“Training Standardized Patients to Give Feedback to Medical Trainees: The State of the Art"
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This submission is a result of an exhaustive literature search in which we read an amount of articles and attempted to organize them in a way that would give the reader some sense of what is out there on the topic of standardized patient driven feedback. The search was broad and there is a good deal that does not relate directly to the SP world but to the feedback world in general. It is included because of the reference and translation factors. This in no way boasts to be a complete edition of what exists in the literature. Nor does it come close to representing the rich pool of experts and items we have in our own association as many items are not published and therefore did not show up on the search. We included what time allowed us to include as well as what we were able to access. We have categorized and synopsized the literature we did locate to include our interpretation of such and certainly do not claim to have only the ‘right answers’ stated within. The work is respectfully submitted is in five parts described below. They are the logic model; the select bibliography (also known as the long list); the short list; the expert list and the feedback survey.

The logic model consists of two peer reviewed items and the bulk non peer reviewed publications to which we had access dated from 1996 to the present (2006). It breaks each publication down to give the reader a snapshot of the setting, objective, checklist/evaluation used, recipient level, provider’s level of expertise, feedback driver, focus, method, desired outcome, feedback trainer, trainers’ methods, research study, references used, other thoughts. There are a total of 22 publications in the logic model. They are listed chronologically in descending order with the standardized patient specific items first. Several are outside the SP arena but the feedback techniques translate well for our purposes. They are included because they came up on the key word search and were thought to be important references.

The select bibliography or the long list is the crux of the search and rather than just toss the information, the list is here for you, the reader. This is divided into six sections. They are benchmark publications in training standardized patients; validation studies; evaluation studies; quantitative and/or qualitative studies; historic learning models; issues/questions and future directions. The articles date from 1970 to the present and are a result of the exhaustive literature search using key words such as standardized patient + medical students + feedback, standardized patient + feedback, feedback skills, feedback, techniques, training for feedback, methods of feedback, training standardized patients, training standardized patients + feedback, instructing standardized patients + feedback, feedback innovations, feedback origins, feedback + medical students, feedback + faculty + professor + instructors, communication
skills, teaching communication skills, communication skills training methods, instructing for communication skills, reflective feedback, coaching for feedback, feedback + correction/corrective, feedback + behavior, feedback + feelings. They are listed alphabetically by first author within their sections. This is obviously the most comprehensive of the lists.

The short list may well be the most practical of the search. It is items focused on specific methods of training, evaluation and/or feedback since 1999 and is divided into the following sections, feedback directed at standardized patients; checklist issues; development of case scenarios; standards for performance; sample evaluation forms; future items for consideration; food for thought; forerunners in feedback and teaching programs; faculty directed. They are listed alphabetically by first author within their sections.

The expert list is a list of authors found most often in the literature as we conducted the search. They are listed alphabetically by name and followed by a brief history, publications, and contact information.

The feedback survey is a result of the many questions we had as we searched the literature and came up without the answers. We submit this as a starting point, a framework to get some practical data on what is truly out there in our medical schools and institutions right now as it was our conclusion that it is not as of yet adequately reflected in the literature.

This proposal came about as a result of a deep interest in the feedback process and a keen awareness that though it is gaining popularity in the SP arena, it is not necessarily trained or monitored in a standardized approach. My curiosity was piqued as I began to speak with my colleagues and realized how many of us were asking the same questions about feedback – most of them in the survey; does your faculty ask your SPs to provide it? What is your feedback model? Who trains it? How do the SPs do with presenting it? How do the students respond? Is the faculty happy? Do you have a way of measuring the success of the feedback given? Is it enriching the experience your students have? The opportunity to search the literature and see what was out there at this point seemed a logical place to start. There are feedback models in existence and many of them have been modified for our usage.

What our efforts showed:
1. Though some publications do appear, there is a lack or paucity of SP-specific training data available in the literature search. The bulk has started to appear in the past few years.
2. No bulk of literature is available on the actual reproducible methodologies as to how SPs are trained. What is out there is young and we are under developed in organizing it to make the resources available to the community at large.
3. No continuity or standardization of portrayal network wide.
Some thoughts:

4. Are we giving a consistently standardized experience to our learners? How do we know what standards are in place network-wide to ensure the above?

5. Are there network-wide standards or criterion in place regarding selection of trainers? How might this ultimately affect the learner?

6. Peer-reviewed articles often refer to trained SPs, but, no real indication or references lead to how this training was imparted to the SPs. Is there a need to define levels of training network-wide? Can any of this even apply to feedback?

The next step, I believe is continuing to explore these points as well as organizing our efforts on a more unified front. If not for the purposes of everyone utilizing the exact same approach, which might be viewed as rigid and unrealistic given the vastness of each institution’s objectives, then for the purposes of pooling our resources and creating a synergistic approach to the methodologies and training of SP driven feedback. Much like the case bank, this invaluable tool would benefit all. As our desire to be taken seriously as a profession continues to grow, so does our need to back our processes with concrete and practical applications for our formerly loose approaches. As stated in the introduction, there is a rich pool of expertise as well as practical information within the individual halls of ASPE. Implementing the survey and analyzing the data may be a start to getting that information out to members in a more organized fashion. Making training procedures available to members as well as validation results would also allow for a sharing of resources.

The challenges being made by this research to the SP community at large are, how do we harness and tap into the resources now being utilized by individuals within our association so that they can better be made available to serve us as a whole? And how do we address the immediacy of a standardized approach to SP driven feedback across the SP community and still honor the individual needs of each program?
LOGIC MODEL

Association of Standardized Patient Educators (ASPE) Project Award "Training Standardized Patients to Give Feedback to Medical Trainees: The State of the Art"

Patti Hatchett, B.S. PI; Carolyn Haun, B.S.; Linda Goldenhar, Ph.D. Consultant
University of Cincinnati College of Medicine, Department of Education
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NON-PEER REVIEWED

