

In 1963, Dr. Howard Barrows, a neurologist, discovered that a layperson could be trained to simulate illness and give feedback to medical students about their history, physical examination, and communication skills. He called this person a simulated patient and defined it as *“a person who has been carefully coached to simulate an actual patient so accurately that the simulation cannot be detected by a skilled clinician. In performing the simulation, the SP presents the gestalt of the patient being simulated, not just the history, but the body language, the physical findings, and the emotional and personality characteristics as well.”*¹

Dr. Robert M. Kretzschmar revolutionized gynecological education at the University of Iowa in the 1960s by developing the Gynecology Teaching Associate (GTA) program.² This model replaced traditional, exploitative methods using clinic patients with trained specialists who act as both instructors and patients to teach medical students sensitive exam techniques.

In 1976, Paula Stillman, MD, a pediatrician, introduced Patient Instructors (PIs) who were not simulating a patient case, but using their own normal bodies to teach learners how to perform a comprehensive and accurate physical exam using a checklist generated by clinical faculty. Today, they are called Physical Examination Teaching Associates (PETA/PTA) and defined as *“men or women who are specifically trained to teach, assess, and provide feedback to learners about the complete physical examination techniques (excluding pelvic, rectal, and urogenital) of the asymptomatic patient. They also address the communication skills needed to provide a comprehensive and comfortable exam in a standardized manner, while using their bodies as teaching tools in a supportive, non-threatening environment.”*³

Gradually, the use of simulated patient methodology began to grow in medical education. Educators found that simulated patients offered not only a variety of teaching opportunities for students, but also opportunities for evaluating student performance. Out of this testing environment grew the term “standardized patient” or “SP.” As Gayle Gliva McConvey explains, *“An SP is a person trained to portray a patient scenario, or an actual patient using their own history and physical exam findings, for the instruction, assessment, or practice of communication and/or examining skills of a health care provider. In the health and medical sciences, SPs provide a safe and supportive environment conducive to learning or for standardized assessments. SPs can serve as practice models or participate in sophisticated assessment and feedback of learners’ abilities or services. The use of simulated scenarios involving humans is rapidly expanding to meet the needs of many high-risk service fields outside of human health care.”*

Association of Standardized Patient Educators

As simulated/standardized patient methodology grew, educators felt a need to develop an organization that could foster the growth of the profession that was creating and supporting this new methodology. After the Association of American Medical Colleges withdrew support for all the Special Interest Groups, including the one for SPs, a small group of SP Educators decided to continue meeting to support and promote the use of SP methodology. Thus, in 2001, the Association of Standardized Patients was formed. Since that time, our membership has grown along with the concept of standardized patients. SP methodology has expanded into many fields, including dentistry, pharmacy, veterinary medicine, and allied health professions. Over the last decade, three simulation modalities have become intertwined – scenarios may now include SPs, task trainers, and/or manikins: commonly known as “hybrid” simulations.

External Milestones:

1992: The Medical Council of Canada (MCC) developed a licensing examination using SPs in the Medical Council of Canada Qualifying Examination (MCCQE) to assess knowledge, skills, and attitudes essential for medical licensure in Canada prior to entry into independent clinical practice.

1998-2004: The Educational Commission for Foreign Medical Graduates (ECFMG) introduced an SP assessment for all international medical graduates.

2003: The Association Council of Graduate Medical Education (ACGME) supports SPs as a module for several of the six required competencies.

2004: The United States Medical Licensing Examination (USMLE), sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) began clinical skills testing of graduating medical students and international graduates seeking US licensure in the Step 2CS examination.

Initial SP Educator Conferences:

1992 (April): Invitational Symposium: Niagara-on-the-Lake, Ontario, Canada

1992 (November): SP Trainer Lagniappe Caucus: New Orleans, Louisiana, United States

1993: SP Trainers Calgary Conference: Calgary, Ontario, Canada

1997: Standardized Patient Educators Conference: Little Rock, Arizona, United States

2000: New Horizons for SP Educators: Galveston, Texas, United States

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References:

1. Barrows, H (1964). The programmed patient: a technique for appraising student performance in clinical neurology. *Journal of Medical Education*; 39(8):802-5.
2. Kretzschmar, RM (1978). Evolution of the gynecology teaching associate: an education specialist. *AJOG*; 131(4):367-373.
3. Stillman PL, Sabers DL, Redfield BM (1976). The use of paraprofessionals to teach interviewing skills. *Pediatrics*; 57(5):769-772.

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