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[INSTITUTION] - Standardized Patient Program

What is a Standardized Patient?
A standardized patient (SP) is enlisted to add value to the learning process by providing instructors and learners with opportunities to refine or learn new skills. This would include teaching, assessing, and communicating (i.e.: interviewing patients, providing diagnostic information, and other clinical skills). The practice of an SP program is designed to provide a uniform experience to healthcare learners.

What can a Standardized Patient expect?
SP's are trained to represent all the characteristics of a real patient including simulating signs and symptoms accurately and consistently. They are carefully selected to match essential characteristics of the patient case being portrayed (e.g., age, gender, appearance, etc.). Learners are mindful of how SP's are utilized and are advised to proceed as they would with real patients while doing their interviews and/or assessments. **As needed**, the SP may be asked to complete checklists and evaluations of learners' performance, and at times provide appropriate feedback to learners regarding their performance.

Are Standardized Patient paid?
SP's will receive payment for all training and clinical encounters. The details of the payment will be discussed with the SP's upon confirmation of session acceptance.

What is the time commitment for a Standardized Patient?
The needs will vary based on the demographics needed for each teaching session. An SP may be engaged as seldom as once or twice per year or as often as a dozen times per year. Frequency of work is not guaranteed. The time commitment for this instance is [DATES AND TIMES FOR BOTH TRAINING AND DAY(S)-OF].

How can I become a Standardized Patient?
If you are interested in getting involved in the education and training of future healthcare professionals and becoming an SP at the [LOCATION/INSTITUTION] kindly review and sign the attached waiver.

Questions
For additional information or to ask questions, contact:
[CONTACT NAME, CONTACT EMAIL &/OR PHONE NUMBER].

Standardized Patient Consent and Non-Disclosure Agreement

PLEASE READ CAREFULLY

I understand that participation in the Standardized Patient Program (**hereinafter called SP**) entails the risk of injury to me. Such risks may include, but are not restricted to slips, falls, psychological or physical contact with people, equipment or facilities, or abnormal climatic conditions.

1. A Standardized Patient (SP) acts in the role of a patient with hypothetical medical problems as part of the [INSTITUTION'S] healthcare education training and evaluation program for healthcare learners. I confirm that a clinical skills staff member has fully described the SP role(s) to me. In this capacity, I understand that I may be interviewed and examined by health care learners in the same manner that would occur if I were an actual patient. I understand that examinations do not include invasive procedures or treatments into my person (e.g., urinary or intravenous catheter insertions).

2. I understand that if a learner or faculty member discovers something unexpected while performing a physical exam or using diagnostic equipment, they will advise me to be evaluated by my primary care provider, or relevant healthcare provider. Faculty and learners are not permitted to provide any advice or recommendations while engaging in a simulation-based education event with [INSTITUTION] equipment or resources that are for the purposes of education.

3. Should faculty be concerned for my mental well-being, psychological safety, my general well-being, or the potential threat of harm to myself or others, during or after a simulation, they may refer me to the appropriate healthcare or social service, as required. The only exception where a faculty member may disclose information without consent, is when there is a duty to report.

4. I will act as an SP in role(s) for which I am specifically trained and will undergo all required training for each SP role to which I am assigned prior to actual work. The number of hours required for training will depend on the difficulty of the material being presented. The SP Program Trainer(s) will determine whether I have reached the needed level of competency to work in the SP role(s) assigned to me.

5. I am considered an independent contractor and, therefore, am not considered an employee of [INSTITUTION]. *As applicable,* I understand that T4As will be issued from [INSTITUTION FINANCE DEPARTMENT] to those SPs who earn $500 or more per annum.

6. I am expected and agree to arrive promptly at the appointed time for all scheduled training sessions, encounters, or exams.

7. If I need to cancel my attendance at a session, I understand that I must give notice to the [CONTACT] as soon as possible, if notice is given with **less** than five (5) hours' notice, the cancellation will be considered a 'no show'. Exceptions may apply for emergency reasons.
    a. I understand that an SP who cancels or is a "no show" on the encounter day will **NOT** be paid for the training session or the encounter day.
    b. I understand that if I do not attend my scheduled session (training or encounter) with no correspondence to cancel the following policy will apply:
        i. 1st No Show – verbal warning;
        ii. 2nd No Show – written warning;
        iii. 3rd No Show – termination from the Program

8. If [INSTITUTION] cancels a session with **less** than five (5) hours' notice, I understand that I will be paid for my full scheduled hours. If a booking is cancelled with **more** than five (5) hours' notice, I will not receive payment for the scheduled booking.

9. I understand that there are no guaranteed scheduled hours of work in the SP Program.

~~10.~~ It is understood that after X months of inactivity, the SP Program reserves the right to place me on an inactive list. Should I be inactive (for whatever reason) for a period that exceeds X months, I will be removed from the SP Program. Relisting to "active status" may be discussed with the simulation/healthcare education personnel [INSTITUTION CONTACT INFORMATION].

11. Case material and information related to the SP case is the confidential property of [INSTITUTION] and I agree to discuss the content of the case **only** with staff of the SP Program and other participating SPs. I will not disclose to any third party any information about SP cases, [INSTITUTION] learners, or information about learner performance. Additionally, I will not duplicate or distribute any material given to me. I agree to keep secure any copies of cases and checklists given to me. I agree to return all materials to the SP Program on completion.

12. I agree to hold harmless [INSTITUTION], its officers, directors, employees, staff, and agents, from any and all liability related to my participation in this program, including, but not limited to liability related to injury, illness or death occurring to me.

13. [INSTITUTION], and its officers, employees, and agents are not responsible for loss of personal property while participating in the SP Program.

~~14.~~ Either party may terminate this agreement at any time by giving verbal or written notice to the other party. Upon termination of this agreement, I agree to return all written materials to the [INSTITUTION~~]~~.

I have read and understand this consent form, been given a copy, and have had an opportunity to review this document prior to signing this consent form. By my signature below, I agree to participate as an SP.

_____ _____

Signature of Participant Witness Signature

_____ _____

Date of Signature Date of Signature