



T Level Technical Qualification in Health

Employer set project (ESP)

Core skills

Standardised patient guidance Autumn 2023 series

Introduction

This guidance document is additional to the existing provider guidance for the Supporting Healthcare employer set project. It should be used alongside that guidance.

This document aims to give further guidance on how to approach the use of standardised patients (SPs) in task 2 (a) of the Supporting Healthcare employer set project, the existing guidance for which is included below.

The additional guidance for SPs starts on page 3 of this document.

Task 2 (a)

Required resources

- standardised patient (SP)
- task 2 (a) materials
- access to research from preparation research activity
- video recording equipment for the second part of the task

Delivery

Students will be allocated a total of 2 hours for this task; however, this is split into different sessions, as described below.

For the first part of the task, students will be allocated 30 minutes in supervised conditions to prepare for a discussion in which they will take the role of a healthcare assistant and the tutor will take the role of the SP within the case study. For the preparation activity, students will have access to their research completed in the preparation research activity to support them in preparing a series of questions they can ask within the discussion to support in the planning of the individual's care.

For the second part of the task, students will be allocated a maximum of 30 minutes for the discussion, which must be video recorded. They should take their questions into the discussion. Tutors who take on the role of the SP from one of the case studies should ensure they are familiar with each of the case studies to be able to answer questions appropriately to the student. Tutors will need to complete the feedback form on the student's conduct and communication within the discussion and this will be provided to the student for the third part of the task.

For the third part of the task, students will be allocated 1 hour in supervised conditions to clarify and expand their notes and write a reflection from their feedback, which they will use to support them in the completion of task 3. Students will be able to have access to the tutor feedback form, their own notes from the discussion and the research completed in the preparation research activity.

Guidance on the use of standardised patients (SPs): preamble

This task requires providers to allocate tutors, subject matter experts, or other individuals with the appropriate level of subject knowledge, to take on the role of the patients detailed in the pre-release case studies in the project brief insert. We refer to these people as those playing the role of a standardised patient, or simply ‘the standardised patient (SP)’.

The SP is a person carefully briefed to take on the characteristics of a real patient, thereby affording the student an opportunity to be evaluated on learned skills in a simulated clinical environment.

The role of the SP is to independently, consistently and accurately convey details of the patient’s life.

We recommend that providers research the principles of good practice in presenting SPs, reading around the subject (for example, NCFE recommends *The Simulated Patient Handbook: A Comprehensive Guide for Facilitators and Simulated Patients* by Fiona Dudley). In addition, NCFE provides guidance on delivery to support consistency, as well as series-specific guidance, below.

Guidance

Tutors, subject matter experts or other individuals who take on the role of the SP should ensure they have the appropriate level of subject knowledge to understand the nature and complexity of the case study and the role.

The SP should ensure they are familiar with each of the case studies to be able to answer questions appropriately when in discussion with the student. The SP can have a copy of the project brief insert, as well as this guidance, during any discussion to support this, but should ensure they have familiarised themselves with each case study in advance, and with this guidance.

The SP will be expected to:

- access and apply information provided in the training supplied by NCFE
- memorise the patient’s details (although the SP/role player is permitted to have the appropriate notes with them)
- remain in a specific patient character when responding to student questions
- play the role in a convincing but not melodramatic manner, being mindful of facial expression
- check that language used is appropriate for a typical patient (for example, not overly medicalised)
- refrain from embellishing the condition in a misleading way
- play the role consistently so that every student’s experience will be the same in terms of the approach that is taken
- repeat aspects that the student has not understood, and be prepared to alter the wording slightly if they continue to fail to be understood but not radically, so as not to advantage that student in comparison to other students
- avoid tips or prompts that make the assessment less challenging
- be prepared to give information, but only in response to appropriate prompting

It is important to note that the discussion activity that is part of this task is designed to be led by the student, and students are being assessed on their ability to ask appropriate and relevant questions, including any follow-up questions as necessary. This includes students opening and closing the conversation in an appropriate way and

taking the role of a healthcare assistant leading the conversation. The SP should give space for the student to do this.

If the SP's physical appearance or age is significantly different from the case study patient they are portraying, students may find this unrealistic (for example, where the case study features a child as the patient). In these scenarios, an introduction to say 'Imagine I am patient X, I will talk to you as if I am' can support with this and ensure the student approaches the conversation in a realistic way.

Handling different types of student question

SPs should ensure they do not provide leading answers or comments that might go beyond what a real patient would be expected to say – for example:

Student question	Standardised patient answer
Can you tell me about X (aspect that might not be relevant to the scenario)?	I can, but would you also like to know about this (aspect that the SP may feel is more relevant for the student to have asked about)?

In the example above, it would be more appropriate for the SP to answer the question as the patient might (for example, if the question is not relevant, a real patient might not be able to give an answer or provide relevant detail).

In addition, SPs should try to avoid giving short, closed answers to relevant questions. Where a student has asked a reasonable question that is relevant to the case study, the SP should be able to respond in an appropriate way, including given information on parameters that may not be explicit in the case study or in the additional guidance below – for example:

Student question	Standardised patient answer
Can you tell me what your goal is for returning to work?	Yes, I think for me I'd like to be back at work in about 6 weeks.

In the example above, the student has asked a direct and relevant question, but the specific parameter (in what length of time the patient would like to get back to work) may not be detailed or 'scripted' in the case study. In this circumstance, it is better for the SP to give a response that feels reasonable to the scenario, as it would be unnatural not to give a response, and it may prevent a student considering that aspect of their healthcare plan. In this instance, it does not matter what length of time is given, as the important point of the discussion is to simulate information for the student to work with, so SPs should not worry that they may give a slightly different answer to other SPs for other students, as long as their answer is reasonable and relevant to the case study.