<table>
<thead>
<tr>
<th>AUTHOR/REFERENCE CITATION</th>
<th>DESCRIPTIONS/QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardee James and Kasper, Ilene:</td>
<td><strong>Setting:</strong> Standardized patient training center.</td>
</tr>
<tr>
<td>From Standardized Patient to Care Actor: Evolution of a Teaching Methodology.</td>
<td><strong>Objective:</strong> Improve standardization among standardized patients and eventually across the program.</td>
</tr>
<tr>
<td></td>
<td><strong>Recipient level:</strong> Medical students, years 1, 2, 3, and 4.</td>
</tr>
<tr>
<td></td>
<td><strong>Providers’ level of expertise:</strong> Specifically standardized patients, standardized patient instructors, standardized patient educators, faculty and clinicians.</td>
</tr>
<tr>
<td></td>
<td><strong>Feedback driven by:</strong> Standardized patients and standardized patient instructors.</td>
</tr>
<tr>
<td></td>
<td><strong>Focus:</strong> Across-the-board standard performances allowing more equitable evaluations by faculty, standardized patients and medical students.</td>
</tr>
<tr>
<td></td>
<td><strong>Method of feedback:</strong> Verbal, written, video review.</td>
</tr>
<tr>
<td></td>
<td><strong>Desired outcome:</strong> A more standardized presentation thus equitable evaluations and/or feedback from faculty and standardized patients.</td>
</tr>
<tr>
<td></td>
<td><strong>Trained by:</strong> Standardized patient educators, faculty, clinicians, and</td>
</tr>
</tbody>
</table>
| Howley LD, Simons DF, Murray JA. | Setting: Workshop  
**Focusing feedback on interpersonal skills: A workshop for Standardized Patients,**  
(Directed workshop on feedback to standardized patients).  
| **Objective:** Reflect, refine, further develop and practice interviewing skills.  
**Checklist/evaluation used:** Pre-test and follow-up feedback.  
**Recipient level:** Medical students. Can be easily adapted for any level.  
**Providers’ level of expertise:** New or established standardized patient as well as training medical students to provide feedback.  
**Feedback driven by:** Standardized patients.  
**Focus:** Interpersonal communication skills.  
**Method of feedback:** Verbal and written feedback.  
**Desired outcome:** Reflect, refine, further develop and practice interviewing skills.  
**Trained by:** Standardized patient educator, faculty.  
**Methods used to train:** Practice verbal interactions, explanation of why, small group activities with video and discussion.  
**Research study:** No. |
| Sinclair, Nancy RN MBA. University of New Mexico School of Medicine, 2004.  
**Reflective Verbal Feedback: A Substrate for Professionalism (Workshop)”.**  
**Objective:** Effective communication between standardized patients and medical students.  
**Checklist/evaluation used:** No.  
**Recipient level:** Trained standardized patients.  
**Providers’ level of expertise:** Standardized patients, standardized patient instructors, standardized patient educators, faculty and clinicians.  
**Feedback driven by:** Standardized patients and standardized patient instructors.  
**Focus:** To better grasp the concept of reflecting one’s experience as verbal feedback.  
**Method of feedback:** Verbal. |
| **Feedback, reflective in particular** | **Desired outcome:** Improved skills by standardized patients to provide reflection with medical students as well as feedback empowering medical students to more effectively communicate with patients.  
**Trained by:** Standardized patient educator, faculty or instructor.  
**Methods used to train:** Small group discussions, demonstrations by actor or well-trained standardized patient, reflection, sharing, role playing, handouts and opportunity to practice new skills.  
**Research study:** No.  
**Reference(s) Used:** None listed. |
|---|---|
| Nelles, Laura Jane; Knickle, Kerry; McNaughton, Nancy; Tabak, Diana; University of Toronto  
**“Beyond the Sandwich-Advanced Feedback Skills (Workshop).**  
(Directed at standardized patient educators to teach verbal feedback, reflective in particular)  
[www.aspeducators.org/2004](http://www.aspeducators.org/2004) | **Setting:** Workshop  
**Objective:** Share as well as enhance expertise in providing assistive/useful feedback to medical students.  
**Checklist/evaluation used:** No.  
**Recipient level:** Standardized patients and standardized patient instructors.  
**Providers’ level of expertise:** Standardized patients, standardized patient instructors, standardized patient educators, faculty and clinicians.  
**Feedback driven by:** Standardized patients and standardized patient instructors.  
**Focus:** Verbal communication.  
**Method of feedback:** Verbal feedback.  
**Desired outcome:** Improved communication skills.  
**Trained by:** Standardized patient educator.  
**Methods used to train:** Communication skills awareness, awareness of impact of feedback and a more improved skill through self-evaluation, group-evaluation, awareness of receiver interpretation of verbal feedback and more effective construction of feedback.  
**Research study:** No  
**Reference(s) Used:** None listed. |
**Objective, structured clinical examinations and** | **Setting:** Workshop.  
**Objective:** Checklist, standardized patients verbal feedback skills.  
**Checklist/evaluation used:** Yes. |
| **standardized patients in medical education:** | **Recipient level:** Medical student, standardized patients, faculty, instructor.  
**Providers’ level of expertise:** Standardized patients, standardized patient instructors, standardized patient educators, faculty and clinicians.  
**Feedback driven by:** Standardized patients.  
**Focus:** Verbal feedback and checklist development.  
**Method of feedback:** Checklist and verbal feedback.  
**Desired outcome:** Effective communication skills.  
**Trained by:** Standardized patient educator, instructor, and faculty.  
**Methods used to train:** Interactive role playing and small group discussions.  
**Research study:** No. |
| **Getting started and expanding roles.** | Sinclair, Nancy RN MBA. University of New Mexico School of Medicine, 2003. |
| Presentation at 2003 CDIM National Meeting, Savannah, GA. (Directed at standardized patient trainers as well as testing planners, faculty, etc.) | Conference: **Giving Verbal Feedback, training for standardized patients.** |
| Sinclair, Nancy RN MBA. University of New Mexico School of Medicine, 2003. | Setting: Formative, one-on-one.  
**Objective:** Introduce, practice and evaluate skills (interview, examination, communication techniques).  
**Checklist/evaluation used:** Non-case specific, communication, patient satisfaction/global.  
**Recipient level:** Medical students, 1st, 2nd, 3rd and 4th yr., allied health professionals, nursing.  
**Feedback driven by:** Standardized patients and standardized patient instructors but applicable to medical students providing feedback.  
**Providers’ level of expertise:** New or established standardized patient as well as training medical students to provide feedback.  
**Focus:** Reflective/descriptive (report how you felt about the experience while citing specific examples that link to the experience.)  
**Method of feedback:** Verbal, immediate with and without interaction as well as written (both immediate and delayed).  
**Desired outcome:** Improved formative, summative and incited behavioral changes.  
**Trained by:** Standardized patient educators, physicians, and faculty.  
**Methods used to train:** Workshop.  
**Research study:** N/A.  
**Reference(s) used:** Ende J. Feedback in clinical medical education. JAMA |
### Focusing Feedback on Interpersonal Skills: Practice Makes Perfect A Web-Based Tutorial For Standardized Patients.


This is a web-based study with exercises in feedback in the program.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Formative exercise, one-on-one.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>Introduce and practice skills (interview, communication techniques).</td>
</tr>
<tr>
<td>Checklist/evaluation used</td>
<td>Global.</td>
</tr>
<tr>
<td>Recipient level</td>
<td>Medical students (1\textsuperscript{st}, 2\textsuperscript{nd}, 3\textsuperscript{rd} and 4\textsuperscript{th} yr), nursing, allied health professionals. Standardized patient and standardized patient instructors.</td>
</tr>
<tr>
<td>Feedback driven by</td>
<td>Standardized patient and standardized patient instructors.</td>
</tr>
<tr>
<td>Providers’ level of expertise</td>
<td>New and/or established standardized patients and feedback trained medical students.</td>
</tr>
<tr>
<td>Focus</td>
<td>Communication and interpersonal skills.</td>
</tr>
<tr>
<td>Methods of feedback</td>
<td>Written and verbal, with and without interaction (immediate and/or delayed written).</td>
</tr>
<tr>
<td>Desired outcome</td>
<td>Formative feedback.</td>
</tr>
<tr>
<td>Trained by</td>
<td>Standardized patient trainers, faculty or physicians.</td>
</tr>
<tr>
<td>Methods used to train</td>
<td>Web-based tutorial.</td>
</tr>
<tr>
<td>Research study</td>
<td>N/A.</td>
</tr>
<tr>
<td>Reference(s) Used</td>
<td>None listed.</td>
</tr>
</tbody>
</table>

### Health Sciences Academic Services and Facilities. Clinical Skills and Laboratory Services.

**Training Your Standardized Patients; Training Your Standardized Patient to Give Feedback.**

Standardized Patient Trainer Information and Workshop.

