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Training standardized patients for undergraduate Psychiatry examinations: experience of a Malaysian university

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ABSTRACT

Simulated/ standardized patients (SPs) have become one of the significant components in today's medical education and students' assessment. Some differences exist in the training method of SPs for psychiatry examinations compared to other medical disciplines. This brief report highlights the challenges encountered in the training process and methods to overcome those challenges. A well-structured, intensive training remains as one of the most important factors in ensuring standardization of SPs for psychiatric examinations.

Keywords: standardized patients, examination, training, psychiatry

INTRODUCTION

Standardized patient (SP) is defined as a person who is trained to simulate a patient's illness in a standardized way.[1] The first standardized patients were introduced by Dr Howard Barrow in the 1960's, [2,3] and the development in SP programme has flourished since then. The use of SPs in examinations in general has caused debates, until now.[4,5,6] Previous use of SPs in psychiatry clerkship has also been documented.[7,8] There can be a number of reasons why SPs are currently preferred instead of real patients. SPs are almost always readily available to meet the demands of the increasing number of undergraduates and postgraduate students. When the numbers of patients sometimes fall short due to multiple reasons or circumstances, the availability of SPs can often be guaranteed. SPs can also be trained to simulate most medical symptoms. One of the more important reasons about using SPs is the ability to maintain the "standardized" manner which is crucial in students' assessment. Nevertheless, these positive bases can only be assured provided the SPs undergo good training sessions as preparation to play their roles. The quality and the objectivity of the examination itself can be affected without proper training for the SPs.

In University Kebangsaan Malaysia Medical Centre (UKMMC), the SP Unit was set up by the Medical Education department since 2005 to aid in the teaching and learning of medical students. The unit is mainly responsible for the recruitment and deployment of SPs, as well as providing training courses for the SPs. The SPs are recruited through advertisements in the university and hospital websites, posters placed around the hospital compound as well as through words by mouth. A database has been created to identify SPs according to gender, age, race, level of education and experience in acting for easy selection and suitability for their future roles. Currently, there are 180 SPs who are actively involved in the faculty teaching and assessment programmes such as the Clinical Skills Learning (CSL), Personal & Professional Development (PPD). Apart from that, they are also involved in the academic staff development programme organized by the medical education department.

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The use of SPs in undergraduate psychiatry teaching and assessment including psychiatry Objective Structured Clinical Examination (OSCE), has been well documented and accepted.[9] The aim of this paper is to discuss on the training procedure of the SPs for the undergraduate psychiatry OSCE examinations with emphasis on the challenges and limitations encountered during the training.

TRAINING PROCEDURE

The method for training SP in UKMMC has been adapted from other western countries with established SP programmes.[10, 11] However, differences may exist contributed by the limitation of budget, time constraint and challenges in the recruitment of SPs.

The training of SPs for psychiatry examination is much dependent on the type of case scenario chosen before the examination date. The first step in SP training starts with preparation of the case scenario, scripts, and checklists by the assigned psychiatrists. The scripts and checklists are two of the most important components in SP training to ensure standardization of the SPs' performance. The cases chosen may evolve around the vast range of psychiatric diagnoses, which include schizophrenia, bipolar mood disorder, anxiety disorders and substance use disorders.

In order to ensure the reliability of the training, the preparation of scripts and checklists was done by an experienced psychiatrist with a minimum of three years serving as a specialist. The script and checklist was discussed thoroughly during vetting of the examination questions to ensure that all necessary assessments were included. Once the questions for the OSCE stations had been approved, a request to use the SPs for the specific examination was sent to the SP Unit using the Standardized Patients Application Form. The characteristics of requested SPs (age range, gender and physical condition), the number of SPs needed and the details regarding the examination date and the preferred training date were also included in the request form.

