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Review Article

Quality assurance processes for standardized patient programs

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ABSTRACT

Our problem: As the pharmacy profession evolves to include non-dispensing services and collaborative care, greater emphasis is placed on communication skills building through standardized patient programs. Best practices for assuring the quality of standardized patient (SP) programs, however, remains unclear.

The objective of this manuscript is to summarize quality assurance processes for standardized patient programs from health professions education literature.

Methodological literature review: A search of PubMed and Scopus between 2011 and 2016 was conducted and 22 articles were retained for thematic analysis. Articles were screened for relevance to quality assurance.

Our recommendations and their applications: The thematic analysis revealed four themes: (1) enhanced SP training programs, (2) structured feedback to students, (3) statistical measurements to ensure inter-rater reliability, and (4) observation and evaluation of the SP to improve SP performance. Specific methods to assure the quality of an SP program were identified, including training program content and feedback techniques.

Potential impact: Although SP programs varied widely in their implementation, there were several common strategies used to evaluate the consistency of performance, effectiveness of feedback to students, and reliability of grading. Additional research is necessary to establish standards for SP programs across professional healthcare disciplines.

Our problem

The ability to communicate with patients and collaborate with other healthcare professionals has become increasingly important in pharmacy education. The Accreditation Council for Pharmacy Education (ACPE) has recommended an emphasis on interviewing techniques and skills, such as active listening and empathy across pharmacy curricula.[1] Communication skills of pharmacy students are now being assessed on the Pharmacy Curriculum Outcomes Assessment (PCOA) and it is anticipated that the North American Pharmacist Licensure Examination (NAPLEX) will include a communication skills assessment starting in 2018.[2,3] Strong communication skills are of vital importance to pharmacists, particularly as their role in providing non-dispensing services and inclusion in interprofessional teams continues to increase.[4]

To integrate communication skills building, pharmacy and other health professions education programs frequently utilize standardized patients (SPs) who are trained to role-play and deliver consistent, scripted performances of a variety of patient-provider

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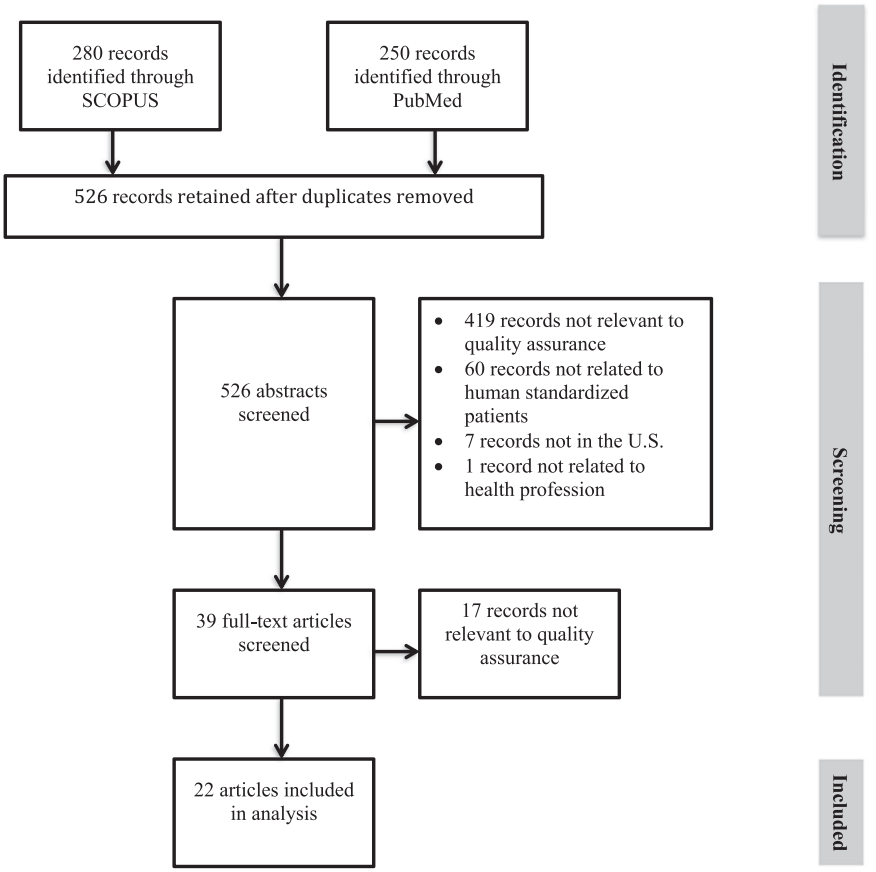

Fig. 1. Study selection.

scenarios with learners.[5] Learners benefit from SP programs through development of skills such as interpersonal communication, motivational interviewing, clinical writing, and interprofessional team collaboration, as well as exposure to disease states that are rare in practice.[5–8] Furthermore, they have the ability to assess patients in a low-risk environment. Finally, SPs can provide authentic feedback about the patient experience, which may not be possible when role-playing with a faculty member or peer.[5]

An important aspect of developing and maintaining a high quality SP program is incorporation of quality assurance (QA) processes. While SP programs are gaining momentum in health professional pharmacy programs, evidence-based processes to evaluate SP performance and ensure consistency are scarce.[9] The objective of this paper is to summarize existing QA processes for SP programs through a review of literature in health-related education, which may be transferrable to pharmacy programs. Strategies for implementing frequently identified QA methods are explored.

Methodological literature review

A manual search of literature was conducted using PubMed and SCOPUS databases using the terms: “standardized patient”, “education”, and “communication”. Inclusion criteria consisted of journal articles in English published between January 2011 and December 2016 that involved trainees and SPs from health professions education programs or practice sites in the United States. Included manuscripts contained specific information about quality assurance processes in medical, nursing, dental, and pharmacy programs. Articles regarding virtual patients or mannequin simulators were excluded.

Our recommendations and their applications

A total of 530 abstracts were identified and screened for inclusion of SP QA processes and 22 articles were included in the thematic analysis (Fig. 1). Two articles were solely based on pharmacy programs and two articles included inter-professional teams with pharmacy, nursing, and medical professionals. Thematic analysis resulted in four primary themes: (1) enhanced SP training programs, (2) structured feedback to students, (3) statistical measurements to ensure inter-rater reliability and (4) observation and evaluation of the SP to improve SP performance.

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