[http://depts.washington.edu](http://depts.washington.edu)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Individual, group or workshop setting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>Improving communication and performance skills.</td>
</tr>
<tr>
<td>Checklist/evaluation used</td>
<td>Yes</td>
</tr>
<tr>
<td>Providers’ level of expertise</td>
<td>New or established standardized patient as well as training medical students to provide feedback.</td>
</tr>
<tr>
<td>Recipient level</td>
<td>Standardized patients, standardized patient instructors.</td>
</tr>
<tr>
<td>Feedback driven by</td>
<td>Standardized patients, standardized patient instructors.</td>
</tr>
<tr>
<td>Focus</td>
<td>Effective training and/or preparation for case, roles and feedback.</td>
</tr>
<tr>
<td>Method of feedback</td>
<td>Verbal and written.</td>
</tr>
<tr>
<td>Desired outcome</td>
<td>Case-related responses appropriate to faculty preferences as well as effective communication (reflective, summative, feedback).</td>
</tr>
<tr>
<td>Trained by</td>
<td>Standardized patient educators, faculty, and clinicians.</td>
</tr>
<tr>
<td>Methods used to train</td>
<td>Groups, workshops, individual, practice exercises,</td>
</tr>
</tbody>
</table>
**Research study:** No.  
**Reference(s) Used:** None listed.  
**Setting:** Evaluation paper presented by ACGME.  
**Objective:** Evaluate the 360-degree evaluation method.  
**Checklist/evaluation used:** N/A  
**Recipient level:** Medical students, faculty and/or instructors.  
**Providers’ level of expertise:** New or established standardized patient as well as training medical students to provide feedback, faculty and clinicians.  
**Feedback driven by:** Faculty/instructor.  
**Focus:** Effective feedback skills.  
**Method of feedback:** Verbal and to a lesser degree written.  
**Desired outcome:** Improved ability by professionals, standardized patients to provide helpful and constructive, summative, formative feedback to medical students.  
**Trained by:** ACGME  
**Methods used to train:** N/A  
**Research study:** No.  
**Anderson W, Malacrea R.**  
**Giving constructive feedback.** Office of Medical Education Research and Development, Michigan State University. ACP-ASIM Community Based Teaching Educational Clearinghouse #326. Excellent faculty development package containing instructor manuals, videotapes, overheads and handouts.  
**Setting:** Workshop  
**Objective:** Prepare for feedback and provide feedback to medical students.  
**Checklist/evaluation used:** Yes.  
**Recipient level:** Medical students.  
**Providers’ level of expertise:** Standardized patient, standardized patient instructor, standardized patient educators, faculty and clinicians.  
**Feedback driven by:** Standardized patients and/or faculty/instructors.  
**Focus:** Improved feedback skills at summative, formative, reflective, etc., levels to provide medical students with definable assistance.  
**Method of feedback:** Verbal (and written) feedback.  
**Desired outcome:** Improved communication skills by standardized patients and faculty in turn leading to improved communications, interviewing skills by the medical students. |
| Hatchett, Patti. | Trained by: Faculty/instructor or standardized patient educator.  
**Methods used to train:** Small groups, overheads, interactive role playing, handouts and manual.  
**Research study:** No.  
**“Effective SP Feedback, a new definition”**.  
Training materials used at the University of Cincinnati College of Medicine Center for Competency Development and Assessment (CCDA)  
Setting: Workshop.  
**Objective:** Development of a more effective, honest communication style with feedback.  
**Checklist/evaluation used:** No.  
**Recipient level:** Medical students, allied health and residents.  
**Providers’ level of expertise:** Standardized patients, standardized patient instructors, standardized patient educators, faculty and clinicians.  
**Feedback driven by:** Standardized Patients, Standardized Patient Instructors, Standardized Patient Educators. (Applicable to faculty, clinicians).  
**Focus:** Develop a more refined, usable, measurable communication between standardized patients and medical students.  
**Method of feedback:** Verbal and written.  
**Desired outcome:** Provision of honest, reflective, descriptive information with recipients.  
**Trained by:** Standardized Patient Instructor.  
**Methods used to train:** Lecture, examples, definitions, small groups, exercises, and practice with group feedback.  
**Research study:** No.  
**Reference(s) Used:** None listed.  

| Heathfield SM. |  
**360-degree feedback: The good, the bad and the ugly.**  
Internet Source. Human Resources #60. 2002. (directed at a general population but very specifically usable by standardized patient trainers, faculty and  
Setting: Written for business community but applicable to standardized patient and medical education.  
**Objective:** Enhancing understanding of impact of words and, in particular, feedback to communicate in such as way as to provide receiver with information to enhance performance.  
**Checklist/evaluation used:** No.  
**Recipient level:** Standardized patient, standardized patient instructors, faculty, instructors and standardized patient educators.  
Reference(s) Used: None listed.  

