan Danforth, Dianne Walker, and Turner Gregory

3:00pm – 4:00pm TT5 *Baltimore*
Supporting our SPs in Emotionally Challenging Scenarios: How to Avoid Compassion Fatigue in Standardized Patients
Presenters: Tracy Nicholson, Holly Gerzina, and Howard Gregory

4:00pm – 6:00pm WS7 *Chesapeake A*
Advanced Verbal Feedback by Standardized Patients for Students
Presenter: Lou Clark

4:00pm – 6:00pm WS8 *Annapolis*
Empowered Negotiation: Having Evidence You Need to Say "Yes" or "No" to an SP Event
Presenters: Connie B Perren and Cecily Storm

4:00pm – 6:00pm WS9 *Chesapeake B*
Are You Really Measuring What You Want? A Practical (*and Sweet*) Approach to Developing Rating Scales
Presenter: Karen Szauter

Program Abbreviations

PCWS – Pre-Conference Workshop
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4:00pm – 5:30pm	Research Presentations R6 **Assessing the Effectiveness of Simulations for Teaching Emergency Response Skills to Interprofessional Teams of Health Science Students** Presenter: Jane L Miller R7 **The Role of Student Self-Assessment in a Formative Assessment of Students' Clinical Skills** Presenter: Carrie K Bernat R8 **Drilling to the Details of Documentation: A Finer Look at Mismatches** Presenters: Eileen S Moore and Mary F Donovan	*Columbia*
4:00pm – 5:30pm	PD5 **How Standardized are Standardized Patients: The Development of a Certificate Program for Standardized Patients** Presenter: Dawn M Schocken	*Frederick*
4:15pm – 5:15pm	TT6 **The "S"PBL – Using Standardized Patients to Enhance the Preclinical Curriculum for Medical Students** Presenters: Rhonda A Sparks, Michelle D Wallace, and Sheila M Crow	*Baltimore*
6:00pm – 6:30pm	**ASPE Business Meeting – Open to All ASPE Members!**	*Baltimore*
6:30pm	**Dinner On Your Own and/or Dine-Arounds**	

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Leveraging SPs:
Expanding our Educational and Research Capabilities through Mixed Modality Simulation

Elizabeth Hunt, MD, MPH, PhD and Nicole Shilkofski, MD, MEd
Johns Hopkins Medicine Simulation Center

Learner Objectives

After participating in this educational activity, the participant should be better able to:

Differentiate between hybrid simulation and mixed modality simulation and describe a paradigm of use for SPs as "standardized participants" rather than "standardized patients".

Describe the use of standardized patients or standardized participants to enhance psychological and environmental fidelity within mixed modality simulations.

Understand ways in which standardized participants can be utilized to minimize the variability of confounding factors when using mixed modality simulation for research purposes.

Describe the role of standardized participants as triggers to expose latent threats to patient safety using simulation.

Dr. Elizabeth A. Hunt, MD, MPH, PhD
The Drs. David S. and Marilyn M. Zamierowski Director
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Elizabeth A. Hunt, MD, MPH, PhD, "Betsy" is the Director of the Johns Hopkins Medicine Simulation Center. She graduated AOA from Albany Medical College. This was followed by a combined residency in Internal Medicine and Pediatrics, and a Pediatric Chief Residency at Duke University. Subsequently, she did a Pediatric Critical Care fellowship at Johns Hopkins. She then graduated Delta Omega with a Masters in Public Health and a PhD in Clinical Epidemiology at the Johns Hopkins Bloomberg School of Public Health. Her thesis involved the use of simulation to assess the performance of pediatric residents during pediatric cardiopulmonary arrests. Her work analyzing in-hospital resuscitation systems through the use of simulation has resulted in receipt of the 2003 "Pearl M. Stetler Grant for Women Researchers", the First Place Award for a Platform Presentation at the 2004 International Meeting on Medical Simulation, the 2004 Johns Hopkins "Helen Taussig Young Investigator Award" and the 2004 Johns Hopkins "Harriet Lane House Staff Appreciation Award". In 2008, she was named the endowed Drs. David S. and Marilyn M. Zamierowski Director of the Johns Hopkins Medicine Simulation Center. Also in 2008, she was named one of the state of Maryland's "Top 100 Women" by the Daily Record for her contributions to healthcare. She has been invited to present her simulation and rapid response team research around the globe. Dr. Hunt has been fortunate to have the opportunity to present, practice or teach about pediatric resuscitation issues throughout the world, including, among others, such diverse places such as England, Kosovo, Sweden, Uganda, Cuba, Portugal, Australia and Russia. She is currently an Attending Pediatric Intensivist in the Johns Hopkins Pediatric Intensive Care Unit, and an Assistant Professor in the Departments of Anesthesiology and Critical Care Medicine and Pediatrics. Betsy just completed being the Co-Chair of the 2009 International Meeting on Simulation in Healthcare and is Chairing the Pediatric Program at the 2009 International Rapid Response System in Copenhagen, Denmark this May.

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Dr. Nicole A. Shilkofski, M.D., M.Ed. is the Associate Director of the Johns Hopkins Medicine Simulation Center, where she oversees the Standardized Patient and Teaching Associate Programs used in the Clinical Skills longitudinal training for the School of Medicine. She is an Assistant Professor of Pediatrics and Critical Care Medicine at Johns Hopkins School of Medicine. Dr. Shilkofski graduated AOA from Tulane University School of Medicine and subsequently did her residency training and chief residency in pediatrics as well as her fellowship training in pediatric critical care at Johns Hopkins. She is currently the Co-Director of the fellowship program in Pediatric Critical Care Medicine at Johns Hopkins. Nicole also received her Masters degree in Medical Education from the University of Cincinnati, where her thesis work focused on curriculum design using simulation as an educational modality at the medical student, resident and fellow learner levels. She also completed a six month fellowship in simulation and educational research at St. Vincent's Simulation and Education Centre in Melbourne, Australia. Her research interest involves the use of in situ simulation as an educational method in developing countries and under-resourced settings to teach pediatric resuscitation technique. She has recently studied interdisciplinary, multicultural teams using simulation in Africa, Asia, and South America. This work was awarded "Best Overall Research Abstract" at the International Meeting on Simulation in Healthcare in January 2010. Her most recent educational project involves development and evaluation of new coursework at Johns Hopkins School of Medicine using simulation to assist medical students transitioning to the ward environment from the pre-clinical environment. She is also the medical director of the Hopkins Outreach for Pediatric Education (HOPE) office, which oversees instruction in Pediatric Advanced Life Support (PALS) programs within Johns Hopkins as well as for the medical community outside of the hospital. She has been instrumental in the introduction of high-fidelity simulation as part of PALS training for EMS providers and clinicians in the state of Maryland.

PD 1
Creating Job Descriptions and Employee Manuals
Monday, June 28, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Chesapeake A

Crystal Wilson. NBOME.

Overview:
Come learn a process to develop job descriptions that help you articulate the most important outcomes you need from an employee performing a particular job. We will start with a job analysis which is the process used to collect information about the duties, responsibilities, necessary skills, outcomes, and work environment of a particular job. A well-written job description tells an employee where their position fits within the overall organization. It is also used to assess their performance on a regular basis.
Now that you have the job description and have hired the perfect candidate, what can you offer to help guide them through the first few months of orientation and beyond? Try creating a position specific manual that covers everything from their first day to their first evaluation. We will discuss templates to ease the burden of creating these manuals and what types of information to include. How do you keep them current and have the employee take ownership of the contents?

Rationale:
Effectively developed, job descriptions are communication tools that are significant in your organization's success. Poorly written job descriptions, on the other hand, add to workplace confusion and hurt communication. Clear detailed job descriptions help with planning for the dissemination of duties, hiring needs, training and evaluation processes. Manuals for each position will help to clarify unique aspects of each role so everyone is clear on how and what needs to be done, standardization is maintained and roles in the overall organization are well defined.

Objectives:
Perform a job analysis and demonstrate the use of a template for creating Job Descriptions
Breaking down individual tasks and the time needed to be effective
Setting hiring qualifications
Tying the performance evaluations to the Job Descriptions
Separate the Job into measurable units to evaluate performance
Demonstrate how to create position manuals
What to include (In-house or take-home)
Electronic and ideas on how to avoid out-of-date paper copies

Intended Discussion Questions:
Why do a job analysis before creating a job description?
How detailed does a job description really need to be?
How to use position manuals effectively from training to troubleshooting to evaluations?

Session Format:
Overview of Job Descriptions (10 min)
Create 2 Job Descriptions based on tasks given (20 min)
Overview of how to turn that Job Description into a Performance Evaluation (10 min)
Create Performance Evaluation for those 2 job descriptions (20 min)
Overview of Exam Role Manuals (10 min)
Create a template to use for exam role manuals (20 min)

PD 2
Using Online Virtual Team Spaces To Make Your SPs More Self-Sufficient
Monday, June 28, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Chesapeake B

Jennie S Struijk,[1] Kris Slawinski,[2] Angela Blood[2]. [1]School of Medicine, University of Washington, [2]The Pritzker School of Medicine, The University of Chicago.

Overview:
Two schools took on the challenge of using readily available web technology to develop password-protected "SP Virtual Team Space" (VTS) systems that allow their SPs to become more self-sufficient. What did they create, how does it work, how did the SPs adapt to it, and what have they learned about the next steps? How can the concepts of collaborative online work environments be best adapted to the unique needs to the SP Educator?
This session presents an overview of the VTS systems developed at both schools, as well as time for a group discussion of other software, online programs, and general resources that SP administrators can use/may already be using to share calendars and SP schedules, distribute program and training materials, and post announcements, videos, program handbooks and online assessments for SPs to access.
Presenters will also share their experience launching the systems with their SPs, lessons they learned along the way, and what they most wish for in the next versions in their VTS systems.
Rationale:
A large amount of Standardized Patient program time is spent on direct SP administration; the constant contact from SPs with questions: can you re-send the case, I lost the email with the times, on which dates am I scheduled? Additionally, SP educators may spend quite a bit of effort on basic recruiting and follow-up informational email to individual SPs as sessions develop and change. Is it possible for the average SP educator to use free or inexpensive online technology to streamline some of the basic tasks of SP administration?
Objectives:
A considerable portion of the program time will be spent in a general discussion of participant needs, concerns, and possible solutions. Following this discussion the session will break into small groups to use a survey to begin to outline what features they would find most necessary for their own VTS systems. Participants will also receive written material to take home about the details of creating the two systems, forms for surveying the technological requirements at their own institutions, and information about other technologies and resources they may find useful.
Intended Discussion Questions:
How might you use a Virtual Team Space in your SP program? What are some of the challenges/possible benefits?
What would you most need in a VTS system for your program? (survey)
What is your current IT situation? Do you have IT support or flexibility? What resources are available at your institution?
Session Format:
10 minutes: Intro to Virtual Team Spaces - why use them? What can they do?
25 minutes: Walk-through of Google SP Dashboard and Blackboard Chalk SP Hub
20 minutes: Group discussion of use in programs, requirements, and resources
20 minutes: Group survey - what do participants need?
15 minutes: Wrap up and Q
Reference List:
Wikipedia (November 2009). Definition of Computer Supported Cooperative Work.
Coleman, D. (2008). Collaboration 2.0 : technology and best practices for successful collaboration in a web 2.0 world. Cupertino, CA: Happy Together.
Dahl, D. (2009). How to Choose the Right Collaboration Software. INC Magazine.

R 1

The Impact of Student Communication Training on Their Communication Skills in Clinical Practice: Peer Role-Playing Versus Standardized Patients

Monday, June 28, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Columbia

Claudia Schlegel, Ulrich Woermann. Berner Bildungszentrum Pflege, University of Berne.

Introduction:

There are several methods used for training communication skills. A widely used and proven to be effective method for communication skills training (CST) is peer role-playing. A main advantage of this method is that it can be implemented with little additional resources. CST with Standardized Patients (SP) is another effective but more complex and more expensive method. Although both methods are widely advocated, so far, the effectiveness of CST with peer role-playing compared to CST with SPs has not been investigated extensively. The aim of our study is to determine if the students' perception of self-efficacy, the patients' perception of the students' communication skills and the clinical supervisors' observation of the students' communication differs according to the received CST method.

Methods:

Subjects were 55 first-year students in the nursing program at the Educational Center of Nursing in Berne, Switzerland. A randomized post-test-only control group design was used. A pretest was omitted since before entering the study all students underwent the same six-month introductory program at their school. The intervention group underwent one CST with a SP. The CST consisted of a one-to-one training with direct oral feedback by the SP. The control group practiced communication skills with peer role-playing and mutual feedback. The intervention took place before the students started with the clinical clerkship.
The post-test took place at the beginning of the clinical clerkship. Real patients, supervisors and students themselves evaluated the communication skills between student and patient, with in the literature established instruments.

Results:

Our results showed no significant difference between the intervention and control groups regarding students' evaluation of self-efficacy and rating by real patients. However, the supervisors rated the communication skills of the students in the intervention group as being significantly superior than those of the control group. The t-test resulted in $t=5.71$, $p<0.0001$.

Conclusions:

In summary, the results of our study show that CST with SPs is superior to CST with peer role-playing when measured by clinical supervisors.

R 2

Do Children and Parents Have Different Experiences With the Same Pediatrician? A Comparison of Parent and Child Rating of the Doctors' Communication Skills

Monday, June 28, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Columbia

Mary J Cantrell,[1] Grace Gephardt,[2] Chris E Smith,[3] Beatrice A Boateng[3]. [1]Center for Clinical Skills Education Standardized Patient Program, University of Arkansas for Medical Sciences, [2]The PULSE Center, Arkansas Children's Hospital, [3]Department of Pediatrics, College of Medicine, University of Arkansas for Medical Sciences.

Introduction:
Physician-parent-child interactions often rely on the parent-physician conversations to make decisions about the child. In pediatric settings, the role of the child in medical conversations is important and yet, the opinions of child are rarely solicited. This longitudinal study sought to compare parent-child rating of a doctor's communication skills and how that changed over time.

Methods:
Mother–daughter pairs were recruited and trained as standardized patients to participate in 2 scenarios (exercise induced asthma and the onset of diabetes). The children (8-12 years old) portrayed a 12 year old patient. The mother and child evaluated the medical student's communication skills using a 10 item instrument adapted from the ABIM patient satisfaction instrument. Descriptive and multivariate analyses were conducted. Additionally, a communication direction analysis was done by 4 trained coders on 30 randomly selected videos to determine how that affected mother–child ratings of the medical student. Finally, a textual analysis of comments was done to identify issues that may affect the parent-child rating of the doctor's communication skills. A total of 406 medical students participated over 3 years (2006 -2009).

Results:
The scores were generally skewed towards favorable ratings. The children rated the medical students significantly higher than the mothers on 4 items: the doctor's perceived confidence ($p = .000$), being treated with respect ($p = 0.001$), not feeling judged ($p = 0.03$) and the doctor not interrupting the conversation ($p = 0.01$). The communication direction analysis indicated no significant difference in mother – child ratings although the conversation was largely directed at the child. The themes that emerged from the textual analysis are: the need to use appropriate terminology with children, the need to balance the conversation between parent and child, and the need to demonstrate confidence. Although the children rated the doctors higher than parents, the child rating of the doctors had significantly lowered ($p < .05$) and were closer to the parent ratings by year three.

Conclusions:
Although there were differences in mother–child rating of the doctor on some aspects of communication skills, there appears to be some parental influence on the child's perception over a period time.

Reference List:
Cahill P, Papageorgiou A. Triadic communication in the primary care paediatric consultation: a review of the literature. Br J Gen Pract. 2007 57: 904–911.
Tates K, Meeuswen L. Doctor-parent-child communication. A (re)view of the literature. Social Science and Medicine 2001 52: 839-851.
Pantell RH, Stewart TJ,Dias JK, Wells P, Ross AW. Physician Communication with Children and Parents. Pediatrics 1982 70: 396-402.

R 3

Teaching Interpersonal and Communication Feedback Skills to Standardized Patients: Assessment of a Cognitive Model

Monday, June 28, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Columbia

Denise M Souder,[1] Maura Sullivan,[1] Win May,[1] Rodney Goodyear[2]. [1]Medical Education, Keck School of Medicine, University of Southern California, [2], Rossier School of Education, University of Southern California.

Introduction:
Although feedback is acknowledged as important for medical student development[1-5], actual interventions to improve effective feedback are scarce in the literature. The purpose of this mixed-methods retrospective study was to examine the effectiveness of a training intervention for standardized patients (SPs) to improve their verbal feedback to medical students. This two-fold study was designed to: 1) determine whether the addition of a training session on feedback principles improved the quality of SP feedback; and 2) determine to what extent the SPs utilized the training in their feedback.

Methods:
In the 2006-2007 academic year, the Standardized Patient Program initiated a revised training protocol for standardized patients in the Year I and Year II interviewing workshops. Four assessment instruments for this revised training consisted of (1) a Standardized Patient Training Satisfaction Questionnaire which measured SP knowledge, skills, and confidence in providing verbal feedback; (2) a Faculty Workshop Feedback Form which assessed whether SPs followed the recommended seven step format when giving feedback; (3) student online workshop evaluations to determine if post-intervention feedback was more useful than pre-intervention feedback; and (4) a Quality of Standardized Patient Feedback form which was utilized by two independent raters to score the feedback given to the medical students from video review of the workshops.

Results:
SP Training Satisfaction Questionnaires (n=129) demonstrated high means for 11 questions (4.41-4.83) on a Likert scale (1=strongly disagree, 5=strongly agree). Qualitative analysis revealed the additional feedback session was helpful in learning how to provide verbal feedback. Faculty Workshop Feedback Form results (n=143) showed high frequencies of SPs providing verbal feedback according to the 7 workshop principles (93%-100%). Student responses post-workshops (n=24) indicated significant improvement in SP feedback ($p<0.001$) across 4 questions. Random direct video observations by 2 independent faculty (n=25), showed SPs did not utilize all the principles when giving verbal feedback.

Conclusions:
The main conclusion reached was that although three of the four assessment instruments indicated SPs provided quality feedback, it cannot be determined conclusively if the improved feedback was the effect of the feedback intervention in the revised training protocol. Direct observations of the independent raters must be considered as the SPs had less than expected scores on the Quality of Standardized Patient Feedback form, indicating a lower quality of feedback. Further research is needed to delineate variables contributing to the knowledge and skills of SPs as they learn to provide quality verbal feedback.

Reference List:
Bienstock, J.L., Katz, N.T., Cox, S.M., Hueppchen, N., Erickson, S. (2007). To the point: medical education reviews – providing feedback. American Journal of Obstetrics Gynecology, June, 508-513.
Howley, L.D. Martindale, J. (2004). The efficacy of standardized patient feedback in clinical training. A mixed methods analysis. Medical Education Online, 9:18.
Sachdeva, J. (1996). Use of Effective Feedback to Facilitate Adult Learning. Journal of Cancer Education, 11(2), 106-118.
Westberg, J. Jason, H. (2001). Fostering Reflection and Providing Feedback: Helping Others Learn from Experience. New York, NY:Springer Publishing Company.
Wood, B. (2000). Feedback: A key feature of medical training. Radiology, 215, 17-19.

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WS 1
Training the Rater:
Improving Objective Feedback of Learner Performance on OSCEs
Monday, June 28, 2010
10:00 AM - 12:00 PM
Intended Audience: All Audiences
Baltimore

Gautam J Desai,[1] Cheryl J Benge,[1] Laurie Gallagher,[2] Jeanne Sandella,[2] Tom Rebbecchi[3]. [1]Kesselheim Center for Clinical Competence, Kansas City University of Medicine, Biosciences College of Osteopathic Medicine, [2]Case Development and Training, National Board of Osteopathic Medical Examiners, [3]Clinical Skills Evaluation Collaboration, National Board of Medical Examiners/Educational Commission for Foreign Medical Graduates.

Overview: Educators' perceptions of learner performance on OSCEs are multifactorial, and learners often receive feedback based on subjective impressions vs. an objective assessment of the encounter. Training raters to give objective and constructive feedback in a standardized manner may assist learners to improve their skills, and consequently, performance on future OSCEs, as well as patient care. Such training will also improve interrater reliability, and provide a more uniform educational experience for the learner.

Rationale:

Improving communication skills will improve student performance on multi-station OSCEs, such as the COMLEX-PE and USMLE Step 2-CS. Studies show physicians with good communication skills may be less likely to be sued by patients, and enjoy higher rates of job satisfaction. Nearly all medical schools have a SP program, but experiences range widely from school to school. Much formal education in communication skills occurs during years 1 and 2 of medical school; however, preceptor feedback during clinical clerkships is quite variable.

