Celebrating 25 Years of Excellence with SP Educator Scholarship: Selected Abstracts from the 2026 ASPE Annual Conference

Lou Clark, PhD, MFA[1,2]; [1]*The Association of SP Educators (ASPE), Altamonte Springs, FL, USA;* [2]*M Simulation, Office of Academic Clinical Affairs, University of Minnesota, Minneapolis, MN, USA*

Correspondence: louclark@umn.edu

10.54531/ODIK3066

Introduction/Overview/Purpose: 2026 is a celebratory year for the Association of SP Educators (ASPE) as it marks the 25th anniversary of the organization, though the history and scholarship of SP Methodology dates back to the 1960s [1,2]. This year, I am privileged to serve on the ASPE Board of Directors as the immediate Past President, with a charge to create and implement a Past President's project. To meet this goal, I am excited to announce a new avenue for publishing ASPE member innovations in short forms, such as conference abstracts or brief innovation reports, in collaboration with a journal partner known for supporting human simulation. The *Journal of Healthcare Simulation* (JoHS) led by Founding Editor-in-Chief, Professor Debra Nestel, is the perfect choice as she has championed simulated participant (SP) methodology throughout her career including as the editorial steward for the 2017 ASPE Standards of Best Practice (SOPB) article [3]. A key feature of this initiative is that it increases the number of published abstracts to support and encourage further dissemination of ASPE members' scholarly work [4].

The results are the twenty published abstracts that follow this introduction. The selected abstracts were chosen based on the following criteria: application of work to the ASPE SOPB framework [3], advancement of and/or building on existing SP Methodology, potential for impact beyond a single institution, writing quality, and references. Subcommittee members prioritized abstracts that clearly connected to the ASPE SOBP, furthered SP Methodology, cited references beyond the SOBP, and required little or no revision. Importantly, committee members did not review their own material and recused themselves if they encountered an unexpected conflict. So, the twenty published abstracts in this collection were peer-reviewed initially and accepted to the conference, then peer-reviewed by two separate Short Reports subcommittee members prior to selection for this publication opportunity.

Authors of the selected abstracts include veterans and first-timers. There are 33 individuals who are published here for the first time in a peer-reviewed journal! Congratulations and thanks to all of the authors for their creative, innovative, and thoughtful work, which is furthering our field of Human Simulation and SP Methodology. Finally, to promote inclusion beyond conference attendance, we are pleased to share that an open call will be announced later this summer. Specifically, we have held five short report paper slots for ASPE members, with priority given to members who could not attend the conference, including those outside of the United States. We also hope in publishing these twenty abstracts in this open-access format that we may bring some of the 2026 ASPE conference to those who cannot join us in Saint Louis, MO, USA. In the meantime, happy reading and congratulations, again, to all of these outstanding authors and SP Education professionals!

Acknowledgements: Thanks to the Professor Nestel, the JoHS publishers and staff at Newgen Publishing UK Ltd., Gloucestershire, UK., the 2026 ASPE Board of Directors—including Conference Chair Emma Vick and Grants & Research Chair Kevin Hobbs, ASPE Executive Director Kaylee Chester, Anne Woll, Julie Holston, 2026 ASPE Conference Abstract subcommittee Chairs Dena Higbee and Kerensa Peterson, members of the Conference Abstract Review subcommittee, and the members of the newly formed ASPE Short Reports Publication Grants & Research subcommittee—who collectively performed 268 abstract reviews in three and a half weeks before I compiled this work and sent it off for publication. So, a very special thanks to the brilliant, generous colleagues who joined me to form this inaugural Short Reports subcommittee: Claudia Arancibia, Andrea Doyle, Bob Kiser, Karen Lewis, Kerensa Peterson, Cathy Smith, Karen Szauter, and Kuan Xing. Your expertise, intentionality, and hard work made this dream a reality—we did this together.

Declarations:

Funding – No

Availability of data and materials – N/A

Ethics approval and consent to participate – N/A

Competing interests – N/A

REFERENCES

1. Barrows HS, Abrahamson S. The programmed patient: a technique for appraising student performance in clinical neurology. Academic Medicine. 1964 Aug 1;39(8):802–805.
2. Gliva-McConvey G, Nicholas CF, Clark L, editors. Comprehensive healthcare simulation: implementing best practices in standardized patient methodology. Springer Nature; 2020 Oct 15.
3. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.
4. Clark L, Doyle A, Elcin M, McNaughton N, Nicholas C, Owens T, et al. Call to Action: Honoring Simulated Participants and Collaborating With Simulated Participant Educators. Simulation in Healthcare: Journal of the Society for Simulation in Healthcare. 2024 Dec 23;20(4):211–214.

THEME: SP EDUCATOR DEVELOPMENT

CATEGORY: INNOVATION & DISCUSSION

A1 HOLDING THE HUMAN LINE IN THE AGE OF AUTOMATION

Renee Wadsworth, BS, BA[1]; [1]*SP-ed / Simclusive, New York, NY, USA*

Correspondence: rwadsworth@sp-ed.com

10.54531/OSCC4191

Introduction/Overview/Purpose: Generative artificial intelligence (AI) is changing how simulation programs design, deliver, and evaluate learning. SP educators now encounter AI in scenario writing, data processing, scoring, and even performance analysis [1,2,]. Yet the pace of change can feel both exciting and disorienting. This workshop invites participants to pause and think together about what AI means for human simulation: what it offers, what it challenges, and what we want to protect. This workshop seeks to create a collaborative space for educators to spark meaningful conversation and community thinking that helps us define how simulation evolves alongside advancing technology [3].

Workshop Objectives: This session presents a deeply interactive format designed for participants to lead the

conversation. After a brief framing, attendees will self-select (with structured movement) into small discussion groups aligned with one of the guiding themes [1,2,3]: *Themes may shift to reflect the current AI landscape at the time of the session*

1. Scenario Development: How are you using (or avoiding) AI for writing or revising cases?

2. SP Recruitment & Training: Has AI helped streamline scheduling, communication, or onboarding? Where might it oversimplify or dehumanize SP relationships?

3. Feedback & Assessment: Have you encountered AI-assisted scoring or feedback systems?

4. Administration & Data Use: Where does AI appear behind the scenes: collecting data, evaluating programs, or making recommendations? What ethical or accuracy questions does that raise?

5. Professional Identity & Future Directions: How do we protect the human core of SP methodology while embracing innovation? What collective actions or supports do we need from our community and organizations?

Results/Outcome/Discussion: Participants will hear how peers around the world are integrating and responding to AI in simulation. The collective stories will highlight that we are not alone in navigating this change, and will serve as a practical reference for future advocacy and program development. Participants will leave grounded and empowered, with shared language and next-step ideas for engaging in institutional or community-level conversations about AI and simulation.

Conclusion: Together, we reinforce that innovation should never outpace intention.

Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Cheng A, McGregor C. Applications of artificial intelligence in healthcare simulation: a model of thinking. Advances in Simulation. 2025 Sep 18;10(1):45.
2. Bertoncini AL, Matsushita R, Da Silva S. AI, Ethics, and Cognitive Bias: An LLM-Based Synthetic Simulation for Education and Research. InAI in Education 2025 Oct 4 (Vol. 1, No. 1, p. 3). MDPI.
3. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.

THEME: ADVANCING SPS

CATEGORY: INNOVATION & DISCUSSION

A2 ENHANCING SIMULATED PATIENT WRITTEN FEEDBACK USING AI: A COMPARATIVE STUDY OF SELF-CRITIQUE AND CHATBOT EVALUATION

Jacqueline Sidle, MS, CHSE[1], John R. Leopold, MSN, MSPH, APRN, FNP-bc, CHSE, CHSOS[1]; [1]*Danbury Hospital, Northwell Health, Danbury, CT, USA*

Correspondence: Jackie.Sidle@nuvancehealth.org

10.54531/WYQZ8571

Introduction/Overview/Purpose: Evaluating simulated patient (SP) written feedback is an integral part of SP program management. Consistent and frequent training, including practice, self-assessment, and critiques of written feedback examples, helps SPs improve and strengthen written feedback skills [1]. However, the quality of SP written feedback varies and students often receive SP comments that are vague or confusing. SPs cite "giving feedback" as the area where they need the most support. The use of artificial intelligence (AI) to assist with writing is controversial [2]. Authentic feedback from the patient perspective is a cornerstone of human simulation and SP methodology. Although AI should not be a replacement for human critical thinking, we hypothesized that a chatbot might enhance SPs' critique of their own written comments. Using a structured rubric, we tested a chatbot as an impartial rater of SP written feedback and compared its critique to SPs self-assessment.