| **standardized patients)*** | **Providers’ level of expertise:** Directed to the commercial environment but easily converted to the academic medical environment.  
**Feedback driven by:** Reader, presenter.  
**Focus:** Verbal feedback.  
**Method of feedback:** Verbal.  
**Desired outcome:** Communication to improve performance.  
**Trained by:** Reader, manager, instructor, etc.  
**Methods used to train:** Reading materials.  
**Research study:** No |
|---|---|
| **William Hoffman – Tips to give and receive feedback.**  
American College of Physicians – ASIM Observer © 2001 by the American College of Physicians – American Society of Internal Medicine; | **Setting:** Classroom environment/individual.  
**Objective:** Development of more effective communication skills in providing feedback empowering and motivating student.  
**Checklist/evaluation used:** No.  
**Recipient level:** All levels but in our case medical student.  
**Providers’ level of expertise:** Standardized patients, standardized patient instructors, standardized patient educators, faculty and clinicians.  
**Feedback driven by:** Reader, leader, standardized patients or faculty/instructor.  
**Focus:** Verbal feedback, giving and receiving.  
**Method of feedback:** Verbal and/or written feedback.  
**Desired outcome:** More effective communication skills, improved skills, more awareness of words and impact.  
**Trained by:** Teacher, reader, standardized patient, faculty/instructor, standardized patient educator.  
**Methods used to train:** Reading material and practice, some activities.  
**Research study:** No. |
| **Online Newsletter.**  
**Improving Verbal Skills.**  
[http://www.its time.com/aug97/htm](http://www.its time.com/aug97/htm) | **Setting:** Reader oriented.  
**Objective:** Improve communication skills especially regarding feedback. Well presented article presenting communication methods, elements of communication, distortion factors, sending and receiving messages, learning skills, improving presentation skills, leadership communication skills, examples of leadership credo exercise. |
<table>
<thead>
<tr>
<th>Checklist/evaluation used:</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recipient level:</strong></td>
<td>All levels, medical students, standardized patients, standardized patient educators, faculty, clinicians.</td>
</tr>
<tr>
<td>** Providers’ level of expertise:**</td>
<td>Not given. Can be used in the commercial or academic environment.</td>
</tr>
<tr>
<td><strong>Feedback driven by:</strong></td>
<td>Standardized patients, supervisors, educators, etc.</td>
</tr>
<tr>
<td><strong>Focus:</strong></td>
<td>Verbal and written feedback skills with explanations.</td>
</tr>
<tr>
<td><strong>Method of feedback:</strong></td>
<td>Verbal and written feedback.</td>
</tr>
<tr>
<td><strong>Desired outcome:</strong></td>
<td>More effective communication reflecting behavior not attitude.</td>
</tr>
<tr>
<td><strong>Trained by:</strong></td>
<td>Standardized patient educators, medical faculty, clinicians, standardized patients, and standardized patient instructors.</td>
</tr>
<tr>
<td><strong>Methods used to train:</strong></td>
<td>Article for educating the reader, can be applicable to any situation and interactive environment.</td>
</tr>
<tr>
<td><strong>Research study:</strong></td>
<td>No.</td>
</tr>
<tr>
<td><strong>Other thoughts:</strong></td>
<td>Written as a general article but easily converted to standardized patient situations.</td>
</tr>
</tbody>
</table>

**Standard ABIM Form.**

**Behavioral anchors at extremes of performance**

**USUHS “RIME” Form:** Behavioral anchors at each level of performance.

<table>
<thead>
<tr>
<th>Setting:</th>
<th>Workshop.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective:</strong></td>
<td>To better understand barriers to effective feedback, understanding differences between feedback, formative feedback, and summative feedback and identifying tools to enhance current evaluation methods.</td>
</tr>
<tr>
<td><strong>Checklist/evaluation used:</strong></td>
<td>Yes.</td>
</tr>
<tr>
<td><strong>Recipient level:</strong></td>
<td>Medical students.</td>
</tr>
<tr>
<td><strong>Providers’ level of expertise:</strong></td>
<td>Standardized patients, standardized patient instructors, standardized patient educators, faculty and clinicians.</td>
</tr>
<tr>
<td><strong>Feedback driven by:</strong></td>
<td>Standardized patients.</td>
</tr>
<tr>
<td><strong>Focus:</strong></td>
<td>Formative, summative, verbal feedback.</td>
</tr>
<tr>
<td><strong>Method of feedback:</strong></td>
<td>Verbal feedback.</td>
</tr>
<tr>
<td><strong>Desired outcome:</strong></td>
<td>To better understand barriers to effective feedback, understanding differences between feedback, formative feedback, and summative feedback and identifying tools to enhance current evaluation methods.</td>
</tr>
</tbody>
</table>
### A Critical Elements Approach to Developing Checklists for a Clinical Performance Examination.

**Ferrell, BG., Ph.D.**

The University of Texas Medical Branch. MEO 1996;1:5 (original publication). Medical Education Online

Editor@Med-Ed-Online.org

**Setting:** Paper providing approaches to development of checklists.

**Objective:** Develop more effective and user-friendly checklists. Additionally providing medical students with useful performance improving information.

**Checklist/evaluation used:** Yes.

**Recipient level:** Standardized patient educator, faculty, instructors and standardized patients.

**Providers’ level of expertise:** Specifically directed to standardized patients, standardized patient instructors, standardized patient educators, faculty and clinicians.

**Feedback driven by:** Standardized patients, faculty, and educators.

**Focus:** Checklist completion.

**Method of feedback:** Checklist.

**Desired outcome:** Accurate, constructive feedback in the form of a checklist.

**Trained by:** Standardized patient educator, instructor and faculty.

**Method used to train:** Specific guidelines provided in the paper.

Research study: No.

### Giving and Receiving Feedback.

**BBC Training and Development.**

Giving and Receiving Feedback.

http://www.bbctraining.com/onlineCourse.asp?

**Setting:** Workshop.

**Objective:** Improving skills in providing feedback.

**Checklist/evaluation used:** No.

**Recipient level:** Anyone.

**Providers’ level of expertise:** Not specified by article but a more general approach to improvement in communication skills for a broad population.

**Feedback driven by:** Reader.

**Focus:** Defining feedback, broken down by module, what is feedback, giving feedback, receiving feedback and tips for giving feedback.

**Method of feedback:** Verbal.
| Desired outcome: Improve skills in giving or receiving feedback.  
Trained by: Educators, directors, supervisors, etc.  
Methods used to train: Exercises, small groups and individual reviews.  
Research study: No. |
|---|
| **Giving Constructive Feedback**  
Adapted From: [Coaching & Mentoring For Dummies](http://www.dummies.com/WileyCDA/DummiesArticle/id-622.html)  
Setting: Business environment but applicable to educational environment.  
Objective: More effective communication through feedback.  
Checklist/evaluation used: No.  
Recipient level: Management level professionals.  
Providers’ level of expertise: Directed towards directors, managers, and supervisors in a commercial environment but adaptable to standardized patients, standardized patient instructors, standardized patient educators, faculty, and clinicians.  
Feedback driven by: Management level professionals.  
Focus: Productivity.  
Method of feedback: Verbal feedback.  
Desired outcome: Motivational and constructive verbal feedback.  
Trained by: Manager.  
Research study: No. |
| **FastCompany.**  
**How to Give Good Feedback.**  
[http://www.fastcompany.com/online17](http://www.fastcompany.com/online17)  
Setting: Online review and exercises.  
Objective: Improve evaluation techniques.  
Checklist/evaluation used: No.  
Recipient level: Management, supervisor, directors.  
Providers’ level of expertise: Managers, supervisors, directors, standardized patients, standardized patient instructors, standardized patient educators, faculty and clinicians.  
Feedback driven by: Manager, supervisor or directors, anyone providing review or evaluations.  
Focus: More effective performance reviews.  
Method of feedback: Written and/or verbal feedback.  
Desired outcome: Useful and reflective honesty feedback.  
Trained by: FastCompany. |
### Method used to train:
Online reading and definitions along with explanations of effective and motivational feedback.

### Research study:
No.

### NASA GSFC Code 111.

**A Guide to Giving and Receiving Feedback.**

Specifically directed at supervisors within NASA but easily applicable to standardized-patient/medical student relationships.

### Setting:
Article.

### Objective:
To provide accurate information to evaluate persons without influence of perceptions and assist the receiver in deciding what he or she learned from the feedback as well as allowing the receiver to choose what to do with the gained knowledge.

### Checklist/evaluation used:
No.

### Recipient level:
Those providing information for evaluation.

### Providers’ level of expertise:
Document specifically directed at managers, supervisors, directors, evaluators at the NASA Center, easily adaptable to the academic medicine environment.