Other examples of these parameters might be 'How much weight would you like to lose?', or 'Do you want your father involved in the treatment?', or 'What timeframe would you like to achieve your goal in?'

There is a balance to be struck, as SPs must not give additional information that is either not reasonable or relevant to the scenario, or is not prompted by the student's questions – but as long as the answer does fit these two categories, it is fine if it is given.

If questions asked by the students are not relevant to the information provided in the case study, SPs are permitted to ask the student to proceed to the next question.

Specific case studies

To support those playing the role of SPs, the following guidance can be used for the autumn 2023 assessment series case studies:

Case study	Summary of symptoms or feelings that might be reflected in the standardised patient's responses	Breadth of answer
<p><u>Lenn</u></p> <p>45 years old</p> <p>In a relationship with baby's father</p> <p>Already has three children</p> <p>First two births at home</p> <p>Problems with her third pregnancy</p> <p>Has emotional support needs around the concerns with the baby</p>	<p><u>Symptoms</u></p> <p>Growth of baby</p> <p>Anxieties of mother</p> <p><u>Feelings</u></p> <p>Overwhelmed</p> <p>Nervous</p> <p>Anxious</p>	<p>It would be appropriate to discuss the mixed emotions Lenn is feeling right now, including that she becomes increasingly anxious about the baby. It would be inappropriate to begin suggesting that she must attend more appointments to ensure the baby's wellbeing.</p> <p>It would be appropriate to talk about not being able to look after the baby in more general terms (for example, how to monitor the baby's progress during the remainder of the pregnancy). It would be inappropriate to ask for specific guidance or support for mother and baby.</p>
<p><u>Antonio</u></p> <p>12 years old</p> <p>Lives at home with parents and two siblings</p> <p>Moved to the UK from Spain</p> <p>Has an anterior cruciate ligament (ACL) tear that requires surgery</p>	<p><u>Symptoms</u></p> <p>Pain from torn ligament</p> <p><u>Feelings</u></p> <p>Upset</p> <p>Scared</p> <p>Worried</p>	<p>It would be appropriate to discuss that he is in pain and frightened of it getting worse. It would be inappropriate to discuss pain relief.</p> <p>It would be appropriate to say he is frightened about the surgery. It would be inappropriate to suggest potential interventions and treatments.</p>

Case study	Summary of symptoms or feelings that might be reflected in the standardised patient's responses	Breadth of answer
<p><u>Natalia</u></p> <p>48 years old</p> <p>Lives with husband, Giles</p> <p>Fall when cycling</p> <p>Used to being very active</p> <p>Diagnosed with Group A Strep Streptococcus (GAS)</p> <p>Being supported with discharge from hospital</p>	<p><u>Symptoms</u></p> <p>Weakness</p> <p>Fatigue</p> <p>Pain</p> <p>Discomfort</p> <p><u>Feelings</u></p> <p>Tired</p> <p>Anxious</p> <p>Withdrawn</p> <p>Overwhelmed</p>	<p>It would be appropriate to discuss the challenges of sepsis and its effects.</p> <p>It would be appropriate to discuss her anxieties and confusion about the future support which may be necessary.</p> <p>It would be inappropriate to suggest what support they need in the long term as this will not be known at this stage. However, it would be appropriate to ask for help and advice on how to self-manage their condition, along with the medical support they will be given.</p>

Case study	Summary of symptoms or feelings that might be reflected in the standardised patient's responses	Breadth of answer
<p><u>Tianu</u></p> <p>43 years old</p> <p>Lives with his wife and two teenage children</p> <p>Diagnosed with depression 6 months ago</p> <p>Profound impact on family</p> <p>Difficulty getting to sleep on a night and struggles to get out of bed on a morning</p> <p>Loss of parents eleven months ago when they were on holiday</p> <p>Reluctant to engage with treatment</p>	<p><u>Symptoms</u></p> <p>Lacks motivation</p> <p>Struggling with feelings</p> <p><u>Feelings</u></p> <p>Finds communication and interaction with existing and potential customers difficult</p> <p>Feelings of worthlessness</p> <p>Negative thoughts regarding using medication</p>	<p>It would be appropriate to discuss that he feels worried and overwhelmed but it would not be appropriate to initially 'place' this within specific areas of his life (for example, feeling overwhelmed at how low and worthless he feels).</p> <p>It would be appropriate to indicate that he is keen for his life to return to how it was, but it would not be appropriate to make suggestions about what needs to be put in place for him to be able to achieve this (for example, medication, counselling).</p> <p>It would be appropriate to acknowledge that he is not keen to engage with whatever help and advice is available to him, but it would be inappropriate to indicate what form this help and advice could take for him.</p>

Case study	Summary of symptoms or feelings that might be reflected in the standardised patient's responses	Breadth of answer
<p><u>Lou</u></p> <p>44 years old</p> <p>Married with two children</p> <p>Weight gain</p> <p>Lack of exercise</p> <p>Often feels tired and lethargic</p>	<p><u>Symptoms</u></p> <p>Feeling tired and lethargic</p> <p>Dizziness</p> <p>High blood sugar levels</p> <p><u>Feelings</u></p> <p>Determined</p> <p>Anxious</p> <p>Worried</p>	<p>It would be appropriate to indicate that she is aware that changes need to be made to her lifestyle. But it would be inappropriate to suggest specific changes such as exercise or diet.</p> <p>It would be appropriate to discuss that she is worried about the impact on her family and lifestyle.</p> <p>It would be inappropriate to suggest specific actions or activities she anticipates having to have support for.</p>

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