How (and why) to employ simulated patients with intellectual disabilities

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We asked examiners, medical students and the actors themselves for feedback on a new programme that employs adults with intellectual disabilities (ID) in teaching and objective structured clinical examinations (OSCEs). Who do you think made the following comments, and who were they talking about?

• I feel sorry for them
• I really want to help them
• I’ve learned that they’re just ordinary people

(Answers at end of article**)

WHY TEACH FUTURE DOCTORS ABOUT LEARNING DISABILITY?

In Tomorrow’s Doctors: Recommendations on Undergraduate Medical Education,\(^1\) the General Medical Council (GMC) states that effective and sensitive communication is an ‘essential of basic clinical method’. Doctors must be good listeners if they are to understand the problems of their patients and ‘they must be able to provide advice and explanations that are comprehensible to patients and their relatives’ (our emphasis). The Royal College of Psychiatrists now requires all postgraduate training in psychiatry, including psychiatry of intellectual disability, to involve patients and carers. The

In other cases, symptoms of distress may be misinterpreted as psychotic
involvement of people with ID as trainers of health care professionals has been strongly endorsed by the Department of Health in England.

People with ID are known to have greater health needs, yet receive a lesser service. Appropriate health and social care for this group should begin, as for anyone else, with a visit to a general practitioner (GP) or specialist. Unfortunately, choice and access for people whose communication style and behaviour may not correspond to the ‘norm’ are severely reduced by the inadequate awareness and skills of primary and secondary health service providers.2,3,4

Professionals may wrongly attribute distressing symptoms and behaviours to the ID itself because they have not been trained to communicate effectively with people with ID.5 In other cases, symptoms of physical and/or sensory disorders or emotional distress may be misinterpreted as psychotic, and inappropriate medication prescribed, often for lengthy periods. Furthermore, even life-threatening physical conditions may be overlooked. Inadequate communication may also exclude large parts of the population from public health measures: a recent unpublished study by one of the authors, Wendy Perez, a disabled researcher working as a peer advocate with a group of 15 women with ID, reported that no one could recall having had cervical screening or an invitation to make an appointment for the procedure. However, most of the women made an appointment to see their GP after Perez had explained the procedure to them.

GPs quoted in one study said that they had received little undergraduate education in ID and were aware of their lack of expertise in this area.6 In 1993, the GMC identified ‘handicap, disability and rehabilitation’ and later, in 2002, intellectual disability, as part of the ‘core curriculum’,1 but ID receives only cursory treatment in most initial medical training.7 At present, few medical schools offer direct, systematic contact between people with ID and medical or nursing students. The majority of these future health care professionals therefore gain no practice in obtaining valid consent or carrying out assessment procedures under supervision.

At St. George’s, University of London (formerly St. George’s Hospital Medical School) an innovative approach includes considerable direct input to the curriculum from people with intellectual disabilities.8,9

WHY EMPLOY SIMULATED PATIENTS WITH REAL DISABILITIES?

Simulated patients with ID (SPIDs) with genuine language limitations and an authentic experience of coping with life as a disabled adult can expose communication problems in a way that even the most skilled non-disabled actor cannot.

Although we teach our students to use simple, everyday language as much as possible, using common colloquial terms can sometimes make matters worse:

**Student:** Your throat hurts because you’ve got some sort of a bug...

**SPID:** Bug! You mean like an ant?!

In addition, adults who are living on very low wages or on benefits may encounter difficulties that the professional might not have considered: ‘fresh juice is expensive’.

Prior to the inception of the programme reported here, an OSCE station had been established to test skills in establishing informed consent for treatment by simulated patients. The performance of medical students who had and had not attended a role-play workshop with actors with ID was compared, and showed better skills for the majority of those who attended the workshop (see Figure 1).

In addition, a questionnaire entitled ‘Attitude formation’8 was administered to students immediately prior to and immediately after the workshop.

<table>
<thead>
<tr>
<th></th>
<th>Attended workshop: N = 26</th>
<th>Did not attend workshop: N = 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mann-Whitney U</td>
<td>81.000</td>
<td>81.000</td>
</tr>
<tr>
<td>Wilcoxon W</td>
<td>186.000</td>
<td>186.000</td>
</tr>
<tr>
<td>Asymp. Sig. (2-tailed)</td>
<td>0.004</td>
<td>0.004</td>
</tr>
<tr>
<td>Exact Sig.</td>
<td>0.003</td>
<td>0.003</td>
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</table>

Figure 1. A comparison of OSCE communication scores achieved by students who did and did not attend workshops with Strathcona Theatre Company actors with intellectual disabilities
after the drama workshop, examining student perceptions of the abilities and qualities of intellectually disabled people. Again, more positive attitudes were demonstrated among those who participated.