### Feedback driven by:
Those directing and educating feedback givers.

### Focus:
Giving constructive feedback.

### Method of feedback:
Written and verbal.

### Desired outcome:
Improving the givers and receivers skills when interacting. Perceptions are very important data but not necessarily reality.

### Trained by:
Supervisors, managements, educators.

### Methods used to train:
Direct feedback towards behavior one can do something about, not towards the person.

### Research study:
No.

### Other thoughts:
Based on the Goddard Supervisor Feedback Model.

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**PEER-REVIEWED ARTICLES**

| Wood, BP. |
| Feedback: A key feature of medical training. |

### Setting:
Critical paper.

### Objective:
Instruct as to purpose of formative feedback and how to construct environment for more effective communication through feedback.
|Radiology 2000;215:17-19. (Breakdown of steps of learning feedback and very direct methods for structuring it to needs).| **Checklist/evaluation used:** No.  
**Recipient level:** Medical students.  
**Providers’ level of expertise:** Standardized patients, standardized patient instructors, standardized patient educators, faculty and clinicians.  
**Feedback driven by:** Standardized patients, instructors, faculty.  
**Method of feedback:** Verbal (formative).  
**Desired outcome:** A safe, nurturing, effective environment for constructive and supportive feedback.  
**Trained by:** Faculty, standardized patients, instructor or standardized patient educators.  
**Methods used to train:** N/A  
**Research study:** No.|

|Hewson MG, Little ML.  
**Giving feedback in medical education.**  
**Verification of recommended techniques.**  
J Gen Intern Med. 1998;18:111-116. This article surmises that feedback that is specific, nonjudgmental and focused on behaviors rather than personalities is preferable.| **Setting:** Faculty development course.  
**Objective:** Improve teaching of the medical interview with opportunities for participants to receive feedback (Qualitative and quantitative approaches).  
**Checklist/evaluation used:** No.  
**Recipient level:** Instructors, faculty and possibly standardized patient educators.  
**Providers’ level of expertise:** Standardized patients, standardized patient instructors, standardized patient educators, faculty and clinicians.  
**Feedback driven by:** Standardized patient and faculty/instructors.  
**Focus:** Semantic differences.  
**Method of feedback:** Verbal.  
**Desired outcome:** Improved teaching of the medical interview with opportunities for participants to receive feedback (Qualitative and quantitative approaches).  
**Trained by:** Reader.  
**Methods used to train:** None specifically noted.  
**Research study:** No. |
SELECT BIBLIOGRAPHY

Association of Standardized Patient Educators (ASPE) Project Award "Training Standardized Patients to Give Feedback to Medical Trainees: The State of the Art"

Patti Hatchett, B.S. PI; Carolyn Haun, B.S.; Linda Goldenhar, Ph.D. Consultant
University of Cincinnati College of Medicine, Department of Education
Center for Clinical Development and Assessment

Benchmark publications in training standardized patients:


Training Standardized patients:


45. King AM, Sanger JM, Scott CL (2003). National Board of Medical Examiners, Philadelphia, PA. An innovative, multimedia approach to training standardized patients for clinical skills examinations at multiple sites.


84. Shaffer DW, Gordon JA, Gilbert GSB, Gilbert K, et a (2002). Learning, testing and the evaluation of learning environments in medicine: global performance assessment in medical education. University of Wisconsin at Madison, Madison WI. dws@education.wisc.edu


Validation Studies:


Evaluation studies:


**Quantitative and/or qualitative studies:**


Historic Learning Models:


**Issues/Questions and future directions:**


**SHORTLIST: Specific methods of training, evaluation and/or feedback**

**Association of Standardized Patient Educators (ASPE) Project Award "Training Standardized Patients to Give Feedback to Medical Trainees: The State of the Art"**

Patti Hatchett, B.S. PI; Carolyn Haun, B.S.; Linda Goldenhar, Ph.D. Consultant
University of Cincinnati College of Medicine, Department of Education
Center for Clinical Development and Assessment

**Feedback directed at standardized patients**


4. Baylor University, Texas. [www.bcm.edu/familymed/spprogram/sp_training.htm](http://www.bcm.edu/familymed/spprogram/sp_training.htm).


10. Health Sciences Academic Services and Facilities, Washington University School of Medicine “Giving feedback” A manual for trainers and patients. 206-543-8869, [www.jcal@u.washington.edu](http://www.jcal@u.washington.edu) **Feedback preparation, standardized patient and faculty.**
11. Heathfield SM (2002). 360-degree feedback: The good, the bad and the ugly. Internet Source. Human Resources #60. Directed at a general population but very specifically usable by standardized patient trainers, faculty and standardized patients.

12. Hewson MG, Little ML (1998). Giving feedback in medical education. Verification of recommended techniques. J Gen Intern Med. 18:111-116. This article verifies that feedback that is specific, nonjudgmental and courses on behaviors rather than personalities is preferable when they are in the learners’ role.

13. Holmboe, E., Yepes, M., Williams, F., Huot, S (2004). Feedback and the Mini Clinical Evaluation Exercise. Journal of General Internal Medicine, 19(5):558-561. The mini Clinical Evaluation Exercise or mini-CEX is a method for simultaneously assessing the clinical skills of trainees and offering them feedback on their performance. It is a simple modification of the traditional bedside oral examination and because of that, it relies on the use of real patients and the judgments of skilled clinician educators. The mini Clinical Evaluation Exercise or mini-CEX is a method for simultaneously assessing the clinical skills of trainees and offering them feedback on their performance. It is a simple modification of the traditional bedside oral examination and because of that, it relies on the use of real patients and the judgments of skilled clinician educators.


17. Nelles, Laura Jane; Knickle, Kerry; McNaughton, Nancy; Tabak, Diana; University of Toronto  
Hosted by Tulane University School of Medicine. “Beyond the Sandwich-Advanced Feedback Skills (Workshop).  
Directed at standardized patient educators to teach verbal feedback, reflective in particular.  
www.aspeducators.org/2004

Am J Obstet Gynecol. 189:666-9. Originally directed at obstetrics and gynecology clerkships but widely used now in  
other subspecialties and teaching arenas. Easily adapted to standardized patient trainers to use in education of  
standardized patients.

clear, directed at standardized patients and evaluating interpersonal skills.

Based Tutorial For Standardized Patients. Proceeding of the 3rd annual Advances in Teaching and Learning symposium,  
February 2002, UT-Houston, Houston. Very directed, very clear, directed at standardized patients actually employing  
the feedback techniques in previous article.

21. Pfeiffer, Carol A.; Kosowicz, Lynn; University of Connecticut school of Medicine  
Hosted by Tulane University School of Medicine. Training Standardized Patients to Give Feedback: A Challenge to Our  
Professionalism (Workshop). Directed at standardized patient educators to teach reflective verbal feedback in  
particular.  

standardized patient trainers, standardized patients, faculty, test planners, etc.

Competencies for Emergency Medicine Residents, Academic Emergency Medicine 9(11):1300-1304. Description of a 360-  
degree model of feedback.
24. Sinclair, Nancy RN MBA. University of New Mexico School of Medicine, 2004. 


