8G  Short Communication: Simulated Patients
Location: MR 113 – Pi

#8G1 (128033)
Do Medical Students Respond more Empathetically to Real Patients than to Standardised Patients (Actors)?

Rory Plant*, UCD Medicine Student, Dublin, Ireland
Emily Pender (UCD Medicine Student, Dublin, Ireland)
David Crampton (UCD, Dublin, Ireland)
Suzanne Donnelly (UCD, Dublin, Ireland)

Background: Empathy is a construct with cognitive (understanding) and affective (emotional) domains which must also be communicated successfully. Assessment of medical student empathy is usually conducted using self report scales or with standardised patients (SPs). The possibility that students demonstrate ‘fake’ empathy to attain marks in OSCE assessments has been raised.

Summary of Work: We hypothesised that genuine empathy is more likely to be engendered with real patients than with actors. Students undertook 6 interviews with patient educators (PEs) or actors, four identified, two ‘blind’. Both parties reported on cognitive, affective and communicative aspects of empathy using a bespoke questionnaire. We coded interviews for ‘emotional concordance’ and ‘understanding impact of disease’.

Summary of Results: Non-genuine (one-way) empathic interactions were found more frequently with actors (OR 1.33). Students were also more likely to report an emotional connection with a PE than an actor (OR 1.84). Furthermore, they described overwhelmingly positive emotions for real patients but frequently negative emotions with actors. Students’ ‘understanding of the impact of disease’ did not differ between real patients and actors and was independent of emotional connection.

Discussion: This is the first study to investigate ‘non-genuine’ empathy in student interactions with patients and actors (SPs). Our findings suggest that student interactions with SPs and patients are similar for cognitive aspects of empathy but differ in terms of emotional engagement and the authenticity of affective empathy experienced by students in interviews.

Conclusion: We conclude that students can gain an understanding of the impact of disease from scripted actors, however genuine empathic engagement and positive emotions are more likely to be engendered with real patients. ‘Fake’ empathy does occur and is more frequent with actors.

Take Home Messages: Empathy is a complex construct, difficult to ‘teach’ and assess. Scripted SP interviews are as effective as real patient interviews to promote cognitive aspects of empathy, but those with real patients are more effective in engendering affective empathy and a positive emotional response in students. ‘Non-genuine’ empathy is reported in this study, a phenomenon that merits consideration for empathy training and assessment.

#8G2 (132780)
Evaluating the effectiveness of the world’s first for-credit university course in human patient simulation

Gary D. Rogers*, Griffith University, Gold Coast, Australia
PC Chan (Griffith University, Gold Coast, Australia)
Libby Bancroft (Griffith University, Gold Coast, Australia)
Kwong Chan (Griffith University, Gold Coast, Australia)
Linda Humphreys (Griffith University, Gold Coast, Australia)
Fiona Ellem (Griffith University, Gold Coast, Australia)

Background: Since the simulated patient (SP) methodology was invented by Howard Barrows in 1963, a range of approaches has been used to train humans to perform in order to facilitate the learning of health professionals. Consensus has yet to develop, however, over the level and nature of education and training required for individuals to fulfil the multiple roles of SPs effectively. In 2015 we standardised the initial training of potential SPs through what we believe to be the world’s first formal, for-credit, university course in human patient simulation practice.

Summary of Work: To evaluate the effectiveness of the course, we video-recorded each of the 20 students undertaking one of two randomly-selected history simulations at the beginning of the intensive week and the other scenario towards the end. The videos were rated by facilitators experienced in utilising SPs, who were blinded to whether each recording had been made ‘before or after’. The judges rated each performance on four, seven-point, Likert scales: Technical aspects (TA), content accuracy (CA), authenticity (Au), and the quality of feedback to clinician (FB).

Summary of Results: Unpaired t-tests demonstrated no difference between the mean scores awarded for any scale on the basis of which scenario was attempted, confirming that the two scenarios were of equivalent difficulty. Comparing ‘before’ with ‘after’ videos for the same participants, using paired t tests, all four scales showed significantly improved mean scores (TA: 3.47 → 4.47 [P = 0.003]; CA: 3.47 → 5.20 [P = 0.006]; Au: 3.87 → 4.60 [P = 0.029]; FB: 3.3 → 5.2 [P = 0.016]). Student evaluation data were also overwhelmingly positive and reflective journals showed qualitative evidence of achievement of the desired affective learning outcomes.

Discussion: The course comprised a week-long, full-time ‘intensive’, supplemented by a reflective written piece undertaken over the following weeks. This appears to have been associated with clear evidence of learning across multiple domains.

Conclusion: An intensive, for-credit, university-level course in human patient simulation is feasible, valued by students, as well as being associated with substantial and significant improvements in multiple
SP skill areas, as judged by blinded experts and through analysis of reflective journals.

**Take Home Messages:** A formal, for-credit, university course appears to be an acceptable and effective means to prepare individuals to begin practice as SPs.