An intensive training session for the SPs was later done involving the psychiatrists as the trainers. The number of SPs and trainers depends on the number of students or stations for the specific examination. Following a briefing by the assigned psychiatrists who prepared the scripts, the SPs were given particular instructions about their tasks and guided through the case scenario, script and checklist. Special emphasis was also given on teaching which information should or should not be volunteered to the students, and the use of prompts in certain situations. A video showing an example of the mental state tested was also used to help SPs understand their role better. The use of videos in SP training has been shown to help enhance the accuracy of SP portrayal.[12] We also note that this step can also help in introducing psychopathology such as flight of ideas, loosening of association and psychomotor retardation to the SPs. In our experience, the highest challenge for the SPs was to understand the psychopathology of psychiatry patients and being able to play the roles well.

Previous study has shown that the presence of an experienced trainer and careful training techniques can help ensure SPs' accuracy in their simulations. [13, 14] For this reason, the SPs were subsequently divided into smaller groups of three or four people. Each group was allocated to a psychiatrist for assessment of their performance. The psychiatrist played the role as student and tested each SP's response using the script and checklist vetted earlier. This exercise helped to identify the SPs' level of understanding of the script and scenario to ensure standardization among the SPs. Continuous feedback was given to the SPs to improve their performance during the training session. The whole training process took about three to four hours, depending on the number of trainers available. For confidentiality purposes, the scripts were later taken from the SPs for safekeeping and only given back for reference on the day of the exam.

The SPs were asked to further review their script and checklist on the examination day as the final refresher. Considering that long hours of simulation and playing an emotionally complex role may lead to more pronounced negative effects such as 'fatigue' [15,16], the maximum time allocated for each SP to be interviewed by students was only one hour before being replaced by another SP. In the undergraduate psychiatry examination, the SP's sole role is as patients, and they are not required to rate the students' performance. The students' and SPs' performance during the real examinations was directly assessed by the psychiatrists. The students were assessed for the ability to elicit psychiatric symptoms pertaining to the diagnosis tested and scored as 'done well', 'done but unsatisfactorily' and 'not done'. Other than that, observation and ratings were also done for their basic interviewing skills and the ability to develop rapport, which is one of the important elements in a psychiatric clerkship. Lastly, a global impression score of the students' personal performances was also given using a 3-point scale. As for the SPs, the feedback reports by the psychiatrists were given to the SP Unit for further actions, mainly to help with sustaining the quality of SPs.

A schematic diagram summarizing the steps in SP training is included in Figure 1.