26. University of Illinois, College of Medicine – Urbana-Champaign Introduction to clinical medicine clinical tutorials notebook. tbarber@uiuc.edu Standardized Patient training.


Checklist issues


3. Ferrell, B., Ph.D (1996). A Critical Elements Approach to Developing Checklists for a Clinical Performance Examination. The University of Texas Medical Branch. MEO 1:5 (original publication). Medical Education Online Editor@Med-Ed-Online.org Very directed at creating useful and valid checklists, usable for medical student and standardized patients.


**Development of case scenarios**


2. Barrows, Howard S (1999). Excerpts from training standardized patients to have physical findings. Problem-based learning initiative. Directed at standardized patients and physical findings.


**Standards for performance**

Sample Evaluation Forms:

   USUHS “RIME” Form: Behavioral anchors at each level of performance.

Future items to be considered


2. Dogra N, Stretch D (2001). Developing a questionnaire to assess student awareness of the need to be culturally aware in clinical practice. Med Teach 23:59-64. Abstract: This study aimed to establish whether students had an awareness of the requirement to consider cultural issues in caring for patients and to identify those issues which are most difficult for students, in order to aid course development. (May be useful in future development of culture sensitivity both for standardized patients and medical students).


Food for thought

Forerunners in Feedback and teaching programs:


3. Barrows H.S (1993). An overview of the uses of standardized patients for teaching and evaluating clinical skills. Acad Med. 6:443-453. The author traces the development of standardized patients and summarizes working group assessment of strengths, weaknesses and future research opportunities for this technique. He includes a helpful table of physical findings which can be simulated by standardized patients.


5. Hemmer PA, Pangaro L (2001). Can a descriptive evaluation system detect student growth during a clerkship? Using descriptive evaluation to detect student growth. Proceedings from Annual 2000 Meeting of the Clerkship Directors of Internal Medicine, Teach Learn Med , 13:199-205, 2001. For the 1993-96 classes at USU, 343 third year medical students did 12 weeks of inpatient medicine. We compared the mean final ratings given in the second six weeks to the first six weeks (t-test). Differences due to pre-clinical GPA, USMLE step one, and clerkship pretest scores were tested by ANOVA. There was no difference in students’ academic characteristics. Instructors gave a higher percentage of available points in the second six weeks compared to the first six weeks. Overall growth rates did not differ by academic quarter. Accepting the construct that students do improve, these findings validate our criterion-based evaluation in which higher achievement represents progress beyond “reporting”. For grading, weighing student performance in the second six weeks more heavily than the first appears justified.
6. Hollingsworth MA, Richards BF, Frye AW (1994). A description of observer feedback in an OSCE and the effects on examinees. Teaching and learning in Med. 6(1):49-53. **This is another article directable to several users, standardized patient trainers, test planners, faculty, and residents as well standardized patients themselves.**


8. Pangaro LN (1998). Evaluating development of professional skills: Vocabulary and method for the descriptive evaluation of students in clinical clerkship. Uniformed Services of the Health Sciences, Bethesda MA. (202-782-4923). **Directed at standardized patient and faculty/professional staff.** Describe performance goals for trainees using the following progression: Reporter, Interpreter, Manager/Educator (R.I M.E.). The framework emphasizes a developmental approach, and distinguishes between basic and advanced levels of performance. Each step represents a synthesis of skills, knowledge and attitude, a final, “common pathway” of professional competencies. A learner’s progress to later steps is usually apparent in the basic stages. Trainees might function at a “reporter” level for a complex problem, and at a higher level for problems that are more frequently encountered; overall ratings of performance should reflect the level of consistent reliability.


**Faculty Directed**


2. Branch WT, Paranjape A (2002). Feedback and Reflection: Teaching methods for clinical settings. *Acad. Med.* 77:1185-1188. **Feedback and reflection are two basic teaching methods used in clinical settings. In this article, the authors explore the distinctions between, and the potential impact of, feedback and reflection in clinical teaching.**
3. Coletti LM (2000). Difficulty with negative feedback: Face to face evaluation of junior medical students clinical performance results in grade inflation. J of Surgical Research 90:82-87. **Abstract hypothesis - Direct, face-to-face feedback regarding a medical students' clinical performance will not increase critical, objective analysis of their performance.**

4. Cunningham AS, Blatt SD, Fuller PG, Weinberger HL (1990). The art of precepting: Socrates or aunt Minnie? Archives of Pediatric and Adolescent Medicine 153:114-116. A commentary for teaching learners the art of pattern recognition in the busy outpatient clinic, Aunt Minnie Approach "If the lady across the street walks like your aunt Minnie and dresses like your aunt Minnie, she probably is your aunt Minnie, even if you cannot identify her face." Operationally, in their pediatric clinic, this method requires that the learners present only the chief complaint of the patient and their presumptive diagnosis. While the learner is completing the paper work, the preceptor evaluates the patient. Upon the preceptor's return, discussion and feedback is immediately provided back to the learner.


7. Jelly RB and Goffin RD (2001). Can performance-feedback accuracy be improved. Effects of rater priming and rating scale format on rating accuracy. J of Appl Psychology 86:134-144. **This article is directed at faculty but can be useful to standardized patient trainers.**


15. Prystowsky JB (2003). A learning prescription permits feedback on feedback. Am J of Surg.18:264-267. Feedback prescription pads were a simple method to facilitate feedback. Although students appreciated feedback, most feedback was inadequate. Faculty development programs to enhance student feedback should be a priority of clinical medical education. Directed at faculty.

16. Rose M (2001). Widening the lens on standardized patient assessment: what the encounter can reveal about the development of clinical competence. Academic Medicine, 76(8):856-9. This article encourages faculty to explore students' development of clinical competence, which involves the purposive integration of basic science, technical skill, empathy, communication, professional role, and personal history.
BRIEF SUMMARY OF SELECTED EXPERTS

Howard S. Barrows, M.D.  Professor Emeritus, Department of Medical Education  
Southern Illinois University School of Medicine and author.  Introduced simulated  
patients (programmed patients) into the medical field in 1971.

Brief History:  Howard Barrows has carried out research into the problem-solving skills of physicians and students. He  
originated the technique of the simulated or standardized patient now used extensively for assessment and teaching of clinical  
and bedside skills. He is widely recognized for his work in problem-based learning and the assessment of clinical competence  
through performance based testing.

Publications:

1. Barrows H.S.  Simulated patients (programmed patients): the development and use of a new technique in Medical  
2. Barrows HS and Bennett K. Experimental studies on the diagnostic (problem-solving) skill of the neurologist, their  
3. Barrows HS, Norman GR, Neufeld VR, and Feightner JW. The clinical reasoning of randomly selected physicians  

**Contact Information:** Professor Emeritus in the Department of Medical Education, Department of Medical Education, Southern Illinois University, 801 N. Rutledge, P.O. Box 19622, Springfield, IL 62794-9622.  
[http://edaff.siumed.edu/medicaleducation/html](http://edaff.siumed.edu/medicaleducation/html)

**Jerry A Colliver, M.D.,** Professor, Department of Medical Education, Southern Illinois University School of Medicine, Springfield, Illinois. Professor, Medical Education Director, Statistics and Research Consulting.

