Using adolescent and parent simulated patients

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Summary

Consultations with and about adolescents and children pose considerable challenges for health professionals. As with adult simulated patients, adolescent and parent simulated patients can allow students at any stage of their career to become more familiar with key adolescent and child health issues, to practise complex consultations and become more effective at managing multi-dimensional problems. The use of adolescent and parent simulated patients has been shown to be effective and safe within the context of structured teaching programmes and with good selection and support processes for simulated patients. Information is given for clinical teachers contemplating using such simulated patients for learning.

Consultation skills and simulated patients

Effective consultation requires a complex blend of clinical knowledge, good communication skill, and appreciation of the patient's world view within familial, societal and cultural contexts.[1–3] The use of adult simulated patients within structured teaching sessions is a well-established and widely used technique for the teaching of consultation skills at undergraduate and postgraduate levels.[4,5] The use of simulated patients allows undergraduate students as well as experienced clinicians to practise interview and management skills in a setting where their work can be directly observed, where there are few unwanted clinical consequences for the patient, and where immediate feedback can be given by both tutors and simulated patients.[6–8] The process can be made safe for participants and simulated patients by ensuring that feedback is constructive and task-specific, that the normal codes of patient and participant confidentiality apply in small group or individual situations, and that simulated patients are adequately trained and supported in their roles.

Using adolescent and parent simulated patients

To date, limited use has been made of adolescents or adults-as-parents in simulated patient teaching sessions, but use of such patients has been shown to be effective, with no evidence of harm, at least within the framework of structured teaching programmes, and with careful selection of and support for simulated patients.[9–11]

Consultations with or about children and adolescents are complicated by the developmental stage of the child or adolescent. Trust must be actively gained if the child or adolescent is to feel comfortable about expressing themselves.[12] Critical skills required by professionals for effective work with adolescents include developing not only finely honed diagnostic formulation and problem-solving skills, but also social insight, a sense of 'withitness' (the ability to understand adolescent behaviours and react appropriately), and an acquiring of cultural information about how adolescents act in the world.[13]

In addition to the developmental challenges of child and adolescent consulting, clinicians need to be comfortable and competent in dealing with a wide range of major concerns, including major mental illness, drug and alcohol abuse, sexual health, and management of chronic conditions such as diabetes. Considerable skill is required to effectively (and often simultaneously) engage both child and parent at younger ages, whereas sensitive yet sensible approaches to confidentiality issues are an important part of successful adolescent consulting. The opportunity to practise such complex consultations with parents and adolescents has many potential advantages for students and clinicians alike.

Safety for simulated patients

One of the perceived barriers to the use of adolescents in simulated settings has been concern for adolescent health, particularly when complex scenarios with high emotional content are contemplated. Good training and support are clearly necessary, just as it is for adult simulated patients,[14] but careful selection is also important since adolescents are a potentially vulnerable group who may be at risk of adopting risk-taking and other behav-

iours from their simulation work.[15] Little evidence of harm has been described,[16] although Hanson et al.[17] identified a theoretical risk in a small proportion of adolescent simulated patients who had passed their initial selection interview.

Local experience with medical students

Over the last three years, adolescent and parent simulated patients have been used in Wellington within the context of a 10-week rotation in paediatrics for senior medical students. Students come to the sessions already familiar with the use of simulated patients in adult consulting skills sessions from previous experience in a general practice rotation. They work in small groups of five to six, each with a tutor and a simulated patient. Adults are used to simulate the parent of a younger child, (not present in the consultation), while secondary school (Years 9–13) drama students simulate adolescent patients. A research nurse with patient recruitment experience (the actor co-ordinator) recruits, trains and supports all the simulated patients, with extra debriefing for adolescents. Evaluation of the programme has shown increased student confidence with adolescent and parent consultations, with no evidence of harm to either the adolescent or parent simulated patients.[10]

However, such programmes have the potential to not only be ineffective for participants, especially if isolated from clinical context, but also to be harmful for simulated patients. Care must be taken to ensure positive outcomes for all concerned.