Two methods may be used together to conduct rater training; *formative sessions* and *post training assessment*. Formative methods are crucial to develop a consensus on how post OSCE review sessions will be conducted and the learner evaluated. Techniques utilized include:

· Discussing learning objectives for the exercise, including defining skill level of the learners.

· Setting standards and clear definitions, with examples, for each category of behavior in every domain being assessed. At KCUMB, a training video was created, with depictions of superior, passing, and failing performance during an OSCE. The video was reviewed with faculty who provide feedback of OSCEs to students, and a discussion held to ensure understanding of learner behaviors which led to the OSCE score.

· Conducting training sessions immediately prior to the SP encounter for the may enhance inter-rater reliability and consistency.

· Giving feedback to the learner immediately after their SP interview, may serve to improve retention of skills.

Assessment of rater performance is crucial, as raters tend to fall into one of 2 categories – those who are too strict and those too lenient ('hawks' and 'doves'). Regular review sessions with raters will increase retention of lessons learned, and maintain higher interrater reliability. Although time-consuming, regular review sessions of raters are critical, and high-yield.

· Rater consistency. This is primarily linked to the knowledge and application of the rubric.

· Inter-rater reliability. This can be observed through double-scoring and the use of benchmarks, and enhanced through rater refresher sessions.

· Examination of the assessment. Rater inconsistency or poor inter-rater reliability can both be indicators that the objectives are ill-defined, the learners are not properly identified, or the scoring rubric is ambiguous.

Objectives: At the end of the session, the learner shall be able to:

1. reflect upon their own institution's methods for reviewing OSCEs with learners.
2. describe the use of formative techniques in the training of faculty and SPs who provide feedback to learners.
3. understand the importance of assessing raters, and providing feedback to those who provide feedback to students.
4. create a clear, objective-based rubric to improve interrater reliability and provide behavior-specific feedback to learners.

WS 2
Have It Four Ways! Generations at Work in the SP Training Environment
Monday, June 28, 2010
10:00 AM - 12:00 PM
Intended Audience: All Audiences
Annapolis

Jamie Roberts, Anna Howle. NCA Medical Simulation Center, Uniformed Services University.

Overview:
When SPs and the groups of instructors and trainers that work with them come together, they bring their gowns, their cases, their task trainers and tools—but one of the keys to bringing these individuals together to create a successful team is knowing about how different generations work together. Different communication styles, preferences, and strengths and weaknesses of each generation create all kinds of pitfalls, as well as a number of opportunities for sharing, growth, and effectiveness at every level.

Rationale:
By nature, most simulation education staff and SP rosters include members of all 4 generations (Traditionalists, Baby Boomers, Generation X, and the Millenials). Yet the tools we use to communicate with one another and deliver our training/services are each uniquely attuned to appeal to different generations and challenge others. What do we do with email, and what with handouts? How do members of each generation package and process information? What team dynamics are at play between members of different generations, and how can each person use these pieces of information to their individual and collective advantage? How do we look at our teams, and what can we do to harness the best each generation has to offer?

Objectives:
This session will provide tools and activities that help to crack the generational codes of communication, training, and delivery of SP programs as they relate to the people who make it happen.

Intended Discussion Questions:
We know that the next 10 years will bring many challenges, as the Traditionalists generation moves deeper into retirement, the Baby Boomer leaders begin to retire and are joined by leaders and work colleagues from Generation X, and the Millenials become a growing block in the workforce and require a different kind of mentorship and job outlook. What tools and technologies are appropriate, or alienating, to the fused intergenerational communities in our simulation centers and universities/hospitals? What impact will the major shift from the large Baby Boomer generation of executives to the much smaller Generation X group imply for the future direction of our organizations?

Session Format:
Participants will learn trademarks of the generations and how they work, and apply this knowledge to specific scenarios in pair and team based activities, creating plans/initiatives around actual and simulated workplace issues in order to become more adept at identifying, addressing, and solving challenges of intergenerational productivity and learning.
When the session is over, each participant will be armed and empowered with a whole new set of perspectives and powers—allowing them to not only have it their way, but to have it four ways, making optimal progress towards a successful multigenerational workplace dynamic and culture. Results can translate directly to an improved working environment in a very direct way—improving morale, productivity, reception and retention within standardized education teams in any location.

WS 3
"What Should I Focus On?" Using Flanders Interaction Analysis To Determine SP Communication Rating Preferences
Monday, June 28, 2010
10:00 AM - 12:00 PM
Intended Audience: All Audiences
Frederick

Tony Errichetti,[1] Penny Patton,[2] Chris Cline,[2] Laurie Schroeder[1]. [1]Institute For Clinical Competence, New York College of Osteopathic Medicine, [2]Clinical Learning and Assessment Center, Philadelphia College of Osteopathic Medicine.

Overview:
This workshop will focus on the following questions and the means to answer them: What communication behaviors do SPs focus on when assessing communication? Do SPs focus on certain aspects of communication (e.g. empathy) and not other aspects (e.g. use of open-ended questions). If there is a selective focus, how does this affect respective SP ratings? The workshop will demonstrate how Flanders Interaction Analysis (FIA) is used to develop a "SP communication factor focus profile," and train workshop participants in this approach. FIA is an interdisciplinary method for the empirical investigation of the interaction of human beings with each other and with objects (e.g. diagnostic equipment) in their environment. It is a tool used investigate human activities such as talk and nonverbal interaction.
Using FIA, SPs are trained to analyze a series of videos in short clips, and every three seconds notating the type of communication they are observing. Over the course of several minutes many data points are gathered, analyzed and then compared to other SPs. This process has been shown to make SPs more aware of their preferred or ingrained patterns of communication rating. It demonstrates that communication ratings are not only a reflection of what the examinee does, but more importantly how the SP perceives the examinee.

Rationale:
One of the most challenging SP "core competencies" to master is the assessment of clinician interpersonal and communication skills. Assessing communication is complex, requiring SPs to observe the presence and timing of verbal and non-verbal behaviors, and to be aware of one's own perceptions and behaviors. Communication assessment combines direct observation of specific communication factors with a holistic and subjective point of view.
What has prompted the implementation of this approach to preparing SPs to rate communication is the questions they ask during training, for example" "When I rate students, what do I focus on?" "What communication skills should I be paying attention to?" "Is empathy more important than non-verbal communication?" These question are generated by the complexity of the communication rating task itself, as well as the individual perceptions of the SPs. The workshop presenters have learned that SPs frequently have a selective focus regarding what they aobserve, and such a focus affects communication ratings, and what they choose to discuss during debriefing.
The purpose of this approach is to make SPs aware of what they are paying attention to moment to moment, and to expand their view of all the communication factors to be rated.

Objectives:
Participants will
- Learn how the presenters, representing two osteopathic medical schools, use Flanders Interaction Analysis (FIA) to prepare SPs to rate communication and be more aware of their communication rating preferences.
- Review the presenters' research into SP communication rating preferences
- Learn how to develop a SP "communication factor focus profile" using the FlA method to analyze videos.
- Practice the FIA by analyzing videos of student-SP encounters

R 4

Are Medical Schools' Clinical Skills Examinations Predictive of Students' Performance on USMLE Step 2CS? Results of a Multi-Institutional Collaboration Supported by ASPE

Monday, June 28, 2010
11:15 AM - 12:15 PM
Intended Audience: All Audiences
Columbia

Heather Hageman,[1] Donna Jeffe,[1] Brian Mavis,[2] Jon Veloski,[3] Anthony Paolo[4]. [1]Office of Education, Washington University School of Medicine, [2], Michigan State College of Human Medicine, [3], Jefferson Medical College, [4], University of Kansas School of Medicine.

Introduction:
Studies to date have not determined whether school-specific CEs are predictors of Step 2CS (Clinical Skills) performance. Our objective was to identify predictors of passing Step 2CS.

Methods:
With ASPE funding, we constructed a multi-institutional database for our schools' 2006-2008 graduates, including gender, race/ethnicity, school type (public/private), 3-digit first-attempt USMLE Step 1 and Step 2CK (clinical knowledge) scores, clerkship-grade-point average (GPA), total Clinical Exam (CE-overall), and CE-component scores for each of history (CE-HX), physical exam (CE-PE), and interpersonal communication (CE-IC), and first-attempt Step 2CS results (pass/fail). All school-specific CEs were conducted at the end of required clerkships, involved multiple standardized-patient encounters, and were scored using the three components above.
T scores (Mean=50, SD=10) were calculated within schools for each of GPA and CE scores to equate scores across schools. Two logistic regression models examined the significance of associations between passing Step 2CS and predictor variables of interest, including gender, race/ethnicity, school type (public/private), Step 1 score, Step 2CK score, GPA, and either CE-overall score (but not CE-component scores) or the three CE-component scores (but not CE-overall score). Adjusted odds ratios (ORs) and 95% confidence intervals (CIs) are reported. Two-sided p-values <.05 were considered significant.

Results:
Our sample, which included 1,443 graduates (79.6% of 1,812 total graduates), was 52.7% male and 66.3% private institution. Twenty-eight (1.94%) of 1,443 graduates failed Step 2CS. In the regression model with CE-overall score, students with higher CE-overall scores were more likely to pass Step 2CS (OR: 1.08, CI: 1.04-1.12). In the regression model with three CE-component scores, students with higher CE-PE and higher CE-IC were more likely to pass Step 2CS (OR: 1.04, CI: 1.01-1.08, for each).

Conclusions:
CE performance, but not demographic or other academic measures, predicted passing Step 2CS. Although associations were modest, higher CE-PE and CE-IC scores each predicted Step2CS success, confirming the multidimensional nature of CEs and importance of measuring both physical examination and communication skills. CE performance can help identify students at risk for difficulty with Step 2CS. Schools might consider using CE performance data to provide remediation for students to enhance clinical skills prior to taking Step 2CS.

Reference List:
1. Berg K, Winward M, Clauser BE, Veloski JA, Berg D, Dillon GF, Veloski JJ. The relationship between performance on a medical school's clinical skills assessment and USMLE Step 2 CS. Academic Medicine. 2008;83(10 Suppl):S37-S40.
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R 5
The Effect of a CTA Tutorial on the Practice of Prac Nurses
Monday, June 28, 2010
11:15 AM - 12:15 PM
Intended Audience: All Audiences
Columbia

Christine E Fairbank. Medical Education Unit, The University of Melbourne.

Introduction:
Clinical Teaching Associate Programs have been used by medical faculties around the world to teach medical students how to perform sensitive examinations. They lead to an immediate increase in the confidence and communication skills of the participants performing these examinations. We decided to investigate the longer term results of the tutorial. Do these changes persisted when participants moved into clinical practice. Our medical students do not graduate for at least 12 – 18 months after participating in our tutorial and have little opportunity to perform pelvic examinations. However, we also train practice nurses as part of their course accrediting them to perform Pap tests. These participants move straight into clinical practice.

Methods:
A questionnaire was sent to39 practice nurses who had participated in our tutorials over the previous 2 years. The minimum time in practice since the tutorial was 6 months and the maximum time was 24 months. The questionnaire covered basic information such as time of tutorial and their present practice. It asked for a general response to the tutorial and free comments on both technical and communication skills they use routinely. Finally they were asked to move through tables of technical skills tand communication skills ticking those they used routinely. Some were specific to our program.

Results:
The response rate was 60% and replies from across all groups. The largest group was trained 2 years prior to the survey. They constituted 1/3 of the replies. There were 55 free comments made in the communication area and 35 in the technical area.
On check list questions most technical items were routine practice for 75 %nurses.There were 2 items which were done by only 50%. In the communication items only the use of the mirror was very poorly adopted. The stop signal, simple explanation, Pap test registry and explanation of side effects were done by everybody. All the other items were routine for 85% of the nurses.

Conclusions:
The tutorial had a long lasting effect with both technical and communication skills taught being used. Although these tutorials are expensive to run, they are a very valuable and worthwhile educational tool.

TT 2
The Rhetoric of the Checklist and Other Problems: Applications of Linguistics in Clinical Communication Skills
Monday, June 28, 2010
11:15 AM - 12:15 PM
Intended Audience: All Audiences
Chesapeake A

John R Skelton. Interactive Studies Unit, School of Health and Population Sciences, University of Birmingham.

The starting point for this session is a linguist's perspective on the language of checklists used for the assessment and teaching of clinical communication. These behavioural checklists have an apparent precision which is undermined by the frequent resort to words such as "appropriate" and "reasonable" (as in "maintain appropriate eye-contact") which are known to be unreliable. The central problem, it is argued in this session, is a misunderstanding of the way natural languages work.

The session is therefore designed to give colleagues who do not have a grounding in language theory a basic understanding of how linguists view relevant issues in describing, learning, teaching and assessing communication, and to make them aware of language-based research which is of relevance to the field. Participants will be briefly introduced to a range of key linguistic models and approaches and will have the opportunity to practice them, and explore their implications, using real data from clinical settings.
The exact focus of the session will depend in part on the interests of participants, but issues covered will include two central ways of making sense of language. Firstly, Chomsky's metaphor of "surface" and "depth" in language: and secondly Speech Act Theory as elaborated by Searle. Both concepts have had huge and complex implications for language study, but the basics are easy to grasp and offer ways of understanding the gap between what we say and what we actually mean.

The session will also look at aspects of Genre Analysis (Swales), and at concordancing analysis (Sinclair) as a means of identifying hidden patterns in language use (eg, the language of the consultation).
It should be stressed that the session is designed to sensitise participants to issues. The study of language tends to demonstrate what a complex phenomenon it is, and this session offers no easy solutions.

Reference List:
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Sinclair JM. Looking up: an account of the Cobild project in lexical computing. London: Collins 1987.
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TT 3
Improving Standardized Patient Accuracy by Using Role-Play During Training
Monday, June 28, 2010
11:15 AM - 12:15 PM
Intended Audience: All Audiences
Chesapeake B

Donald J Woodyard, Erica Clarkson, Kristin Hartley, Courtney Slough, Jim Barrick, Matthew Turner, Cameron Mumme, Cherri Hobgood. School of Medicine, University of North Carolina.

Technique:
Role-Play is one of several pedagogical methods employed by educators to teach communication and behavioral skills. We modified the traditionally didactic Standardized Patient (SP) training sessions to Role-Play encounters, mimicking the encounters they will perform when training and assessing health professional students. This session will explore the use of scripted Role-Plays in SP Training to ingrain confidence and ensure standardization and accuracy of performance and assessment.

Rationale:
For high stakes assessments of health professional students, Standardized Patient (SP) reliability is critical to defensible examinations and grading. Role-Play is widely shown in the literature to be an effective method for teaching interactive skills to learners. SPs, as learners, will benefit from the use of Role-Play in their scenario training sessions by having the opportunity to practice acting out the new scenario and how to complete the case checklist. Because the Role-Plays are scripted, the trainers are able to quickly and easily identify discrepancies within the SP case, misunderstandings the SP has with acting the role, and mistakes the SP has in completing the checklists accurately. These errors can be corrected and practiced repeatedly to improve SP proficiency prior to student encounters. Since implementing the practice, our program has seen a significant improvement in the SP accuracy when compared to outside rater. SPs have also reported higher levels of confidence in case performance and scoring and increased satisfaction with training.

Objectives:
In this session, participants will
1) Learn how Role-Play can improve SP reliability by reviewing examples from an existing program
2) Learn important strategies for implementing Role-Play into their training sessions
3) Learn how to develop scripts to help assess SP accuracy
4) Learn debriefing techniques for improving SP performance
Format:
(20min) Overview of SP Training using Role-Play scripts by looking at the experiences of an existing program using Role-Play training for high stakes testing. Participants will have the opportunity to discuss their own experiences/challenges with the large group.
(15min) Review an existing case and practice creating Role-Play scripts in small groups.
(15min) Practice using Role-Play scripts and debriefing performance in small groups.
(10min) Large group discussion and closing remarks.

WS 4
Simulation Strategies To Improve Occupation-Specific Literacy Skills
Monday, June 28, 2010
1:45 PM - 3:45 PM
Intended Audience: Veteran
Chesapeake A

Cathy Smith, Stan Rogal, Kevin Hobbs, Lorena Dobbie, Jacquie Jacobs, Lynn Russell. Faculty of Medicine, University of Toronto.

Overview:
This experiential workshop provides SP educators with simulation teaching strategies that address issues of linguistic expression and cultural communication - defined as occupation-specific literacy - that can arise when working with Internationally Trained Professionals (ITPs.) Topics include occupation-specific role development, SP role portrayal, teaching and feedback approaches - including the use of specifically designed tools - and session design. Opportunities will be provided for exploration, discussion, practice and reflection. Although the simulation strategies described were developed for a medical literacy program for International Medical Graduates, the principles are generalizable to other occupation-specific contexts.

Rationale:
SP educators can be faced with challenges in designing and providing appropriate simulations and feedback strategies to address learning gaps experienced by ITPs, related to limited linguistic expression and/or a lack of understanding of the norms and genres of the "new" country's professional culture. This complex language and cultural proficiency is defined as medical literacy. It differs from social communication in that there is a much greater cognitive demand, especially for ITPs speaking a second, third or fourth language and having been trained in another country.
Specific simulation teaching strategies and feedback tools can help SP educators to assist ITPs in becoming aware of gaps between previous professional and language skills and the expectations in their new professional culture, including:
· calibrating case content and SP role portrayal to reflect specific literacy levels using the Canadian Language Benchmarks as an organizing structure.
· using specifically developed teaching techniques for SPs "in role" such as drawing attention to gaps in understanding because of language usage and finding teachable moments, e.g.: making confusion overt through verbal and non-verbal behaviour, in order to offer ITPs the opportunity to become aware of and address their literacy issues within the immersive context of a simulation.
· using specifically designed feedback tools focused on linguistic expression and relevant patient-centered communication skills.
· carefully training SPs to give feedback using these tools.
· designing individual sessions to scaffold learning opportunities.

Objectives:
Participants will:
1. Understand the concept of occupation-specific literacy as it relates to simulation and feedback.
2. Explore strategies for developing simulated cases designed to address occupation-specific literacy issues.
3. Experience simulations calibrated to various literacy levels.
4. Practice using teaching techniques and giving feedback using specifically designed strategies and tools.
5. Discuss and reflect on applications to their own practice.

Session Format:
· Introduction/ice breaker exercise, 10 minutes.
· Think/pair/share reflective exercise, 20 minutes.
· Large group presentation/discussion, 15 minutes.
· Large group modeling/discussion of simulation strategies and feedback tools, 15 minutes.
· Small group interactive simulations and discussion employing feedback tools, 40 minutes.
· Large group debriefing/take home points, 15 minutes.
· Workshop evaluation, 5 minutes.

WS 5
Investing Wisely in Clinical Skills Technology – Considerations for Building, Renovating or Outfitting a Simulation Center
Monday, June 28, 2010
1:45 PM - 3:45 PM
Intended Audience: All Audiences
Annapolis

Paul J Donahue,[1] Amy Flanagan Risdal,[2] Theresa M Bernardo,[1] Joseph Byrd,[2] Joseph O Lopreiato[2]. [1]Learning and Assessment Center, Michigan State University, [2]NCA Medical Simulation Center, Uniformed Services University.

Overview:
This workshop will focus on teaching participants that by making an examination of their program s unique needs and primary goals by involving stakeholders, technologists and users of the facility she/he will be able to make an educated judgment about how clinical skills software and technology could help or hinder operations

Rationale:
The management of SPs, students, payroll, cases and research data is a challenge met by SP Educators every day. As programs expand, the workload grows as well, and many SP programs are considering implementing new technologies and often times the SP educator will be looked to for expertise on what technologies will go into a Clinical Skills Center. While the presentations of software and technology vendors are detailed and specific as to their product, what must also be considered are the changes a center must make to accommodate new technologies. Teamwork among educators, technologists and users of the facility is key. This session will equip the SP educator with a set of processes for coordinating input from a variety of sources so that the right technologies are selected and implemented to support their educational purposes.
**NOTE: This workshop WILL NOT compare specific software systems. It will instead give you tools and prepare you to evaluate what is best for your center.

Objectives:
By the end of the session participants will possess:
- An individual assessment of the participant's specific clinical skills software and technology needs.
- A personalized "Question Inventory" that will guide the construction, renovation or outfitting of a clinical skills center including discussion items for software and technology vendors.
- An understanding of the relationship between key technologies used in a clinical skills center.
- An example of an evaluation matrix that will aid in choosing the correct event management software for their facility.

