The Article :

"The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP)."

Lewis, K., Bohnert, C., Gammon, W., Hölzer, H., Lyman, L., Smith, C., Thompson, T., Wallace, A. and Gliva-McConvey, G. (2017). Advances in Simulation, 2(1).

Case Author :

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Expert Commenter :

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Simulcast Journal Club is a monthly/ series heavily inspired by the ALiEM MEdIC Series.

It aims to encourage simulation educators to explore and learn from publications on Healthcare Simulation Education.

Each month we publish a case and link a paper with associated questions for discussion.

We moderate and summarise the discussion at the end of the month, including exploring the opinions of experts from the field.

The Case :

When Cath was 13, she invited 6 of her dearest friends over for a birthday sleepover. Despite spending several hours recording the perfect boy band mixtape and repeatedly mentioning the event in maths class, nobody had RSVP'd. It had turned out that Samantha van den Brink was having a sleepover the same night and that her mother had allowed her to rent 'I Know What You Did Last Summer' on VHS. Her friends had simply prioritised accordingly.

Which was why, years later, the feeling of being somehow uncool was so familiar as Cath sat in the empty conference room and stared morosely at an untouched breakfast buffet. The paediatric special interest group breakfast had been one of things she was most looking forward to this SIM conference, but it looked like she was the only one coming.

Across the hallway, she could hear laughter coming from the Simulated Patient Breakfast. As she'd wound her way into the conference centre, she'd passed a number of bubbly people heading in. When they'd said they were heading to the 'SP Breakfast' it had taken her a few seconds to register the abbreviation, it wasn't one she used on a day to day basis. Her paediatric SIMs were exclusively mannequin based, and the world of Simulated Patients was mysterious to her. She wasn't quite sure what they'd even have to talk about.

Faced with peer rejection, 13 year old Cath had stayed at home and watched 'Spice World'. But she'd done a lot of growing up since then. As it became clear nobody was coming, Cath took a deep gulp of her champagne, and with a grim look of determination headed across the hall.

It was time she learned about this Simulated Patient thing.

Discussion :

As simulation education has boomed, specialisation in its various subgenres has become viable. In particular, the Standardised Patient community has taken leaps and bounds in becoming it's own community of expertise.

In this month's article, Lewis et al provide the Association of Standardized Patient Educators Standards of Best Practice, but in doing so provide an overview of the principles behind using SPs and the community that has developed around it.

What have you learned from reading this article? How have you found incorporating SPs into your practice? What are the challenges and what can we get better at? Are you an SP? What's your perspective on this release?

Article Summary :

Released in open access format, "*The Association of Standardized Patient Educators Standards of Best Practice*" aims to "*provide clear and practical guidelines for educators who work with SPs*". It is a critically important document for simulation educators which can be used as both as set of 'aspirational standards' for those who work with simulated patients but also as an introduction to the field for those who do not. In respect to the pivotal nature of these guidelines, the authors describe it as a *"document that will be "reviewed and modified periodically… as SP methodology grows and adapts to evolving simulation practices."*.

The guidelines were developed through a stepwise process :
- Discussion by a group of North American experts in the field.
- Using a modified Delphi Method to identify domains by consensus.
- Discussion of the draft standards at the ASPE Board of Directors.
- Obtaining opinion from international experts.
- A final separate consensus by a team of reviewers from the ASPE Board of Directors.

They are structured within 5 domains :
- Safe Work Environment
- Case Development
- SP Training
- Program management
- Professional Development

These domains are informed by 5 underlying values :
- Safety – Described by the authors as the 'cornerstone of simulation practice'
- Quality – 'assuring and pursuing continuous improvement'
- Professionalism – 'act in accordance with common ethics, values and standards'
- Accountability – 'a commitment to serving the needs of our stakeholders'
- Collaboration – 'sharing best practices with colleagues on a local and global scale'

The heart of the article is a series of tables outlining a number of principles within each domain. They are extensive and not appropriate to summarise here. At their heart, however, the standards are a call to understand the contributions SPs can make to a simulation curriculum and to highlight their position as educators in their own right rather than actors or props to be added to a scenario for added realism. It's an important reframe, and embarrassing as it may be, it's a bit of a mental leap for some of us. Once that frame shift has been made, however, it becomes inherently logical for us to incorporate Simulated Patient Educators not only into scenarios, but into scenario design, debriefing, and professional development.

Expert Opinion: Karenne Marr, Simulated Patient

In the spirit of welcoming Simulated Patients as coteachers, we asked Karenne Marr her thoughts on this month's article. Karenne has been working for 11 years as a Simulated Patient and has been working with the School of Medicine at Bond University since its inception. Her experience includes simulation history taking and physical examination. She has been involved in most areas including Medicine, Physiotherapy, Psychology, Diet and Nutrition and Occupational Therapy.