Description of Innovation/Discussion Topic: A hospital-based SP program decided to evaluate whether a chatbot could accurately critique SP-written feedback using a scoring rubric, and to compare its evaluations with SPs' own self-assessments based on the same criteria. The rubric was based on a structured rating scale designed to measure specificity, clarity, and usefulness of feedback [3]. Thirty SPs who regularly give written feedback to third year medical students were recruited for the project. Clinical faculty were recruited to validate the rating scale design. SPs attended a two-hour training on writing feedback and using the rubric, then critiqued their own comments to students after clerkship OSCEs using the rating scale. The SP program manager and director of simulation also scored the comments using the rating scale. We then asked a chatbot to critique the same comments using the same rating scale rubric, including a summary of how it was scored, with tips for improving/rewriting comments.

Discussion: The project and data collection are currently underway. Preliminary analyses will be completed in the coming months, including rating comparisons between chatbot and SP self-assessments, inter-rater reliability, and thematic trends.

Conclusion: While a chatbot cannot replicate human intelligence, we hope to explore its potential as a tool to deepen reflection and support SP training.

Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.
2. Escalante J, Pack A, Barrett A. AI-generated feedback on writing: Insights into efficacy and ENL student preference. International Journal of Educational Technology in Higher Education. 2023 Oct 27;20(1):57.
3. Bartlett M, Crossley J, McKinley R. Improving the quality of written feedback using written feedback. Education for Primary Care. 2017 Jan 2;28(1):16–22.

THEME: ADVANCING SPS

CATEGORY: ORIGINAL RESEARCH

A3 SIMULATED PARTICIPANT EVALUATION IN NURSING EDUCATION: A MIXED METHODS STUDY

Amanda Nicklas, PhD (c), MSN, RN, CHSE[1], Karen Schlumpf, EdD, MPH[1]; [1]*The George Washington University School of Nursing, Washington DC, USA*

Correspondence: anicklas@email.gwu.edu

10.54531/LMPJ3845

Introduction: Simulation is a valuable learning tool in the education of nursing professionals. When simulation includes simulated participant (SP) encounters, it is important to uphold the standards of best practice for both simulation and simulated participants [1,2]. While nursing schools continue to embed simulation scenarios into their curriculum and utilize simulated participants to enhance the realism of the scenario, it is important that the simulated participants are evaluated to ensure they met the scenarios objectives [1,2,3]. It is not well understood how simulation centers evaluate the simulated participants within simulations. This presentation will report on a sequential, mixed-methods study to understand how simulated participants are evaluated in simulation centers in nursing schools in the United States.
Methods: Quantitative data was collected via a survey for descriptive data from simulation centers which utilize simulated participants and their practices around evaluation of those SPs. Quantitative data was then used to develop an interview guide for qualitative interviews, and survey respondents were self-selected for 30–45-minute qualitative interviews. The qualitative interview questions sought to further explain the quantitative findings through open-ended questions.
Results/Outcome/Discussion: Results are still in analysis phase. Preliminary data shows 56.4% of respondents (n=55) do not evaluate their SPs, but that 74.2% of those are interested in evaluating their SPs. Of programs that do evaluate SPs (n=24), 16 utilize a tool to evaluate their SPs and of those, only 6 utilize a known validated tool. In the qualitative interviews, respondents suggest lack of a validated tool, time, faculty burden among key barriers to SP evaluations.
Conclusion: The preliminary results of the study show that SP evaluations are not consistently done within simulation programs in schools of nursing. While most simulationists working with SPs agree on the importance, there is a gap in evaluations being done of SPs in a standard way. This study shows the need for evaluations of SPs and for a valid tool to evaluate SPs. Next steps are to collaborate with simulationists and SP educators to develop a valid and reliable evaluation tool that can be utilized in simulation centers for the evaluation of their simulated participants.
Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Cowperthwait A. NLN/Jeffries simulation framework for simulated participant methodology. Clinical Simulation in Nursing. 2020 May 1;42:12–21.
2. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.
3. Doyle AJ, Sullivan C, O'Toole M, Tjin A, Simiceva A, Collins N, et al. Training simulated participants for role portrayal and feedback practices in communication skills training: A BEME scoping review: BEME Guide No. 86 [Review]. Medical Teacher. 2026;46(2):162–178. doi: 10.1080/0142159X.2023.2241621

THEME: CURRICULAR PROGRAMMING/CASE DEVELOPMENT

CATEGORY: INNOVATIVE & DISCUSSION

A4

NAVIGATING HUMAN RESOURCES THROUGH SP METHODOLOGY: TRAINING ACADEMIC LEADERS IN DIFFICULT CONVERSATIONS

F. Shawn Galin, PhD[1], Allison Shorten, PhD, RN, FACM, FNAP[1], Michelle Robinson, DMD, MA[1], Dawn Taylor Peterson, PhD[1]; [1]*Office of Standardized Patient Education, University of Alabama Birmingham, Birmingham, AL, USA*

Correspondence: galin@uab.edu

10.54531/WTLP6787

Introduction/Overview/Purpose: Standardized and simulated patients (SPs) are traditionally used to teach and assess learners in healthcare professional curriculums. However, SP methodology can be a powerful tool outside of clinical education. This project explored the use of SPs in an administrative setting to support departmental Chairs in navigating complex Human Resource (HR) scenarios. The goal was to enhance understanding of institutional HR resources and improve leadership communication in challenging personnel matters.
Description of Innovation/Discussion Topic: During a university-wide departmental Chairs' retreat, 29 participants were divided into four Faculty Leadership Councils, each assigned a unique HR case involving a trained SP. Scenarios included: a faculty member requesting conference travel accommodations, a staff member struggling with childcare, a staff member expressing paranoia about the political climate on campus, and a faculty member overwhelmed by responsibilities while caring for aging parents. SPs were trained collaboratively by simulation and content experts to ensure realism and consistency. The learning experience included a structured 15-minute prebrief, a 45-minute simulated faculty affairs committee meeting, and a 60-minute facilitated debrief. The debriefing focused on active listening, resource identification, and solution-focused dialogue. Healthcare Simulation Standards of Best Practice and ASPE SOBP were both used in the design and implementation of this learning experience [1,2,3,4].
Discussion: Survey data collected post-event indicated that participants found the experience highly valuable for practicing challenging conversations and understanding available HR policies and support systems. The simulation fostered psychological safety, allowing Chairs to experiment with communication strategies in a non-evaluative environment. Participants reported increased confidence in handling real-world HR challenges and appreciated the opportunity to engage with institutional resources such as employee counselling services and the employee disability accommodations department. This event demonstrated that SP methodology can be effectively adapted to academic and administrative leadership training, offering experiential learning beyond traditional healthcare applications.

Conclusion: This initiative successfully expanded the scope of SP methodology, demonstrating its utility in leadership development and HR education. The simulation provided Chairs with practical tools for managing complex interpersonal dynamics and highlighted the importance of institutional support. Future iterations will refine case scenarios and explore broader applications for academic leadership training.

Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Persico L, Ramakrishnan S, Wilson-Keates B, Catena R, Charnetski M, Fogg N, et al. Healthcare simulation standard of Best Practice® prebriefing: preparation and briefing. Clinical Simulation in Nursing. 2025 Aug 1;105.
2. Watts PI, McDermott DS, Alinier G, Charnetski M, Ludlow J, Horsley E, et al. Healthcare simulation standards of best practiceTM simulation design. Clinical Simulation in Nursing. 2021 Sep 1;58:14–21.
3. Decker S, Alinier G, Crawford SB, Gordon RM, Jenkins D, Wilson C. Healthcare simulation standards of best practiceTM the debriefing process. Clinical simulation in nursing. 2021 Sep 1;58:27-32.
4. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.

THEME: CURRICULAR PROGRAMMING/CASE DEVELOPMENT

CATEGORY: INNOVATION & DISCUSSION

A5 INTEGRATING SIMULATED PATIENTS WITH VISIBLE DISABILITIES INTO MEDICAL EDUCATION: A COLLABORATIVE PILOT CURRICULUM

Samantha Syms, MS, CHSE-A[1], Amanda Fernandez-Acosta, BA[1], Cameron Tovin, BS[1], Joseph P. Sanchez[1], Nicholas Gonzalez, BS[1], Pulkit Taunk[1]; [1]*Gordon Center for Simulation & Innovation in Medical Education, University of Miami Miller School of Medicine, Miami, FL, USA*

Correspondence: ssyms@med.miami.edu

10.54531/FHWR2040

Introduction/Overview/Purpose: Representation and authenticity in medical simulation are vital to developing inclusive, patient-centered physicians [1]. Historically, individuals with disabilities have been underrepresented in simulated patient (SP) programs, limiting learners' exposure to diverse patient experiences [2,3]. This pilot project sought to intentionally include SPs with disabilities in simulation-based education, emphasizing the educational value of authentic encounters. The goal was to enhance medical students' clinical communication, empathy, and awareness of accessibility and bias while fostering equitable participation of SPs with disabilities in teaching and assessment roles.