Intended Discussion Questions:
The following activities and discussions will take place:
- The Clinical Skills Quiz
- Creation of a personalized "Question Inventory" for each participant
- Introduction to and the beginning of an Evaluation Matrix
- Sharing of Experiences Discussion

Session Format:
The session will be in the following format:
5 min. Introductions and Overview
15 min. Exercise: Clinical Skills Quiz and Review
25 min Presentation: Outlining Your Program's Unique Needs
15 min. Presentation: Building Multidisciplinary Teams
15 min Exercise: The Question Inventory
25 min Presentation: Technology Considerations / Fitting It All Together
15 min Group Discussion: What Works for You? Sharing Our Experiences.
5 min Workshop Evaluations

WS 6
Creating a Mystery Shopper Program for Physician Private Practices at Your Institution
Monday, June 28, 2010
1:45 PM - 3:45 PM
Intended Audience: Veteran
Chesapeake B

Terry Sommer,[1] Pamela Tripodi,[1] Devra Cohen-Tigor[2]. [1]Mount Sinai School of Medicine, Mount Sinai Medical Center, [2]Bioethics Program, Union College.

Overview:
This presentation aims to familiarize participants with the steps required to create a mystery shopper program to assess the customer service of the front line staff (front desk, billers, schedulers) at their physician private practices, and to help them envision a framework for such a program tailored to their institution.
The presenters will give a brief overview of their own journey implementing a mystery shopper program for a large physician faculty practice with over 600 employees over a period of three years. They will report on the initial impetus to create their program, its goals and scope, how it was framed for the stakeholders, and how they navigated the obstacles and surprises encountered along the way.
Using templates created for their use, participants will do a short writing exercise defining their vision of a mystery shopper program for their own institution. Based on commonalities among the envisioned programs, participants will form small groups and outline anticipated obstacles. The whole group will brainstorm possible solutions. The presenters will contribute further input and offer practical program creation tips.

Rationale:
While most SP assessments are targeted at medical students and residents, there is a place for the creative application of SP programming in other niches of the medical setting. As the professional culture focuses more on customer service the creation of a mystery shopper program for physician private practices is no longer a novel use of SPs. It makes intuitive sense that practices will not truly thrive without excellent customer service from practice staff, regardless of the high quality of physician care offered. This presentation aims to stir thinking about the possibility of creating mystery shopper programs at other institutions and to engage participants envisioning ways to initiate such a project.

Objectives:
Participants will:
Hear the story of the journey one SP center underwent creating a mystery shopper program for its physician private practices
Consider whether a mystery shopper program would be a worthwhile project to initiate at their institution
Define the purpose and scope of a mystery shopper program for their institution
Clarify the steps for making a mystery shopper program a reality at their institution
Define obstacles to executing their program
Collaborate to brainstorm solutions to the obstacles foreseen
Consider the lessons learned by the presenters' institution in creating such a program
Acquire tips for the practical creation of program materials,and casting and training of SPs

PD 3
Remediating Students After High-Stakes SP Exams
Monday, June 28, 2010
1:45 PM - 3:15 PM
Intended Audience: All Audiences
Columbia

Carrie A Bohnert,[1] Mary B Carter,[1] Dena K Higbee,[2] Elizabeth O Leko,[3] Tamara L Owens,[4] Kris Slawinski[5]. [1]Office of Medical Education - Standardized Patient Program, University of Louisville School of Medicine, [2]Office of the Dean - Shelden Clinical Simulation Center, University of Missouri School of Medicine, [3]Clinical and Professional Skills Center, University of Arizona College of Medicine, [4]Office of the Dean, Howard University, [5]Biological Sciences Division, University of Chicago, the Pritzker School of Medicine.

Overview:
This session will focus on issues and strategies related to remediating students who have failed all or part of a standardized patient high-stakes examination. Through presentations by SP staff from five institutions about the various remediation strategies they have utilized, participants will understand that successful remediation can and should be designed to custom-fit an institution. Attendees will learn how to match a remediation process to a school's curriculum design process, identify resources within an institution, and maximize learning outcomes for students. Attendees will also learn about successful strategies for improving remediation processes and for building a network of colleagues with whom to share ideas.

Rationale:
According to the Association of American Medical Colleges, 82 out of 131 member institutions require students to achieve a passing score on the USMLE Step 2 Clinical Skills Exam in order to graduate (Curriculum Directory, 1995-2009). Many schools offer a multi-station OSCE to prepare students for the Step 2 CS (Hauer, Teherani, Kerr, Irby, O'Sullivan, 2009, p. 665). Some institutions also require students to pass that in-house OSCE in order to graduate. By their nature, all high stakes exams will identify some students who do not meet the expectations set for the exam. What do programs do to bring students up to par if they do not meet the standards?
Approaches to remediation vary widely (Saxena, O'Sullivan, Teherani, Irby, Hauer, 2009, p. 669). This is not necessarily a weakness. Instead, it may reflect an institution's ability to maximize the use of available resources. Research indicates that satisfaction with the remediation process may be linked to the stringency of consequences that result from exam failure (Hauer, Teherani, Kerr, Irby, O'Sullivan, 2009, p. 667).
Remediation can, indeed, be a positive experience for students. In one study, students indicated that they would appreciate more opportunities for the individualized learning that takes place during the remediation process (Chou, Chang, Hauer, 2008). The key to achieving student satisfaction in remediation lies in maximizing available resources. This session will present strategies and encourage the discovery of an institution's best plan for remediation.

Objectives:
Participants will:
1. Learn five strategies for remediating students.
2. Reflect upon their own remediation process.
3. Share best practices from their own institutions during group discussion.

Intended Discussion Questions:
1. How do programs set standards for remediation?
2. How do programs identify students who are not meeting expectations?
3. Who spearheads the remediation process?
4. What resources do programs utilize to plan high-stakes exams?
5. How can programs maximize those resources for remediation?
6. What is in the best interest of students?

PD 4
Taking the OSCE on the Road: Application of Mobile Technology and Personnel for Assessing Medical Students at Geographically Distributed Clerkship Sites
Monday, June 28, 2010
1:45 PM - 3:15 PM
Intended Audience: All Audiences
Frederick

Debra A Allan Danforth, Dianne Walker, Turner Gregory. Office of Medical Education, Florida State Univeristy College of Medicine, Office of Medical Education, Florida State Univeristy College of Medicine, Office of Medical Education, Florida State Univeristy College of Medicine.

Overview:
Little is known about the use of mobile technology for performance-based assessment in remote locations. Our College of Medicine is one of the first schools to take a Formative Objective Structured Clinical Examination (FOSCE) to faculty and students in six regional campuses. Six regional campus deans, 30 clerkship directors and the entire class of 117 students took part in a pilot mobile FOSCE. Preliminary findings indicate that faculty and students appreciated the flexibility of the technology and adaption of the process to site- specific needs. The discussion will revolve around the design, development, implementation and evaluation of taking a FOSCE on the road.

Rationale:
The objective structured clinical examination (OSCE) is a well established, validated, and widely used performance-based assessment in medical education. Most medical schools administer OSCEs on their main campuses in specially designed and equipped facilities. In the past, our College of Medicine (COM) had its six regional campuses send their third-year medical students, and practicing clinical faculty evaluators (clerkship directors), to the main campus for these examinations. For the 2009 academic year, our COM decided to take its FOSCE, a middle of the third year formative evaluation, to students and faculty evaluators at their own regional campuses. Three staff members and six standardized patients traveled around the state on a bus to each regional campus. The standardized patients portrayed patient roles in each of three cases and also were responsible for evaluating the students. Medical students performed and were assessed on their abilities to conduct a history and physical exam, their interpersonal and communication skills, and their abilities to develop a plan of care. The overall aim was to explore the feasibility, requirements for, and impact of using mobile technology for the assessment of students' clinical skills. The project was guided by the educational and organizational needs of a unique medical education curriculum with dispersed training sites. We invested in developing an approach to meeting the curricular needs of faculty and students in order to simplify a complex logistical problem, and not in complex technology. The mobile approach served us well in developing an innovative yet responsive assessment approach that meets the needs of regional deans, faculty, and students. We believe that the mobile OSCE and FOSCE is a promising method for assessing students' clinical knowledge and skills and that this assessment method does not require as much faculty and student time/money, as centralized testing.

Objectives:
The participants will be able to:
1. Describe what a mobile OSCE involves.
2. Incorporate the steps needed into making a mobile OSCE successful.
3. Identify benefits and challenges of implementing a mobile OSCE.
4. Integrate and utilize suggestions from the panel into their university setting.

Intended Discussion Questions:
1. What are the benefits of implementing a mobile OSCE?
2. What challenges do you see to successful implementing of a mobile OSCE?
3. What other positive aspects might you envision from having a mobile OSCE in your community?
4. What other aspects would you recommend we examine?

TT 5
Supporting Our Standardized Patients (SPs) in Emotionally Challenging Scenarios: How To Avoid Compassion Fatigue in Standardized Patients
Monday, June 28, 2010
3:00 PM - 4:00 PM
Intended Audience: All Audiences
Baltimore

Tracy Nicholson, Lori Gourley Babbey, Marlene Strollo, Michelle Rosenberger, Holly Gerzina, Cassandra Konen, Howard Gregory. Wasson Center for Clinical Skills, NEOUCOM.

Technique:
SPs have become integral to health professionals' education. What are the consequences to SPs when the subject matter is emotionally difficult, if not traumatic? How do Educators support and help them through a difficult process? What must Educators think about before, during, and after an assessment.

Rationale:
Research supports the need to address complex emotionally laden roles and the effects of repetitive participation in these roles. One study (McNaughton, Tiberius, Hodges, 1999) reported that eleven out of sixteen SPs portraying emotionally complex roles reported residual effects such as anxiety, increased energy, tiredness and sensitivity to light. These effects lasted anywhere from 10 minutes to a couple of hours following an assessment.

Therefore to mitigate challenges it is important to be **proactive** about knowing your SPs before placing them in difficult scenarios. Knowing what motivates your SP to be an SP can be important in understanding their limits and assigning the most appropriate role. Would you give a pediatric palliative case to an SP who has lost a child? Would you cast someone as an alcoholic who is recovering from that disease? Getting to know your SPs is key to supporting them.

We need to provide on-going screening and be able to assess SPs during encounters. This includes monitoring and analyzing what is going on before and during assessments: how SPs are responding to training, and behaviors in our SPs that would indicate they're under stress.Screening, monitoring, and communication with SPs and getting feedback from other educators is crucial.

Objectives:
Train SP educators how to effectively screen SPs for emotionally laden roles.
Train SP educators to evaluate SPs before, during, and after participation in these roles.
To maintain a positive reputation for SP support, which will enhance future recruitment efforts.

References
Barrows, H. S. (1987). *Simulated (Standardized Patients and Other Human Simulations)*. North Carolina: Health Sciences Consortium.
McNaughton, N., Tiberius, R., Hodges, B. (1999). Effects of Portraying Psychologically and Emotionally Complex Standardized Patient Roles . *Teaching and Learning in Medicine*, *11*(3), 135 - 141.
Nettle, D. (2005). Psychological Profiles of Professional Actors. *Personality and Individual Differences*, *40*, 375-383.
APA formatting by BibMe.org.

WS 7
Advanced Verbal Feedback by Standardized Patients for Students
Monday, June 28, 2010
4:00 PM - 6:00 PM
Intended Audience: All Audiences
Chesapeake A

Lou Clark, Ann Morrison, Nancy Sinclair. Assessment¸ Learning, School of Medicine, University of New Mexico.

Overview:
Students want relevant, well crafted feedback from Standardized Patients (SPs) following individual encounters.
The Advanced Verbal Feedback Model was designed by a faculty member and an SP Trainer and builds on our existing, basic "I-Statement" feedback model. The advanced schema gives SPs opportunities to provide students with in-depth, topic driven feedback based on individual case scripts and student assessment tasks. This model was used by our institution in 2009 for two different cases in which students were tasked to counsel the patient about specific issues. Counseling topics included diet/nutrition and risks for upcoming surgery. SPs provided content specific feedback to students after each encounter while "in character" according to the wants and needs of the patients they portrayed. Post-assessment feedback from faculty, staff, SPs and students supported the validity of the Advanced Feedback Model. Faculty observed feedback exchanges between SPs and students; students expressed appreciation for comprehensive feedback from SPs who, in turn, felt valued for their contributions in the role of feedback provider.
Workshop participants will leave with examples, strategies and materials to share with their training teams.

Rationale:
Feedback targeted to specific learning objectives provides learners with necessary information to accurately gauge their performance and competence while providing specific suggestions for growth. The Advanced Feedback Model offers a standardized format for training SPs which prepares them to offer relevant, topic driven feedback to learners.

Objectives:
Practice Advanced Verbal Feedback Model
Discuss challenges encountered by participants in their small groups
Strategize incorporating Advanced Verbal Feedback methods in individual programs

Intended Discussion Questions:
What current feedback models do participants use at their institutions?
How can participants use the Advanced Verbal Feedback model in their own work?

WS 8
Empowered Negotiation: Having the Evidence You Need To Say "Yes" or "No" to an SP Event
Monday, June 28, 2010
4:00 PM - 6:00 PM
Intended Audience: All Audiences
Annapolis

Connie B Perren, Karen A Szauter. Office of Educational Development, The University of Texas Medical Branch at Galveston.

Overview:
The attendee will learn a method to define, plan and prepare each SP event and to determine:
· The objective of the project or SP event
· What has to be done or delivered to meet the objectives (and when/how each item is to be delivered)
· The required tasks
· The sequence of the tasks
· Whether or not a task is dependent upon another task
· Who should perform each task
· The time it will take to complete each task
The attendees will learn how to draw a simple Gantt chart, which is a type of bar chart that illustrates a project's tasks and schedule, each with start and finish dates.
The attendees will also observe and then practice using the Gantt chart in a discussion with a requestor.

Rationale:
Your SP Program is managing 7 events (1 currently running, 1 next week, 2 in training, 3in casting), your receptionist is out with knee surgery and your faculty wants to add two new SP activities to run in 3 weeks. Do you work 20 hours per day for the next 3 weeks to deliver what you hope is good enough, or would you like to learn a method to define the chaos?

Objectives:
At the end of the workshop the attendees will be able to:
1. Deconstruct a SP activity listing individual steps to plan and prepare a SP event
2. Describe how to use a Gantt chart to negotiate how the requestor's objectives can be met
3. Given the project documentation for a SP event (the request, the task list with durations, dependences and resources), draw the Gantt chart), and role-play the discussion between the SP Educator and the requestor

WS 9

Are You Really Measuring What You Want? A Practical *(and Sweet)* Approach to Developing Rating Scales

Monday, June 28, 2010
4:00 PM - 6:00 PM
Intended Audience: All Audiences
Chesapeake B

Karen Szauter,[1] Connie Perren,[1] Sandra Terranova[2]. [1]Office of Educational Development, University of Texas Medical Branch, [2], Medical College of Wisconsin.

Overview:

Workshop Goal: to provide a practical experience in the development and application of an objective rating scale, with attention to the identification and control of potential errors that impact assessment measures.

This highly interactive workshop will provide a practical (and fun) approach to thinking through the development of rating scales. We will use chocolate, a tasty treat familiar to attendees, to highlight the principles of measurement. Attendees will develop and apply a rating scale to various chocolate samples, examine the factors of rater consistency, and discuss potential confounders/ sources of error in each step of the process.

Rationale:

New applications of standardized patients (SPs) in teaching and assessment continue to emerge from a broad range of disciplines. Carefully defining the objectives of any SP exercise is critical to ensure optimal use of this resource intensive methodology. Deciding what information to capture about the learner is essential in the development of the SP exercise. Rating scales, in the form of dichotomous checklists or global rating scales, are typically developed for use by SPs or observers to document specific performance criteria of the learner. Evaluations from the learners, intended to address their perceived learning and/or satisfaction with the experience, are often collected and used to inform modifications to future SP exercises. These two examples highlight the importance that rating scales play in our day to day work as educators, and the importance of using scales that are both reliable and valid.

Objectives:

(1) review the concepts of reliability and validity
(2) work collaboratively to develop an objective rating scale
(3) apply the rating scale to a common item
(4) compare ratings across users
(5) discuss the potential sources of error introduced during the development and use of the measurement tool
(6) apply concepts learned to tools used in daily work

Intended Discussion Questions:

Large group discussions will occur throughout this workshop to debrief each step of the process and highlight poitns were error can impact measurement.

NOTE: this workshop has been adapted from the work of Dr. Deborah Simpson (see reference) and is being submitted with her knowledge and permission.

Reference List:

Simpson, D., Meurer, L., (2007). Educational Measurement Workshop: A "Sweet Approach" to Understanding the Basic Principles of Educational Measurement. MedEdPORTAL: http://services.aamc.org/30/mededportal/servlet/s/segment/mededportal/?subid=735.

R 6

Assessing the Effectiveness of Simulations for Teaching Emergency Response Skills to Interprofessional Teams of Health Science Students

Monday, June 28, 2010

4:00 PM - 5:30 PM

Intended Audience: All Audiences

Columbia

Jane L Miller. AHC Simulation Center and IERC, University of Minnesota.

Introduction:

This abstract describes a CDC-funded, five-year project to design, implement, and assess an immersive emergency preparedness simulation – called "Disaster 101" – for interprofessional health science student teams. Special attention is paid to the creation of individual and team-skills assessment tools, which have previously not been developed using rigorous metrics or standards. Results from the first of these simulated events will be reported.

Methods:

A total of 40 students were recruited from Medicine, Nursing, Pharmacy and Dentistry. The half-day workshop simulated a bomb blast using over 30 standardized patients portraying victims with varying injuries and responses to the emergency. The research employs a pre/post-test model to determine the impact of the simulated experience on the students' knowledge, skills and attitudes. The design of Disaster 101 is informed by what others have called "an untouched research area that is suited perfectly to high-fidelity simulation" (Steadman et al 2006:24): the use of mastery learning in the development of disaster preparedness skills and best practices at improving retention and self-motivation.

Results:

Two assessment tools were created – for individual skills and interprofessional team skills – for this activity. Event evaluations were completed by trained evaluators and students. Response to the workshop methodology and content was overwhelmingly positive (4.80/5 for evaluators, 4.74/5 for students). While the results from skills assessments indicated that students' skills improved over the course of the workshop, evaluators found the tools difficult to use. Redesign of assessment tools and unanticipated outcomes (e.g. integration of Disaster 101 into new curricula) will also be discussed.

Conclusions:

This project is significant because it 1) provides high-quality disaster preparedness education to students; 2) promotes a greater understanding of skills and training among health professionals, and 3) creates metrics to evaluate the effectiveness of the training. Based on previous studies (see references), we expected an increase in the students' knowledge and improvement in their disaster response skills. Results confirmed that the training was effective, but that changes should be made to the assessment instruments to improve their usability.

Reference List:

Steadman, R.H., Coates, W.C., Huang, Y.M., Matevosian, R., Larmon, B.R., McCollough, L., Ariel, D. (2006). Simulation based training is superior to problem-based learning for the acquisition of critical assessment and management skills. Critical Care Medicine 34 (1): 151-157.

Issenberg, S.B., McGaghie, W., Petrusa, E., Gordon, D.L., Scalese, R.J. (2005). Features and uses of high-fidelity medical simulations that lead to effective learning: a BEME systematic review. Medical Teacher 27:10-28.

LaCombe, D.M., Gordon, D.L., Issenberg, S.B., Vega, A.I. (2000). The use of standardized simulated patients in teaching and evaluating pre-hospital care providers. American Journal of Anesthesiology 4:201-204.

Scott, J. A., Miller, G. T., Issenberg, S. B., Brotons, A. A., Gordon, D. L., Gordon, M. S., et al. (2006). Skill improvement during emergency response to terrorism training. Prehospital Emergency Care 10(4), 507-514.

Markenson, D., DiMaggio, C., Redlener, I. (2005). Preparing health professions students for terrorism, disaster, and public health emergencies: core competencies. Academic Medicine : Journal of the Association of American Medical Colleges, 80(6), 517-526.

R 7
The Role of Student Self-Assessment in a Formative Assessment of Students' Clinical Skills
Monday, June 28, 2010
4:00 PM - 5:30 PM
Intended Audience: All Audiences
Columbia

Carrie K Bernat, Jennifer Christner. Office of Medical Education, University of Michigan Medical School.

Introduction:
Medical students who participate in self-regulated learning and self-assessment are more likely to develop the cognitive skills required of a practicing physician, such as critical thinking and problem solving through analysis, synthesis and evaluation[1]. Our institution has developed a comprehensive formative clinical assessment, Feedback on Clinical Skills (FCS), requiring students to execute two complete clinical encounters that are entirely observed and formatively assessed by a faculty preceptor. Students are required to self-assess based on perceptions of their performance prior to reflective feedback discussions with their Standardized Patient Instructor (SPI) and faculty preceptor. Additionally, between the two clinical encounters, students are required to review the video of their performance and complete a second self-assessment based on their observations. A final self-assessment is completed after the second clinical encounter.