Expert's response to this month's article:

Thank you so much for the compliment of asking me to comment on this month's article.

It is however, a huge overstatement to regard me as an expert!

From reading this very comprehensive article I have learnt of the enormous structures in place regarding best practices. It would seem every area of the SP role has been examined and categorised in detail by experts. The body of work is impressive and very well executed.

I will be honest and admit it took me a few read throughs for several points to really resonate, and the stand out things to stick in my brain. I liked the structure of domain and principles, preparation, clear goals, and objectives tailored to the level of learners.

Simulation design that is repeatable. That is something to think about, how to make a scenario not become tired and boring through age and repetition yet still provide the same learning experience. How do we keep it fresh?

Berenson says SPs can provide students with valuable and unique information with their feedback.

LETS TALK ABOUT THAT.

I agree feedback is critical to learning.

I also think this can be an area of intense challenge.

Feedback has the potential to be enormously helpful or intensely harmful.

SPs need to be mindful of the experience of the recipient, to be honest but intuitive. I often struggle with this myself. There are times when I have been happy with what I've said, however many times when I have wished I could retract every word. I never want to cause someone to feel inadequate or dread having to speak with a patient. If the student has not performed as well as they could, I want to leave them a comment that would encourage them to try the scenario again.

I think FEEDBACK is the growth area in SP programs. I would like to think we are united in working towards the evolution of best practices and I do believe whilst providing a safe, realistic educational environment, effective feedback is the big challenge both in teaching it and giving it.

I've really enjoyed being involved with the discussion this month even though I've learnt how confronting and disconcerting it can be! Thank you to everyone involved.

Summary of this Month's Journal Club Discussion :

Blog Contributors :

- Sami Rahman, Ben Symon, Karenne Marr, Vic Brazil, Rowan Duys, Jessica Stokes-Parish, Debra Nestel, Nemat Alsaba, Shane Pritchard, Carrie Hamilton

It was a fascinating and in depth discussion this month on Journal Club in a conversation with wide breadth and depth as simulation academics, Standardised Patient Educators and clinician educators reflected on their responses to the article and helped each other problem solve SP integration within clinical programs.

There was widespread enthusiasm for the Standards of Best Practice (SOBP) with clinician educators such as Rowan Duys and Ben Symon expressing appreciation for the number of ways the SOBP opened blind spots regarding their practice. Particularly resonant themes for many educators was the article's stance that SPs be actively involved in scenario design, debriefing and ongoing simulation /faculty development. Out of respect for the importance of the standards themselves, some participants voiced concerns regarding how actively the standards would be integrated into community practice, a journey that *Advances in Simulation* has already started by posting both an [Editorial](#) and a Podcast regarding the issue.

The contributions that SPs make to simulation practice was admired from a number of bloggers, but perhaps our expert Karenne Marr put it best when she explained :

> *I'm a real human who possibly won't remember what you say, I may not even understand. However I will know and I will always remember how you made me feel.*

Rowan Duys asked for **advice regarding starting an SP program**, and his questions opened the floodgates for a variety of experts to contribute their expertise and ideas regarding 'starting out' with SP integration in a Simulation Curriculum.

Jessica Stokes-Parish provided a number of pieces of advice, including :

1. Assess what you do have (SP numbers, current payment approach, main use for SPs)
2. Establish processes (recruitment, training, supervision, in-role approaches, finances, administration, performance review)
3. Establish levels (what are your SPs doing – are they simply lying there for an exam, or are they providing feedback)
4. Get started, and continually review

Nemat Alsaba offered an important reframe : "The important question when working with SPs is "what are we trying to achieve in that simulation?". She argued that a significant portion of scenarios are best serviced by incorporating an SP and using part task trainers for manual procedures that are involved within the scenario. She also provided a number of pieces of practical advice, including :

1. If finance is an issue to recruit and train SP at the beginning I suggest approaching medical, nursing and paramedics Schools and ask for volunteers. This will be a mutual benefit.
2. Think about sustainability of the program and how you are going to keep your SP interested and committed.
3. When a new SP is joining your program make sure you include them initially as an observer in their first simulation with your program.

Debra Nestel also dropped into the discussion, and highlighted the importance of considering SPs as coteachers :

> *"Although SPs are simulators, they are not objects to be used but functioning as experts and, in my ideal world, offering perspectives as "patients". That is, not offering clinician perspectives…."*

And on a final note, it should be noted that the case of Catherine Winterbottom 'the simulation nerd who had felt deeply lonely in high school', appeared to strongly resonate with a particularly high proportion of simulation educators. May we all rejoice in finding our tribe a little further down the road. Thanks to all contributors this month for a wonderful discussion.

References and Further Reading :

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