Description of Innovation/Discussion Topic: This collaborative initiative was co-developed by a second-year medical student, an SP with a disability, and the SP education team. What began as an annual discussion panel on disability representation evolved through iterative planning meetings into a pilot simulation session featuring SPs with disabilities in formative encounters. The pilot included structured pre-briefing, role portrayal coaching, and facilitated debriefing sessions to address communication, accessibility, and attitudinal barriers. Feedback from participants informed the development of a longitudinal curriculum that integrates SPs with disabilities into Objective Structured Clinical Examinations (OSCEs) and other SP learning activities. Future expansion aims to embed these experiences beyond SP encounters and into several aspects of the medical curriculum through collaboration with faculty partners.

Discussion: Preliminary outcomes from pilot sessions demonstrated strong student engagement and reflection on implicit bias, respectful communication, and the social model of disability. SP participants reported feeling valued as authentic educators, and faculty noted improved learner sensitivity in subsequent encounters. The iterative process underscored the importance of intentional design, collaborative planning, and inclusive training for both learners and SPs. Challenges included logistical considerations such as accessibility, case standardization, and ensuring equitable workload distribution.

Conclusion: This pilot represents a meaningful step toward embedding disability inclusion into simulation-based medical education. Integrating SPs with disabilities enriches realism, enhances empathy, and models the values of equity and inclusion. Future work will involve formal evaluation of learner outcomes and expanding faculty development to sustain and scale this curriculum across disciplines.

Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Long-Bellil LM, Robey KL, Graham CL, Minihan PM, Smeltzer SC, Kahn P. Teaching medical students about disability: the use of standardized patients. Academic Medicine. 2011 Sep;86(9):1163–1170.
2. Smeltzer SC, Ross JG, Mariani B, Meakim CH, Bruderle E, Petit de Mange E, Nthenge S. Innovative approach to address disability concepts and standardized patients with disability in an undergraduate curriculum. Journal of Nursing Education. 2018 Dec 1;57(12):760–764.
3. Brown RS, Graham CL, Richeson N, Wu J, McDermott S. Evaluation of medical student performance on objective structured clinical exams with standardized patients with and without disabilities. Academic Medicine. 2010 Nov 1;85(11):1766–1771.

THEME: ADVANCING SPS

CATEGORY: ORIGINAL RESEARCH

A6 DOES THE REINTEGRATION OF HANDSHAKES PUT STANDARDIZED PATIENTS AT RISK DURING OSCE ENCOUNTERS? A MICROBIAL TRANSFER STUDY

Christina Wise, MAHP, CHSE, CHES[1], Jacqueline Shoemaker OMS-III[1], Averee Pack OMS-III[1], Megan Cozort OMS-III[1], Matthew Williams, PhD[1]; [1]*West Virginia School of Osteopathic Medicine, Lewisburg, WV, USA*

Correspondence: cwise@osteo.wvsom.edu

10.54531/RAQZ4698

Introduction/Overview/Purpose: Healthcare policies implemented many infection control measures due to the recent pandemic [1]. Most of those measures have been eliminated or are now voluntary for all Standardized Patient (SP) OSCE Encounters except for the handshake. Patient physical contact is an integral part of doctor-patient communication in US healthcare [2]. This project evaluates the fomite transmission between SP and student doctor during an OSCE Encounter reinstating the practice of handshakes.
Methods: Three students and three SPs were recruited during an OSCE preparation open lab. The participants hands were swabbed prior to the OSCE encounter and following the encounter. In addition, several high touch items in the three exam rooms used for the practice OSCE encounter were swabbed prior to the participants entering the room and at the end of the lab. The swabs were cultured using agar plates, incubated for 48 hours in the BSL-2 laboratory, counted and categorized.
Results/Outcome/Discussion: High touch surface items for all three exam rooms did not have growth after incubation. In two of the three exam rooms, the medical student and SP had less microbes on their hands at the end of the encounter resulting in a 13% reduction of colonies observed after the encounters with handshakes. In one exam room, both the student and SP had more microbes on their hands after the encounter. When investigating the notes, it was commented that the student in this exam room did not sanitize upon leaving the room and the SP in the exam room used their cell phone prior to being swabbed following the encounter. Both of these notes account for the increase in microbial numbers [3].
Conclusion: Overall, proper hand hygiene with the medical student not only reduced microbial colonies on the student's hand but also on the SP's hands. This research will add to the limited literature on handshakes and microbial transfer in a training clinical setting and reveals there is no risk for SPs. Proper hand hygiene should be the focus of infection control [3]. The study results indicate that handshakes should be reinstated during SP OSCE Encounters to improve the medical student's rapport with the patient and communication skills ratings.
Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – Yes
Competing interests – N/A

REFERENCES

1. Kurogi K, Ikegami K, Ando H, Hino A, Tsuji M, Igarashi Y, et al. Evaluation of workplace infection prevention and control measures for COVID-19: a prospective cohort study in Japan. Heliyon. 2023 May 1;9(5).
2. Makoul G, Zick A, Green M. An evidence-based perspective on greetings in medical encounters. Archives of internal medicine. 2007 Jun 11;167(11):1172–1176.
3. Zhang N, Wang P, Miao T, Chan PT, Jia W, Zhao P, et al. Real human surface touch behavior based quantitative analysis on infection spread via fomite route in an office. Building and Environment. 2021 Mar 15;191:107578.

THEME: ADVANCING SPS

CATEGORY: INNOVATION & DISCUSSION

A7 **SCHEMATIC SCHLEMATIC! AN ENGAGING APPROACH TO SP TRAINING!**

Tricia Reed, BA, BSN[1], Tina E. Powers[1], Amy Robbins Becraft, BA, PGCE, CA[2], Alison Blanchard, BSN, RN[2], Ernestine Powell, CCMA, CCRC[2], Kerensa Peterson, MFA, MS[3]; *[1]Philadelphia College of Osteopathic Medicine, Suwanee, USA; [2]University of California, Riverside, USA; [3]University of California, Riverside, CA, USA*

Correspondence: triciare@pcom.edu

10.54531/EAAM5244

Introduction/Overview/Purpose: Standardized Patient (SP) training often focuses on role portrayal and frequently entails the memorization of extensive case details [1]. Case scenarios can include substantial patient information that could lead to cognitive overload. The "SP Schematic" was developed as a user-friendly training tool that prioritizes and simplifies case information by transforming comprehensive cases into a single-page "snapshot" of pertinent material. The SP Schematic is a one-page graphic of key case elements that provides a framework for SPs to navigate. A diagram of the patient is depicted in the center, allowing SPs to visualize details of the patient's "story." By organizing case components into a graphic where SPs can transcribe notes, the tool can help compartmentalize information and potentially reduce cognitive overload [2]. The SP Schematic also incorporates various learning modalities that could enhance training effectiveness [3]. The tool's simplified design may facilitate more engaging and productive training sessions and promote consistency and accuracy of role portrayal, aligning with industry standards of best practice [4]. It can equally serve as a "visual snapshot" for checklist recall and feedback.
Workshop Objectives: By participating in this workshop, attendees will explore the SP Schematic in detail. Attendees will have the opportunity to apply this tool in real-time while interacting with peers. By the end of this workshop, participants will be able to: Describe the SP Schematic training tool; Implement the SP Schematic using a sample case and checklist; Discuss strategies to adapt and apply the SP Schematic for varying cases and educational goals.
Conclusion: The SP Schematic not only offers a structured paradigm for SPs, but could simultaneously serve as an organized guide to help SP Educators "train-the-trainers," supporting continual quality enhancement of the profession [5].
Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Gliva-McConvey G, Furman GE. How to train SPs in 10 steps. InComprehensive healthcare simulation: implementing best practices in standardized patient methodology 2020 Oct 16. Cham: Springer International Publishing. pp 105–116.
2. Colliot T, Jamet É. Asking students to be active learners: The effects of totally or partially self-generating a graphic organizer on students' learning performances. Instructional Science. 2019 Aug 1;47(4):463–480.
3. Prithishkumar IJ, Michael SA. Understanding your student: Using the VARK model. Journal of postgraduate medicine. 2014 Apr 1;60(2):183–186.
4. Park CS, Murphy TF. Healthcare simulationist code of ethics. Code of Ethics Working Group. Society for Simulation in Healthcare–SSIH [Internet]. 2018:1–2.
5. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.