The current teaching programme has been developed further in an attempt to improve on the positive outcomes illustrated in Figure 1. A new curriculum was introduced in 1996 for medical students studying at St. George’s, including formal teaching on ID throughout the five-year course. The curriculum aimed to address the barriers to appropriate health care already described.

Initially, non-disabled actors portrayed patients with intellectual disabilities in the OSCEs. However, we felt that this practice of faking communication and comprehension problems promoted unrealistic and occasionally offensive stereotypes of people with IDs. In addition, students and ‘patients’ tended to collude in inappropriate language and attitudes.

The overall objective is for future medical practitioners to become skilled, sensitive and confident in communicating directly with, and managing the physical and mental health needs of, people with ID, thereby ensuring wider access to health services for this traditionally disadvantaged group.

LEARNING METHODS

Simulated patient selection
Six adults with ID were initially recruited following their participation in a drama course run by the Strathcona Theatre Company. Of this original cohort, three were male and three female. Three of the SPID group were of White British ethnicity and three had an African Caribbean background. Two of the SPIDs travelled independently to training sessions and assignments, while theatre company staff escorted the remainder. Ten other individuals have since joined the SPID team.

The trainers
The team that initiated the programme consisted of a speech and language therapist (AT), the education co-ordinator of the theatre company (NC), and a training adviser (WP). Additional training and development of employment contexts was carried out by two psychiatrists specialising in ID (OR and SH), and the actors took a role in the teaching. Peer tutoring has been shown by a number of studies to increase motivation and effectiveness.10

SIMULATED PATIENT TRAINING PROGRAMME

Ethical employment
A video and a set of guidelines have been produced11 for medical educators considering employing SPs with ID, to avoid the exploitation of vulnerable actors such as these, and to enable the best use of their skills.

It is essential that employing institutions identify the learning objectives for the course, and delineate the skills and knowledge they expect the students to demonstrate. Actors’ roles must then be very tightly structured to address these objectives. Above all, the parameters of the simulated role must be strictly observed – no invasive procedures.
(including, for example, finger-prick tests) may be carried out. Removal of any kind of clothing by the actor, including shoes, is unnecessary, as the role is primarily to support the development of communication skills and positive attitudes.

**Training**

SPID recruits and trainers met twice weekly for two-hour training sessions over the course of six weeks, within the medical school. The authors supervised ice-breaking games and role-play. At the end of the initial training period, student volunteers (who had taken the relevant exams the previous year), together with experienced examiners, rehearsed with the actors. Most sessions were videotaped. The actors watched the videotapes immediately afterwards and fed back their comments. Together with teaching staff from the Academic Department and the theatre company’s education officer, all SPIDs developed the same role: that is, they learnt to portray consistently a patient with a defined history and symptoms. They practised communicating information and feelings both verbally (through speech and gestural language) and non-verbally (for example, through posture and eye contact).

**EMPLOYMENT IN OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS (OSCES)**

‘Dress rehearsals’, held just before the genuine examinations, took place in the clinical cubicles in which OSCEs are held. During the first year of the programme, the scenario was that of a patient with symptoms of clinical depression. Students were asked to seek consent for treatment with anti-depressant tablets. Latterly, the scenario was changed so that students asked for consent to carry out a variety of clinical procedures. All tasks involve explaining procedures in accessible language, using visual aids when appropriate, and tolerating and negotiating the patient’s objections. It is not essential for the patient to give his or her consent for the candidate to pass.

Since 2001, SPIDs have been employed in psychiatry final clinical examinations. Approximately 20 per cent of the Finals candidates take a history from and assess a person with IDs.

**Skills to be demonstrated by the student**

- Assessment of the patient’s comprehension of explanations
- Appropriate adaptation of vocabulary and grammar
- Administration of correct procedures for valid, informed consent

**EMPLOYMENT IN TEACHING SESSIONS**

Three hours of interview practice is carried out in Year 2, during the Ageing, Impairment and Disability module, but the bulk of the teaching is with students in Years 3 and 4, as part of the Community Disability Module. SPIDs assist students in practising health screening procedures, prior to genuine consultations in primary care. Practice tasks generally include history taking, visual field testing of a patient who has difficulty maintaining eye contact, and instruction on how to collect a urine sample.