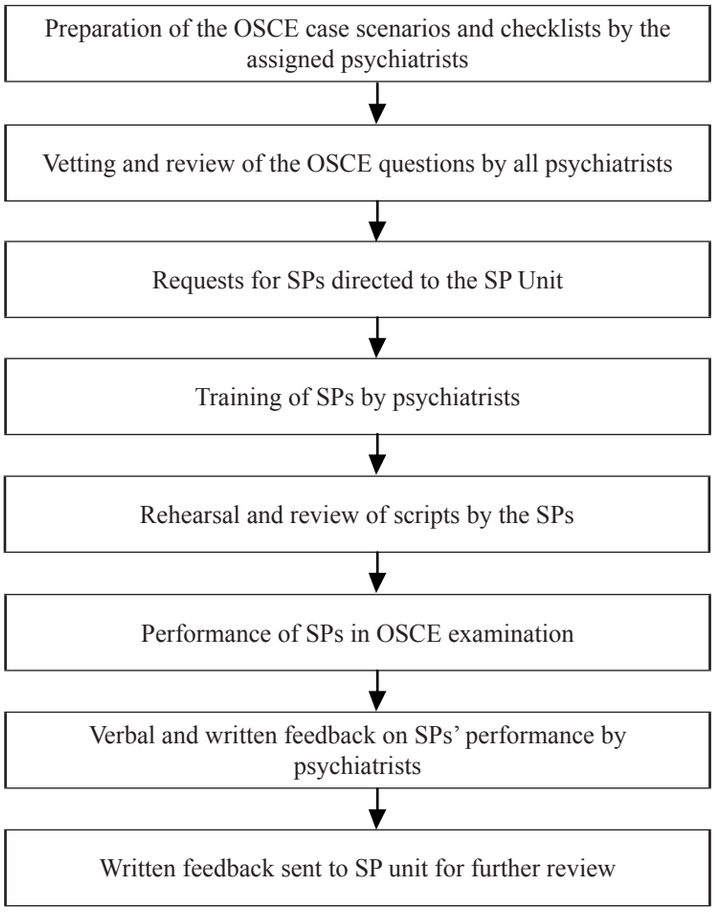

Figure 1: Schematic diagram of the SP training procedure.

CHALLENGES AND WAYS TO OVERCOME

Training SPs for psychiatric examinations is not without any challenges. Due to the lack of confirmatory tests or investigations, the psychiatric diagnosis mostly relies on the history and mental state examinations which include detail observation of appearance, behaviour and emotion. It is therefore very important for the SPs to be trained well in the areas mentioned in order to ensure authenticity. One way to address this issue, is done by allowing only experienced SPs (those who have been actively involved in the SP programme for at least a year and showed good performance) to act the role of psychiatric patients. Other than that, ensuring that the SPs are all equipped with some basic understanding about the illness they simulate during the training also helps them perform better.

The recruitment of SPs in general can be challenging as well. Although payment is available, there is often a contest whereby schools offering higher payment tend to attract more SPs. Because of this, the ability to find accurately and select the 'ideal' people as SPs is limited. Those who have been working with psychiatry patients or have previous experience with them, perform very well compared to others who are not familiar with psychiatry. In order to ensure quality SP performances, a focused training for the SPs with special emphasis on small group supervision is mandatory prior to each examination. Educational materials for the SPs are also made available in the medical education department for references by the SPs.

A rising trend in the usage of SPs has been seen over the past few years most likely due to the increment of students' intake by the faculty. Compared to the year 2012 when 400 roles has been played by the SPs, the number had increased to 612 roles in 2013 and 640 roles in 2014. Of important note is regarding the high number of hospital staffs being recruited in the SP programme. From the 180 SPs being enrolled, more than fifty percent are hospital staffs. Recruiting a big number of hospital personnel as SPs has its own setback. Specific permission to attend training sessions has to be obtained from the head of departments, which very much depends on the availability of other staffs to help cover for the SPs' job scope during their training sessions. At times, due to the shortage of staffs, permission to join training sessions might not be obtained or given only for short duration, hence impairing the quality of the overall

training. As a measure to overcome this issue, invitation to the SPs for training are usually given at least a month prior to the actual training date. This is to ensure that the SPs have ample time to organize their own schedule and obtain the necessary permission for the training date.

Another ethical issue that may arise when using hospital personnel as SPs for examination purposes is regarding confidentiality. Due to the closer relationship between hospital personnel and medical students, confidentiality with regards to breach of examination questions is also higher. As a measure to overcome this problem, it is made mandatory for a new SP to sign an agreement regarding confidentiality prior to his enrolment in the programme. Other than that, frequent reminders about confidentiality during the SPs' training sessions were also made.

CONCLUSION

It is often the hope of all academicians to bring out the best of each student. Despite the many challenges and debate pertaining to the use of SPs as a good examination assessment, the use of SPs for examination purposes in UKMMC has definitely increased since the past few years. Our positive experience on the use of SPs for psychiatry teachings and assessment are also not without challenges. We hope to continuously improve on the deficiencies and aim to further provide a better learning experience and assessments for our students using trained SPs. The future role of SPs in postgraduate psychiatry teaching and examination will be of importance with the increasing number of postgraduate enrolment in psychiatric courses. Possibly, the next aim will be to prepare the SPs for postgraduate work-based assessment and to take the role of assessors.

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