**Brief History:** Dr. Colliver is professor of medical education at Southern Illinois University School of Medicine, where his major responsibility is as director of the Division of Statistics and Research Consulting, a school-wide consulting unit. He is the editor of *Teaching and Learning in Medicine*: He has been involved in research on standardized patient testing and has authored no less than 40 papers on this subject. For the past ten years, he has been a collaborator with Dr. Mark Swartz in the standardized patient testing program for The New York City Consortium for Clinical Competence at The Mor Chand Center.

**Publications:**


Contact Information: Phone (217) 545-4967 http://www.siumed.edu/adraf/rprofiles/Colliver.html

Andre F. De Champlain, Ph.D., Senior Psychometrician at the National Board of Medical Examiners.

Brief History: Andre De Champlain, PhD obtained his Ph.D. in Educational Statistics, Measurement, & Evaluation from the University of Ottawa in 1992. His is currently Senior Psychometrician at the National Board of Medical Examiners. His main areas of interests are focused in the application and adaptation of psychometric/statistical methods and models to performance assessments in medical education (e.g. OSCEs and SP exams), including scoring models, standard setting approaches, etc. Additionally, Dr. De Champlain has an interest in validation research as it applies to high-stakes medical licensing examinations.

Publications:


Contact Information: National Board of Medical Examiners, 3750 Market Street, Philadelphia, PA 19104-3102. Telephone (215) 590-9500. webmail@nbme.org

Jack Ende, M.D., Professor of Medicine, University of Pennsylvania Health System, Penn Center for Primary Care, Philadelphia, PA. Administrative Appointment: Chief, Medicine, Penn Presbyterian Medical Center Practice.

Brief History: He began his career at Boston University School of Medicine where he became involved in medical education, first as Director of Medical Student Education, and then as Residency Training Program Director for the Department of Internal Medicine. Dr. Ende developed systems for training medical students and residents in outpatient sites. In 1996 Dr. Ende became Professor of Medicine, and in 1997 he assumed his current position as Chief of Medicine at the University of Pennsylvania Medical Center-Presbyterian. In addition to his administrative duties, He has provided national leadership in internal medicine education as President of the Association of Program Directors in Internal Medicine, as Section Editor of the primary care syllabus for the American College of Physicians' MKSAP XI, Associate Editor for MKSAP XIII, and as Editor of the Federated Council for Internal Medicine's Resource Guide to Curriculum Development. Dr. Ende currently serves on the Editorial Board of Academic Medicine and Teaching and Learning in Medicine, and represents Internal Medicine on the Primary Care Organizations Consortium Steering Committee.

Publications:

Contact Information: (215) 662-9990.

Lisa D. Howley, PhD Educational Psychologist, Consultant, and Adjunct Professor, University of North Carolina at Charlotte

Brief History: Dr. Howley is an Educational Psychologist with over 10 years experience in the field of medical education and standardized patients. Her current research focuses on the development of authentic and student-centered instruction and performance-based assessments in adult professional education. She currently provides consulting services to educational programs and teaches graduate courses across disciplines in educational research, statistics, evaluation, testing and assessment. From 2002 to 2005, Dr. Howley served on the faculty of the University of North Carolina at Charlotte, as Assistant Professor of Educational Research. Prior to this appointment, Dr. Howley was the Director of the Clinical Skills Training and Assessment Program at the University of Virginia’s School of Medicine. In this role, from 1994 to 2003, she developed, administered, and evaluated standardized patient programs for medical, nursing and allied health curricula, including health literacy communication materials. Dr. Howley’s doctorate in Educational Psychology was granted in 1999 from the University of Virginia and emphasized instructional design, research, and evaluation. She currently serves on the Board of the Association of Standardized Patient Educators.

Publications:


Contact Information: ldhowley@bellsouth.net

David Irby, PhD is Vice Dean for Education and professor of Medicine at the University of California, San Francisco's School of Medicine.

Brief History: In his leadership role, he directs the undergraduate, graduate and continuing medical education programs of the School of Medicine and the Office of Medical Education. He is most noted for his research on clinical teaching in medicine. Dr. Irby is also noted for his faculty development workshops that have been conducted nationally and internationally. He directs a year long, part-time Teaching Scholars Program at UCSF.

Publications:

2. Educational Innovations in Academic Medicine and Environmental Trends


**Contact Information:** [irby@medsch.ucsf.edu](mailto:irby@medsch.ucsf.edu)

**Suzanne Kurtz, S.M.** BA (Elizabethtown Coll), MA PhD (Denver) Professor of Communication, Faculty of Education. Dr. Kurtz is professor, Faculties of Education and Medicine and chair, Communication Program in Medicine, University of Calgary, Canada.

**Brief History:** Dr. Kurtz has focused her career on improving communication practices in health care and education and on developing curricula and methods for teaching and learning communication skills. She has worked with a variety of groups in the health care field, on both the national and international levels. She is co-author of such publications as "Teaching and Learning Communication Skills in Medicine," "

**Publications:**


**Contact Information:** smkurtz@ucalgary.ca

**Gregory Makoul, Ph.D.** Associate Professor and Director of the Program in Communication & Medicine at Northwestern University, where he oversees communication education for the Feinberg School of Medicine and communication research for the Division of General Internal Medicine.

**Brief History:** Dr. Makoul is a fellow of the Oxford Centre for Ethics and Communication in Health Care Practice and a member of Northwestern’s Robert H. Lurie Comprehensive Cancer Center. His research, conducted both in the United States and England, focuses on communication, decision making, and health promotion in medical encounters, as well as communication skills teaching and assessment. He developed North America’s most widely used model for teaching and assessing communication skills, and is on the editorial board of both Patient Education and Counseling and the Journal of Health Communication. Dr. Makoul serves as a research mentor for graduate students, medical students and fellows.

**Publications:**


**Contact Information:** makoul@northwestern.edu
Brian Mavis, Ph.D.  Associate Professor, Director, Office of Medical Education Research and Development, Michigan State University School of Human Medicine, East Lansing, Michigan.

**Brief History:**  Associate Professor, Office of Medical Education Research and Development, Michigan State University, 1999-present  •  Director, Office of Medical Education Research and Development, Michigan State University, 2004-present. Areas of research interest: performance-based competency assessment, educational program evaluation and medical student admissions. Teaching: social context of clinical decisions and interviewing skills.

**Publications:**

1. Mavis, B., Ogle, K., Lovell, K. & Madden, L. Medical students as standardized patients to assess interviewing skills for pain evaluation. Medical Education. 2002; 36: 135-140.

