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## Medical Education

## Training actors as standardized patients

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Traditional medical education has mostly applied written or oral examinations to assess professional education and training. However, it is doubtful whether these examinations can reflect the actual clinical competence of medical students. Students must show clinical ability in clinical situations rather than through written texts [1]. The focus of clinical learning should move from textbooks to actual patients because students understand that they can learn actual clinical skills only by interacting with patients and their families [2]. Using standardized patients (SPs) in teaching and assessment help students become familiar with clinical settings, thus benefiting not only their test scores but also patients and their families [3]. This helps fulfill the saying “Good teaching, as well as good mentors, cultivate good doctors.”

The performance quality of an SP determines the reality of an entire clinical skills examination. The SPs, scenario design, and particularly, the SP training process, are crucial factors that contribute to the quality of the performance [4]. A clinical skills examination, which tests interpersonal and communication skills, is time consuming, and probably extremely repetitive, as it must be conducted several times a day. Therefore, the accuracy and consistency of the performance are the main factors contributing to the fairness and impartiality of the examination. As a result, SPs should be trained to retain their physical endurance and psychological stability during consecutive performances. This is similar to the

characteristics of great actors who face similar situations during numerous rehearsals.

One may think SPs do not need professional training. When an actor misses a cue on stage, it may only cause the audience to laugh or frown. However, when an SP's performance is unacceptable, it can invalidate an examination. Challenges in SP training include the probability that an SP cannot simulate all clinical symptoms and possible negative effects on an SP who has a role with high psychological complexity. Thus, researchers insist SPs need proper training [5].

Some actors cannot simulate clinical symptoms accurately as acting is not merely imitating what can be seen with the eyes. In addition, the SP trainer can apply the “kinesthetic response” to act from within rather than from without [6]. An SP should recall a similar memory and use it to act naturally and credibly, such as “ANGER” to quickly evoke anger [7]. The five letters stand for the following: A, the anticipated doctor failing to show; N, nonstop changing of medical personnel; G, getting worse with treatment; E, erring in finding suitable solutions; and R, repeating treatments and tedious procedures. Through ANGER, the trainer can quickly trigger the bad mood in the SP. The guidance of an SP trainer is also crucial in the SP training process. Only an SP trainer trained in accurately and consistently recreating history, physical findings, and emotional structures and response patterns of actual patients at a particular time can help SPs perform accurately and consistently, thus leading to meaningful examinations [8].

During SP recruitment, some characteristics, such as being willing to serve, are considered in addition to the usual characteristics such as enthusiastic in helping others, punctual, trustworthy, sophisticated, respectful, and communicative and cooperative with trainers, physicians, and medical students [9]. SPs are trained in a stepwise manner to perform accurately and consistently. Knowing that a simulation includes a specific history, physical findings, body language, and emotional and personality characteristics provides the SPs time to memorize the details and prepare for the role in rehearsals. In other countries, SPs are professionally trained actors; however, there are few effective strategies or programs for the cultivation or training of moods [9]. A stage actor may seem similar to an SP who faces the medical students. However, they are very different from each other, as shown in Table 1.

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**Table 1**

Differences between the performance of actors and SPs.

1. An actor has a script with detailed dialog.	1. A script for an SP is usually a story outline with specific keywords, which must be extremely accurate; an SP has to improvise most of the time.
2. The director approves the emotions & actions of an actor, which are rehearsed by the actor beforehand.	2. Experts rarely formally guide the emotions & actions of an SP & they are often not rehearsed.
3. While performing, actors can cue each other & maintain an appropriate mood.	3. During examinations, no one cues the SP in any manner or helps him/her maintain an appropriate mood.
4. An actor knows how the other actors will respond, including diction, action, & emotions.	4. An SP is not sure how a medical student will respond.
5. An actor knows how the story will develop & end.	5. An SP does not know how the story will develop or end.
6. An actor has a relatively more flexible time for performance.	6. The time for an SP to perform is strictly controlled.
7. An actor knows exactly how the whole performance will begin & end & can easily steer his/her emotions & response.	7. An SP does not know exactly how the whole performance will begin & end, & thus can only attempt to develop accurate emotional reactions.
8. An actor does not have to change his/her default response because of unexpected questions from other actors.	8. An SP has to change his/her default response because of unexpected questions from medical students.
9. An actor does not have to deal with any questions not written in the script.	9. An SP has to deal with questions not written in the script.
10. An actor does not usually give several performances over a short period. Therefore, the actor has time to rest, thereby sustaining the stability of the performance.	10. An SP usually has to perform often over a short period. Therefore, the SP has no time to rest. Thus, sustaining the stability of the performance becomes difficult.
11. When an actor makes a mistake, the audience will just laugh or frown	11. When an SP errs, the examination may not be valid.
12. An actor seldom has to record or assess the audience.	12. An SP, when suitably trained, is able to record & assess the performance & behavior of medical students.

SP = standardized patient.

A difficult part of SP training is to make the SP an objective assessment tool, which can effectively indicate a student's shortcomings and provide appropriate feedback. Therefore, we keep reviewing and improving the current training models; for example, skills needed to induce appropriate emotions. We can establish a series of SP training courses, which can effectively train SPs to have highly consistent capabilities. Some SPs are trained experienced actors, but most are not, and therefore, we intend to develop some indicators of reliability and validity to evaluate SP training courses. It is more difficult and more beneficial to have good SPs than good actors.

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