Methods:
Each student completes a self-assessment of their performance at the following times:
• After the first FCS interaction, prior to receiving any feedback about their performance
• After reviewing the video of their own performance (several weeks after the first interaction was completed)
• After the second FCS interaction
Each student's self-assessment is comprised of two distinct data sets: 1) communication skills items on which the SPI also assesses the student and 2) overall performance ratings on each component of the exercise on which the faculty assesses the student.
Student self-assessment data will be compared with the data collected by both the faculty and the SPIs to determine the accuracy of the students' self-assessments and whether or not students' accuracy improves over time.

Results:
Data collection for this project is complete and compilation and analysis of data is underway (expected completion: January 2010). We hypothesize that student self-assessments are more accurate as compared to SPI and faculty assessments after reviewing their own performance on video and receiving feedback.

Conclusions:
We expect that students will more accurately self-assess after the video self-review process and receipt of feedback about their performance. Self-assessment is a vital component of medical education and working with students to achieve higher levels of self-awareness, reflection and accuracy will work to ensure this is as fruitful a process as possible.

Reference List:
White, C.B. (2007). Smoothing out transitions: How pedagogy influences medical students' achievement of self-regulated learning goals. Advances in Health Sciences Education, 12, pp. 279-297.

R 8
Drilling to the Details of Documentation: A Finer Look at Mismatches
Monday, June 28, 2010
4:00 PM - 5:30 PM
Intended Audience: All Audiences
Columbia

Eileen S Moore, Mary F Donovan, Shyrl I Sistrunk. Office of Medical Education, Georgetown University School of Medicine.

Introduction:
Recent studies on student documentation of standardized patient encounters reveal a high percentage of "mismatch" between what is performed and what is written (Szauter et al.). Our preliminary research expanded these to include history-taking as well as physical exam discrepancies, and revealed broader areas of divergence. To this end we are currently working on two areas of expansion:
First, to refine our focus on matters of Professionalism per ACGME core competencies, specifically integrity and accountability. Problems of poor technique deserve further study as a measure of clinical training, not as a measure of integrity.
Secondly, to enrich the context of our research, in particular to expand the heterogeneity of our sample through collaboration.

Methods:
Faculty review of video-recorded standardized-patient encounters compared to post-encounter SOAP note for formative clerkship exercise. Reference standard evaluation were performed by faculty experts and assessed at 100% inter-rater reliability.

Results:
87% incongruence between actual and documented patient information. Table 1 delineates each category of mismatch, e.g. 49% of encounters had errors of omission - either pertinent history or pertinent physical exam maneuvers not documented; 6% of encounters had errors of commission – pertinent history not taken or physical exam not performed at all, but documented.

Categories of Mismatch / #% /Example		
History-taking and physical exam performed and documented correctly	7(13%)	History and physical correctly performed and documented
Pertinent History taken; not documented	16(30%)	Omission of meds patient reports taking
Physical exam performed correctly; not documented	10(19%)	Clinically significant exam findings (rebound pain) not documented
Pertinent History not taken; documented	1(2%)	7/10 pain (not stated)
Physical exam not performed; documented	2(4%)	Liver span 9 cm by percussion
Physical exam performed Incorrectly; documented	30(57%)	Auscultation over gown
Pertinent History taken; incorrectly documented	8(15%)	RUQ documented, RLQ actual
Physical exam performed; incorrectly documented	5(9%)	RLQ ecchymosis documented, not present

Conclusions:
The identified mismatches drive the need for more detailed analysis of errors of omission and commission. As we refine our categories of mismatch, we intend to focus on issues of professionalism and curricular reform.

PD 5

How Standardized Are Standardized Patients? The Development of a Certificate Program for Standardized Patients

Monday, June 28, 2010
4:00 PM - 5:30 PM
Intended Audience: All Audiences
Frederick

Dawn M Schocken,[1] Martha G Lakis,[1] Stephen C Charles,[1] Alicia DH Monroe,[1] Douglas D Schocken[2]. [1]Office of Educational Affairs, University of South Florida College of Medicine, [2]Department of Internal Medicine, Division of Cardiovascular Disease, Duke University.

Overview:

Standardized patients (SPs) are used throughout healthcare curriculum to provide students an opportunity to practice clinical skills and be assessed in the clinical environment. A trained SP provides feedback to the student to enhance their understanding of patient management. The inter-observer reliability and validity of SP responses is key to validation of an assessment activity. This presentation will explore the development of a certificate program for the training of SPs, with the intention of increasing the inter-observer reliability and validity of the SP responses.

Rationale:

Extensive work, research and data support the need to have specific training programs for SPs. Each SP program focuses training on the activity-specific content for the SP. A certificate program for SPs was developed to determine if the inter-rater reliability and validity would increase if the training was standardized, theory-based, hands on, and reflective of what SPs are generally asked to do during a case-based scenario. The general consent is that SPs who participate gain a greater insight of their specific role in the educational process. It also serves specifically to standardize the educational process for all active SPs in a program.

Objectives:

This Presentation/Discussion will cover the specific development of a certificate program for SP training. Active discussion, through the use of the Audience Response System (if available), role-play, small group discussion, and simulated demonstration will give course participants the opportunity to merge their specific SP program requirements into an overarching certificate program for their home institution.
At the end of this presentation, the course participant will be able to:
1. Discuss the art of feedback from SP perspective.
2. List the psychometric parameters in measuring standardization of SP responses.
3. Demonstrate one session the course participants can implement in their SP training.
4. Outline topics of change to be incorporated into the Certificate Program for SPs.

Intended Discussion Questions:

Several questions will be introduced to encourage an open dialogue.
Question 1: How standardized are your SPs? How are the psychometric measurements gathered? Who is in charge of gathering this data? What happens to this data?
Question 2: How does the SP training in the course participant's institution address the challenges listed above?
Question 3: Does a standardized response impact a student's evaluation? If so, how?
Question 4: If training is ongoing, does the SP trainer have a program that could be a 'certificate program' already? Does an SP who has completed a certificate program imply a different status of SP?
Question 5: If an SP training program was to begin a certificate program, who certifies it? Does a certificate program impact accreditation?
Question 6: Where do we go from here?

TT 6
The "S"PBL – Using Standardized Patients To Enhance the Preclinical Curriculum for Medical Students
Monday, June 28, 2010
4:15 PM - 5:15 PM
Intended Audience: All Audiences
Baltimore

Rhonda A Sparks,[1] Robert W Blair,[2] Michelle D Wallace,[1] Robert M Hamm,[1] Sheila M Crow[1]. [1]Clinical Skills Education Testing Center, University of Oklahoma, [2]Department of Physiology, University of Oklahoma.

Technique:
In the SPBL (Standardized Patient Based Learning) session, a small group of students interact with a Standardized Patient (SP) presenting with a chief complaint. Students gather information through history and physical exam and schedule follow-up with the patient. The students identify group learning issues to facilitate the development of a differential diagnosis and the determination of what diagnostic tests are needed. The students request tests via email. After completion of the research and obtaining results of the requested tests, the student group completes a follow-up appointment with the SP to share their probable diagnosis, and address SP concerns. The student groups then debrief with an assigned mentor physician. This debriefing session includes oral presentation of the patient case. Students complete a pre and post evaluation assessing their self-reported skills and comfort level performing the basic clinical skills of an out-patient encounter.

Rationale:
Many colleges of medicine utilize Problem Based Learning (PBL) methodology in the pre-clinical curriculum. The expansion of standard PBL cases to include interaction with a Standardized Patient (SP) in an initial patient visit and a follow-up visit allows students to learn the evaluation and management of clinical problems during the basic science years. This enhanced methodology elucidates the relevance of basic sciences to clinical practice, allows opportunity for practice and evaluation of communication skills, introduces the skills of formal patient presentations, and allows the clinician interaction component of the SPBL to focus on not only data gathering, but also clinical thinking and differential diagnosis development.

Objectives:
By attending this training session, participants will:
1. Learn a new technique for patient interaction in the pre-clinical years utilizing an enhancement of the PBL methodology by adding an initial and follow-up SP "live" encounter.
2. Discuss the results of outcomes from interactions over two academic classes, focusing on process issues identified by faculty and students and proposed solutions to improve the SPBL process.
3. Participate in a discussion about how this technique integrates the basic and clinical sciences in the pre-clinical years and provide an educational activity to teach first year students upper level clinical skills.

Detailed Daily Schedule
Tuesday, June 29, 2010

8:00am – 3:00pm **Registration Open**

8:15am – 9:15am **Breakfast and Town Hall/Certification Discussion** *Constellation Ballroom AB*

9:30am – 11:30am **Breakouts**

9:30am – 11:30am WS10 *Baltimore*
Scholarly Work with Standardized Patients: An Introductory Workshop
Presenters: ASPE Grants and Research Committee

9:30am – 11:30am WS11 *Annapolis*
SPs to Use Questions Effectively in Oral Feedback Sessions
Presenter: Amy L Lawson

9:30am – 11:30am WS12 *Frederick*
Implementation of a Management-Focused Clinical Skills Exam for Assessing Emergency Medicine, Critical Care or Intensive Care Clerkship Skills
Presenters: Connie H Coralli, Andrea E Haynes, and Robin N Kirk

9:30am – 11:30am WS13 *Columbia*
SP Stage Managers: An Administrative Life Boat
Presenters: Bob Kiser, Martin Hurm, Rachel Yudkowsky, and Amy Binns-Calvey

9:30am – 11:00am Hybrid Interactive Presentations *Charles/Calvert/Pratt*

HIP1
Simulations for Inter-Disciplinary Education (SIDE): Implementing Programs for Medical, Nursing, and Pharmacy
Presenters: Donald J Woodyard, Jim Barrick, and Julie Golding

HIP2
Hybrid Use of High-Fidelity Simulation Improves Skill Retention In Advanced Cardiac Life Support (ACLS) Task Training
Presenter: Dawn M Schocken

HIP3
Training SPs to Evaluate and Provide Feedback to Students Placing Peripheral Intravenous Catheters
Presenters: Karen L Lewis and Meghan L Semiao

Program Abbreviations

PCWS – Pre-Conference Workshop
TT – Training Technique
R – Research **P**-Poster
PD – Presentation/Discussion

WOW – Workshop on Wednesday
IP– Interactive Presentation
(**EIP** – Education, **CIP** – Communication,
HIP – Hybrid, **FIP** – Feedback, **AIP** – Administrative)

9:30am – 11:00am Education Interactive Presentations *Chesapeake AB*

EIP5
Remediation Strategies for Students Who Do Not Pass Clinical Skills Assessments: A Longitudinal Study
Presenters: Carol A Pfeiffer and Lynn Y Kosowicz

EIP6
Implementing Health Behavior Counseling (HBC) with Standardized Patient Instructor (SPI) Educational Sessions: Making It Work for the Students, the Program and You
Presenters: Heather Wagenschutz and Carrie Bernat

EIP7
Using Standardized Patients to Teach about Patient Safety Issues
Presenters: Linda Morrison, Mary Aiello, Lorraine Lyman and Gayle Gliva-McConvey

EIP8
No Need to Travel: Description of an Innovative Training Program to Prepare Community Based Faculty to Score OSCEs from Remote Locations
Presenters: Debra A Allan Danforth and Dennis Baker

11:45am – 1:00pm **Committee Networking Lunch** *Constellation Ballroom AB*

1:15pm – 2:45pm **Breakouts**

1:15pm – 2:45pm PD6 *Chesapeake B*

Get the Most Out of Your Reports: Feedback for SPs, Students and the Program
Presenters: Heather Hageman, Amy Lawson, Jim Carlson and Valerie Fulmer

1:15pm – 2:30pm Feedback Interactive Presentations *Charles/Calvert/Pratt*

FIP1
The Reliability Testing of the Master Interview Rating Scale
Presenters: Teresa Sapieha-Yanchak and Carol Pfeiffer

FIP2
From Behavior to Interference to Judgment and Back Again – Training SPs Experience the Methodology and Give Feedback with Heightened Awareness
Presenters: Amelia M Wallace, Mary L Lyman and Patrick J Walker

FIP3
It's Not Just Semantics: Using "I" Statements in the Delivery of Effective Verbal Feedback
Presenters: Cathy Smith, Stan Rogal, Kevin Hobbs, Jacquie Jacobs and Lorena Dobbie

3:00pm – 5:00pm **Technology Sessions**

- **B Line Medical** *Columbia*
- **Lecat's Ventriloscope** *Baltimore*

4:00pm **Exhibits Close and Poster Boards Removed**

5:00pm **Dinner on Your Own and Dine-Arounds**

Program Abbreviations

PCWS – Pre-Conference Workshop
TT – Training Technique
R – Research **P**-Poster
PD – Presentation/Discussion
WOW – Workshop on Wednesday
IP– Interactive Presentation
(**EIP** – Education, **CIP** – Communication,
HIP – Hybrid, **FIP** – Feedback, **AIP** – Administrative)

WS 10
Scholarly Work with Standardized Patients: An Introductory Workshop
Tuesday, June 29, 2010
9:30 AM - 11:30 AM
Intended Audience: All Audiences
Baltimore

The Grants and Research Committee

Short Description: This workshop will serve as the foundation for ASPE members interested in the ASPE Scholars Certificate Program. The workshop will introduce participants to the fundamental principles of academic scholarship, and will begin to stimulate discussion of turning everyday activities into scholarly work.

Objectives

- Familiar participants with the principles of scholarship
- Understand how everyday work can be organized and enhanced for scholarly pursuits
- Practice developing and refining a question to guide scholarly work
- Understand how to manage a literature search relevant to an SP based project.

Course Schedule
- 10 minutes: Introductions
- 10 minutes: Presentation on the fundamentals of scholarship
- 20 minutes: Review of participants daily activities/brainstorming on project ideas
- 20 minutes: Asking the question
- Stretch break!
- 20 minutes: Refining the question: how to turn practice into scholarship
- 20 minutes: Developing background materials: asking a searchable question and working with databases to find resources; active demonstration of searching a question
- 15 minutes: Mentoring/wrap up/discussion

WS 11
Training SP's To Use Questions Effectively in Oral Feedback Sessions
Tuesday, June 29, 2010
9:30 AM - 11:30 AM
Intended Audience: All Audiences
Annapolis

Amy L Lawson,[1] Margaret M Plack,[2] Benjamin (Jim) Blatt[3]. [1]Pediatrics, Washington University School of Medicine, [2]Health Care Sciences, George Washington University School of Medicine and Health Sciences, [3]Medicine, George Washington University School of Medicine and Health Sciences.

Overview:
Effective questions empower learners to take ownership and seek answers independently. Furthermore, questions elicit reflection, which leads to deeper learning and critical thinking. For these reasons effective questioning is a powerful teaching method in teacher-learner interactions such as giving feedback. Standardized patients are frequently asked to serve as teachers and feedback givers. Effective questioning will be a valuable addition to their armamentarium in this role. It will allow them to create a "high-energy, high-trust environment" which minimizes defensiveness and optimizes the use of feedback to promote learning.

Rationale:
Oral feedback sessions are a unique opportunity for standardized patients (SPs) to give students timely comments about their clinical performance; these sessions also offer the chance to gauge a student's insight into his or her own clinical skill. SPs can maximize the effectiveness of feedback sessions by using questions for the following purposes:
· to open a dialogue instead of offering one-sided judgments
· to probe the student's thoughts, encourage self-assessment, and promote reflection about the encounter
· to redirect the student from judging him/herself to learning from the encounter
to use the student's own insights to direct the discussion (and to identify students with poor insight in order to direct future instruction)
· to determine which feedback topics are most relevant to each particular student

Objectives:
To provide SP trainers with a model for teaching their SPs to use questions effectively. Trainers will learn how to:
· Demonstrate how questions can stimulate two-way discussion during oral feedback sessions
· Teach SPs to use effective questioning techniques
· Teach SPs how to tailor their feedback according to the answers received

Reference List:
Cranton P. Understanding and promoting transformative learning: A guide for educators of adults. San Francisco: Jossey-Bass; 1994.
Mezirow JA. Fostering Critical Reflection in Adulthood: A Guide to Transformative and Emancipatory Learning. San Francisco: Jossey-Bass Publishers; 1990.
Schön DA. Educating the reflective practitioner. San Francisco: Jossey-Bass Publishers; 1987.
Blatt B, Giving Honest Feedback. AMA Virtual Mentor, www.ama-assn.org/ama/pub/category/15357. 8-2-2005.

WS 12
Implementation of a Management-Focused Clinical Skills Exam for Assessing Emergency Medicine, Critical Care or Intensive Care Clerkship Skills
Tuesday, June 29, 2010
9:30 AM - 11:30 AM
Intended Audience: All Audiences
Frederick

Connie H Coralli,[1] Kim Fugate,[2] Andrea E Haynes,[1] Robin N Kirk[2]. [1]Clinical Skills Center, Emory University School of Medicine, [2]Simulation Laboratory, Emory University School of Medicine.

Overview:
Evaluating management skills of clerkship students in emergency or critical care situations is important, but presents unique challenges. In response to these challanges, the Emergency Medicine clerkship at Emory University utilizes a five station Clinical Skills Exam (CSE) that gives senior clerkship students experience assessing and managing five potentially life-threatening cases. Similar CSEs would work equally well for critical care, intensive care, or other services where emergencies routinely occur. This workshop will cover the "A to Z" of how to plan and implement such a CSE.

Rationale:
In clinical settings where emergencies are common, students are faced with immediate life-threatening problems that require rapid treatment, even in the face of incomplete information. Evaluation of students in these clinical areas is problematic since students are rarely allowed to manage critically ill patients. Yet it is incumbent on the departments to verify that students leave a clerkship capable of responding appropriately to the emergencies that are common in these areas.
The Emergency Medicine clerkship at Emory University utilizes a five station Clinical Skills Exam (CSE) that addresses these difficulties. This CSE provides assessment of competencies in emergency, intensive, and critical care medicine without compromising patient safety, as well as providing a standardized method of student evaluation. In addition, students have experience interacting with other professionals, family members, and friends under highly stressful situations as each case uses multiple SPs playing different roles.
We evaluate approximately twenty fourth year students each month during the last week of their four week EM rotation. Each station consists of a patient and a "standardized nurse" and some stations also have a "standardized family member or friend." Each case deals with a common or "can't be missed" emergency.
The nurses provide background information for patients who are unconscious or altered (essentially all patients), take "orders," provide results in simulated real time, evaluate the students, and provide verbal feedback. Students assess, "treat," and make an eventual disposition on each case. Props such as IV fluids, oxygen, moulage, etc., bring realism to the cases. Student evaluation focuses on treatment and management of the emergency rather than data gathering. Participants will leave with at least one completed case, ideas for several other cases, and a budget for this CSE.

Objectives:
At the conclusion of this workshop participants will be able to:
1. Verbalize challenges inherent to assessing student performance in emergencies.
2. Describe the way in which a CSE can be used to accomplish this.
3. Discuss strengths and potential barriers to implementing such a CSE.
4. Evaluate a case currently in use in an EM CSE and discuss how it would work in their institute.
5. Develop a SP training plan(s) (including props and moulage) for a case provided.
6. Discuss the use of "standardized nurses" and "standardized family members or friends."
7. Describe three to five specific cases they could use in an EM, Critical Care, or Intensive Care CSE.

WS 13
SP Stage Managers: An Administrative Life Boat
Tuesday, June 29, 2010
9:30 AM - 11:30 AM
Intended Audience: All Audiences
Columbia

Bob Kiser, Martin Hurm, Rachel Yudkowsky, Amy Binns-Calvey. Department of Medical Education, University of Illinois at Chicago.

Overview:
This workshop will present how to develop, implement and execute the using of part-time standardized patients as Stage Managers (assistant coordinators.) Using this information, attendees will then have the opportunity to discuss and brainstorm how this position might fit into their own centers. Training materials for creating an SP assistant coordinator position will be available as handouts.

Rationale:
In a time of less financial resources and more work demands, some SP programs are finding it a challenge to deliver quality experiences for their students in a cost-effective manner. One specific obstacle is the vast number of hours it takes to actually run an existing project while continuing to plan future ones. With limited staff resources, hiring freezes, bigger project demands and the need for continued project implementation our institution began to look within the SP talent pool for the management of current projects. As a template for this new position, we decided to borrow from the theater world. Stage Managers, having worked closely with a director and production staff, are responsible for the day-to-day running of a play and maintaining the quality and original intent of the production staff. This fit our needs exactly.

Objectives:
After attending this workshop participants will be better able to:
1. Identify their specific obstacles in the staffing/managing of projects with limited personnel
2. Effectively use existing part-time standardized patients to supplement their full-time coordinators
3. Create an effective Stage Manager program using their center's specific resources.

Intended Discussion Questions:
• What are obstacles to the staffing of projects due to budgetary restraints in your center?
• What is an SP Stage Manager and how might it be the answer to these budgetary restraints?
• What are appropriate task assignments for SP Stage Managers regarding the creation and execution of a new project in your center?
• How might attendees use Stage Managers running projects to allow staff members' time to plan future projects?
• What kind of training materials support creating and maintaining an SP Stage Manager program in your center?

Session Format:
Activities:
• Interactive mini-lecture
• Brainstorming
• Debating
• Large group discussion
• Small group activity

HIP 1
Simulations for Inter-Disciplinary Education (SIDE): Implementing Programs for Medical, Nursing, and Pharmacy Students
Tuesday, June 29, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Charles/Calvert/Pratt

Donald J Woodyard,[1] Carol Durham,[2] Kelly Scolaro,[3] Jim Barrick,[1] Jennifer Stegall-Zanation,[3] Kevin Beise,[1] David Hollar,[1] Cherri Hobgood,[1] Julie Golding[1]. [1]School of Medicine, University of North Carolina, [2]School of Nursing, University of North Carolina, [3]School of Pharmacy, University of North Carolina.

Introduction:
Patient care often requires a multidisciplinary team. However, most healthcare learners receive their learning experiences within their own health professional school with little interaction among other health professions. Barriers to these opportunities include cost, time, and varying curriculums. As an approach to providing inter-professional educational experiences, we piloted a simulation for students in pharmacy, nursing and medicine.

Methods:
For the project, advanced-level students from the three schools were recruited. All students completed a 26-item knowledge and attitudes pre-test and a 50-minute podcast on TeamSTEPPS. Teams were constructed to include one student from each discipline. The 30-minute case was designed around medication interactions for a decompensating post-op appendectomy patient. Information was given about the patient requiring students to work together to share their knowledge they each possessed. The facilitator played the role of a loved one with information on illicit drug use the night before. Students needed to include the loved one to discover that the patient is experiencing serotonin syndrome from a drug-drug interaction after ingesting ecstasy the previous night. The simulation was stopped prior to the patient's full arrest. Facilitators debriefed using the team's video. Outcome measures were changes in pre-post knowledge and attitudes test scores and cognitive debrief of faculty on the project.

Results:
Five medical, eleven nursing, and thirteen pharmacy students (Total N=29) participated giving five complete groups. Analysis of the individual performance of the complete groups of students (N=15) demonstrated significant Pre-post improvement in attitudes towards other professions ($p=0.05$) and knowledge of team behaviors ($p=0.009$). Facilitators stated that students had several "ah-ha" moments. One medical student said while slapping his hand to the table, "the pharmacy student suggested we speak to the friend three times. I ignored her because I thought what I was doing for the patient was more pressing, and that's why we missed it!"

Conclusions:
Opportunities for learning with other health disciplines is beneficial. This project demonstrated that interdisciplinary simulations improve attitudes and knowledge of team behaviors. Limitations, especially curricular schedules, highlight the need for senior leadership involvement for widespread implementation of inter-professional elements. Faculty and students endorse the utility and support more widespread interdisciplinary education.

Reference List:
Stimmel B. The Libby Zion case revisited: what have we learned? Mt Sinai J Med 1998; 65(4): 301-2.
DA Asch, RM Parker. The Libby Zion case. One step forward or two steps backward? NEJM 1988, Volume 318(12):771-775.

HIP 2
Hybrid Use of High-Fidelity Simulation Improves Skill Retention in Advanced Cardiac Life Support (ACLS) Task Training
Tuesday, June 29, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Charles/Calvert/Pratt

Dawn M Schocken,[1] Daniella M Schocken,[1] Fred A Slone,[1] Douglas D Schocken[2]. [1]Office of Educational Affairs, University of South Florida College of Medicine, [2]Internal Medicine, Division of Cardiovascular Disease, Duke University.

Purpose:
Advanced Cardiac Life Support (ACLS) is a core competency all medical students complete during year three. This study compared two methods of teaching ACLS to enhance retention and recall of the complex algorithms. The hybrid use of high-fidelity simulators and trained confederates was used to determine if retention was greater than traditional teaching methods for the ACLS protocols.

Methods:
All 116 third year students completed the core requirements to pass the AHA ACLS course at the start of year three. Assessments measured student's competency in CPR, drug therapy, teamwork, communication and leadership skills following extensive hybrid practice sessions on high-fidelity simulators. Previously reported follow-up surveys found a sharp decline in both retention and application of the ACLS guidelines over time. During month ten, all 116 students completed a year-end clinical skills exam with one station designed to re-test the student on ACLS skills. Each student was assigned a team of confederates who served to assist in the station activities. Assessments included data gathered from each confederate in the station as well as faculty observation of the videotape. An analysis of these measurements broke down the scenario into portions of the ACLS algorithms.

Results:
After ten months, each student's videotaped review revealed between 90-100% retention of the CPR algorithm (including initiating breathing, chest compressions, and recognition of shockable rhythms). The retention rate of skills applied after the initiation of CPR was lower. 55% of the students initiated O2; 65% checked the carotid pulse; 66% resumed CPR following shock to the patient. 70% of the students initiated the drug protocol, while only 60% of students asked for an IV access check. 50% of the students successfully passed the ACLS station. This response was considered a significant retention rate considering the limited actual practical application opportunities for the students. When compared with two previous years medical student classes, the overall retention of the ACLS algorithms was significantly improved.

Conclusions:
Students who participated in this project demonstrated a greater retention of basic CPR as well as critical rhythm recognition. Actual adherence to the ACLS guidelines showed that additional training with simulation might enhance student retention. Future ACLS training will include evaluation of additional refresher sessions during the clerkship year to enhance the students' retention of these key clinical skills.

Reference List:
Okuda Y, et.al. The Utility of Simulation in Medical Education: What is the Evidence? Mt. Sinai J Med. 2009 Aug; 76(4):330-43.
Gupta A, Peckler B, Schocken DM. Introduction of hi-fidelity simulation techniques as an ideal teaching tool for upcoming emergency medicine and trauma residency programs in India. JETS, Vol.1:1, Jan-Jun 2008.
Kneebone RL. Practice, rehearsal, and performance: an approach for simulation-based surgical and procedural training. JAMA. 2009 Sep 23; 302(12):1336-8.
Kogan JR, Holmboe ES, Hauer KE. Tools for direct observation and assessment of clinical skills of medical trainees: a systematic review. JAMA 2009 Sep 23; 302(12):1316-26.

HIP 3
Training SPs To Evaluate and Provide Feedback to Students Placing Peripheral Intravenous Catheters
Tuesday, June 29, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Charles/Calvert/Pratt

Karen L Lewis, Meghan L Semiao, Claudia Ranniger. Office of Interdisciplinary Medical Education, George Washington University School of Medicine.

Overview:
The American Association of Medical Colleges has proposed a list of procedures which medical students should be able to perform (AAMC, 1998). A 2004 multi-institutional survey suggested that half of medical schools were not meeting the proposed procedural objectives (Sanders, 2004), and a more recent survey of graduating students found that 20% had never placed an IV (Wu, 2008). During a recent curriculum review, our faculty concluded that medical students should be competent in IV placement prior to graduation. As a result, curricular interventions spanning all four years of medical school have been instituted to ensure competency in this skill.

Rationale:
The topic is relevant to SP Educators in two ways. First, one difficulty with the intervention described above is that evaluation of each medical student's procedural performance requires a large investment in faculty time to observe, evaluate, and provide feedback. If SPs can be trained to perform these functions instead, there is a tremendous time savings for faculty. Moreover, SPs could provide students with more opportunities for directed practice than they would otherwise receive from faculty clinicians. Second, hybrid simulations are becoming more and more a part of SP Educators' daily practice, and they need techniques for training SPs to work with task trainers and manikins. We felt that since placement of a peripheral intravenous catheter requires performance of discrete, observable, sequenced steps, seasoned SPs were equipped with the skill set that could be adapted to procedural observation, evaluation, and feedback. But we had to adapt our training methods to enable them to be successful.

Objectives:
In this session we will present SP Educators what we've learned in training SPs to evaluate and provide feedback to students placing peripheral intravenous catheters during a second-year medical student performance-based exam. These points could then be adapted for use with training SPs on other procedural activities and even hybrid scenarios.
By the end of the session, participants will
—Learn a method of teaching SPs to insert peripheral IVs on manikin arms
—Learn how to teach SPs to evaluate others' skills at inserting IVs using a checklist
—Identify qualities that make SPs good candidates for this training

Reference List:
AAMC: Learning Objectives for Medical Student Education: Guidelines for Medical Schools. Medical Schools Objectives Project, American Association of Medical Colleges, 1998.
Sanders CW. A survey of basic technical skills of medical students. Acad Med 2004; 79(9):873-5.
Wu EH et al. Procedural and interpretive skills of medical students: experiences and attitudes of fourth-year students. Acad Med 2008;83(10 Suppl):S63-7.

EIP 5
Remediation Strategies for Students Who Do Not Pass Clinical Skills Assessments: A Longitudinal Approach
Tuesday, June 29, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Chesapeake AB

Carol A Pfeiffer, Lynn Y Kosowicz. Medicine, University of Connecticut SOM, Medicine, University of Connecticut SOM.

Overview:
The focus of the presentation will be the process of developing a remedial program for students who perform poorly on assessments of their clinical skills. Topics to be discussed will first include how to develop an assessment that makes it straightforward to identify a student's areas of weakness and second detail specific strategies that can assist students with deficits in each of several skill areas. The role of the SP educator in this process will also be discussed.

Rationale:
As Clinical Skills Assessments become a more established part of medical school curriculum, there are expectations that faculty remediate students who demonstrate poor performance. Hauer et al have characterized the types of problems that failing students demonstrate. It is the purpose of this workshop to describe and help participants develop assessments that provide the information needed to categorize these performance deficits. We will then discuss a process for remediating these deficits. There will be a discussion of how to decide on the focus of remediation from the student SPs assessment results and then specific strategies for meeting the goals of remediation will be developed by the participants with input from the workshop facilitators.

Intended Discussion Questions:
1. Describe how your assessment identifies the skills students need to remediate? How could the scoring be changed to better categorize students skill deficits.
2. Describe your remedial process. Who are the team members? What are the activities?
3. What strategies that you learned about today might work in your setting?
4. What are the outcome measures? How do you know when a student has passed?

Reference List:
Durning SJ, Artino Jr. AR, Holmboe E. Commentary: On regulation and medical education: Sociology, learning, and accountability. Academic Medicine [Internet]. 2009;84(5):545-7.
Saxena V, O'Sullivan PS, Teherani A, Irby DM, Hauer KE. Remediation techniques for student performance problems after a comprehensive clinical skills assessment. Academic Medicine [Internet]. 2009;84(5):669-76.
Chou CL, Chang A, Hauer KE. Remediation workshop for medical students in patient-doctor interaction skills. Med Educ [Internet]. 2008;42(5):537.
Hauer KE, Teherani A, Irby DM, Kerr KM, O'Sullivan PS. Approaches to medical student remediation after a comprehensive clinical skills examination. Med Educ [Internet]. 2008;42(1):104-12.
Hauer KE, Teherani A, Kerr KM, O'Sullivan PS, Irby DM. Student performance problems in medical school clinical skills assessments. Academic Medicine [Internet]. 2007;82(10 SUPPL.):S69-72.

EIP 6
Implementing Health Behavior Counseling (HBC) Encounters in Standardized Patient Programs: Making It Work for Your Students, Your Program, and You
Tuesday, June 29, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Chesapeake AB

Heather Wagenschutz, Carrie Bernat. Standardized Patient Program, University of Michigan, Office of Medical Education.

Health behavior counseling (HBC) is an important element in the care of a patient's overall wellness, yet very few medical schools currently include this training in their curriculum. More and more practicing physicians are encouraged to offer some form of behavior counseling to their patients during an office visit. Research reveals that physicians who discuss lifestyle changes with patients have greater impact versus just offering only educational materials. Due to constraints such lack of formal training, many physicians avoid counseling opportunities. Developing education based HBC learning sessions can broaden the range of expertise necessary for impacting a patient's long term wellness in areas like smoking cessation, stress reduction, nutrition and physical activity.

Two comprehensive HBC exercises with Standardized Patient Instructors in Nutrition, Exercise and Tobacco Cessation with third year medical students have been tracked since 2006.
HBC learning methods consist of a:

- Comprehensive booklet on HBC; including up to date, relevant articles
- A HBC role modeling video series (Professional Skill Builder) where students observe a physician going through a HBC session with patients who range in confidence and/or conviction
- Two 25 minute SPI simulations which include 15 minutes of feedback following the interview

Information from voluntary questionnaires examined areas such as student's pre and post comfort level, whether or not the HBC session enhanced their ability to perform the skill, the value of the learning materials and SPI feedback/patient portrayal. By offering a well rounded SPI HBC session during medical school, future doctors may be less likely to avoid these interactions and contribute to improving the overall health and wellness of their patients.

EIP 7
Using Standardized Patients to Teach about Patient Safety Issues
Tuesday, June 29, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Chesapeake AB

Linda Morrison,[1] Mary Aiello,[1] Lorraine Lyman,[2] Gayle Gliva-McConvey[2]. [1]Medical Education, Southern Illinois University School of Medicine, [2]Theresa A. Thomas Professional Skills Center, Eastern Virginia Medical School.

Overview: Patient safety is of major concern for physicians, health administrators and patients. Thousands of people die every year as a result of medical error. In a hectic environment (like the typical hospital ward), mistakes can easily occur if preventive strategies are not in place. A particular danger spot is during shift transitions: when healthcare teams hand-off their patients to the next shift. Educating students early in their training (prior to entering their clerkship rotations) on issues of patient safety/medical error will sensitize them to areas of risk and better prepare them to safely care for patients.

To address this need, our institution designed a handoff exercise for second year medical students using standardized patients and staff. A patient with lower abdominal pain (previously seen by the class during regular unit teaching activities) is admitted to the hospital. The students are told they will work up the patient and then transfer her care to the chief resident. Students interview and examine the patient and then proceed to a simulated nurse's station to write a progress note prior to handoff. The noise and activity of a busy nurse's station covering many patients with multiple residents and attending physicians is replicated. Students receive lab results on their patient at this time to incorporate into their notes. Upon completion of the progress note, students verbally hand-off the patient to the incoming chief residents. A small group debriefing, led by a physician faculty, concludes the activity.

In this session, the patients and chief residents were simulated by SPs and senior medical students, but nursing staff could also be simulated. In this session, we will discuss how each component was created, trained and simulated as well as present student feedback on the event.

EIP 8
No Need To Travel: Description of an Innovative Training Program To Prepare Community Based Faculty To Score OSCEs from Remote Locations
Tuesday, June 29, 2010
9:30 AM - 11:00 AM
Intended Audience: All Audiences
Chesapeake AB

Debra A Allan Danforth, Dennis Baker. Office of Medical Education/Clinical Science, Florida State College of Medicine, Office of Medical Education, Florida State College of Medicine.

Overview:
The focus of our presentation will describe the training program used to train the main campus faculty and clerkship directors at 6 regional campus sites to score end-of-third-year Objective Structured Clinical Exam (OSCE) asynchronously on laptop computers. The presentation will highlight aspects of the training methods we felt contributed to the success of the training. Additionally, we will share the data from the evaluation forms completed by participants at the end of the training sessions and lessons learned.

Rationale:
The use of videoconferencing technology to conduct training programs for health professionals has become a fairly common practice (Cunningham¸ Vande Merwe, 2009; Miller, et.al., 2008; Spitzer, et. al., 2008). Guidelines for insuring the effectiveness of videoconferenced training programs are well established (Gill, Parker¸ Richardson, 2005; Welliver,et.al., 2008). We followed these guidelines for conducting the project described.
For the past four years our college has brought end-of-third -year students from our 6 regional campuses to the central campus to take a multiple station OSCE given in our Clinical Learning Center (CLC). Central campus faculty and clerkship directors (community based faculty) from our regional campuses sat in the CLC and scored students at the OSCE stations in real time. This required the community based faculty from 6 different regional campuses to travel to central campus (up to 6 hours one way), stay overnight in Tallahassee, and to miss patient care time. In the Winter/Spring of 2009 our college decided to significantly change the logistics of the viewing and scoring process by allowing the community based faculty to access on-line video-recordings of student performances at each OSCE station from their home or office via their personal computers. The decision was made to also have our central/main campus faculty follow this same procedure. Thus a training program to teach these faculty to access the OSCE station videos and score them on-line using their personal computers was needed. This presentation describes the innovative training program we designed and conducted to accomplish this task. The training program consisted of a 2-hour videoconferenced training session for each regional campus and for central campus. Additionally, an extension of this videoconferenced training was provided to participants which required them to access and evaluate 2 different assigned OSCE station performances that gave them additional practice at accessing OSCE videos and scoring them just prior to the actual occurrence of the OSCE. Thus the participants used the knowledge and skills learned in the videoconferenced training to complete these two required evaluations using their personal computers prior to scoring their actual assigned OSCE stations.

Objectives:
Participants will be able to:
1. Identify factors that make the training of the faculty successful via videoconferencing.
2. Describe methods to train faculty to score OSCEs from remote locations.
3. Identify the advantages and disadvantages of remote evaluation procedures.

PD 6
Get the Most Out of Your Reports: Feedback for SPs, Students, and the Program
Tuesday, June 29, 2010
1:15 PM - 2:45 PM
Intended Audience: All Audiences
Chesapeake B

Heather Hageman,[1] Amy Lawson,[1] Jim Carlson,[2] Valerie Fulmer[3]. [1], Washington University School of Medicine, [2], Rosalind Franklin University of Medicine and Science, [3], University of Pittsburgh School of Medicine.

Overview:
Written performance reports are valuable to both students and SPs. They can also inform program evaluation, which is critical in convincing stakeholders of the quality of the program. Published standards for written feedback and program evaluation are nonexistent. Schools have developed individualized reports to provide information to stakeholders. This discussion of the content and format of schools' reports (and the philosophy behind them) will help inform participants' current feedback mechanisms. Participants are encouraged to bring samples of their school's reports.

Rationale:
Reporting standards are nonexistent and schools can improve their written feedback through discussion of content and format of their reports.

Objectives:
To discuss how institutions use reports to inform stakeholders of their SP programs; specifically, reports which provide feedback to students, SPs and the program as a whole regarding performance and quality measures.

Intended Discussion Questions:
1. Students – What information do you provide in written reports to inform students at various training levels about their performance?
2. SPs – What information do you provide in written reports to improve SP performance?
3. Program – What information do you provide faculty regarding the success of your program?
4. Other – What information do you collect for internal use in each of the categories above?

FIP 1
The Reliability Testing of the Master Interview Rating Scale
Tuesday, June 29, 2010
1:15 PM - 2:30 PM
Intended Audience: All Audiences
Charles/Calvert/Pratt

Teresa Sapieha-Yanchak, Carol Pfeiffer. Academic Affairs, University of Connecticut School of Medicine.

Introduction

The core of healthcare quality is patient centered care, requiring strong communication skills[1]. Significant benefits of effective doctor-patient communication skills include patient understanding, recall, adherence, improved patient satisfaction, and better functional and psychological status[2,3]. The importance of communication skills is acknowledged by the AAMC leading to the increased expectation that medical educators teach and assess communication skills of health professionals. Often evaluation instruments used by standardized patient programs are developed and administered informally, creating the need for more formal training "using" a valid and reliable instrument. The previously used Arizona Clinical Interview Rating scale (ACIR) had good scores for reliability but low Kalamazoo Consensus Statement validity scores[4]. By merging the ACIR with patient-centered items based on evidence from current literature, the Master Interview Rating Scale (MIRS) was developed and contains 28-items scored on a 5-point Likert scale. The purpose of this study is to demonstrate the reliability of the MIRS measuring test-retest and inter-rater reliability.