THEME: CURRICULAR PROGRAMMING/CASE DEVELOPMENT

CATEGORY: ORIGINAL RESEARCH

A8 THE LEAD-DX FRAMEWORK: ADVANCING EQUITY IN SIMULATION CO-DESIGN THROUGH STANDARDIZED PATIENT PARTNERSHIP

Leah Burt, PhD, APRN, ANP-BC, CHSE, FAANP[1], Bob Kiser, CEC, CHSE[2], Joy Goldsmith, PhD[3], Welcome Jerde, MBA[4], Andrew Olson, MD, FACP, FAAP, SFHM[5], Cristina Gonzalez[6], Kate Morse, PhD, MSN, RN, FAAN, CHSE – A[7], Larry Gruppen, PhD[8]; *[1]University of Illinois Chicago College of Nursing, Chicago, IL, USA; [2]Simulation and Integrative Learning Institute, Department of Medical Education, University of Illinois College of Medicine, Chicago, IL, USA; [3]University of Memphis, Memphis, TN, USA; [4]Patient Advocate; [5]Division of Hospital Medicine, Medical School, University of Minnesota, MN, USA; [6]NYU Langone Health, New York, NY, USA; [7]College of Nursing and Health Professions, Drexel University, Philadelphia, PA, USA; [8]University of Michigan Medical School, Ann Arbor, MI, USA*

Correspondence: lcalli2@uic.edu

10.54531/WCWU6631

Introduction/Overview/Purpose: Diagnostic error is a leading cause of patient harm, affecting an estimated 12 million individuals annually in the United States, with marginalized populations disproportionately impacted [1,2]. As Nurse Practitioners (NPs) increasingly diagnose across diverse populations, integrating diagnostic excellence and equity into NP education is essential. Co-designing simulation-based education (SBE) with individuals who have experienced diagnostic challenges offers an equity-focused strategy that incorporates patient insights to challenge provider assumptions [3]. Standardized Patients (SPs) provide a practical and impactful avenue for this work [4]; however, structured approaches for engaging SPs with lived experiences of diagnostic inequity in co-design remain limited [5].

Methods: This qualitative descriptive study aimed to (1) develop a replicable, evidence-informed framework for simulation co-design with SPs and (2) explore SP experiences as codesign partners. Framework development followed process improvement methodology through three iterative co-design cycles at a large Midwestern College of Nursing. A literature review informed the prototype, which was mapped to the ASPE Standards of Best Practice [6]. Each cycle engaged two NP faculty and two SPs with lived experiences of diagnostic inequity, followed by semi-structured focus groups to identify improvement opportunities. A final focus group explored SPs' overall codesign experiences. Qualitative descriptive content analysis guided analysis throughout all phases.

Results/Outcome/Discussion: Iterative co-design cycles yielded critical insights to enhance process efficiency, strengthen psychological safety, and address diagnostic inequities. Stakeholder feedback improved framework usability and refined faculty facilitation strategies, producing an efficient, actionable final framework. Focus group findings highlighted SP empowerment as co-educators and validated their previously overlooked experiences of diagnostic inequity within healthcare systems

Conclusion: The Lead-Dx Framework advances simulation pedagogy by introducing a novel, research-informed model for meaningfully engaging SPs with lived experiences of diagnostic inequity in simulation co-design. This scalable, equity-focused framework bridges gaps between patient partnership, diagnostic reasoning education, and simulation design. Future work will evaluate transferability to other competency domains, assess multi-site implementation, and examine the impact of Lead-Dx– designed simulations on learner outcomes.

Declarations:
Funding – The activities reported here were supported (in part) by the Josiah Macy Jr. Foundation.
Availability of data and materials – N/A
Ethics approval and consent to participate – Yes
Competing interests – N/A

REFERENCES

1. Brand G, Sheers C, Hansen A, Stephens G, Dart J, Shannon B, Bonnamy J. How to… Co□design Education With Healthcare Consumers. The Clinical Teacher. 2025 Apr;22(2):e70039.
2. McDonald KM. Achieving equity in diagnostic excellence. JAMA. 2022 May 24;327(20):1955–1956.
3. National Academies of Sciences, Engineering, and Medicine. Ending unequal treatment: Strategies to achieve equitable health care and optimal health for all. 2024 Jun 26.
4. Clark L, Doyle A, Elcin M, McNaughton N, Nicholas C, Owens T, et al. Call to Action: Honoring Simulated Participants and Collaborating With Simulated Participant Educators. Simulation in Healthcare: 2024 Dec 23;20(4):211–214.
5. Sibbald M, Last N, Keuhl A, Azim A, Sheth U, Khalid F, et al. Challenges facing standardised patients representing equity□deserving groups: Insights from health care educators. Medical Education. 2023 Jun;57(6):516–622.

THEME: GTA/MUTA

CATEGORY: ORIGINAL RESEARCH

A9 BARRIERS TO MALE UROGENITAL TEACHING ASSOCIATE RECRUITMENT

Loren M. Hunt[1]; *[1]West Virginia School of Osteopathic Medicine, Lewisburg, WV, USA*

Correspondence: loren.hunt2@wvumedicine.org

10.54531/TSHD7305

Introduction/Overview/Purpose: Simulation centers worldwide partner with Gynecological Teaching Associates (GTAs) and Male Urogenital Teaching Associates (MUTAs) to teach sensitive procedures including breast, pelvic, prostate, penile, and testicular exams [1]. Learners report very positive learning experiences with these groups [2]. Simulation leaders report that MUTAs are consistently more difficult to recruit than GTAs. No data currently exists to explain why. Speculation ranges from the consideration that, unlike their female counterparts, males only receive internal examinations later in life or if there is an emergent need. There is also the potential interplay of masculine gender identity with internal examination, history of trauma, and general discomfort in the healthcare setting [3]. This study aims to explore potential reasons why a male may or may not choose to become a MUTA.

Methods: Twenty-six participants (biological males over 18 who have never been MUTAs) completed an anonymous survey exploring why they would or would not participate in a MUTA program. Conditional formatting was applied

providing factors they ranked based upon the factor's impact on their answer. Affirmative factors included family history of prostate or related cancer, altruism, and comfort with one's body. Negative factors included history of trauma, discomfort with healthcare settings, the internal nature of the exam, and modesty. These potential contributing factors were developed in consultation with MUTA program leaders at other institutions. The option of answering "other" with a text box existed on either side of the conditional formatting so that, if the factors listed didn't adequately identify barriers, the free responses of participants could help to shape future research design.

Results/Outcome/Discussion: Two-thirds of participants reported that they would not work as a MUTA with (73%) reporting that the most influential factor in their disinclination towards MUTA work was the internal nature of the exam. For those who would work as a MUTA, altruism was the most influential factor (43%). Data collection is ongoing.

Conclusion: This data can be used to assist programs in MUTA recruitment. Additionally, further research could examine the possible psychosocial and cultural influences in male hesitancy for participation in MUTA programs.

Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – Yes
Competing interests – N/A

REFERENCES

1. Hopkins H, Weeks C, Webster T, Elcin M.The association of standardized patient educators (ASPE) gynecological teaching associate (GTA) and male urogenital teaching associate (MUTA) standards of best practice. Advances in Simulation. 2021;6(23).
2. Hopkins H, Weaks C, Napier E. Implementation and utilization of gynecological teaching associate and male urogenital teaching associate programs: a scoping review. Advances in Simulation. 2021;6(19). doi: 10.1186/s41077-021-00172-2
3. Alexander S, Pillay R, Smith B. A systematic review of the experiences of vulnerable people participating in research on sensitive topics. International Journal of Nursing Studies. 2018 Dec 1;88:85–96.

THEME: ADVANCING SPS

CATEGORY: INNOVATION & DISCUSSION

A10 DEVELOPMENT OF A SP PRE-SCAN CERTIFICATE PROGRAM TO INCREASE CONFIDENCE AND FIDELITY IN ULTRASOUND TEACHING AND TRAINING SESSION

Zachery Babb[1], Tara G. Edmonds, PhD[1], Tancia M. Clark, MS[1], John E. Andrews III[1], David Resuehr PhD[1], F. Shawn Galin, PhD[1]; [1]*Office of Standardized Patient Education, University of Alabama Birmingham, Birmingham, AL, USA*

Correspondence: zacbabb@uab.edu

10.54531/HSVD2274

Introduction/Overview/Purpose: Recent innovations in ultrasound technology have enhanced portability and affordability, shifting imaging from traditional radiology suites to the bedside. Point-ofcare ultrasound (POCUS) has become a valuable diagnostic tool across medical specialties, improving both diagnostic accuracy and patient outcomes [1]. In response, our Standardized Patient (SP) program, which serves both University and Hospital departments, has experienced a sharp increase in demand for ultrasound-capable SPs across multiple levels of clinical training. This trend has revealed operational and educational challenges, including frequent requests for "ideal" human specimens, often favoring athletic physiques that do not reflect our SP pool. As a result, some SPs have felt excluded based on appearance, despite producing acceptable ultrasound views. Additionally, the absence of pre-assessment data has led to faculty discovering suboptimal imaging during live sessions, compromising instructional goals. To address these challenges, we developed a pre-scan certification program to ensure SPs meet ultrasound imaging requirements prior to participation in training sessions.

