

Standardised Patient Simulation Programme

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**Introduction**

The aim of this SOP is to outline the governance supporting the standardised patient simulation programme. The Royal Orthopaedic hospital (ROH) NHS Foundation Trust is committed to delivering excellent education in the speciality of orthopaedics and musculoskeletal medicine for staff and students across all disciplines.

At the ROH we have gained a reputation for delivering high quality realistic education resources for students and clinicians using standardised patients. The standardised patient (SP) provides the academy at ROH and students and clinicians with opportunities to teach, assess and refine a variety of activities, including communication, interviewing, diagnostic and clinical skills.

**Objectives**

This SOP sets out the key principles and approach to the governance of the standardised patient simulation programme to ensure quality assurance. This includes the following:

1. To provide a standardised approach to the recruitment and selection of standardised patients.
2. To provide a consistent approach to the education and ongoing continuous professional development of the standardised patient.
3. To ensure standardisation in the quality of feedback to participants both during and after case simulations.
4. To provide guidance on the professional conduct of standardised patients during simulated teaching.
5. To provide guidance on the continuing professional development of the clinical faculty staff involved in student teaching.

**Definitions** - **What is a standardised patient?**

A standardised patient is a healthy person that has been trained by clinical staff to portray a clinical condition. The SP has been trained to enact a real patient’s personal history, physical symptoms, emotions and everyday concerns of a real patient with a disorder, condition or pathology.

The SP can be a flexible tool for medical educators for a variety of settings and professional groups. This Includes inactive teaching environments, one to one teaching, group demonstrations, clinical examinations, video recordings or bespoke situations to meet the educator’s needs.

In a culture of lifelong learning and professional accountability qualified healthcare professionals requirements for discipline specific reflective practice can also be met with SPs. SP are trained to provide feedback from the patients unique perspective to learners at all levels of training and education.

**SOP Objective**

*To provide governance for the employment of standardised patients at ROH to provide quality assurance for clinical education in orthopaedic and musculoskeletal care. To ensure that the Academy provides high quality and realist education for all stake holders while ensuring compliance with statutory and regulatory frameworks.*

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**Introduction and Historical Perspective**

The standardised patient simulation programme is a progressive and innovative method of delivering healthcare education for medical and allied health care disciplines. The model of standardised patients in education and teaching has attracted significant research since its inception in the 1960s.

The first reported standardised patient was first conceived by Dr Howard Barrows after he found inconsistent learning experiences available for the teaching and examination for medical students with real patients. The USA and Canada have been the leaders in standardised patient programmes in the past two decades with standardised patients used extensively in physiotherapy, pharmacy, nursing and medicine.

**General Principles**

1. **Our Goals and values**

* To systematically improve the delivery of healthcare professionals and students learning by:
* Broadening the scope of students and healthcare professional’s clinical experience and reflections on action and in action via exposure to a range of patient’s scenarios.
* Preparing student health care professionals for OSCE and clinical exams
* Preparing healthcare professionals for professional exams and extended roles in clinical practice
* To contribute to professional scholarship through:

## Research, publications and presentations in the area of standardised patient simulation programmes

1. **Recruitment and selection:**
2. SPs are employed by the hospital and therefore are required to undergo an assured recruitment and selection procedure. There are two types of SPs used by ROH:
3. Subcontracted Standardised Patients (SSP) –Are paid for their time and expertise. The SSP is subcontracted from an external company.
4. Unpaid Standardised Patients (USP) - Are unpaid and work as hospital volunteers.
5. In situations where standardised patients or SSPs are subcontracted from another organisation ROH will need to be assured that SSPs have been subject to pre-employment checks similar to ROH standards.
6. In broad terms all SPs should have the following:
7. **A selection procedure**
8. All candidates should be interviewed prior to being appointed. The candidates should be asked the same questions and if there is variance it should reflect particular areas of concern about an individual’s knowledge, skills and experience. Interview questions must comply with employment law, best practice and should have some questions which reflect the trusts values.
9. **An interview**
10. The interview panel should consist of at least two people and the chair should receive training in the application of the trusts recruitment, selection policy and procedures.
11. **Making an offer**
12. Selection should be made subject to satisfactory pre-employment clearances. The conditional offer for SSPs will be made by the Public and Patient Services Manager.
13. **Feedback to candidates**
14. Is the responsibility of the recruiting manager or other designated person.
15. Whilst SSPs are not employees of ROH, it is essential that the Trust ensures that any individual offered a volunteer placement is able to effectively undertake the agreed activities assigned to them and not to pose a risk to themselves, patients, staff, students or visitors.
16. Consequently, the following procedures will be applied to any successful SSP applicant:

* Disclosure of Criminal Background (Disclosure and Barring Service).
* Suitability check; 2 references.
* Appropriate health screening (Appendix 1).
* Confidentiality agreement (Appendix 2)
* Undertaking of Mandatory Training.
* Signing of a copy of the volunteer handbook summarizing responsibilities (Appendix 3)
* Signing of the volunteer agreement (Appendix 4)

1. The Public and Patient Services Manager will make the final decision as to the suitability of any applicant. This may include advice if necessary from Occupational Health, Human Resources, Head of Academy and the Health & Safety Advisor.
2. **Physiotherapy Faculty Staff**
3. All Physiotherapists acting as teaching staff during patient simulations must adhere to the following:

* Be HCPC registered
* A senior Physiotherapist with a special interest in musculoskeletal practice.
* A band 6 or above Physiotherapist
* Attend at least one standardised patient simulation programme update for teaching staff each calendar year
* Have reviewed the standardised patient simulation musculoskeletal examination videos a minimum of twice each year
* Facilitate at least one standardised patient simulation session every 8 weeks in the academic term to maintain currency

1. **Confidentially**
2. All members of the faculty and SPs are required to keep all scenarios, procedures, communication and all other related information of the standardised patient programme confidential. The copyright of all materials belongs exclusively to the ROH.
3. **Professional conduct**
4. ROH expects the following from all faculty members and SPs:

* To exhibit professional and ethical behaviours at all times
* To conduct themselves with honesty and integrity
* To demonstrate responsibility and reliability
* To be punctual
* To demonstrate responsibility for reporting inappropriate behaviours
* To work well and to show respect for others
* To be sensitive and to respect the beliefs of others, their opinions, gender, race, culture, religion, sexual preference and status
* To exercise good hygiene and proper grooming at all times.

**Dissemination Process**

*Dissemination of procedures that require considerable practical application may include workshops, awareness events or specific implementation training session to be arranged at the discretion of the policy author.*

**Supporting References**

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| Key references:  ROH Recruitment and selection policy and procedures |  |
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**Appendices to this procedure**

**Appendix 1** Trust health screening

**Appendix 2** Trust Confidentiality agreement

**Appendix 3** Trust volunteer handbook

**Appendix 4** Trust volunteer agreement