Methods

Principles of Clinical Medicine course faculty and other faculty at the UConn School of Medicine who have experience with or exposure to the MIRS were invited to participate via an email request. Thirteen volunteered to participate. Five cases were chosen to represent clinical skills encounters over the 4 years: "Abdominal Pain", "Blood in Stool", "Aching Joints", "Smoking Cessation", "Health Literacy". Medical students videotaped completing these cases during prior assessments gave consent for use of their videos in this study. There were 2 videos of each case, one of an above average performance and one of a below average performance. Participants watched ten 20-minute videos online at Time 1 and again 4-6 weeks later at Time 2. After each video, participants assessed the medical students' communications skills using the MIRS. The MIRS were shortened to be case specific, each case had 18 MIRS items to rate. Participants were given the link to the website created for this study and to a MIRS tutorial for practice prior to participation. Test-retest reliability was calculated using Pearson Product Moment Correlation and inter-rater reliability was computed using Intraclass Correlation (ICC).

Results, Conclusions

The two types of reliability were tested separately. To assess test-retest reliability, Pearson's *r* between Time 1 and Time 2 was calculated separately for each item. Correlations range from 0.612 to 0.963. Shrout and Fleiss' (1979) ICC [2,1] was chosen to assess inter-rater reliability. Each item was averaged across time for each rater, then the ICC was calculated. The ICCs range from 0.16-0.66. There appears to be high test-retest reliability. However, the inter-rater reliability appears to be only slightly reliable.

Reference List:

Fiscella, K., Franks, P., Srinivasan, M., Kravitz, R.L., Epstein, R. (2007). Ratings of Physician Communication by Real and Standardized Patients. *Annals of Family Medicine, 5*(2), 151-158.
Zick, A., Granieri, M, Makoul, G. (2007). First-year medical students' assessment of their own communication skills: A video-based, open-ended approach. *Patient Education and Counseling*, 68; 161-166.
Kelly, M. E. (2007). A practical guide for teachers of communication skills: A summary of current approaches to teaching and assessing communication skills. *Education for Primary Care, 18*(1), 1-10. 4.
Schirmer, J. M., Mauksch, L., Lang, F., Marvel, M.K., Zoppi, K., Epstein, R.M., Brock, D., and Przybylski, M. (2005). Assessing Communication Competence: A Review of Current Tools. *Family Medicine, 37*(3):184-192.

Program Abbreviations

PCWS – Pre-Conference Workshop
TT – Training Technique
R – Research **P**-Poster
PD – Presentation/Discussion
WOW – Workshop on Wednesday
IP– Interactive Presentation
(**EIP** – Education, **CIP** – Communication,
HIP – Hybrid, **FIP** – Feedback, **AIP** – Administrative)

FIP 2
From Behavior to Inference to Judgment and Back Again – Training SPs To Experience the Methodology and Give Feedback with Heightened Awareness
Tuesday, June 29, 2010
1:15 PM - 2:30 PM
Intended Audience: All Audiences
Charles/Calvert/Pratt

Amelia M Wallace, Mary L Lyman, Patrick J Walker. Theresa A. Thomas Professional Skills Teaching and Assessment Center, Eastern Virginia Medical School.

Training SPs to give feedback poses a challenge because many times the SP does not have a prior background in giving feedback on communication. Delivering feedback to learners may also be a challenge because SPs are expected to provide detailed and honest yet encouraging and diplomatic feedback on the learner's behavior and how that behavior may be refined. By training the SP to discern behavior from inference or judgment, it often becomes easier for the SP to articulate why a certain behavior influenced the conversation in a particular way. In addition, rooting feedback in behavior allows the SP and learner a more neutral conversation by which to discuss alternative behaviors/concepts.

By using techniques based on Dr. George F. J. Lehners's "Aids for Giving and Receiving Feedback", SPs without prior experience in communication can be trained to give concrete, behavior based examples of the patient-physician interaction. Additionally, these concepts help SPs "connect the dots" from identified behavior to the resulting inference and judgment made by the patient in a manner that engages and encourages learners.

Participants will come away with simple, quick techniques that help outline these concepts for SPs. These techniques can be incorporated into any training session to help heighten awareness of the overall encounter for the SPs and learners.

FIP 3
It's Not Just Semantics: Using "I" Statements in the Delivery of Effective Verbal Feedback
Tuesday, June 29, 2010
1:15 PM - 2:30 PM
Intended Audience: All Audiences
Charles/Calvert/Pratt

Cathy Smith[1], Stan Rogal [1,2], Kevin Hobbs[2], Jacquie Jacobs[2], Lorena Dobbie[2]. [1]Department of Family and Community Medicine, University of Toronto, [2]Standardized Patient Program, University of Toronto.

One of the most powerful things an SP can do in a teaching situation is to give first person feedback about what they heard or saw and the resulting impact on them from their perspective as the patient. Yet, it can be a challenge for SPs to make "I" rather than "you" statements, often because they do not understand or appreciate the difference.

In this session, we will explore the power of the "I" statement in the delivery of feedback and give participants tools to use in working with SPs to hone their ability to deliver "I" statements with confidence.

Detailed Daily Schedule
Wednesday, June 30, 2010

8:00am – 1:00pm **Registration Open**

8:00am – 9:00am **Continental Breakfast and Affinity Groups** *Constellation Ballroom CDEF/Foyer*

- ***Nursing***
- ***Osteopath***
- ***Chiropractic***
- ***Dental***
- ***Pastoral Care***
- ***Pharmacy***
- ***Veterinary Medicine***

9:00am – 9:30am **G & R Research Project Updates** *Constellation Ballroom CDEF*

9:45am – 12:45pm **Breakouts**

9:45am – 11:45am Administrative Interactive Presentations *Charles/Calvert/Pratt/Lombard/Camden*

AIP1
Quality SP Training on a Reduced Budget – Getting the Most Bang for Your Buck
Presenters: Jamie Pitt andJennifer Owens

AIP2
So You've Been Asked to Start a SP Program – How to Ramp Up Rapidly and Continue to Grow Effectively Within Tight Budget Restraints – Collaboration is Key
Presenter: Dyan Colpo

AIP3
Designing Standardized Patient Facilities: Case Study at UCSF
Presenters: Malvin H Whang, Bernie Miller and Michael Quirk

AIP4
How-to: Starting a New Simulation Center and a Service Program
Presenter: Ralitsa Akins

AIP5
Support Staff 101
Presenter: Amy Zeltner

9:45am – 12:45pm **Invited Programming – WOWs (Workshops on Wednesday)**

WOW1 *Baltimore*
The Patient Educator's Perspective: Giving Voice to a Blueprint for Success
Presenters: Scott W George and Isle M Polonko

WOW2 *Annapolis*
Standardized Patient Program Essentials for Beginners
Presenters: ASPE Education and Professional Development Committee

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9:45am – 12:45pm **Invited Programming – WOWs (Workshops on Wednesday)**

WOW3 *Frederick*
How to Turn Everyday Educational Activities into Scholarship: Understanding Qualitative and Quantitative Research Methods
Presenters: ASPE Grants and Research Committee

WOW4 *Columbia*
Building a Successful Business Model for Long-Term Sustainability And Institutional Outcomes
Presenters: Jane L Miller and Anne Woll

WOW5 *Chesapeake A*
Are You Ready? Leadership Skills for Training, Management, and Beyond
Presenters: Gail Furman and Allyson Lehrman

12:45pm – 1:45pm **Closing Luncheon** *Constellation Ballroom CDEF*
President's Remarks

Program Abbreviations

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(**EIP** – Education, **CIP** – Communication,
HIP – Hybrid, **FIP** – Feedback, **AIP** – Administrative)

AIP 1
Quality SP Training on a Reduced Budget – Getting the Most Bang for Your Buck
Wednesday, June 30, 2010
9:45 AM - 11:45 AM
Intended Audience: All Audiences
Charles/Calvert/Pratt/Lombard/Camden

Jamie Pitt, Jennifer Owens, Devra Cohen-Tigor. Washington University in Saint Louis School of Medicine, Office of Interdisciplinary Medical Education Clinical Learning and Simulation (CLASS) Center, George Washington University School of Medicine and Health Sciences, Union Graduate College - Mount Sinai School of Medicine.

Standardized Patient Program across schools varies in their methods of examination, but shares the same goals and challenges. The focus of this session will be on identifying the issues and best practices in training Standardized patients on a restricted budget and how programs have adapted to meet cuts in funding. By the end of this session, participants will gain insight into best practices in training on a budget and will walk away from this discussion with different tools and ideas to implement back at their own institutions to help adjust to this fiscal crisis. Knowing that across programs we are all facing the same difficulties!

The three areas of interest are:
What tools/techniques do trainers employ to expedite and maximaze the training process?
How, if any, has recruitment been affected by budget costs?
How much homework/rehearsal are SPs expected to do on their own – are they compensated for that time?
Has case development been influenced by budget limitation?

AIP 2
So You've Been Asked to Start a Standardized Patient Program – How to Ramp up Rapidly and Effectively Within Tight Budget Restraints – Collaboration is Key
Wednesday, June 30, 2010
9:45 AM - 11:45 AM
Intended Audience: Novice
Charles/Calvert/Pratt/Lombard/Camden

Dyan Colpo,[1] Michael Curtis,[2] Elumalai Appachi[1]. [1]Standardized Patient Program, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, [2]Standardized Patient Program and Clinical Skills Center, Temple University School of Medicine.

Overview:
In these difficult economic times, it can be quite challenging to run a Standardized Patient (SP) program, especially to recruit and hire good SPs while working within tight budget restraints. The best way to start is to draw upon other institutions' SP program resources that can quickly be adapted to suit your own specific program needs, and then creatively and continually revise as the need arises. Flexibility is essential.
Cleveland Clinic Lerner College of Medicine of Case Western Reserve University (CCLCM) is a new medical school which opened in 2004. Its SP program launched with an initial 60 SPs and has continued to grow into a program that supports 225 SPs. This was accomplished by accessing recruitment, interviewing and screening resources previously developed by others and then developing our own resources and methods to meet CCLCM's specific needs.

Rationale:
Even though different institutions may have great variation in SP program requirements, e.g., hiring (independent contractor vs. employee), salary, number of students and curricular needs, there are certain administrative basics that can be adapted in order to launch and maintain a successful SP program. Other institutional materials that are grounded in SP methodology provide a rich base from which to draw upon and from which one can efficiently and effectively re-create materials according to particular program needs. Continually adapting and refining is not a mistake; it's an integral part of the process, and if approached in the right spirit, can actually be fun!

Objectives:
Perform a quick overview of the necessary basics in order to run a Standardized Patient program, specifically focusing on the screening and interviewing process. Developing a screening methodology is critical in order to be effective.

Session Format:
• A video demonstration of a recruitment interview and test encounter will be included in the presentation.
• Interview packets containing applications, consent and release forms, protocol forms and pay forms will be provided.

AIP 3
Designing Standardized Patient Facilities: Case Study at UCSF
Wednesday, June 30, 2010
9:45 AM - 11:45 AM
Intended Audience: All Audiences
Charles/Calvert/Pratt/Lombard/Camden

Malvin H Whang,[1] Bernie Miller,[2] Michael Quirk[3]. [1]SimCenter Design, Harley Ellis Devereaux, [2]School of Medicine, University of California San Francisco, [3]Kanbar Center for Simulation and Clinical Skills Education, University of California San Franicscos.

Overview:
Building a simulation center is a formidable undertaking for any group practicing simulation and progressing to specialized facilities. Whether in education or service settings, the complexities of building a simulation center can be daunting. Simulation center planning and design will require teams of users and experts approaching the design from multiple perspectives and working closely for a successful project outcome.
The University of California San Francisco is dedicated to graduate level healthcare education comprising of four schools: Dentistry, Medicine, Nursing and Pharmacy. The planning of a new facility to house simulation and standardized patient programs within the University has opened up new opportunities.
Presentation will be from the clinical skills center manager on the program developed for the standardized patients at UCSF as envisioned at the new facility, the architect will describe the steps needed in planning a facility, and the simulation center operations manager will present the challenges and opportunities of a multidisciplinary facility.

Objectives:
Upon completion of this presentation, participants will be able to:
Describe the clinical skills program at University of California San Francisco.
Describe steps for successful planning of a clinical skills facility.
Understand the role of a user in the planning of a facility.
Identify challenges and opportunities in operating a facility for multiple disciplines.

Reference List:
Spunt D, Setting Up a Simulation Laboratory. Chapter 8. In Jeffries P Simulation in Nursing Education, National League for Nursing; 2007, pp105-122.
Miller J, Thought Thinking Itself Out: Anticipatory Design in Simulation Center, Chapter 16. In Kyle RR and Murray WB 2007. Clinical.
Hall R, Lytle A, Shanley CJ. Where sim meets surgery. Healthcare Design, April 2007.
Whang M, Rollins G, Hospital finds flexible design is key for simulation center, Health Facilities Management, April 2009.

AIP 4
How-To: Starting a New Simulation Center and a Service Program
Wednesday, June 30, 2010
9:45 AM - 11:45 AM
Intended Audience: All Audiences
Charles/Calvert/Pratt/Lombard/Camden

Ralitsa Akins. Clinical Simulaiton Center, Paul L. Foster SOM.

Overview
Few guidelines exist on the operations and management of clinical simulation centers and programs [1]. New simulation center leaders are often faced with various tasks, ranging from assistance in development of simulation floor plans, to working with construction companies, to buying new equipment, to planning for needed amenities and equipment for future learners, to developing action plans and strategic plans, to implementing policies and procedures, to designing simulation scenarios, to partaking hands-on in learner training. Selection of architectural designs, staffing and initial budgeting prove to be hard-to-tackle tasks for many simulation program directors. The standardized patient educator organization, ASPE, is itself in the infancy of policy and"best practices" development.

Rationale
Despite the vast growth in the number of simulation centers and programs across the country and internationally, rarely such centers have a complete handbook with policies and procedures, nor is such information readily available over the Internet. Newly established programs and centers are struggling to define their scope of services and policies and to identify "best practices."

Session Objectives
1. To offer **one successful approach** in establishing a simulation service center.
2. To provide **example** policies, procedures, action planning and equipment pricing that would be easy to adapt to various simulation programs.
3. To offer **lessons learned** about practical and logistics issues, as well as ways to "navigate the system."

The handout for this session will include:
a) Where to start from?
b) Considerations for floor planning and plant construction cost determination
c) Determining service population with examples
d) Example of a strategic plan
e) Operations budgeting
f) Staffing solutions (with example PDQ)
g) Example policies and procedures
h) Example for developing teaching and training ***service*** options
i) Example in determining service pricing with spreadsheet

Session Format:
Discussion of our experience in starting up a new simulation center, including standardized patient program and high fidelity simulation, policies and procedures, and starting a new service program within the simulation center.

Reference List:
Kyle, RR. Murray WB (Editors). Clinical Simulation: Operations, Engineering and Management. 2008, Elsevier.

Program Abbreviations

PCWS – Pre-Conference Workshop
WOW – Workshop on Wednesday
TT – Training Technique
IP– Interactive Presentation
R – Research **P**-Poster
(**EIP** – Education, **CIP** – Communication,
PD – Presentation/Discussion
HIP – Hybrid, **FIP** – Feedback, **AIP** – Administrative)

AIP 5
Support Staff 101
Wednesday, June 30, 2010
9:45 AM - 11:45 AM
Intended Audience: Novice
Charles/Calvert/Pratt/Lombard/Camden

Amy Zeltner. NBOME.

Overview:
Effectively recruit and train competent support staff to manage the workload during an OSCE or other SP event. Preparation of all the essential equipment and materials needed for patient encounters is one of the primary responsibilities of support staff. They can also monitor timings, restock inventory, provide security and assist in the collection of video recordings during the event. Finding the right candidate for the position is crucial in any job. Clearly defining job responsibilities create the foundation for any position. We will share ways to keep training time to a minimum and how to keep training materials and trouble-shooting guides updated. Learn how to assess performance over time and provide feedback that will have them coming back prepared for your next SP event.

Rationale:
Support Staff are responsible for student observation and direction while working closely with exam staff to ensure that the examination is administered in compliance with established procedures. They handle the very important paperwork that is later scored for each student and check and recheck information on the paperwork to avoid errors that are common in clinical skills testing. Attention to detail, excellent communications skills and the ability to stay alert in a quiet environment are essential qualities of a successful candidate.

Objectives:
Recruitment and Training
- Characteristics you should look for in a potential candidate

Potential Uses for Support Staff
- Training manuals versus hands-on experience
- Understanding the primary job responsibilities
- Enforcing policies and procedures.
- Keeping reference materials such as trouble shooting guides updated

Evaluating performance/feedback
- What to include on evaluations (mid-event review versus final review)

WOW 1
The Patient Educator's Perspective: Giving Voice to a Blueprint for Success
Wednesday, June 30, 2010
9:45 AM - 12:45 PM
Intended Audience: All Audiences
Baltimore

Scott W George, Isle M Polonko. Clinical Skills USA, Inc., Department of Obstetrics, Gynecology and Women's Health, New Jersey Medical School (UMDNJ).

Overview:
Two successful Patient Educator programs in the Northeast and Southeast US come together to conduct this practical interactive workshop. Both Programs serve multiple medical, nursing and physician assistant programs and have significant experience with various methodologies utilized in patient educator instruction, from a standpoint of administration and patient educator participation. This workshop will assist attendees seeking to provide a practical blueprint for establishing and administering an effective Patient Educator Program. A variety of workshop techniques designed to support hands-on experience will be described. The program directors, and their currently active GTAs and MUTAs, will participate in the successful execution of workshop activities.

Rationale:
There is great flux in the application of Patient Educators in medical education today. Issues range from financial to evolving guidelines for medical student education. As a result, Patient Educator Programs are faced with a multiplicity of complex challenges associated with developing and administering these programs. There is a need in the community to respond to these challenges from a variety of perspectives. As such, this workshop is designed to facilitate dialogue through creative and interactive workshop activities offering support, recommendations and advice from the varied perspectives of those active in the field.

Objectives:
1) – Identify primary questions and concerns facing Patient Educators and Directors contemplating initiating Programs or improving existing ones 2) - Practical response to expressed questions and concerns by workshop attendees, program leaders, GTAs and MUTAs, through workshop activities 3) – Pitfalls and obstacles to success identified and challenged 4) – Basic "Blueprint for Success" developed by workshop attendees focusing on several important elements: a) Objectives served by Patient Educator Programs, b) Key elements associated with efficacy, c) Common pitfalls and obstacles, d) Options for achieving success.

Intended Discussion Questions:
Discussion questions will be interactively developed by attendees. Anticipated questions may include, "What are the objectives of Patient Educator Programs?", "What are essential elements to successful teaching sessions?", "What are characteristics of an effective Patient Educator?", "How are Patient Educators recruited, trained, motivated?", "How is performance of Patient Educators and/or Patient Educator Programs measured and monitored?"

Session Format:
Participants will be involved in a series of large and small group activities designed to move participants from initial questioning to an applicable "Blueprint for Success".
Step 1: Introduction of participating workshop leaders, Patient Educators, and attendees.
Step 2: Articulation of workshop objectives.
Step 3: Small group breakout sessions conducted to identify issues, concerns, and questions from attendees.
Step 4: Role-plays conducted between attendees and Patient Educators, addressing issues and concerns developed from breakout groups and associated with key elements for Program success (e.g. obtaining support, recruitment, training, motivation, quality assurance).
Step 5: Whole group discussion and brainstorming following role-plays to assess obstacles to success and factors serving to help, or hinder, Program objectives.
Step 6: Mock student training sessions conducted with workshop attendees sitting in as medical students.
Step 7: A whole group debriefing to assess resolution to identified questions and concerns
Step 8: Basic "Blueprint for Success" developed by group via workshop discoveries.

WOW 2
Standardized Patient Program Essentials for Beginners
Wednesday, June 30, 2010
9:45 AM - 12:45 PM
Intended Audience: Novice
Annapolis

ASPE Education and Professional Development Committee

Overview:
Standardized Patient Program Essentials for Beginners is a workshop targeted to those just beginning a SP program or who are new to the world of SP education. After attending several days of informative educational programs at this year's ASPE conference, you might have some lingering questions about starting up and running your SP program. This workshop will give participants a chance to reflect on what was learned during the conference and discuss how these techniques can be applied to your home institution. Members of the Education and Professional Development Committee will facilitate a question and answer session with a panel of experts in the field.

Objectives:
By the end of the workshop, participants will be able to:
- Get answers to lingering questions about SP education
- Develop a plan for implementing ideas learned at the conference into one's home institution

Format:
Introduction – 30 minutes
Reflections on ideas learned at 2010 Conference – 45 minutes
Break – 15 minutes
Q&A with panel – 90 minutes

Program Abbreviations

PCWS – Pre-Conference Workshop
WOW – Workshop on Wednesday
TT – Training Technique
IP– Interactive Presentation
R – Research **P**-Poster
(**EIP** – Education, **CIP** – Communication,
PD – Presentation/Discussion
HIP – Hybrid, **FIP** – Feedback, **AIP** – Administrative)

WOW 3
How to Turn Everyday Educational Activities into Scholarship:Understanding Qualitative and Quantitative Research Methods
Wednesday, June 30, 2010
9:45 AM - 12:45 PM
Intended Audience: All Audiences
Frederick

Rachel Yudkowsky MD MHPE[1], Lisa D Howley PhD[2], Cate Nicholas MS, PA, Ed D[3]. [1]University of Illinois at Chicago, [2]Carolinas HealthCare System, [3]University of Vermont.