Description of Innovation: Partnering with an experienced ultrasound educator, we implemented a pre-scan process ensuring that participating SPs had adequate imaging windows for instructional purposes. SPs were voluntarily recruited to participate in a 1-hour session to assess their cardiac, abdominal/thoracic, and pulmonary fields, covering 21 standardized ultrasound views. A standardized data collection form was used and all imaging files were stored for future reference.

Discussion: Of 85 SPs in our total pool, 40 volunteered for scanning. Faculty graded each view as acceptable or unacceptable for educational use. Eight SPs were disqualified entirely, and four were restricted to one or two categories based on image quality.

Conclusion: This innovation effectively eliminated faculty requests for specific physical demographics except in content-specific cases. It guarantees that each assigned SP provides clear, usable ultrasound views while promoting fairness and inclusivity within our SP community. This approach aligns with best practices in SP methodology and simulation-based education, emphasizing assessment standardization and transparent performance criteria [2,3]. SPs who did not pass certification appreciated knowing their exclusion was based on objective technical metrics rather than perceived appearance. Furthermore, this effort has informed future educational initiatives, such as an Ultrasound Special Interest Group activity.

Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Russell FM, Zakeri B, Herbert A, Ferre RM, Leiser A, Wallach PM. The state of point-of-care ultrasound training in undergraduate medical education: findings from a national survey. Academic Medicine. 2022 May;97(5):723–727.
2. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.
3. Cook DA, Hatala R. Validation of educational assessments: a primer for simulation and beyond. Advances in Simulation. 2016 Jan;1(1):31.

THEME: SP EDUCATOR DEVELOPMENT

CATEGORY: INNOVATION & DISCUSSION

A11 FROM SCRATCH TO SCRIPT: MODIFYING CASE MATERIALS FOR SP NEEDS

Jess Antrobus, BA[1], Kristie Lang, BA[1]; [1]*CWRU Clinical Skills and Simulation Center, Case Western University School of Medicine, Cleveland, OH, USA*

Correspondence: jxa541@case.edu

10.54531/WVFU5445

Introduction/Overview/Purpose: Medical education has embraced Standardized Patient (SP) simulation as a main component of teaching communication and physical exam skills to students in health profession fields [1]. However, it can be difficult to train SPs when case information is written in medical terminology by a medical professional. The SP trainer must take great care in translating the written case into a format that is not only trainable, but ensures standardization among the various SPs who may portray the same patient [2]. Oftentimes when we receive case materials from faculty, the information comes in chunks and paragraphs, and is littered with medical jargon that can make it difficult for Standardized Patients to sort through and study. Because we don't have the ability to write cases ourselves, we have developed a process for turning the paragraphs into a digestible script for our SP's. This ensures we are adhering to the ASPE Standards of Best Practice in SP Training Domain 3: SP training, providing context and objectives in order to train for consistency and accuracy [3].
Description of Innovation: During this presentation we will discuss: Tools to effectively organize case information into an ASPE approved format; Ensuring the checklist and learning objectives match the SP training materials Illustrate specificity of language in SP cases to prevent confusion or misinterpretation; Highlight how we weed out extraneous information that will distract from the desired outcome of the program.
Discussion: Outcome: We have been able to translate scripts into SP appropriate materials when faculty involvement is minimal. SPs receive a script that is cohesive to their jobs and matches program objectives. We as trainers learn how to better understand both faculty and SP mindset in the process.
Conclusion: By the end of this presentation, participants will have gained valuable knowledge and insight about translating case and medical information for SP use, and how to ensure that an SP script matches the learning objectives of a program. SP Educators will benefit from utilizing these tools to create training materials which will standardize SP portrayal for accuracy [4].
Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Cleland JA, Abe K, Rethans JJ. The use of simulated patients in medical education: AMEE Guide No 42. Medical Teacher. 2009 Jan 1;31(6):477–486.
2. Christensen AR, Spagnoletti CL, Claxton RN. A curriculum innovation on writing simulated patient cases for communication skills education. MedEdPORTAL. 2021 Jan 12;17:11068.
3. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.
4. Pritchard SA, Blackstock FC, Keating JL, Nestel D. The pillars of well-constructed simulated patient programs: a qualitative study with experienced educators. Medical Teacher. 2017 Nov 2;39(11):1159–1167.

THEME: ADVANCING SPS

CATEGORY: INNOVATION & DISCUSSION

A12 REACTION TO REFLECTION: HELPING STANDARDIZED PATIENTS RECOGNIZE AND REDUCE UNCONSCIOUS BIAS IN SIMULATION

Dee Dee Farris[1], Nancy Pagett[1]; [1]*Shelden Clinical Simulation Center, University of Missouri School of Medicine, Columbia, MO, USA*

Correspondence: farrisp@health.missouri.edu

10.54531/UUWZ8532

Introduction/Purpose/Overview: Like all of us, Standardized Patients bring their full selves to their work — including unconscious biases that can quietly shape simulations. These biases might show up in feedback, character portrayal, or how SPs interact with learners. SPs themselves have noticed this and want more tools to address it [1]. Given the widespread impact of implicit bias in healthcare, we have a responsibility to support SPs with avenues for greater awareness and intention [2].
Description of Innovation: This interactive workshop is designed for SPs and SP Educators. Grounded in adult learning theory and ASPE Standards of Best Practice, it provides a safe space to reflect on how bias can emerge in simulation. Together, we: Explore common ways bias affects SP work, including impacts on learner ratings [3]; reflect on identity, assumptions, and lived experience; practice real-world bias scenarios; and share tools to notice and interrupt bias in real time.
Discussion: Simulation is already advancing equity in healthcare education [4]. Past workshops show SPs feel more confident and aware—even amid uncomfortable conversations [5]. Knowledgeable facilitation creates a space where people feel safe enough to grow [6].
Conclusion: This session is not about perfection but about building the habit to reflect, notice, and improve. We are integrating this content into onboarding, faculty development, and other learning environments.
Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Fluet A, Essakow J, Ju M. Standardized patients' perspectives on bias in student encounters. Academic Medicine. 2022 Nov;97(Supplement_2):S29–34.
2. Tjia J, Pugnaire M, Calista J, Eisdorfer E, Hale J, Terrien J, et al. Using simulation-based learning with standardized patients (SP) in an implicit bias mitigation clinician training program. Journal of Medical Education and Curricular Development. 2023 Jun;10:23821205231175033.
3. Manciu M, Trevino R, Mulla ZD, Cortez C, Plavsic SK. Detection of biased rating of medical students by standardized patients: opportunity for improvement. Medical science educator. 2017 Sep;27(3):497–502.
4. Primiani N, Murphy L, Dephoure S, Thompson C, Ng C. Simulation as an educational tool to teach emergency medicine residents about unconscious bias. Canadian Journal of Emergency Medicine. 2024 Jun;26(6):395–398.
5. Clark L, Owens T, Woll A. SP Educator Recommendations on Designing and Implementing Equity, Diversity, and Inclusion Training with SPs. InComprehensive Healthcare Simulation: Educating Providers to Care for a Diverse Patient Population 2026 Jan 2. Cham: Springer Nature Switzerland; pp 57–63.

6. O'donovan R, Mcauliffe E. A systematic review of factors that enable psychological safety in healthcare teams. International journal for quality in health care. 2020 May;32(4):240–250.

