Online Appendix: Four methods for simulated patient training and standardization

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**Session One:** Pretest assessment of knowledge of simulation skills

- 1st training session (group of 2-10 SPs): facts of the case is finished with an online quiz followed by immediate feedback evaluation.
- The trainer and session manager are informed about the SPs in each group.

**Session Two:** Technical preparation of the SPs and training in the role of the medical student

- 2nd training session (individual): reachable on the facts learned during the 1st session (SPs and trainer).
- Details of the patient's life and present illness, checklist, and appropriate care for each checklist item, and expands to include the response to the physical examination and the patient's affect.
- The trainer takes on the role of "examining" and conducts multiple role-play exercises with the SP practicing correct responses. Each role-play is videotaped, and the tape is reviewed with the SP. The SP is expected to complete checklists for each role-play exercise, with at least 75% accuracy. The accuracy of the checklist is checked by videotape. Then, another trainer will come into the training to role-play as an examiner for additional practice and, again, with videotaping. Because the SP will get used to the same trainer, bringing in another trainer gives them an idea of how examiners will ask the same questions in different ways.
- Communication and interpersonal skills (CIS) and spoken English proficiency (SEP) training are measured by scales is a 3-day process, completed with a group of 2-10 SPs. A videotaped program is used to standardize this training, which is facilitated by a trainer from the site.
- Day 1: How to complete the CIS scale by watching a video, and are given practice watching videotaped encounters of real examiners, ratings, and the group discussion of the ratings.
- Day 2: How to complete the SPs scale by watching a video, and the SPs practice rating spoken English by watching videotaped encounters.
- Day 3: SPs individually rate a collection of 12 videotapes, and scores are checked to ensure the SPs are rated within the accepted guidelines.

**Session Three:** Rehearsal for the second one, but with higher expectations for SP performance. SPs are expected to complete a checklist for each practice encounter and, in completing the CIS/SEP scales. The SP is expected to be 100% accurate in portrayal and in completing the checklists and rating scales.

**Session Four:** Evaluation of feedback quality to students

4) The final exam: It is usually with a group of SPs in a real scenario of the simulation exam session. The exam of trainers is assigned various roles to play, such as an inexperienced examiner, a mechanical examiner or a route examiner. After the simulations, the videotapes are reviewed by trainers and the SPs. SPs are then checked for accuracy in their description and completion of checklists and rating scales and receive feedback from their trainer. After completing the simulation, the SP is assigned to a station that does not score in the live exam. While at the non-scoring station, the SP trainer observes and completes a monitoring checklist and meets with the SP after each meeting to provide feedback on the accuracy of the portal and the checklist. When the trainer feels that the SP is performing and the classification according to expectations, he sends a request to the CSEC headquarters for "approval." The submission consists of a random meeting of the SP simulation viewing and evaluation by a case specialist or the CSEC headquarters. The SP must meet the standards at both meetings to be approved, or "signed," to participate in the live exam. Otherwise, the SP receives additional training and is re-submitted by the SP trainer's approval.

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**Phase 1:** Persuasion (aim: To develop a shared understanding of the identifying characteristics of the person to be portrayed as a patient)
- Who is the person separate from their illness?
- How would you describe them personally?

**Phase 2:** Learning activity (aim: To develop a shared understanding of the purpose and logistics of the simulation activity)
- The SP practitioner describes the simulation as a learning or assessment activity and then asks questions from SPs to ensure the purpose and logistics are understood.

**Phase 3:** Context (aim: To develop a shared understanding of the person in a clinical context)
- The SP practitioner asks:
  - Why is this person in this clinical scenario?
  - What facts are important in this clinical scenario?
  - What is the patient's understanding of their healthcare issue?
  - What is the patient's main concern?
  - What is the patient's most likely outcome in this context?
  - Is this patient's current emotion? Why?
  - How will it be presented?
  - What is the most likely patient behavior throughout the scenario?
  - What clinical behavior will influence the patient's emotion? How?

**Phase 4:** Rehearsal (aim: To practice the role to ensure portrayal is within the expected bandwidth for the person)

- First round, the SP practitioner asks:
  - Where do you live? A how long have you been there?
  - Can you tell me about your family? (parents, siblings)
  - Can you work? What do you think is your occupation?
  - What are you like about?
  - Can you describe a typical day at work?
  - How would you describe your diet?
- Second round, the SP practitioner asks about clinical information while the SP takes on the emotional aspect of the patient.
  - Why have you come to the health service today?
  - What do you think is causing your health problem?
  - What are you concerned about?
  - What are you expecting will happen?
- Third round, the SPs do a partial rehearsal with a competent learner using a rotating hot seat method (20-30 seconds each SP) increasing to 45-75 seconds as portrayal is calibrated.
- Fourth round, learners with varying skills interact to enable the parameters of portrayal to be observed, demonstrated and practiced.