**PROBLEMS ENCOUNTERED IN TRAINING SIMULATED PATIENTS**

**Overcompliance**

False positive responses and reluctance to challenge ‘the doctor’ are frequently encountered with genuine patients with ID. Initially, SPIDs did not ask for clarification of medical jargon, so students did not have the useful learning experience of adapting the complexity of their language. Much training time was spent in teaching the actors methods of halting the interview so as to signal their failure to comprehend (for example, by raising their hands instead of interrupting verbally).

**Failure to stay ‘in role’**

One of the actors has diabetes. She initially had a tendency to give permission for a blood test before the student had

![Picture of medical procedures](image-url)
had an opportunity to explain the procedure. On occasion SPs have demonstrated irritation with questions that relate to personal problems which they, but not their characters, experience.

Inconsistency
In some cases, individual actors have responded differently to different students; on some occasions, gender or ethnicity appeared to be factors.

EVIDENCE OF EFFECTIVENESS

Students who have participated in training with SPs have:

- positive attitudes/beliefs regarding the competence of people with IDs to participate in medical interviews
- stated on course evaluation forms that working with SPs was ‘the most valuable aspect of the course’
- been stimulated to prepare a wide range of topics of their own choice to their peers about some aspect of ID to present at their final seminar in the Community Disability module
- produced striking findings in health screening of genuine patients with intellectual disabilities (see Table 1)

<table>
<thead>
<tr>
<th>Health problem</th>
<th>N</th>
</tr>
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<tbody>
<tr>
<td>Impacted ear wax</td>
<td>28</td>
</tr>
<tr>
<td>Obesity (BMI &gt; 30)</td>
<td>18</td>
</tr>
<tr>
<td>Anticonvulsant/Rx unreviewed</td>
<td>7</td>
</tr>
<tr>
<td>Foot infection</td>
<td>5</td>
</tr>
<tr>
<td>Anxiety/depression</td>
<td>5</td>
</tr>
<tr>
<td>Weight loss</td>
<td>4</td>
</tr>
<tr>
<td>Eczema</td>
<td>4</td>
</tr>
<tr>
<td>Otitis externa</td>
<td>3</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>3</td>
</tr>
<tr>
<td>Dental problem</td>
<td>2</td>
</tr>
<tr>
<td>Prostatism/pelvic pain</td>
<td>2</td>
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<tr>
<td>Low back pain</td>
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<td>Atrial fibrillation</td>
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<tr>
<td>Cataract</td>
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</tr>
<tr>
<td>BP control/Rx unreviewed</td>
<td>1</td>
</tr>
<tr>
<td>Diabetic control</td>
<td>1</td>
</tr>
<tr>
<td>Haemorrhoids</td>
<td>1</td>
</tr>
<tr>
<td>Hyperthyroidism</td>
<td>1</td>
</tr>
<tr>
<td>IBS (irritable bowel syndrome)</td>
<td>1</td>
</tr>
<tr>
<td>Pruritus vulvae</td>
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</tbody>
</table>

Notes: Of 222 patients screened, 89 reported one or more problems; 133 instances of disorders were reported

Table 1. Significant clinical findings by 3rd and 4th Year students following health screening practice

CONCLUSION

Evaluation of the Simulated Patients with Intellectual Disabilities programme indicates that student confidence in their own practice and in the abilities of patients with intellectual disabilities has increased. Their performance in clinical examinations, including Finals, with SPIDs has demonstrated competence in giving accessible information, assessing the patient’s comprehension and obtaining informed consent. The experience has brought about an improvement in trainee doctors’ communication skills, including their ability to observe and understand non-verbal cues and developmentally innovative or idiosyncratic use of language. Following communication practice, students have
detected a number of significant but previously undiagnosed disorders in community patients with IDs. The training appears to encourage a more thoughtful and thorough approach, thus circumventing diagnostic overshadowing.

We expect that people with IDs will feel more empowered with regard to the medical establishment when they know that their peers are playing a role in the education of doctors.

(**All these comments were made by simulated patients with ID about students and teaching staff.)

REFERENCES


11. National Simulated Patient Project. Employing simulated patients with intellectual disabilities (DVD). Please contact Department of Mental Health, St George’s, University of London (pparkin@sgul.ac.uk) for more details.

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