---

**#8G3 (135159)**

**Challenges for Simulated Patients in Language Barrier Scenarios**

**Tanya Tierney*, Lee Kong Chian School of Medicine, Singapore, Singapore**

**Naomi Low-Beer (Lee Kong Chian School of Medicine, Singapore)**

**Background:** Poor communication can cause medical error and reduced patient satisfaction, and is more likely to occur if there is a language barrier. Singapore is a multilingual society with four official languages (English, Mandarin, Malay and Tamil), however some older people only speak other Chinese dialects. Language barrier is therefore commonplace, providing an important context to study the skills needed by medical students and the associated challenges for teaching and learning.

**Summary of Work:** At LKCMedicine, Clinical Communication is taught as a vertical course. To address the issue of language barrier we include a “Medical Language” theme, including role-play with Simulated Patients (SPs) simulating specific language barrier scenarios. We provided two types of training for SPs; a general workshop addressing the issues of language barrier and one-to-one SP training to support acquisition of specific patient roles. We explored the experiences of SPs in “minimal English speaking” scenarios through questionnaires and observation of teaching sessions.

**Summary of Results:** SPs did not experience difficulty in modulating their language when portraying minimal English speaking patients. SPs found that “filtering” of English was more challenging; they needed to deliberately decide “as this patient, have I understood the student’s question?” before answering.

**Discussion:** Pitching the language barrier, and thus the difficulty, of the scenario correctly enhances the realism of the role-play. SP training must address how SPs modulate their English, as well as their ‘filtering’ of English of the students’ English.

**Conclusion:** By identifying the specific challenges for SPs in language barrier scenarios, we can optimise SP training and enhance the students’ learning experience.

**Take Home Messages:** Role-plays with SPs portraying patients with minimal English is valuable in a multilingual healthcare context. Pitching the language barrier at the appropriate level requires SPs to “filter” the English used by students. SPs find this challenging and this must be addressed in their training.

---

**#8G4 (134798)**

**Conveying practical clinical skills with the help of teaching associates - a recipe for success!**

**Jasmina Sterz*, Department of Oral, Cranio-Maxillofacial, and Facial Plastic Surgery, University Hospital Frankfurt, Goethe University, Frankfurt, Germany**

**Sebastian Hoefer**

**Christina Stefanescu**

**Bernd Bender**

**Robert Sader**

**Miriam Ruessel**

**Background:** Ensuring that all medical students achieve adequate clinical skills remains a challenge, yet the correct performance of clinical skills is critical for all fields of medicine. This study analyzes the influence of receiving feedback by teaching associates (TAs) in the context of achieving and maintaining a level of expertise in complex head and skull examination.

**Summary of Work:** The study is a two-armed randomized trial with two points of evaluation of clinical skills (i.e., after intervention and after four months). All third year students at a German university who completed the obligatory surgical skills lab training participated in the study. The Students were randomized into two groups - Control group: lessons by an instructor and peer-based practical skills training, Intervention group: training by teaching associates who are examined as simulation patients and provided direct feedback on student performance.

**Summary of Results:** A total of 181 students were included (90 intervention, 91 control). At both time points (i.e., directly after the training and four months after the training), the intervention group performed the examination significantly better than the control group.

**Discussion:** Barley et al. described the use of TAs in multiple clinical disciplines. However, there is a gap in the literature regarding studies on the long-term efficacy of the use of TAs. Our results clearly demonstrate the superiority of the use of TAs in clinical examination instruction. We believe that the main reason for the success of the TA group is that students receive continuous and immediate feedback on their examination techniques.

**Conclusion:** The use of TA’s for teaching complex practical skills is effective for short- and long-term retention. We anticipate the method could be easily transferred to nearly every patient-based clinical skill.

**Take Home Messages:** The use of TA’s is very in almost every clinical skill is a outstanding tool to teach practical skills.
**Background**: Lectures are not an optimal form when teaching clinical psychiatry, while a widespread use of the more efficient simulation-based training is too expensive for most medical schools. Human Standardized Patients, video-recorded actors who role-play a patient (HSP), could be an alternative, but there is sparse research on its use in psychiatric teaching. This study explores medical students’ learning experiences using HSP in psychiatric teaching.

**Summary of Work**: The study was a controlled intervention in an existing psychiatry course for medical students. The control group received the usual instruction with text-based cases and the intervention group received instruction with HSP cases. The cases illustrated medical students meeting psychiatric patients. Data were collected from four focus group interviews. The interviews focused on students’ attitudes to psychiatry, professional roles, and communication with psychiatric patients.

**Summary of Results**: The two groups experienced the patient-centered contents of the instruction differently. The intervention group highlighted their new insight into the importance of patient perspectives in communication with references to impressions from the HSP cases. The control group emphasized the importance of authority and the ability to set boundaries in patient encounters.

**Discussion**: It seems that the HSP cases function as important ‘pedagogical disruptions’ when the students reflect on learning about psychiatric patients. Anthropological liminal theory could be a relevant theoretical framework to explore the apparent transitional learning experiences initiated by HSP.

**Conclusion**: Findings suggest that HSP cases could be a contributing phenomenon in medical students’ transition towards clinical professionalism as they influence students’ attitudes and patient-centeredness more profoundly than text-based cases.

**Take Home Messages**: 1. HSP enhances students’ focus on patient-centeredness 2. HSP stimulates to positive attitudes towards psychiatry better than text cases 3. Liminality may provide a deep insight framework to explore transitional learning experiences initiated by HSP.