Lessons From Our Learners

William D. Grant, EdD
Feature Editor

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Patients and Actors

Zach Flake, MD

I often catch myself questioning patients’ legitimacy. Whether it’s the extent of their pain or the impact of their impairment, I am frequently forced to blend diagnosing with authenticating. Recently, however, I found myself wondering if I had encountered a whole new kind of imposter—an actor playing a patient. Maybe it was his severe depression or the fact that he reported that he had functioned like this at home for the last decade since his wife died. But most suspicious of all was his persistent request for a note (not a formal evaluation, a note) confirming his competence and his ability to live alone. Each time I asked for more information, he would reply, “So you’ll do it?” Either way, by the time my stethoscope touched his back, I glanced up at the video camera and revealed the slightest grin.

Like many medical schools and residencies, my program has recently adopted a more active curriculum in doctor-patient communication. We use traditional didactic sessions on communication skills, videotape our own interactions with real patients, and practice with standardized patients. But, we’ve recently added an optional component, a wrinkle intended to challenge the bravest second-year residents—one unknown standardized patient worked into a clinic in the second half of the year. At first, I embraced the opportunity as a chance to practice my communication skills with every patient and keep me vigilant. But as the second half of the year began, the anticipation mounted. I studied new patients and questioned their legitimacy. I tested the boundaries of their stories with obscure questions like “I see you’re on Lipitor. Well, what was the name and dose of your previous lipid-lowering agent?” and “When your mother was diagnosed with diabetes, what kind of symptoms was she having?”

Finally, just before my third year began, I met him. There was no doubt, but I wasn’t sure how to proceed. I wanted to “out” him, to prove that I could not be fooled by a mere actor. But I knew that I ran the risk that if I was wrong, if I had been too paranoid, I could potentially damage my future with a real patient. At first, I considered sending in the lab tech for a blood draw like some of my colleagues had honestly done before. Better yet, I considered, I’ll glove up for a rectal exam and see what he says. In the end, I left the room “for prescriptions” and found the curriculum director smiling in the hall.

While standardized patients have become an opportunity for residents to hone their skills and have some fun, medical students have recently been meeting them in a higher-stakes game altogether—determining who should become a doctor. Medical educators agree that clear and appropriate communication is essential for budding clinicians. And, the Federation of State Medical Boards recently proclaimed that “Poor communication skills are predictors of malpractice actions and medical error.” But, effective ways to teach and evaluate these skills remain a topic of intense discussion and at the epicenter are the national boards and standardized patients.

The National Board of Medical Examiners (NBME) has unveiled the clinical skills component of the
United States Medical Licensing Exam (USMLE) Step 2, and this year, an estimated 25,000 students will face standardized patients. In an attempt to balance national standardization with availability, five to seven regional sites are being used for these evaluative encounters. The exam includes 10–12 standardized patient encounters, each about 30 minutes, intended to recreate a typical day in clinic. Based on experience from the Medical Council of Canada and the Educational Council for Foreign Medical Graduates, who use a similar clinical evaluation, the NBME estimates that about 5% of students will complete the “knowledge” component of Step 2 but will not communicate sufficiently to pass the Step 2 Clinical Skills Exam. Figuring in repeated attempts, they surmise that 150–300 students per year will never pass both components on USMLE Step 2. With these changes, standardized patients will assume a new role. They will move beyond simple critiques and will assume a significant role in the evaluation of future physicians.

While unquestionably well-intentioned, this proposal has polarized the medical community. There are fundamental questions about the requisite nature of communication and its importance in some specialties more than others. But, many of the concerns are founded in simple logistics. The Association of American Medical Colleges and the American Medical Student Association have offered the most vigorous criticism. Travel expenses, they argue, in addition to the estimated $975 exam fee, will make the process inaccessible to some students. They believe that the clinical skills exam takes place too late in the medical school process. A small percentage of students will complete 3 years of study only to be asked to seek another vocation based on their poor communication skills. And, they question just how “standardized” the patients can be across five to seven national sites, each with a unique population of portrayals and each without an outside assessment of validity.

As a family physician, communication skills have a special place in my clinical repertoire and in my heart. I can’t help but support any proposal to improve our interpersonal interactions and recapture doctors’ positions as listeners, not just technicians. But, as licensing imposes greater logistical and financial obstacles, I fear that it limits access for students from underserved populations, the ones most likely to return and serve those who need health care the most.

As for my own communication, I’m still learning. The curriculum director and I returned to the exam room where my patient admitted that he was an acting professor at the local university. We swapped suggestions—he mentioned skills that I still need to improve, and I suggested ways to make the act more realistic. I understood that, even near the end of my formal medical education, standardized patients can still play a valuable role. Although their place in national medical education has yet to be clearly defined, they are an effective way of teaching physician communication. On the way out the door, I told him that I suspected early on that he was an actor. “You knew?” I nodded. “You played it pretty cool. Have you ever thought about being an actor?”

Correspondence: Address correspondence to Dr Flake, 1020 Wabash Street #16-102, Fort Collins, CO 80526. flakza@pvhs.org.

REFERENCE