Key considerations in setting up consultations skills teaching using adolescent and/or parent simulated patients

1. The teaching and learning objectives for the participant group need to be clearly defined from the outset. Is the aim to prepare students for clinical contact, or is it to raise awareness of a key adolescent/child health issue? Aims and objectives will vary depending on whether the students are undergraduates or registrars or experienced practitioners, and the clinical context in which they are working.
2. Students at any level need to have mastered basic consultation skills with simple scenarios, and had supervised clinical experience, before embarking on learning complex consultation skills. Students also need to know and understand relevant clinical content if they are to gain maximum benefit from using simulated patients. These pre-requisites are much easier to achieve at undergraduate and junior graduate level if simulated patient learning sessions are part of an adolescent and/or child health programme and appropriate clinical attachment. For experienced clinicians already working with children and/or adolescents, there is still a need to allow particpants to develop familiarity and comfort with the process of using simulated patients with constructive feedback.
3. The physical space to be used for the teaching sessions needs to be appropriate. A dedicated consulting room attached to a larger teaching room, with a video-link or one-way mirror is ideal, but consultations can be directly observed by a tutor and/or small group of participants if the room is big enough to allow some distance between the consultation and the observers. The sessions need to run without interruption, with any observers being silent and attentive throughout consultations.
4. Clinical scenarios need to be prepared well in advance of the session by the tutor and cover topic areas consistent with the learning objectives earlier identified. These are not word-for-word scripts, but a summary of the main characteristics of the patient and their presenting story, with salient features about home and school, sport and leisure, and for adolescents, any alcohol and drug use including smoking, any relationship or sexual activity and any mood disorder. *(For example see Box 1)*
5. Simulated patients need to be carefully selected and supported by someone who is able to do this task sensitively and appropriately.

Box 1. Sample clinical scenario for adolescent simulated patient

'Adolescent victim of inter-parental domestic violence'

Your name is Chris, you're 15. You told the nurse you wanted to see the doctor because you had a sore throat. You ask the doctor for a sick note - your form teacher wants it but you 'can't' ask your parents.

If asked, you admit you're in heaps of trouble in school, because you stole another kid's wallet. You've been picking on the younger kids, forcing them to give you money and sweets. Your grades are lousy and you hate school. You've always hated reading, but your art is good. You smoke, but keep right away from alcohol. You have a group of friends but haven't seen much of them lately – there doesn't seem much to talk to them about anymore. If asked, you suppose you spend a lot of time on your own.

You don't really want to be at the doctor's and don't want to talk about the trouble at school, but you are desperate. You wouldn't tell the doctor about home, unless s/he actually asked you directly, then you might if you liked him/her.

Your parents hate each other. They get into physical fights every weekend, when they get drunk. This has gone on for years. They hit you and your little brother about once a month, last time Dad hit you in the face and you told a story at school about being sick so no one could see the bruise. School doesn't know and you've told no one.

This may be quite a time consuming process, particularly for adolescent simulated patients; they usually need reminding of the session the day before, and require a phone call a day or two after the session to check that all is well. Simulated patients need not necessarily be professional actors, but experience with role playing, debriefing and successfully coming 'out of character' are essential. For both adults and adolescents, careful enquiry needs to be made as to their present emotional state, whether there are sensitive areas from the past and whether there are unacceptable topic areas (e.g. request for termination). Potential simulated patients who are currently emotionally distressed, or have a particular view to push, generally make poor simulated patients and tend not to give objective feedback. Simulated patients need to be given the clinical scenario(s) in good time, (at least a week) so they can learn the details and develop the character of the patient. Experienced simulated patients will easily learn three or four different scenarios for a session, enabling one or two simulated patients to be used per teaching session.

6. Once the teaching session is underway, re-iteration of some simple rules about patient and participant confidentiality, and respect for others and the learning environment help to create a comfortable and safe environment for both simulated patients and participants. *(See Box 2)*
7. After each consultation, there should be opportunity for brief discussion involving the student and patient concerned. The tutor, the simulated patient and other observers can all give constructive feedback as long as it is directed at the task, rather than the person and includes positive, as well as any 'room-for-improvement' features. The tutor may need to focus the feedback to emphasise the learning objectives.
8. At the close of the session, all students need thanking for their efforts, and if there has been any student discomfort, tutors should offer the opportunity for further individual discussion. Simulated patients, both adult and adolescent, need a chance to debrief with the tutor. If two simulated patients have been present (e.g. an adolescent and an adult-as-parent) they can also debrief each other.

Box 2. Safety rules for small groups of students working with simulated patients

- Normal respect for patient confidentiality applies. Scenarios are based on real patients, so no discussion of the case outside the group here today.
- Normal respect for student/participant confidentiality applies. Treat consultations as you would those with real patients – keep any discussion about performance within the group and within the session today.
- Please remain silent and attentive while a consultation is in progress. Reserve comment until the student and patient can join in after the consultation.
- When giving feedback to a colleague, be constructive and task-specific. Give praise where it is due.
- Simulated patients will come 'out of role' once consultations are finished. They can give feedback from the patient's viewpoint, but not as the patient. Please respect their views even if you do not necessarily agree with them.

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