On a daily basis Standardized Patient Educators design, implement, assess and redesign educational activities. Whether the learner is a standardized patient, a student and or faculty, SPEs are responsible for curriculum development, teaching, mentoring, advising, administration and assessment of their learner and or programs. Everyday educational activities such as these provide many opportunities for scholarship. ASPE is committed to providing its membership with the tools they need to develop a research agenda based on their daily work. Understanding the basics of different research methods is a key component. This workshop provides the learner with an understanding of quantitative, qualitative and mixed research methods. Participants will have the opportunity to review published research, develop a basic research question drawn from their own daily work, and match that question to an appropriate research method. This workshop is appropriate for faculty in any discipline or any SPE who in interested in learning more about research.

Objectives

- Understand common criteria found in all forms of scholarship
  - Clear goals
  - Adequate preparation
  - Appropriate methods
  - Significant results
  - Effective presentation
  - Reflective critique
- Understand types of research used in educational research
  - Qualitative
  - Quantitative
  - Mixed
- Develop a research question based on everyday educational activities
- Match research method to research question

WOW 4
Building a Successful Business Model for Long-Term Sustainability and Institutional Outcomes
Wednesday, June 30, 2010
9:45 AM - 12:45 PM
Intended Audience: All Audiences
Columbia

Jane L Miller, Anne Woll. AHC Simulation Center and IERC, University of Minnesota.

Overview:
This session will explore the barriers and opportunities to creating a viable business plan for simulation and standardized patient programs at a large academic health center. The presenters will talk about how the establishment and evolution of these programs have been influenced by financial, political, and cultural transformations taking place locally, nationally, and internationally. This presentation will include an overview of best practices in "high-velocity, competitive settings" with suggestions for how to maximize stability and outcomes in "relentlessly shifting organizations" (Brown, Eisenhardt 1997:32). Presentations and discussion will cover all aspects of organizational development – including mission, service platform, staffing, and business models. Participants will be encouraged to share the evolution of each of their own programs and what has and has not worked well in their academic or health care environment. The moderators will use the Audience Response System in their presentations and for gathering aggregate information for a report intended to offer an organizational typology of simulation centers and programs.

Rationale:
As health science simulation professionals, we are responsible for ensuring simulations of procedures and scenarios that teach and test the best of (evidence-based) clinical practice. Whether we are clinicians or social scientists, we advocate strategies (e.g. deliberative practice, time outs, closed-loop communications) that have been shown to be effective in maximizing positive patient outcomes and minimizing the risk of systemic failure and/or medical error (Ericksson 2004; Issenberg et al 2005). However, we do not often apply the same logic to the organizational frameworks we create to support the work of simulations. We take great pains to match the actual conditions and expectations of clinical work in our simulations, yet the organization and coordination of that work often does not match the dynamism and the rapid rate of change within our academic institutions and health care systems (see Brown, Eisenhardt 1997). We aspire to improving the "adaptive expertise" of our learners – the ability to "approach new situations flexibly and to learn throughout their lifetimes" (Bransford, Brown, Cocking 2000:48). Yet, we do not apply lessons learned about the value of adaptive expertise to the structure of our simulation programs. This session will offer participants the opportunity to learn from one university-based center's experience applying these principles and using assessment and planning tools (e.g. time-work studies of assessment and teaching activities) to develop a sustainable business plan.

Objectives:
At the conclusion, of this Roundtable, participants will be able to:
· Identify essential elements for simulation program infrastructure
· Identify the elements of successful programs in rapidly-changing organizational and cultural environments
· Identify organizational strengths and weaknesses in the design of their own simulation programs
· Create a plan for adapting their organizational design and business plan to maximize their sustainability

Intended Discussion Questions:
What are your goals for this workshop?
What services (i.e. SPs, mannequin simulations, etc.) do you currently offer?
What is your organizational structure (e.g. academic department, administrative unit)?
What kind of data-gathering methods (e.g. customer surveys) do you currently have in place?
What are the strengths, weaknesses, opportunities and threats to your current operations?
What kinds of opportunities/resources for expansion or development are available to you?

WOW 5
Are You Ready? Leadership Skills for Training, Management, and Beyond
Wednesday, June 30, 2010
9:45 AM - 12:45 PM
Intended Audience: All Audiences
Chesapeake A

Gail E Furman, PhD, MSN, Colette L Scott, Ed D. Clinical Skills Evaluation Collaboration, National Board of Medical Examiners.

Leaders are not born, but rather, are developed as a result of focused study and mentoring. It is a process that demands continuous attention for optimal results. One of the greatest challenges facing a transitioning "new manager" is empowering the "inner leader." Often, self-doubt and fear hold new leaders back from reaching their career goals. This workshop will empower you to explore opportunities for inner growth and development, achieving that confidence needed for career success.

Two SP educators will tell of their own experience with transitioning into the role of administering a program using leadership development theory. Gail Furman transitioned from trainer to program manager of a school of medicine's SP program before becoming director of quality assurance for a national licensure examination; Colette Scott transitioned from trainer to manager, to director of test development and delivery of a national licensure examination.

Following the discussion, participants will be able to:
- Identify their leadership skills, strengths, and areas for development.
- Generate ideas for locating a mentor.
- Identify future career goals to focus on.

Schedule:
- 30 minutes: Introductions of participants and authors. Overview of chronology of their experience and practice.
- 50 minutes: leadership exercises and discussion
- break
- 50 minutes: Large group discussion to identify needs of participants and solutions to effective leadership development, including mentorship.
- 10 minutes: Wrap up discussion: look toward future career goals

ASPE Board Officers

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Karen L. Reynolds, Southern Illinois University School of Medicine

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Tamara Owens, Howard University College of Medicine

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Kathryn Schaivone, University of Maryland

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Education & Professional Development Committee:
Amber Hansel, SUNY Upstate Medical University

Finance:
Kathryn Schaivone, University of Maryland

Grants & Research:
Karen Szauter, University of Texas Medical Branch Galveston

Membership:
Denise Souder, University of Southern California

Publications and Website:
Karen Lewis, George Washington University School of Medicine and Health

Standards of Practice:
Heidi Lane, Nova Southeastern University

International:
Karen Barry, University of Birmingham, United Kingdom

ASPE Member Liaisons

Sherry Johnson, University of Arkansas School of Medicine

Liz Ohle, Memorial University of Newfoundland

Committee Information

CONFERENCE COMMITTEE

Chair: Mary Cantrell
Director, Center for Clinical Skills Education & Standardized Patient Program
University of Arkansas for Medical Sciences, USA

Committee Members:
Karen Barry (U of Birmingham, UK)
Alice Buss (Tulane U School of Medicine, USA)
Grace Gephardt (Arkansas Children's Hospital, USA)
Jaime Roberts (NCA Medical Simulation Center, USA)
Kathy Schaivone (U of Maryland, USA)
Cathy Smith (U of Toronto, Canada)
Cecily Storm (NY College of Osteopathic Medicine, USA)
Tonya M. Thompson (U of Arkansas, USA)

Subcommittee for Conference Submissions & Program Development:

Chair: Grace Gephardt (Arkansas Children's Hospital, USA)

Subcommittee Members:
Valerie Fulmer (U of Pittsburgh School of Medicine, USA)
Beth Harwood (Dartmouth Medical School, USA)
Cathy Smith (U of Toronto, Canada)
Karen Szauter (U of Texas Medical Branch, USA)
Tonya M. Thompson (U of Arkansas, USA)

Regional Representatives:
Howard University College of Medicine
Johns Hopkins
Eastern Virginia Medical School
Uniformed Services University
George Washington University
University of Virginia
Georgetown University
University of Maryland

Mission: It is the sole purpose of the Conference Committee to plan, develop, and produce the ASPE Annual Conference in conjunction with all of the individuals and committees who play a role in the conference planning process. The Conference will reflect ASPE's overall mission to offer professional development to members, to advance research and scholarship in the field, and to provide a forum to set standards of practice.

EDUCATION AND PROFESSIONAL DEVELOPMENT COMMITTEE

Chair: Amber Hansel
Standardized Patient Program Coordinator
SUNY Upstate Medical University, USA

Committee Members:
Ralitsa Akins (Texas Tech U, USA)
Janie Boyer (Ohio State U, USA)
Debra Danforth (Florida State U, College of Medicine, USA)
Heather Frenz (Albany Medical College, USA)
Gayle Ann Gliva-McConvey (Eastern Virginia Medical School, USA)
Beth Harwood (Dartmouth Medical School, USA)
Martha Howell (Texas Tech, USA)
Romy Kittrell (Tulane U School of Medicine, USA)
Win May (U of Southern California, USA)
Isle Polonko (U of Medicine & Dentistry of New Jersey, USA)
Amy Smith (Lehigh Valley Health Network, USA)
Cathy Smith (U of Toronto, Canada)
Ancuta "Anca" Stefan (Touro U College of Medicine)
Jennifer R. Ware (U of Tennessee, Memphis, USA)

Mission: The Education and Professional Development Committee is to provide on-going educational and professional opportunities for the membership and to encourage membership participation in these initiatives.

FINANCE COMMITTEE

Chair: Kathryn Schaivone
Manager Clinical Education and Evaluation Lab
University of Maryland, USA

Committee Members:
Sandra Davis-Carter (Vanderbilt U School of Medicine, USA)
Renee Flynn (U of Arkansas, USA)
Liz Leko (U of Arizona, USA)
Carol A. Trent (Thomas Jefferson Medical College, USA)
Donald Woodyard (U of North Carolina, USA)

Mission: The mission of the Finance Committee is to oversee the financial health of the organization.

GRANTS AND RESEARCH COMMITTEE

Chair: Karen Szauter
Medical Director, SP Program
University of Texas Medical Branch, USA

Committee Members:
Jim Blatt (George Washington U, USA)
Lou Clark (U of New Mexico, USA)
Mary Donovan (Georgetown U, USA)
Lisa Doyle-Howley (U of North Carolina, USA)
Andrea Haan (Palmer College of Chiropractic, USA)
Jane Miller (U of Minnesota, USA)
Cate Nicholas (U of Vermont College of Medicine, USA)
Linda Perkowski (U of Minnesota, USA)
Claudia Schlegel (Switzerland)
Meghan Semiao (George Washington U Medical Center, USA)
Tonya M. Thompson (U of Arkansas for Medical Sciences, USA)
Stacy Walker (Ball State U School of Physical Education, USA)
Rachel Yudkowsky (U of Illinois at Chicago, USA)

Mission and Goals: The ASPE Grants & Research Committee is active in research and in supporting the research needs of our members. Our current primary projects include:

1. Annual Research/Project Awards
2. Research Workshop Series
3. SP Literature Review Study
4. SP Practices Survey (in collaboration with the SOP Committee)

The overall goal of ASPE Research/Projects Awards is to provide incentive grants to current ASPE members for unique research or development projects related to the use of Standardized Patients in the Health Sciences. The ASPE Grants and Research Committee Workshop Series includes six topics such as different types of research, how to ask a research question, writing for research/grants, and an introduction to statistics and data analysis. A minimum of two workshops in this series will be offered at each annual ASPE meeting. Completion of all six workshops will result in a certificate. The SP Literature Review Study is intended to address the basic question: Do we have sufficient information to replicate studies reporting the use of SPs? Anecdotally, much of the research reporting the use of SPs appears to lack explicit details regarding how the SPs were trained, how reliability of the ratings was ensured, and how fidelity of performance was assessed. Members of the Committee are working to gather empirical evidence regarding the quality of SP methods reported in published literature. The purpose of this descriptive study is twofold:

1. To define standards relating to the use of SPs in research
2. To determine whether authors are describing the study in sufficient detail in order for the reader to:
    a. Evaluate the appropriateness of the methods and reliability and validity of the results
    b. Replicate the study if he/she desires.

Finally, the SP Practices Survey Project is a joint effort with the Standards of Practice Committees. The purpose of this project is to describe the use of standardized patients, the structure of SP programs and activities, and how SP Educators and related personnel function. Representatives from all allopathic and osteopathic medical schools throughout the USA and Canada that use standardized patients will be asked to participate in the telephone interview.

INTERNATIONAL COMMITTEE

Chair: Karen Barry
Manager, Interactive Studies Unit
University of Birmingham, United Kingdom

Committee Members:
Keiko Abe (Gifu U, Japan)
Jim Blatt (George Washington U, USA)
Peter Cantillon (NUI Galway, Ireland)
Sheryl Cardozo (Monash U, Australia)
Devra S. Cohen (Union Graduate College-Mount Sinai, USA)
Melih Elcin (Hacettepe U, Turkey)
Henrike Holzer (Charite, Germany)
Torild Jacobsen (U of Bergen, Norway)
J. Kim (Inha U, Korea)
Marcos Nunez (Unibe, Rep. Dom.)
Karen L. Reynolds (Southern Illinois U School of Medicine, USA)
Alna Robb (U of Glasgow, UK)
Lourdes Saez Mendez (Spain)
Claudia Schlegel (Switzerland)
Mandana Shirazi (Tehran U of Medical Sciences, Iran)

Mission: The mission of the International Committee is to support networking and collaboration among SP programs worldwide. It seeks to foster regional or national SP-contact persons who can play a stimulating role in their geographical region. The committee works preferably by a bottom-up approach.

MEMBERSHIP COMMITTEE

Chair: Denise Souder
Assistant Professor in Clinical Skills
Associate Director, Clinical Skills Education and Evaluation Center
Keck School of Medicine
University of Southern California, USA

Committee Members:
Mary Aiello (Southern Illinois U, USA)
Alice Buss (Tulane U School of Medicine, USA)
Hazel Clouser-Smith (U of Texas Medical Branch Galveston, USA)
Debra Danforth (Florida State U College of Medicine, USA)
Marcy Hamburger (U of Texas-Houston, USA)
Marsha Kaye (Northwestern U Feinberg School of Medicine, USA)
Donald J. Woodyard (U of North Carolina)
Rebecca Wright (Wake Forest U School of Medicine, USA)

Mission: The mission of the Membership Committee is to recruit new members, to retain current members, to initiate and facilitate communication between ASPE and members, to survey members for demographic information, and to develop membership benefits.

PUBLICATIONS & WEBSITE COMMITTEE

Chair: Karen Lewis
Administrative Director
Clinical Learning and Simulation Skills Center
George Washington University School of Medicine and Health, USA

Committee Members:
Daniel Aloi (U of Connecticut Health Center, USA)
Angela Blood (U of Chicago, USA)
Barb Eulenberg (Rosalind Franklin U of Medicine & Science, USA)
Valerie Fulmer (U of Pittsburgh, USA)
Cee Harrelson (Touro U, USA)
Alan Johnstone (Vanderbilt U School of Medicine, USA)
Cameron MacLennan (U of Toronto, Canada)
Judi Marraccini (Robert Wood Johnson Medical School, USA)
Kris Slawinski (U of Chicago, USA)
Jennie Struijk (U of Washington School of Medicine, USA)

Mission: The Publications and Website Committee is dedicated to reporting current research, trends, techniques and information regarding SP methodology in the membership newsletter, ***The ASPE Quarterly***. The committee generates most of the content for the newsletter and is also responsible for overseeing the look and content of the ASPE website. We invite contributions and content suggestions for both media from the membership. Committee members only need to have the strong problem solving, communication, and organizational skills that every SP Educator has, and we encourage any members with enthusiasm and ideas for the Quarterly or website to apply.

STANDARDS OF PRACTICE COMMITTEE

Chair: Heidi Lane
Director Patient Centered Education
Nova Southeastern University, USA

Committee Members:
Scott W. George (ECFMG, USA)
Gayle Ann Gliva-McConvey (Eastern Virginia Medical School, USA)
Linda Morrison (Southern Illinois U, USA)
Jennifer Owens (George Washington U Medical Center, USA)
Carol Pfeiffer (U of Connecticut, USA)
Sandie Pullen (CSEC, USA)
Jeffrey H. Weiss (Texas Chiropractic College, USA)

Mission and Goals: Standards of practice for the SP Educator profession is an important area which needs to be addressed. This committee will begin the task of developing a standards of practice for the organization using a variety of methodologies and resources. As a self regulating organization, members of this profession are not required to be certified or accredited, yet wish to be able to articulate what it is that makes this professional body unique. The parameters when developing these standards of practice include professional knowledge, application of SP methodology, student learning and assessment, and ongoing professional development.

The Standards of Practice Committee will initiate the process to define general principles, knowledge, skills, values and issues that encompass the overall and daily responsibilities of this profession which will serve a range of purposes. Once these practices are drafted and posted, the committee will begin the process of review with activities such as written responses to questions posed on the ASPE website and requests for feedback through email, discussion groups, writing teams and written correspondence.

CERTIFICATION AD HOC COMMITTEE

Committee Members:
Karen Barry (U of Birmingham, UK)
Mary Cantrell (u of Arkansas for Medical Sciences, USA)
Tony Errichetti (New York Institute of Technology, USA)
Gayle Ann Gliva-McConvey (Eastern Virginia Medical School, USA)
Beth Harwood (Dartmouth Medical School, USA)
Heidi Lane (Nova Southeastern U, USA)
Joseph Lopreiato (Uniformed Services U of the Health Sciences, USA)
Robert MacAulay (U of California San Diego, USA)
Linda Morrison (Southern Illinois U School of Medicine, USA)
Carol Pfeiffer (U of Connecticut, USA)
Karen L. Reynolds (Southern Illinois U School of Medicine, USA)
Judy Thornton (U of Colorado Denver, USA)

2010 ASPE Research and Project Awards

Overall Goal of ASPE Research and Project Awards:

The overall goal is to provide incentive awards to current ASPE members for **unique research studies** or **development projects** related to the use of Standardized Patients (SP) in the Health Sciences. All studies/projects must be consistent with ASPE's mission and goals. Studies to identify best practices in SP education are particularly encouraged.

ASPE is the international organization for professionals in the field of SP methodology. ASPE is dedicated to:

- Professional growth and development of its members
- Advancement of research and scholarly activities related to SP education
- Establishing best practices in SP education
- Fostering patient-centered care

Amount of Funding:	Up to $5,000 per award
Period of Funding:	January 1, 2011- December 30, 2012
Proposal Due Date:	Early Fall 2010
Award Notification:	Late Fall 2010

Criteria for Evaluation

All research/project proposals will be evaluated by members of the ASPE Grants and Research Committee. Investigators may be asked to revise and resubmit their work for further consideration within the review period. This opportunity would be provided for those proposals which are considered promising, but in need of minor revision or modification. The review criteria are listed below:

- Primary Investigator is a member of ASPE at time of submission and throughout the entire funding cycle *[NOTE: Current members of the ASPE Board of Directors and Grants & Research Committee are not eligible for the award.]*
- The proposal follows the required format (includes all components, does not exceed word or budget limitations, etc.)
- Demonstrates relevance to the mission of ASPE
- Expected outcomes of the research study or project advance the field of standardized patient education and not merely the local institution (multi-institutional collaborations are encouraged).
- Expresses sufficient familiarity with recent developments in the field and/or provides a context for the research study or project
- Relates to a specific question, problem, or hypothesis
- Investigators are able and qualified to carry out the research/project
- Timeline is realistic

- Start-up funds are supported with evidence of long-term viability (if applicable)
- Methodology is appropriate and clear
- Budget meets the approved guidelines
- Budget is cost effective

Requirements for Award Recipients:

- Following award notification, briefly present research/project overview to ASPE members at the 2011 annual meeting*
- Submit research/project update six months following the award
- Provide year 1 update to ASPE members at annual meeting in 2012
- Provide year 2 final report summary to ASPE members at annual meeting in 2013
- Submit final research/project report
- Acknowledge sponsorship (see below)
- Provide written summary of research study or project for publication in the ASPE Quarterly

[* NOTE: If the Primary Investigator is unable to attend an annual meeting during the award cycle, a substitute may present the information.]

Acknowledgements for Publication:

Recipients should submit to ASPE a copy of any reprints of publication resulting from research activities supported by ASPE. Any research published or presented that has received support from ASPE should have a citation as follows:

This work was supported, in part, by the
Association of Standardized Patient Educator.