THEME: CURRICULAR PROGRAMMING/CASE DEVELOPMENT

CATEGORY: INNOVATION & DISCUSSION

A13 BEYOND THE BABY BLUES: INNOVATIVE TEACHING OF POSTPARTUM PSYCHOSIS THROUGH SP SIMULATION

Clare Shaffer, **MLA**[1], Cheryl Hurd, MD[1]; [1]*TCU Burnett School of Medicine, Fort Worth, TX, USA*

Correspondence: CLARE.SHAFFER@tcu.edu

10.54531/TRXE4962

Introduction/Overview/Purpose: Our objective was to introduce undergraduate medical students to the recognition and management of postpartum psychosis—a rare, high-stakes psychiatric emergency— through an innovative SP activity. Postpartum psychosis is a psychiatric emergency associated with high risk of maternal suicide and infanticide [1,2,3]. Early detection and intervention are essential, yet screening remains inconsistent among healthcare professionals and medical students rarely encounter opportunities to learn about this condition in training [1,3]. SP methodology provides a dynamic means of engaging learners with critical presentations, promoting diagnostic reasoning and clinical preparedness in emergency psychiatry [4,5]. Our goal was to leverage authentic SP portrayals of psychiatric disorders to increase students' ability to recognize red flags, consider differential diagnoses, and understand urgent management principles in postpartum psychosis.
Description of Innovation: We developed a large-group activity in which two SPs portrayed a postpartum mother experiencing acute psychosis with auditory hallucinations, and her concerned spouse. A psychiatry faculty member gathered the patient's history while students observed. The scenario was followed by a structured debrief emphasizing red flag recognition, differential diagnosis, appropriate interventions, and patient safety considerations. SPs participated in the student debrief and were de-roled following the final round.
Discussion: Strengths of this activity include efficient exposure of a large student cohort to a rare, high-impact condition and the emotional authenticity of SP portrayals. Limitations include reliance on observation and absence of formal outcome measures. As a pilot innovation, formal data collection was not undertaken. Informal learner reflections and in-session comments were used as preliminary indicators of educational value. Future iterations of this activity will incorporate structured pre- and post-session surveys to assess changes in knowledge, diagnostic confidence, and preparedness for managing psychiatric emergencies.
Conclusion: The scarcity of information on training medical students in postpartum psychosis and the interactive nature of this pilot warrants further study to determine efficacy of this approach. This model is feasible for large-group instruction, requiring only two SPs and a single faculty facilitator. It is adaptable to other rare psychiatric or medical emergencies, making it a scalable strategy to address critical curricular gaps and potentially contribute to improved maternal and infant outcomes. Future formal evaluation of this scalable educational model is warranted.
Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Alford AY, Riggins AD, Chopak-Foss J, Cowan LT, Nwaonumah EC, Oloyede TF, et al. A systematic review of postpartum psychosis resulting in infanticide: missed opportunities in screening, diagnosis, and treatment. Archives of Women's Mental Health. 2025 Apr;28(2):297–308.
2. Feingold SB, Lewis BM. The criminalization of women with postpartum psychosis:"a call for action" for judicial change: Feingold and Lewis. Archives of Women's Mental Health. 2025 Jun;28(3):455–461.
3. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. American Psychiatric Association Publishing; 2022 Mar 18.
4. Siemerkus J, Petrescu AS, Köchli L, Stephan KE, Schmidt H. Using standardized patients for undergraduate clinical skills training in an introductory course to psychiatry. BMC Medical Education. 2023 Mar 15;23(1):159.
5. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.

THEME: GTA/MUTA

CATEGORY: INNOVATION & DISCUSSION

A14 GENERATING GUIDELINES FOR STANDARDIZED INSTRUCTION OF SENSITIVE EXAMS

Shane Antolak, **B.S.**[1]; [1]*UC Riverside School of Medicine, Riverside, CA, USA*

Correspondence: shanea@medsch.ucr.edu

10.54531/ZQTD9609

Introduction/Overview/Purpose: Standardized instruction of sensitive exams (breast, pelvic, genitourinary and rectal) [1] through Sensitive Exam Training Associates (SETAs) is a critical component of a comprehensive medical education. Due to the infrequency in which these exams are practiced with learners in our center the opportunity for corrective feedback is limited. Additionally, facilitators supporting instruction vary in approach, technique and regularity of practice [1,2]. This poster identifies one innovative strategy used to document instruction of sensitive exams. From this documentation, we formalized a training guide to be used by SETAs [1] and facilitators supporting instruction in our center.
Description of Innovation: We invited individuals currently working as SETAs to lead instruction of sensitive exams on task trainers. While the SETA was tasked with instructing the exam, a Standardized Patient was tasked to role play a medical student performing the exam. Because exams were performed only on task trainers, privacy concerns of the "patient" were eliminated and the sessions were recorded [1]. Audio files were then uploaded to a closed source AI model. Using AI, we generated a sensitive exam training guide draft. Staff then referenced existing physical exam

literature [1,3,4] to clarify information omitted by AI. The guide was then reviewed by four clinical faculty for approval before implementation.
Discussion: In reviewing our recorded sessions, we discovered that nuanced techniques were often only taught in hands-on demonstrations and not documented in our existing physical exam guide. As more SETAs completed exams on task trainers, variations in technique became evident. These differences prompted discussions with clinical faculty to generate intention and consensus for instruction.
Conclusion: By having thorough documentation of exam techniques, individuals new to sensitive exam instruction understand expectations before participation [1]. The development of this guide has aided our small simulation center to move from a "patient model" method of sensitive exam instruction to a "patient led" instruction method. As the project develops, our goal is to build framework to assist other simulation teams in generating similar physical exam guides.
Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES
1. Hopkins H, Weaks C, Napier E. Implementation and utilization of gynecological teaching associate and male urogenital teaching associate programs: a scoping review. Advances in Simulation. 2021 May 20;6(1):19.
2. Hendrickx K, De Winter BY, Wyndaele JJ, Tjalma WA, Debaene L, Selleslags B, et al. Intimate examination teaching with volunteers: implementation and assessment at the University of Antwerp. Patient education and counseling. 2006 Oct 1;63(1-2):47–54.
3. Bickley L, Szilagyi PG. Bates' guide to physical examination and history-taking. Lippincott Williams & Wilkins; 2012 Nov 1.
4. Nelson EL. Teaching the female breast and pelvic exam: a student-and patient-centered approach. MedEdPORTAL. 2016 May 18;12:10399.

THEME: ADMINISTRATION

CATEGORY: INNOVATION & DISCUSSION

A15 DRAPING SIMULATED PATIENTS: A MODEL FOR WORKPLACE SAFETY AND PATIENT CENTERED CARE

Jacqueline Klevan, MPH[1], Aimee Kipila, MS, RN, NPD-BC[2], Jessica Snow, BA[1], Noah DeBiase, BFA[2], Thomas Maxim Guerin, MA[1]; [1]*Lewis Katz School of Medicine, Temple University, Philadelphia, PA, USA;* [2]*St. Luke's University Health Network, Bethlehem, PA, USA*

Correspondence: jacqueline.klevan@temple.edu

10.54531/CYNG5242

Introduction/Overview/Purpose: Practice of physical examination skills is a cornerstone of Simulated Patient (SP) work. The need to provide bodily access, allay student anxiety and support faculty teaching can inadvertently overshadow SP autonomy. Repetitive exams that risk exposure of sensitive body areas, where the SP role is perceived as passive and occupational, can fail to ensure SP safety. Standardized draping techniques may further compromise safety by limiting agency to adjust for multiple body types, genders, and other factors. Seeing SPs as a proxy for how patients are treated [1], requires a close examination of SP draping practices. Providing SPs autonomy with draping promotes a safe work environment [2] that aligns with collaborative patient centered care [3].
Description of Innovation: SPs, SP Educators and faculty collaborated on draping guidelines promoting patient autonomy for implementation in a pre-clinical, multi-campus MD course. SPs with varied work experience, genders, body types, and ages participated in a focused group discussion facilitated by SP Educators, eliciting concerns/preferences around draping/physical exam practices. Revised guidance was then reviewed by faculty. Guidance was incorporated into training/faculty course materials and implemented in the 2024 academic year. Simulation leadership across campuses addressed ongoing challenges and led revisions. Guidance also informed measurement of interpersonal skills, as it shifted focus from draping choreography to collaboration with the patient.
Discussion: Key emergent themes included avoiding binary gendered draping and stereotyping patients, best practices around displacing clothing and breast tissue, providing adequate SP preparation, and navigating power dynamics. Assessing students' maintenance of patient modesty shifted to thoughtful patient direction [4]. Implementation improved SP autonomy; however, challenges remained. Faculty with less exposure to SPs needed guidance distinguishing between approaching clinical patients vs. SPs. SPs needed to balance autonomy with workplace safety. For example, covering areas not being examined was a workplace standard and not a blanket reflection of SP preference.
Conclusion: This innovation led to increased SP autonomy over maintaining safety/modesty in multiple settings. Students benefited from a holistic approach to the evaluation of their interpersonal exam skills, and faculty gained awareness of SP safety concerns. Next steps include creating recorded orientations to familiarize students and faculty with SP draping and physical exam practice.
Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES
1. West TD. Structural inequities in the treatment of standardized patients and what that means for patient care. Simulation in Healthcare. 2023 Aug 1;18(4):262–265.
2. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.
3. Catalyst NE. What is patient-centered care?. NEJM Catalyst. 2017 Jan 1;3(1).
4. Bickley LS. Bates' pocket guide to physical examination and history taking. Lippincott Williams & Wilkins; 2020 Nov 17.

