CLIPSLAB-IT
Clinical and Professional Skills Simulation Lab
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Simulated Patient Methodology used by N. Sartori and F. Valcanover

(short summary)

Introduction

- The main context is post-graduate training for General Practice / Family Medicine.
- Working with GP/FM trainees we administer 7-8 sessions (3 hours each) over 3 years. This is very important to fill the gap (neglected by the Italian universities) between theory and practice and to reach the goal "learning to work in team.
- We use training tutor for Vocational Training in GP/FM adopting the SP methodology
- We work for Continuing Medical Education for General Practitioners, with students in the Faculty of Medicine and with secretaries to encourage team building in general practice.
- We use SPs that are not professional actors but trained as semi-volunteers. We rarely use devices, for example, a phonendoscope, that can simulate heart, pulmonary and bowel sounds.
- The educational objectives are always at the same time: clinical skills, communication skills and managerial skills. We pay particular attention to Patient Safety, professionalism, and the Patient Centred approach.
- The scenarios are always taken from real cases which occurred during the daily work of GP/FM
- In medical continuing education (CME) and in tutor education (of FM trainees) we ask the doctors tell us some real problematic clinical stories which happened during the daily work and we transform the clinical stories into simulations. Then, through the simulation, the colleagues can reflect on the case, and they can receive feedback and advice from their peers to improve the quality of professionalism and to solve the complex and problematic situations.
- We do not make assessment sessions, but we carry out continues formative assessment.

Before the simulation

- We discuss with SPs the history and we prepare together a canvas
- We prepare the medical records
- We work with SPs to define the features of the patient (cultural background, emotion, approach to disease, etc.)
- We prepare the SPs to explain the symptoms and the answer the doctor's questions.
- For answers to unforeseen questions the SP behaves spontaneously as if he/she were in front of his/her doctor. Our expert SP can improvise in a relational situation.

The simulation

In the classroom the trainee doctor and the patient (SP) carry out a consultation.
The duration of the consultation is 10 minutes. If the consultation is difficult (for example psychiatric patients, oncologic patients, etc.) the duration of consultation can be extended.
Normally we do not interrupt the session (we rarely use 'stop and go')

After the simulation

The consultation usually takes place in the classroom and is carried out by facilitators who are general practitioners.

Steps:

- The interview to the patient (SP): the patient is asked to comment on her/his feeling and emotions (during the consultation), on the ideas about the diagnosis, about following the advice of the doctor and also the concerns and expectations about the illness.
- The interview to the doctor: to understand the logical process that led to the diagnosis, the path taken by the doctor to frame and solve problems (problem setting and problem solving).

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- Group discussion: questions, observations and reflections from everyone present: any observation that gives judgment to the work of the colleague is blocked by the facilitators. Each observation feedback must be useful to those who have taken part in the simulation and / or underline their possible different approach contextualizing it.
- Observations from facilitators focusing on learning objectives and, in particular, on objectives and outcomes that emerge from the simulation and that were not foreseen.
- Clinical observations by content teachers or facilitators.
- Management of clinical and relational errors.
  If we find significant clinical error, we invite the colleagues to reflect and correct with the help of classroom and/or consulting the independent paper and research on the internet.
  If we find relational error, we discuss with the classroom and we attempt to resolve the questions.
- Immediate classroom feedback: Trainees and colleagues are requested to anonymously write their impressions of how the consultation went. "Today I learned that … ". This methodological aspect, specifically created by Sartori and Valcanover, produces a list of immediate impressions, which is read at the end of the lesson in the classroom and represents an 'immediate learning' of all the participants who become the group's assets.
- Additional classroom feedback: we present slides regarding the work of the lesson (pictures, speech bubbles, key words, significant phrases …); this is followed up by more in-depth observations which could be useful to the colleague's professional development.

Setting

- Consultation usually takes place in the presence of the classroom and is carried out by facilitators.
- The facilitators are general practitioners.
- The group of learners ranges from 10 to a maximum of 25 people.
- The group assists in silence, until the facilitators allow the participants to intervene with questions and / or observations on what happened during the consultation.
- Feedback from the patient and the physician is immediate and in front of the whole group, guided by an interview carried out by the facilitators.

- *The patient's interview explores in depth:*
  The experience: reception, feeling of being understood or not, medical response to the health problems presented.
  Clarity of the explanations received: diagnostic pathways, methods of taking drugs, severity level of the health problem (s).
  General satisfaction expressed freely, regardless of the individual aspects addressed.

- *The interview with the doctor explores in depth:*
  The process that led the doctor to the diagnosis.
  The process that led the doctor to solve the patient's problems.
  The motivations of certain choices.
  The perception of clinical gaps to be filled through individual or group study.
  The degree of general satisfaction for the conduct of the consultation.
  The trainee is asked to comment on his performance concerning the consultation (reception, understanding of the explanations, emotions and observations of the relationship with the patient).

Features

- The holistic approach (all that emerges from consultation at the same time, and never separately, clinical, relational and social aspects).
- Only real cases occurred in the daily practice of general medicine (modified for privacy reasons).
- Very long tables (low standardization, high fidelity)
- Discussion always leaves room for feelings and emotions of both patient and doctor
- Immediate feedback to the entire classroom by the patient ("the patient's voice")
- Anonymous feedback ("Today I learned that ...") from all learners, to emphasize collective learning.

Aims

- Patient approach: possibility to offer learners opportunities to practice a holistic approach to the patient, typical of general medicine, however useful for any medical and / or health professional.
- Application of guidelines: practical exercises on the difference between the theory and the practical application of the guidelines, giving back to the guidelines their consultative value and to the clinical decision-making one.
- Insights on clinical aspects: highlight any clinical gaps by inviting the participant or group study (also providing literature).
- Logical process that leads to the diagnosis through an interview with the doctor who carried out the consultation in the classroom with the Simulated Patient.
- Counselling to the role: when the learner asks for a case that happened in the daily practice to be staged and the classroom acts as a group of consultants on the case.
- Promotion of personal professional style.
- Promotion of the ability to work in a team: to lead young colleagues from a competitive style (learned in the course of university studies) to a collaborative required by the professional reality of general medicine; offer to the colleagues in activity (continuous training) the possibility to practice on the work in group and the collaboration with the colleagues.
- Attention to the contribution that the patient can make in the diagnostic and therapeutic process.

FINAL NOTE.

While drawing on international experience, this approach has been developed by Sartori and Valcanover and is an expression of CLIPSLA-IT (trademark registration).

Our methodology is inspired by

- J.A. Cleland, K. Abe, JJ. Rethans. The use of Simulated Patients in Medical Education, AMEE Guide n. 42, Aberdeen, UK 2010.
- F. Dudley. The Simulated Patient Handbook, Radcliffe Publishing LID, London UK 2012
- D. Nestel, M. Bearman. Simulated Patient Methodology – *Theory, Evidence and Practice* - , published 2015 John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO198SQ, UK
- P. Worrall. Light-Bulb Moments – *Simulated Patients in East Midlands Healtcare* – Published by Retep Press, Leicester UK 2014

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