**Contact Information:**  (517)-353-2037 OR (517)-432-1798.

Louis N. Pangaro, MD, Vice Chair for Educational Programs, Department of Medicine  
Uniformed Services University of the Health Sciences- F. Edward Hébert School of Medicine. 4301 Jones Bridge Road Bethesda, Maryland  20814.
Brief History: Dr. Pangaro is also an instructor in the Department of Medicine at Georgetown University School of Medicine. Dr. Pangaro earned his undergraduate and medical degrees at Georgetown University. He completed his residency training and a fellowship in endocrinology at Georgetown University Hospital. Dr. Pangaro is a fellow of the American College of Physicians-American Society of Internal Medicine and he is a former president of the Clerkship Directors of Internal Medicine.

Publications:


Contact Information: Louis Pangaro, MD, Vice Chair, Educational Programs Phone 1-800-515-5257 Lpangaro@usuhs.mil

Linda Pinsky, MD, Associate Professor of Medicine, Adjunct Assistant Professor of Medical Education, Primary Care Coordinator, GIM Center, Director, Resident Ambulatory Training, GIM Center, Director, Clinical Problem Solving Attending Physician, UWMC - Roosevelt, General Internal Medicine Center &WHCC, Division of General Internal Medicine.

Publications:


Contact Information: lpinsky@uw.washington.edu

Armin Schubert, M.D.  Cleveland Clinic Foundation, Cleveland Ohio. Department Chairman, General Anesthesiology; Committee on Overseas Anesthesia Teaching Program (Education and Research).

Publications:

Contact Information: Cleveland Clinic Foundation, 9500 Euclid Ave., Desk E31, Cleveland, OH 44195, telephone: (216) 444-3754 fax: (216) 444-9628.

Paula Stillman, M.D., MBA, Christiana Health Care System, Department of Medicine, Newark, Delaware.

Brief History: While teaching pediatrics at the University of Arizona in the 1970s, Paula Stillman needed a reliable way to evaluate her students' clinical competence. Her solution was to train and use "patient instructors" or "standardized patients." Stillman's system is a competency based program, Objective Structured Clinical Evaluations (OSCE), developed to assess medical students, foreign medical graduates, and U.S. doctors in danger of losing their licenses. Her system has also been adopted by medical schools in China.

Publications:


Contact Information: (302)-733-1347.

Robyn Tamblyn, Ph.D. Dr. Robyn Tamblyn is a Professor in the Department of Medicine and the Department of Epidemiology and Biostatistics at McGill University, Faculty of Medicine.

Brief History: Dr. Tamblyn is a Canadian Institutes of Health Research (CIHR) scientist and a McGill University William-Dawson scholar. She also holds a position as Medical Scientist at the McGill University Health Center Research Institute. She heads a CIHR-funded team to investigate the use of e-health technologies to support integrated care for chronic disease.

Publications:


Contact Information: robin.tamblyn@mcgill.ca

Cees van der Vleuten, MA, PhD. Dr. van der Vleuten is currently chair of the Department of Educational Development and Research of the Faculty of Medicine of the University of Maastricht in The Netherlands. He received an M.A. in Psychology (cum laude) from the University of Tilburg, Tilburg, and a Ph.D. in Education, University of Maastricht, The Netherlands.

Brief History: Dr. van der Vleuten is the recipient 2005 Hubbard Award from the NBME. The award is given to individuals recognized as making significant contributions to the pursuit of excellence in the field of evaluation in medicine. Dr. van der Vleuten has made outstanding contributions to the field of evaluation in medicine. An internationally known and highly respected researcher and scholar, his research has advanced assessment of medical knowledge in a variety of unique formats. Dr. van der Vleuten has helped medical schools around the world improve assessment, especially by making the concepts and principles of assessment understandable to educators around the world. He has contributed substantially to the development of evaluation methods and has helped to improve the quality of both individual assessment and program assessment.

Publications:


Contact Information: communicatie@bu.unimaas.nl

FEEDBACK SURVEY

Association of Standardized Patient Educators (ASPE) Project Award "Training Standardized Patients to Give Feedback to Medical Trainees: The State of the Art"

Patti Hatchett, B.S. PI; Carolyn Haun, B.S.; Linda Goldenhar, Ph.D. Consultant
University of Cincinnati College of Medicine, Department of Education
Center for Clinical Development and Assessment

<table>
<thead>
<tr>
<th>Who trains/evaluates your standardized patients, Faculty, Clinicians, SP Trainers (staff), SP Instructors (SPIs), Other, please be specific.</th>
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<td>Who trains/evaluates your standardized patients, Faculty, Clinicians, SP Trainers (staff), SP Instructors (SPIs), Other, please be specific.</td>
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<tr>
<th>What criterion/credentials are used to select standardized patient trainers?</th>
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<td>What criterion/credentials are used to select standardized patient trainers?</td>
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<tr>
<th>To what degree do clinicians and/or faculty provide input into how standardized patients are trained to provide feedback?</th>
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<td>To what degree do clinicians and/or faculty provide input into how standardized patients are trained to provide feedback?</td>
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<td>Question</td>
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<tr>
<td>What are the clinicians’ and/or faculty goals, objectives and expected outcomes in providing feedback to their students?</td>
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<td>Do these goals, objectives and expected outcomes differ from those of the standardized patient trainers? If so, please describe these differences.</td>
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<tr>
<td>Please indicate each scenario in which SP or SPI feedback is provided: interview only; physical exam only; interview and physical exam combined; teaching sessions; practice sessions; testing sessions; other</td>
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| What, if any, type of feedback do your standardized patients provide?    | Verbal – i.e. provided directly to the learner during or following the exercise  
Written – i.e. provided via written report following the exercise  
Corrective – i.e. including information pointing out the learners’ improper performance of techniques  
Instructive – i.e. including information pointing out the proper performance of techniques  
Reflective – i.e. including information on how the feedback provider felt about the learner’s performance and what they perceived as a patient in that person’s care  
Formative – i.e. provided during or following the educational exercise for growth  
Summative – i.e. provided during or following testing experiences for skills assessment  
Other – please describe. |
<p>| Please site the source of your training methods, if any.                 | Please give complete information regarding the source.                                                                                  |</p>
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<th>Question</th>
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<td>How do you assess the degree to which your standardized patients are complying with the feedback procedures? (For example, self monitoring via video and/or checklist review; peer monitoring via real time and/or video review; trainer and or clinician monitoring via real time and/or video review; corrective feedback; student response regarding feedback received; combination of above or other, please be specific.)</td>
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<td>If you do assess compliance, what type of remediation is provided if standardized patients are not compliant? Please describe in detail. If they are compliant, please describe how you reward this behavior.</td>
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<td>Do you gather/measure the students’ reactions and/or perceived behavior changes as a result of the standardized patient feedback? If so, how is it done?</td>
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<td>If feedback is given by both faculty and SP/SPIs, do you gather any data to compare outcomes such as student reactions or behavior changes? If so, how is this done?</td>
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<td>To what end is the data gathered? Will the data be shared? (I. E. for program improvement, standardized patient education, faculty and/or clinician education, research or other.)</td>
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<td>Please describe any specific future plans or directions you have for your standardized patient program feedback training efforts.</td>
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<td><strong>What, if any, limitations do you foresee in moving in the direction you have chosen?</strong></td>
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<td><strong>Additional comments or suggestions or pearls of wisdom:</strong></td>
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