THEME: SP EDUCATOR DEVELOPMENT

CATEGORY: INNOVATION & DISCUSSION

A16 REALISM MATTERS: A COMPARATIVE STUDY OF TWO MOULAGE TECHNIQUES FOR A SIMULATED PATIENT EVENT

Christina Wise, MAHP, CHSE, CHES[1], Lisa Seldomridge, RN, CHSOS[1], Teddy Hamrick[1]; [1]*West Virginia School of Osteopathic Medicine, Lewisburg, WV, USA*

Correspondence: cwise@osteo.wvsom.edu

10.54531/SDHF2618

Introduction/Overview/Purpose: Learner engagement is essential in simulation-based education and is enhanced by the realism that moulage provides [1]. Applying moulage can be time-consuming, especially when multiple simulated patients (SPs) are involved [2]. When selecting moulage materials and techniques, it's important to consider not only realism for the learner but also comfort and practicality for the SP [3]. During an SP event, two diabetic wound moulage techniques were evaluated for ease of application, patient comfort, durability, and realism.

Description of Innovation: Two distinct moulage techniques were developed to simulate a diabetic sore. Application One was a premade silicone wound using Dragon Skin and Application Two was a wax-based wound applied on a Tegaderm transparent dressing. Since the event involved 30 SPs, the ability to prepare moulage ahead of time was a critical factor. Each SP worked two days and were able to experience both applications. Moulage staff documented the pros and cons of each technique. SPs completed evaluations on comfort and wearability, while students assessed the realism of the wounds.

Discussion: Application One (silicone wound) was made in advance using molds. The number of molds on hand will determine the production time required to make the wounds. The molds are durable and reusable but they require additional drying time and two staff members to adhere the wound to the SP. Application Two (wax on Tegaderm) was easy to make multiple wounds in advance with no limiting factor, can be manipulated on the day of the event, and required only one staff member for application. However, the transparent dressing is visible on the skin and the wax is soft so it may need touched up.

Conclusion: Both moulage techniques successfully simulated the diabetic sore. Application One offered a durable and consistent appearance but required more staff and preparation time. Application Two was more flexible and efficient, requiring fewer resources, though it occasionally needed touch-ups. SP feedback indicated that both applications were comfortable, with only one SP requiring a touch-up during the event. Evaluations from both SPs and students revealed that Application Two was perceived as the most realistic, making it a preferred choice for future simulations where efficiency and realism are key.

Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. DCosta S, Zadow G, Reidlinger DP, Cox GR, Hudson C, Ingabire A, Stokes-Parish J. The impact of moulage on learners' experience in simulation-based education and training: systematic review. BMC Medical Education. 2024 Jan 3;24(1):6.
2. Meichtry R, Krings R, Klein A, Droz M, Schlegel C. The power of moulage: Teaching with wound moulage simulations in nursing education. Teaching and Learning in Nursing. 2025 Jul 1;20(3):e745–749.
3. Korimbocus B, Wilson H, McGuckin A, Gormley GJ. 'Having skin in the game': guiding principles for incorporating moulage into OSCEs. Advances in Simulation. 2024 Aug 15;9(1):34.

THEME: ADVANCING SPS

CATEGORY: INNOVATION & DISCUSSION

A17 ADAPTIVE BY DESIGN: HOW HEALTHCARE-ACADEMIC PARTNERSHIPS EXPAND THE BOUNDARIES OF SP ROLES

Melissa Williams, MSN, BSN, RN[1], Meghan Hand[1], Angela Brown, BBA, AAS[1], Michelle Adams[1], Raymond Corey[1], Ann Willemsen-Dunlap, CRNA, PhD[1], Rachel Horn-Close, EMT-P, CHSE[1]; [1]*University of Illinois College of Medicine, Peoria, IL, USA*

Correspondence: mel22@uic.edu

10.54531/LIZV9629

Introduction/Overview/Purpose: Standardized Participant (SP) programs embedded within healthcare–academic partnerships encounter a unique demand for adaptability. Within these collaborations, SPs work across diverse settings (clinical sites, simulation centers, and virtual environments) requiring constant adjustment to shifting fidelity needs, assessment goals, feedback styles, and learner populations. Understanding how partnership infrastructure cultivates this adaptability contributes to the advancement and sustainability of SP methodology, professionalism, and practice within complex health-system networks [1].

Description of Innovation: This initiative describes a multi-site SP program situated within a healthcare–academic system partnership. The program integrates unified onboarding and cross-site mentorship to support SPs performing in varied modalities, including high-stakes OSCEs, formative assessment skills labs, interprofessional and in-situ simulations, and telehealth encounters [2]. Purposeful SP assignment considers both individual preference and readiness—balancing opportunities for standardization with experiences requiring flexibility and improvisation [3]. Training follows a scaffolded design that progressively increases role complexity, performance autonomy, and feedback demands. SPs receive layered preparation emphasizing adaptive performance, feedback agility, and context-sensitive communication. These structures foster role fluidity, enabling SPs to move confidently from precisely standardized portrayals to complex, variable scenarios that require responsiveness and critical judgment.

Discussion: Implementation required close collaboration among SP educators, SP Specialists, SP program, academic, and healthcare system leadership, healthcare educators, and academic faculty. Together, these groups co-created clear scripting frameworks, adaptive training materials, and tiered rehearsal processes aligned with each SP's developmental stage. Program leadership facilitated alignment of training standards and feedback calibration across all sites. As a result, SPs reported improved confidence navigating between standardized and flexible portrayals, citing clearer expectations and better preparation for complex scenarios. Educators observed stronger consistency in feedback quality and portrayal authenticity despite varied contexts. The process underscored that adaptability depends on structured teamwork, deliberate assignment decisions, and transparent communication between healthcare and academic partners.

Conclusion: SP adaptability is an intentional outcome of collaborative partnership and scaffolded development. Purposeful assignment design, progressive training, and shared accountability enable SPs to sustain fidelity while responding fluidly to evolving educational needs, illustrating how integrated systems can cultivate a resilient and versatile SP workforce capable of contributing across educational and clinical environments.

Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C,et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.
2. Lee KC, Gruenberg K, Namba JM, Valle-Oseguera CS, Awdishu L, Assemi M, et al. Collaboration for Competence: Unlocking the Win-Win of Shared OSCE Resources. American Journal of Pharmaceutical Education. 2025 Feb 1;89(2):101352.
3. Akturan S. A volunteer-driven standardized patient training unit: A sustainable model for resource-limited institutions. Clinical Simulation in Nursing. 2025 Jul 1;104:101741.

THEME: CURRICULAR PROGRAMMING/CASE DEVELOPMENT

CATEGORY: INNOVATION & DISCUSSION

A18 STANDARDIZED PARTICIPANTS (SPS) ON THE GO: DELIVERING SIMULATION TO RURAL COMMUNITIES VIA MOBILE SIMULATION TRAINING UNITS

Nancy Pagett[1], Riley Witt, MPH, AEMT, CHSE[1]; [1]*Shelden Clinical Simulation Center, University of Missouri School of Medicine, Columbia, MO, USA*

Correspondence: njprg4@health.missouri.edu

10.54531/ALMN8764

Introduction/Overview/Purpose: In rural areas, access to high-quality simulation is limited, yet the need for effective communication and emergency response training is critical [1,2]. SPs on the Go is an innovative program that brings trained Standardized Participants (SPs) directly to rural clinicians, nurses, EMTs, and paramedics using a mobile simulation truck. While most mobile simulation programs rely solely on manikins, this model uniquely integrates live SPs to enhance realism, empathy, and communication skills [3].

Description of Innovation: SPs were recruited and trained for mobile deployment, emphasizing adaptability and teamwork in nontraditional environments. Scenarios combined SP interactions with manikin-based procedures and were delivered on-site at rural hospitals, clinics, and EMS agencies, providing learners with immersive, contextually relevant training.

Discussion: Participants reported greater engagement and emotional connection compared to manikin-only sessions. Experienced clinicians described the sessions as fun, reflective, and restorative—an opportunity to revisit and celebrate the "art of the patient encounter." Many found the experience cathartic, promoting empathy and de-escalation skills in a low-stress, supportive setting.

Conclusion: To our knowledge, collaborating with SPs on mobile simulation has not previously been described in the literature. This early implementation suggests that SP-integrated mobile simulation is a promising and scalable approach for experienced clinicians, offering both technical and emotional learning benefits. Further study is warranted to evaluate its impact and long-term sustainability in rural and resource-limited settings.

Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Gilbert A, Carnell S, Lok B, Miles A. Using virtual patients to support empathy training in health care education: an exploratory study. Simulation in Healthcare. 2024 Jun 1;19(3):151–157.
2. Somerville S, Howden S, Ker J, Schofield S. Exploring accessible, inclusive and sustainable simulation-based education in remote and rural communities: a realist review. International Journal of Healthcare Simulation. 2024 Mar 18:1–4.
3. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.

THEME: ADVANCING SPS

CATEGORY: INNOVATION & DISCUSSION

A19 DEVELOPING A PHYSICAL EXAM TEACHING ASSOCIATE PILOT PROGRAM TO IMPROVE STANDARDIZED PATIENT PERFORMANCE AND PROGRAM CAPACITY

Tancia M. Clark, MS[1], F. Shawn Galin, PhD[1], John E. Andrews III[1], Zachery Babb[1], Tara G. Edmonds, PhD[1]; [1]*Office of Standardized Patient Education, University of Alabama Birmingham, Birmingham, AL, USA*

Correspondence: tclark1@uab.edu

10.54531/EUNT2324

Introduction/Overview/Purpose: Inconsistent portrayal and scoring of physical exam (PE) skills among standardized patients (SPs) can be a challenge, especially with newer SPs. This variance is often compounded by a small operating staff which limits ability to provide individualized training and feedback across a large SP pool. Additionally, simulation center staffing constraints and lower faculty to student ratios drive the need for faculty extenders to assist with high learner volumes during formative events. To address these issues and comply with the Association of Standardized Patient Educator (ASPE) Standards of Best Practice (SOBP) [1], and both ASPE[2] and Society for Simulation in Healthcare (SSH) Human Simulation Accreditation Standards [3], we piloted a Physical Exam Teaching Associate (PETA) program leveraging veteran SPs as peer educators and faculty extenders. This initiative aims to standardize PE portrayal, improve scoring accuracy, and expand training capacity for both SPs and learners.

Description of Innovation: Five veteran SPs completed a four-day intensive focused on abdominal, pulmonary, cardiovascular, and HEENT exams. Training incorporated

updated physical exam practice (PEP) guides, gold-standard checklists, skills demonstrations, and structured peer practice. PETAs were deployed as case-training facilitators and faculty extenders during formative nursing events. Competency was assessed using validated rubric-based checkoffs, video review, and multi-stakeholder feedback with plans for iterative refinement and sustainability measures.
Discussion: All PETAs achieved ≥80% competency and reported increased confidence to perform and teach PE skills. Operationally, PETAs led PE segments of case-trainings, answered learners' PE technique questions [4,5], and improved staff bandwidth during formative events. Feedback highlighted the value of hands-on practice and real-time coaching, while revealing the need for more time, clearer expectations, and streamlined materials to reduce cognitive load. These directly support both ASPE [1,2] and SSH [3] requirements for validated tools, interrater reliability [3], and structured SP development, while reinforcing ASPE SOBP principles for safe, high-quality SP methodology [1].
Conclusion: A veteran-SP-driven PETA model offers a scalable solution to mitigate variability in SP performance, enhance confidence, and address staff capacity constraints. Next steps include establishing annual refresher workshops, expanding the mentorship pipeline for onboarding SPs, and tracking longitudinal improvements in learner performance and staff workload metrics to confirm sustained impact.
Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.
2. Association of Standardized Patient Educators. Accreditation in Human Simulation. Available from: https://www.aspeducators.org/accreditation
3. Society for Simulation in Healthcare. 2024. Human Simulation Accreditation Standards and Criteria. Available from: https://www.ssih.org/sites/default/files/2025-04/2024%20SSH%20Accreditation%20Human%20Simulation%20Standards.pdf
4. Barley GE, Fisher J, Dwinnell B, White K. Teaching foundational physical examination skills: study results comparing lay teaching associates and physician instructors. Academic Medicine. 2006 Oct;81(Supplement_3):S95–97.
5. Davidson R, Duerson M, Rathe R, Pauly R, Watson RT. Using standardized patients as teachers: a concurrent controlled trial. Academic Medicine. 2001 Aug;76(8):840–843.

THEME: CURRICULAR PROGRAMMING/CASE DEVELOPMENT

CATEGORY: INNOVATION & DISCUSSION

A20 HONORING EXPERTISE: PARTNERING WITH SIMULATED PARTICIPANT EDUCATORS TO ADVANCE ACCREDITATION AND QUALITY IN PHARMACY EDUCATION

Jared Van Hooser, PharmD[1], Morgan Hoeft, PharmD[1], Alicia Craff-Eder, BA, MEd[2], Anne Woll, MS[2], Lou Clark, PhD, MFA[2]; *[1]Department of Pharmacy Practice and Pharmaceutical Sciences, University of Minnesota College of Pharmacy, Duluth, MN, USA; [2]M Simulation, University of Minnesota, Minneapolis, MN, USA*

Correspondence: jvh@d.umn.edu

10.54531/WHPG5407

Introduction/Overview/Purpose: The Accreditation Council for Pharmacy Education (ACPE) Standards 2025 [1] and Curriculum Outcomes and Entrustable Professional Activities (COEPA) [2] emphasize the development of competencies such as Cultural and Structural Humility (Ally), PersonCentered Care (Provider), Communication (Communicator), and Interprofessional Collaboration (Collaborator) [1,2]. These outcomes align closely with simulated participant (SP) methodology, which is grounded in humanistic, reflective, and performance-based approaches to learning [3,4]. Although many health professions employ SPs to meet discrete course objectives, their potential contributions to institutional quality and accreditation efforts are often underrecognized. In alignment with the recent paper, Call to Action: Honoring Simulated Participants and Collaborating With Simulated Participant Educators [5], this work illustrates how sustained collaboration between pharmacy instructors and SP educators can advance accreditation goals by integrating SP educator expertise into curricular design, assessment practices, and continuous quality improvement processes.
Description of Innovation: This work repositions a well-established partnership between pharmacy education and simulated participant educators as a strategic mechanism for advancing accreditation standards and institutional quality. Over several years, pharmacy courses have incorporated SP-facilitated simulations addressing communication, empathy, and structural determinants of health (and more). These activities not only align with ACPE Standards 2 (Curriculum), 3 (Experiential Learning), and 7 (Assessment), and COEPA (2022) competencies, and also model the Pharmacists' Patient Care Process (PPCP) - the profession's framework for delivering evidence-based, person-centered care [1,2]. Through iterative encounters, students apply the PPCP steps of collecting, assessing, planning, implementing, and following up within realistic patient interactions. SP educators, recognized as subject matter experts in scenario design, feedback pedagogy, and psychosocial safety, ensure the fidelity of these processes and guide learners' reflection on therapeutic reasoning and communication within the PPCP framework.
Discussion: Integration of SP educator expertise strengthens curricular coherence, enhances instructor capacity to assess complex professional behaviors, and documents learning outcomes aligned with accreditation expectations. This partnership positions simulation as both a pedagogical and quality assurance mechanism that supports experiential readiness.
Conclusion: Recognizing SP educators as educational partners advances ethical, pedagogical, and accreditation imperatives. Future initiatives include formal mapping of SP-based activities to ACPE standards, co-authored scholarship, and the inclusion of SP educator subject-matter experts in assessment and continuous quality improvement initiatives.
Declarations:
Funding – No
Availability of data and materials – N/A
Ethics approval and consent to participate – N/A
Competing interests – N/A

REFERENCES

1. Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree [Internet]. Accreditation Council for Pharmacy Education. Available from: https://www.acpe-accredit.org/pdf/ACPEStandards2025.pdf
2. Silvia R, Peno K. Providing a Professional Learning Opportunity Via Workshop for Pharmacy Faculty Regarding Entrustable Professional Activities in Student Assessment. Enriching the Adult Learners Experience in Higher Education. 2024 Mar 13:42.
3. Lewis KL, Bohnert CA, Gammon WL, Hölzer H, Lyman L, Smith C, et al. The Association of Standardized Patient Educators (ASPE) standards of best practice (SOBP). Advances in Simulation. 2017 Jun 27;2(1):10.
4. Watts PI, McDermott DS, Alinier G, Charnetski M, Ludlow J, Horsley E, et al. Healthcare simulation standards of best practiceTM simulation design. Clinical Simulation in Nursing. 2021 Sep 1;58:14–21.
5. Clark L, Doyle A, Elcin M, McNaughton N, Nicholas C, Owens T, et al. Call to Action: Honoring Simulated Participants and Collaborating With Simulated Participant Educators. Simulation in Healthcare: Journal of the Society for Simulation in Healthcare. 2024 Dec 23;20(4):211–214.