



Transforming professional performance through the power of interaction

Proving Our Worth: Foundational Literature Supporting the Standardized Patient Educational Methodology

By Gail E. Furman, PhD, MSN, National Board of Medical Examiners

The body of literature supporting the use of standardized patients (SPs) has exploded over the years. Since founding giants Howard Barrows, Ronald Harden, and Paula Stillman first began publishing in medical education journals, health professions schools internationally have incorporated the use of SPs for teaching and assessment of clinical skills. However, despite the 60-plus-years' pedigree, there are still faculty and administrators who question the use of standardized patients, particularly when budget time rolls around. When asked for "proof" of the effectiveness of SP programs, I return time and again to the foundational literature.

One of the most important documents published in the US regarding the use of SPs is the June 1993 issue of *Academic Medicine* (68:6, 437-483). This special issue of the journal covered the proceedings of the AAMC's Consensus Conference on the Use of Standardized Patients in the Teaching and Evaluation of Clinical Skills, held December 3-4, 1992 in Washington, D.C. The purpose of this significant conference was to reach consensus on the value of SPs, develop a template for the application of SPs, and to publish the proceedings in order to promote broader use of SPs by medical schools.

The first article of note is Barrows' "An Overview of the Uses of Standardized Patients for Teaching and Evaluating Clinical Skills." Key features of this article include the definition of terms used for SPs and the list of physical findings that can be simulated by SPs. It contains a description of the historical events surrounding Dr. Barrow's adoption of SPs for teaching and assessment, including his work with the Josiah Macy, Jr. Foundation, which supported conferences for medical schools deans to expose them to SP methodology.

The next article in the same issue of *Academic Medicine* by Jerry A. Colliver and Reed G. Williams, "Technical Issues: Test Application" covers 18 major technical and

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psychometric concerns in a concise way. It is the perfect reference for faculty who have questions about the psychometric soundness of SP examinations.

Finally, “Technical Issues: Logistics,” by Paula L. Stillman summarizes the organization of SP examinations. She touches on everything from designing checklists and case materials to the training of SPs and the role of faculty members. It is a nice overview of the moving parts of an SP program.

The conference summary by George Miller (a true giant of medical education) and the appendixes are all worth reading, particularly Dr. Miller’s timeline of SP development. The list of participants in the conference reads like a “who’s who” of medical educators and SP experts! Note that ASPE members Ann King, Gayle Gliva McConvey, Liz Leko, Carol Pfeiffer, Mary Twedt (now Cantrell), and Peggy Wallace were in attendance, long before ASPE was a reality.

New programs (and sometimes new faculty) often express concern about the ability of “laypersons” to assess physical examination maneuvers. To address such concerns I like to reference the article by D. L. Elliot and D. H. Hickam (1987) entitled “Evaluation of physical examination skills: reliability of faculty observers and patient instructors” (*JAMA* 258(23)). The authors showed that patient instructors with “limited” faculty training reliably evaluated 83% of those skills previously assessed by the faculty. Imagine how the percentage increases with more intensive training!

Another seminal article that addresses SP accuracy, particularly around checklist item length and clarity of item writing, was authored by Nguyen Van Vu et al (1992): “Standardized (simulated) patients’ accuracy in recording clinical performance check-list items” (*Medical Education* 26, 99-104). This article confirmed the overall accuracy of SPs’ recordings and determined that factors like checklist length and item type impacts accuracy, e.g., items that “lumped” several factors resulted in decreased SP recording accuracy as did check lists that were longer than 15 items. Further, the authors found no significant effects on SP accuracy for times of examination within one day of testing or within a 15 day examination.

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I strongly suggest taking a look at the reference list for these articles, as they are treasure-troves of other foundational research that took place in the early days of SP teaching and assessment. These researchers laid the groundwork for how we assess clinical skills today. It is helpful to have these (and other) references handy when meeting with new faculty and administrators.

Dr. Furman is the Director of Educational Design and Development for the Clinical Skills Evaluation Collaboration (CSEC), a partnership between the Educational Commission for Foreign Medical Graduates (ECFMG) and the National Board of Medical Examiners (NBME). CSEC is charged with the development and implementation of the Step 2 Clinical Skills examination, an exam using standardized patients to evaluate the clinical skills of those seeking medical licensure in the US. The Step 2 CS is administered at five cities across the US, and Dr. Furman's role includes ensuring standardization of the exam across the five sites.

Prior to her work at the NBME, Dr. Furman had over 20 years' experience working with standardized patients and designing objective structured clinical examinations (OSCEs). She was professor of obstetrics and gynecology at Saint Louis University School of Medicine and Director of the Clinical Skills Center, where she managed the standardized patient program and served as course director for the Patient, Physician and Society courses. She published the first study on the use of standardized patients to assess the clinical competence of medical students in the ambulatory care setting. Dr. Furman was a member of the NBME committee to develop the Step 2 Clinical Skills examination, serving as director for one of the pilot centers, and was a member of the ECFMG's Task Force to develop an examination using standardized patients for assessing the clinical skills of international medical graduates. She is a former member of the ASPE Executive Board.

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