ASPE Research and Project Awards

Past Recipients

2009 Recipients

An International Survey to Examine Standardized Patients Use in Nursing Education
Mindi Anderson, PhD, RN, CPNP-PC, University of Texas at Arlington School of Nursing

Connecting Clinicians with Patients and Practice
Amy Flanagan Risdal, National Capital Area Medical Simulation Center
Uniformed Services University

2008 Recipient

Predictive Validity of Clinical Competency Exams
Heather Hageman, Washington University School of Medicine, Donna Jeffe, Washington University School of Medicine, Alison Whelan, Washington University School of Medicine, Anthony Paolo, University of Kansas School of Medicine, Brian Mavis, Michigan State University College of Human Medicine, Jon Veloski, Jefferson Medical College, Steven Durning, Uniformed Services University of the Health Sciences

2007 Recipients

Direct Interaction with Elders as a Standardized Patient Training Tool for the Portrayal of Cognitive Impairment
Rhonda A. Sparks, M.D, Sheila Crow, M.A., Ph.D., Thomas A. Teasdale, Bryan D. Struck, M.D., Robert M. Hamm, PhD, Michelle Wallace, BS
University of Oklahoma College of Medicine

Special Effects Simulation for the SP Educator
Karen L. Lewis, Ph.D.
George Washington University School of Medicine and Health Sciences
Marcy Hamburger, M.A.
University of Texas at Houston Medical School

ASPE Outstanding Educator Award

In recognition of the outstanding talent within ASPE, we annually honor an individual APSE member through the "Outstanding SP Educator Award". The former recipients of this award are listed below. Nominations are sought each year a few months before our annual conference. We encourage both self-nominations and the nomination of worthy colleagues. The award is decided upon by a committee of former recipients that is selected by the president of ASPE.

To be eligible for the award the nominee must: " Be an active member of ASPE " Have been involved in SP education/training for more than seven years " Have made significant contribution to the SP community by providing professional development and/or guidance to newcomers in the filed " Be recognized as a leader by working with varied levels of faculty within their own institution, the SP community, and in national or international organizations (i.e., ASPE, AAMC, CAME, NBME, ECFMG, etc.)

Award Recipients

2009	Rachel Yudkowsky	University Of Illinois at Chicago COM
2008	Karen Szauter	University of Texas Medical Branch Galveston
2007	Heidi Lane	East Carolina University
2006	Mary Cantrell	University of Arkansas
2005	Ann King	National Board of Medical Examiners
2005	Sidney Smee	Medical Council of Canada
2004	Carol Pfeiffer	University of Connecticut
2003	Peggy Wallace	University of California San Diego
2002	Anja Robb	University of Toronto
2001	Linda Morrison	Southern Illinois University
2000	Delia Anderson	Tulane University School of Medicine
1999	Linda Perkowski	University of Minnesota
1998	Gayle Gliva McConvey	Easter Virginia Medical School

ASPE ANNUAL BUSINESS MEETING

Monday, June 22, 2009
Las Vegas, Nevada

1. Approval of Annual Business Meeting 2008 minutes; Seconded, approved.

2. PRESIDENT'S REPORT – Tamara Owens:

   Remarks
   The status of Association is strong. ASPE is progressing with a steady pace with our methodology in the field. We are still considered leaders in simulation in healthcare, and we are very proud of that. The focus for 2008 is to have processes in place in order to move initiatives forward. The focus for 2009 is to focus on internal organization issues with an external impact.

   President's Report
   The Board of Directors meets in December to have a strategic planning retreat. Discussed were the following 2009 Internal Initiatives (slides):

   1. Membership diversity
      - Discipline
      - Geographically
   2. Education and Professional Development
      - Long distance
      -International considerations
      - Inter-profession
   3. Visibility:
      - Web site
      - The Quarterly
      - Exhibiting internationally and at key conferences
   4. Standards of Practice- Survey data

   And the 2009 External initiatives (slides):

   1. Strengthen existing partners and new partnerships
      - Society for Simulation in Healthcare (SSH)
      - MedEd PORTAL / AAMC
      - Association for Medical Education in Europe (AMEE)
   2. Explore new partnerships
   3. Continue Involved with Key movements within medical simulation and healthcare
      - Member of SSH Subcommittee for Accreditation
      - Simulation Alliance
      - Simulation Industry Partner
      - Simulation Inventory Taskforce
      - MedEdPORTAL Taskforce
   4. Increasing ASPE Visibility
      - Europe
      - Asia
      - Turkey
      - Italy

- UK
- North / South America

We are one Board working as a cohesive team to fulfill the mission of ASPE. We are a cohesive team working on behalf of you the members. This business meeting is our report on how your organization is doing. I am very proud of the men and women on this board for their tireless efforts. Please stop anyone you see with a Board of Director tag, ask questions and share your ideas and thoughts.

3. VP OPERATIONS REPORT - Cate Nicholas

The VP of Operations manages the election process for the Board of Directors. The Board is replacing the VP Ops position and the Member Liaison position. Cate wore a button that says "Ask me about being a VP Operations" so stop and ask. Members will receive an email from Cate after the ASPE conference outlining how to become a Board of Director, the election process, and specifics about open positions. Lisa Rawn is part of the nomination committee. She was a past ML and can discuss each position.

Cate has accomplished laying the groundwork for next person, re-doing the bylaws, and finishing the policy and procedures.

Cate thanks everyone for their hard work this year.

4. ASPE VP OF FINANCE - FINANCIAL REPORT –Kathy Schaivone

This is Kathy's first year as VP Finance and is happy to serve this role.

ASPE is financially sound. As of 12/31/2008 we have assets of Bank Funds $154,017.81
Less 25% Reserve of Operating Expenses totaling $72,133.

Committee Reports:

5. FINANCE COMMITTEE–Kathy Schaivone, Chair

In 2008, the Silent Auction raised $1300. 12 (need-based) scholarships were given for members to attend this conference with those funds. If you would like the information on how to apply for a scholarship to attend the conference, please send an email to Kathy Schaivone.

Financial Committee Responsibilities include budget prep and review, Silent Auction management and online shopping management. On the ASPE website, please shop through the Backme.org link that gives a portion back to ASPE.

Kathy thanks her committee for all of their hard work this year.

6. MEMBERSHIP COMMITTEE REPORT -- Donald J Woodyard, Chair

ASPE currently has approximately 450 members. 355 are renewals. There were 95 new members from 18 countries and 8 disciplines. We did have decline related to institutional/individual issues and the economy.

Goals 2009 (slide)

- Inter-Professional Diversity
  - Nursing
  - Pharmacy
  - Simulation
  - International
  - Affinity Groups

The membership committee is responsible for both outreach and to listen to the members and report back what you need and want from ASPE. Membership wanted "discussion forums" to continue discussing what is going on at the conference. We are implementing this. Information will be released soon.

Regarding diversity and outreach, we have exhibited at the nursing conference, International Nursing Association for Clinical Simulation and Learning. They are interested in collaboration with our program. We are looking at taking a booth at American Colleges of Pharmacy. We have our relationship with the Society for Simulation in Healthcare. We are looking for international diversity.
He encourages members to attend the Affinity group breakfast on Wednesday morning. One member of that Affinity group will sit on the membership committee to give the membership committee information, allowing feedback to the board. On the new website you will see a new job board and other resources.

7. MEMBERSHIP SURVEY PUBLICATION AND WEBSITE COMMITTEE REPORT - Karen Lewis, Chair

Our goal was to create the new website with a new feel, international ties, new Job Board, a Virtual Library – what documents are useful for ASPE members – not cases (Med Ed Portal), and an updated Discussion Board. There will be many new features. The website goes Live in September. Please submit your URL so that we may add this to our site so we can stay connected to you.

(Slide) Goal 2009: Recreate the ASPE website: As our membership grows and diversifies, the tools we use to support our members must change as well. This new site has a more international feel, provides our members with new services, and improves upon the services our current site already provides. It goes live in September, and best of all, you won't even have to change your bookmark. It will use the same URL.

8. EDUCATION AND PROFESSIONAL DEVELOPMENT COMMITTEE REPORT -- Janie Boyer, Chair

Goal 2009 (slide)

Oversee Webinar Scheduling and Presentation.
Develop and deliver Core Curriculum
1st Module released, more to come
Coordinate Education and Professional
Development Resources on ASPE Website

ASPE has hosted seven webinars in 2009. If you would like to present a webinar, please contact her.

9. STANDARDS OF PRACTICE COMMITTEE REPORT -- Judy Thornton, Chair

Heidi Lane will take over as Chair in December.

Goal 2009 (slide)

Publish 2008 ASPE Survey data.
-This is going online soon. It is in final edit form.
Recommend standardized terminology for use by SP Educators and ASPE
-Recommend 6 terms that you use with colleagues and in written work. Please take a look at the survey outside regarding these terms.
Introduce Standards of Professional Practice of SP Educators
Looking for additional guidelines for practice standards in (SP training, recruiting, facilities and administration, terminology, recruitment and training, policies and procedures) that members can use in their facility.

10. GRANTS & RESEARCH COMMITTEE REPORT -- Karen Szauter, Chair

Overarching Goal 2009 (Slide)

Support development and delivery of scholarly activities through venues at and beyond the annual conference.

We have reorganized this committee into a working communication team. We are working on program planning, a Certificate Program – details to be on website, and the Grants program is ongoing. We are working with outside partners: MedEd Portal and Society for Simulation and Healthcare's journal to continue sharing scholarly information.

11. INTERNATIONAL COMMITTEE REPORT -- Jan-Joost Rethans, Chair

Goal 2009: (slide)

To establish a well structured active ASPE-I committee with defined tasks for each member
Most of ASPE committees now have an I-representative
To find new Chair: Karen Barry [UK]

Attending this conference are 18 International members. "International" is everyone outside of US and Canada. We are trying to outreach and trying to teach ASPE members with ASPE education around the world. There is a workshop on Wednesday to discuss what other countries do in regards to SPs. Karen Barry from the UK will be the new Chair.

12. CONFERENCE COMMITTEE REPORT -- Diane Ferguson, Chair

Mission - It is the sole purpose of the Conference Committee to plan, develop, and produce the Annual ASPE Conference in conjunction with all of the individuals and committees who play a role in the conference planning process.(Slide)

This year, we have combined two committees to make up the Conference Committee. Diane acknowledges her chairs for working very hard this year. Thank you to all.

Committee Members

- Grace Gephardt - Chair, Subcommittee CS&PD

Subcommittee

- Karen Szauter
- Cathy Smith
- Cecily Storm
- Romy Kittrell
- Tonya Thompson
- Mary Cantrell - Vice Chair
- U of Nevada SOM
- Bill Murphy-Sharp
- Mimi Bar-on
- Pamala Schmidt (ASPE Admin)
- Karen Barry (ASPE-International)

2009 Achievements:

Form new committee
Reach out to International members
Update planning guide
Select site and venue for 2010 conference
Invited programming based on previous conference surveys
Improved session evaluations (L. Morrison and G. Gliva-McConvey and G&R)

Conference 2010 (slide)

10th Annual ASPE Conference, Baltimore, Maryland, USA June 27 – 30, 2010

13. MEMBER-AT-LARGE / MEMBERSHIP LIAISON REPORT -- Win May

(Slide) Project: ASPE WIKI

ASPE WIKI developed

"Living textbook"
2 Chapters Complete
Members can provide input
Website address: *http://winaspe.pbworks.com/FrontPage*

Please take a look at this WIKI to comment. This is a collective work by the membership.

14. MEMBER-AT-LARGE / MEMBERSHIP LIAISON REPORT -- Sherry Johnson

(Slide) Project: The development of a resource tool aiding Colleges of Pharmacy in utilizing OSCEs and standardized patients

-The results of a survey indicate there is inconsistency and lack of standardization with OSCEs and use of standardized patients in colleges of Pharmacy

- Ideas for the "tool kit" are:
  - Case and checklist development
  - Training
  - Resources needed
  - Setting standards

-This "tool kit" could be added to College of Pharmacy websites with ASPE listed as a valuable resource

-The ASPE website is an additional location for this resource

15. VICE-PRESIDENT ELECT- Karen Reynolds

Karen recognizes those who have worked tirelessly this year. She invites members to join the committee lunches to know what each committee does and think about joining.

Karen asked each group to stand and be recognized:

Grants and Research
Conference Committee
Standards of Practice
Finance Committee
Membership
Education and Professional Development
Publication and website
International Committee

- A round of applause was given to all.

OLD BUSINESS

None

NEW BUSINESS

None

16. PRESIDENT- Tamara Owens

Tamara researched the history of ASPE Board of Directors. Tamara thanks them for hard work over the years as Founding Board Members and as Past Board members.

Founding Board Members

- Mary Cantrell, President
- Gail Furman, Past President
- Linda Morrison, Vice President for Operations
- Carol Pfeiffer, Vice President for Finance
- Gayle Gliva, Chair, Standards of Practice
- Anja Robb, Chair Education & Professional Development

- Linda Perkowski, Chair, Grants & Research
- (2) Jennie Struijk, Chair, Membership and Communication and Jennie Struijk, Chair, Membership Committee

Past Board Members

- Devra Cohen, President
- Delia Anderson, President
- Holly Fox, Vice President for Operations and Member-At-Large
- Wendy Gammon, Vice President for Finance
- Karen Reynolds, Vice President for Finance
- Diane Ferguson, Chair, Membership Committee and Conference Committee
- Lisa Howley, Chair, Grants & Research
- Rachel Yudkowsky, Chair Grants & Research Committee
- Kris Slawinski, Chair, Publication & Website and Communications Committee
- Lisa Rawn, Member-At-Large
- Loretta Graham, Member-At-Large
- David Virtue Member-At-Large
- Graceanne Adamo Member-At-Large
- Jan-Joost Rethans Member-At-Large
- Marsha Kaye, Member-At-Large

Special Award: Jennie Struijk, webmaster for the SP Trainer Listserv

MEETING ADJOURNED

B-LINE MEDICAL®

B-Line Medical is a digital solutions firm focused on the capture, debriefing and assessment of simulation-based medical training. B-Line Medical specializes in the delivery of robust, yet easy to use web-based solutions that have helped over one hundred top hospitals, medical schools and nursing programs in the U.S., Canada, Europe, and Middle East operate and manage their clinical skills and simulation centers more effectively.

EMS
Education Management Solutions

Education Management Solutions (EMS) is the leader in simulation management solutions, performance assessment software, and digital audio-video systems for standardized patient and simulation-based training. Medical, nursing, and allied health schools, and hospitals use EMS' easy to use, feature-rich, web-based solutions to record, debrief, and assess learner performance and effectively manage their skills and simulation centers in the US and globally.
EMS provides turnkey solutions that address customer requirements with best-in-class support for both software and hardware… providing a *single-vendor* solution.

For more information, stop by our booth, call toll-free 877-EMS-5050, email: info@ems-works.com or visit www.EMS-works.com.

KYOTO KAGAKU CO.,LTD

Kyoto Kagaku Co., Ltd. is a manufacturer of medical and nursing simulation training products. At the ASPE Show, we will be showcasing training models such as Physiko (our assessment trainer), our Male and Female Catheterization Simulation models as well as our tactile breast. Please stop by our booth and see for yourself the quality of our products as useful additions to your training curriculum.

Lecat's Ventriloscope

www.ventri

Finally, a medical simulation device that gives the Standardized Patient the ability to have the abnormal heart and lung sounds that go along with the malady they are portraying. With its handheld, wireless transmitter, your SPs can be in control. In as little as 30 minutes, they will quickly be on their way to controlling the 12 pre-recorded (on an SD card) sounds that are wirelessly transmitted to a realistic stethoscope worn by the student. Multiple Ventriloscopes can be used in close proximity, as they will not interfere with each other. Additional sounds can be purchased to expand your "sound" library.

Limbs & Things supplies training and demonstration materials for healthcare professionals, incorporating synthetic soft tissue models, multimedia training systems and a design & build service.

Our United States and Canadian sales office, located in Savannah, Georgia has a dedicated sales and customer service team committed to serving you. Our growing team is happy to offer advice and information on the range of products in our catalog, and the 'try-before-you-buy' demonstration service enables you to do just that, ensuring that you choose the right product for your needs.

Limbs & Things design, manufacture and promote clinical and surgical skills training products. The Company is dedicated to improving patient care by supporting healthcare professionals in their training.

www.lionis.net

By feature comparison, WebSP is the leading integrated, scalable, and adaptable software solution for managing the entire process of creating, using, and reporting SP and simulation center content. WebSP functionality was developed in consultation with health care education professionals to allow for customization in usage and optimization in center resources.

WebSP.Sim

- Center management functions of WebSP
- Synchronize simulation recording with physiological data display for METI®, Gaumard®, and Laerdal®

WebSP.Go

- Go truly mobile
- Record video and audio and collect data in the field
- Synchronize when reconnected to network

Contact Delia Anderson at delia@lionis.net for more information.

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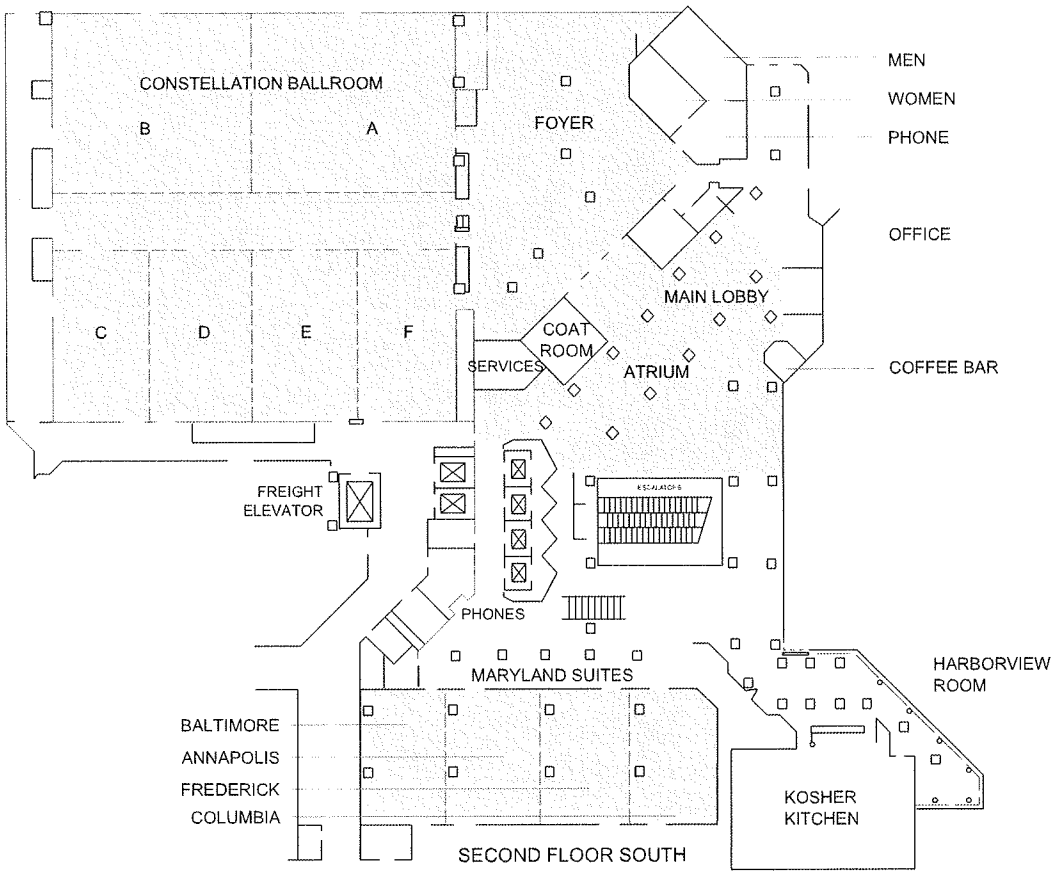
SECOND FLOOR NORTH



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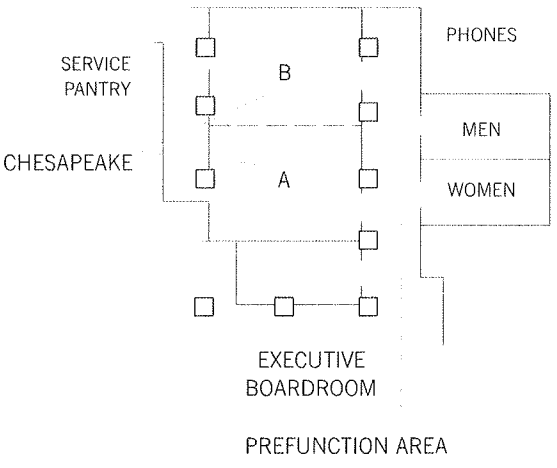

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