

STANDARDIZED PATIENT INFORMATION FORM

*Western University of Health Sciences
309 E. Second St. · Pomona, CA 91766*

Western University of Health Sciences uses standardized patients (SPs) in the training of our medical students. An SP is a person who has been coached to accurately and consistently simulate medical scenarios or cases to learners in teaching and/or assessment activities. As an SP, you will participate in a simulated medical office visit where you will perform as the patient and interact with student doctors. In a performance, you may be expected to recall and recreate the medical history, personality, emotional structure and response pattern of an actual patient at a particular point in time. You may also be expected to provide feedback as well as an accurate assessment of the learner's encounter with you.

<u>NAME: (First & Last)</u>	<u>EMAIL ADDRESS</u>
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<u>ADDRESS:</u>

<u>CITY:</u>	<u>ZIP:</u>
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<u>CELL PHONE #:</u>	<u>IS IT OKAY TO TEXT YOU?</u> YES NO	<u>OTHER TELEPHONE (optional):</u>
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<u>ARE YOU FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH? (please list)</u>
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<u>DO YOU HAVE ACCESS TO A COMPUTER WITH INTERNET?</u>	YES NO
<u>HOW WOULD YOU RATE YOUR COMPUTER LITERACY?</u>	EXCELLENT GOOD POOR

<u>ARE YOU CURRENTLY A STUDENT ?</u>	YES NO	<u>FULL TIME</u>	<u>PART TIME</u>
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<u>DO YOU HAVE RELIABLE TRANSPORTATION?</u>	YES NO	<i>If NO, please explain:</i>
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PLEASE DESCRIBE YOUR DAILY AVAILABILITY (Note: Work ranges from 7am-7pm but occurs most commonly M-F from 11am-6pm)

<i>Your availability 11am - 6pm</i>	<u>MONDAY:</u>	<u>TUESDAY:</u>	<u>WEDNESDAY:</u>	<u>THURSDAY:</u>	<u>FRIDAY:</u>	<u>SATURDAY:</u>
	<i>Always</i>	<i>Always</i>	<i>Always</i>	<i>Always</i>	<i>Always</i>	<i>Always</i>
	<i>Sometimes</i>	<i>Sometimes</i>	<i>Sometimes</i>	<i>Sometimes</i>	<i>Sometimes</i>	<i>Sometimes</i>
	<i>Never</i>	<i>Never</i>	<i>Never</i>	<i>Never</i>	<i>Never</i>	<i>Never</i>

**Additional
Availability
Notes:**

Have you ever worked as an SP before? If yes, please indicate where and in what capacity.

Why are you interested in becoming an SP?

How did you hear about the SP Program at Western University of Health Sciences?
(Please give a name if referred by an individual)

Please describe any previous acting experience or training:

Have you had any previous experience in teaching, tutoring, coaching, or evaluating (formally or informally)?

Do you have any training or experience in the health or medical field? If so, please explain:

What special skills or abilities would you bring to this role? What other information should we know about you?

Without revealing personal medical information, briefly describe your feelings about and experience with physicians and other healthcare providers:

Preference Questionnaire

This position at times may require being exposed to your undergarments and/or require you to divulge case information that can be sensitive and uncomfortable in nature. We do this to provide students with the most realistic and holistic learning experience we can. However, we would like to keep your modesty and comfort in mind. Please complete the questions below to your comfort level, with the understanding that all information provided will remain confidential and will not inhibit your opportunity to be invited to join the pool of Standardized Patients.

Do you have any physical findings, scars, or other conditions that might enhance or impede your ability to portray specific roles? (surgery scars, heart murmur, high blood pressure, vision or hearing impairments, limited joint movement, etc.) **If so, please explain:**

Yes

No

Are you comfortable being video taped for learning purposes? *Video recordings are used solely for learning purposes and will never be made available to the public.*

Yes

No

Are you comfortable having a basic, non-invasive physical exam performed on you? *(no shots, no pelvic exams etc.)*

Yes

No

Are you comfortable performing in a hospital gown and lifting/ lowering gown in order for students to properly perform certain examinations? *(listening to heart, lungs, abdomen, etc.)*

Yes

No

DEMOGRAPHIC INFORMATION

Once invited to join the pool of Standardized Patients, the university may use demographic information when necessary to hire for specific patient cases in order to provide a realistic experience for students. This information will not be used to select candidates for invitation to the SP pool. Please complete the questions below to your comfort level, with the understanding that all information provided will remain confidential and will not inhibit your opportunity to be invited to join the pool of standardized patients.

I identify my gender as:

Male

Female

Transgender:

Other:

I Prefer not to say

Height:

Weight:

Age Range:

A) Under 21

B) 21-25 E) 45-55

C) 25-35 F) 55-65

D) 35-45 G) 65 or older

What is your ethnicity?

White/Caucasian

Hispanic/ Latino

Black/ African American

Native American

Asian

Middle Eastern

Pacific Islander

Two or More, please Specify:

Other, please specify:

I Prefer not to say

By submitting this application, I certify that all the information given above is true and complete to the best of my knowledge

SIGN:

DATE: