When Alfonso Barquera moved to Pittsburgh from Mexico to study English and get an edge in a rapidly globalizing economy, he became interested in the experiences of his fellow immigrants in the city’s growing Latino population. Many of the immigrants he met felt disconnected from the city because of language and cultural barriers; couldn’t find welcoming, affordable health care; and were homesick for far-away friends and family. Barquera connected with their stories on a personal level and even used their experiences as research for his master’s degree in anthropology. He wanted to help improve the lives of Mexican immigrants, so when the School of Medicine’s Office of Medical Education went in search of people with bilingual skills to work in its standardized patient (SP) education program, Barquera saw it as an opportunity to serve the immigrant community in an unusual way.

“I know what it’s like to feel like an outsider in the U.S. health care system, and medical students need to be prepared to interact with someone who may not know what to expect when they go to a doctor here. I like being an SP because I can help students know more about Latinos and our cultural differences,” says Barquera.

SPs are trained by the School of Medicine’s Advanced Clinical Education Center to portray patients in health care situations (often one-on-one patient physical exams) with medical students. Their portrayals of patient cases are invaluable steps in teaching students how to perform in clinical settings.

Barquera isn’t the only SP motivated to improve the quality of communication between doctors and patients—one of the key benefits of the SP experience for students. Bruce Hill worked as an SP for many years and recently returned to the work after he was diagnosed with diabetes in 2001. Being a patient himself helped...
him realize how vital trust is in the relationship between patient and doctor and how

essential it is in the recuperative process. “Patients have to feel that doctors respect
them and their medical issues and that the patients themselves are a part of the healing
process. Their emotional states have a great impact on how well, or quickly, their
health improves,” says Hill. He likes that his work as an SP could help real patients
someday through his interactions now with future doctors.

In the late 1990s, the use of SPs at medical schools blossomed nationally after
several studies proved they could be used with rigor and great reproducibility. Pitt’s
School of Medicine created its own SP program and figured out how to use SPs to
teach its students. Today, Pitt’s program has 92 SPs between the ages of 18 and 77.
Many remain for a long time; one person currently in the program has worked as an
SP for 13 years.

Before dealing with students, as they do regularly throughout the four years of
medical school, SPs are required to have at least 14 to 16 hours of basic training; and
each medical school course in which they are involved requires additional training.
“One course involves actually being taught how to perform a physical exam,” says
Valerie Fulmer, trainer/educator for the standardized patient program. “SPs spend
20 hours with a nurse practitioner and learn how to do things like take blood pres-
sure readings and test reflexes; they also learn medical terminology and how to give
students feedback. Then they spend additional time studying the material at home,”
she says.

Learning to perform physical exams enables SPs to know whether or not students
are performing them correctly, whereas learning to evaluate students fosters the
ability to provide consistent and fair assessments. “Being an SP is harder than I thought
it would be. You aren’t just portraying a character; you also have to have one ear and
one eye always on what the students are doing so you can give them appropriate
feedback,” says SP Debbie Berkowitz. Students are evaluated on a point-by-point
checklist and given feedback on what they did incorrectly, what they missed, and
how they interacted with the patient.

Although some SPs are actors, they aren’t expected to create a character; in fact,
they’re told not to consider their interaction with students as a theatrical performance.
“We see them as highly skilled workers, not actors. We train them on exactly what to
say and how to respond according to what ailment the patient they’re portraying
has. And they do it very well,” says John F. Mahoney, M.D., associate dean for medical
education and associate professor of emergency medicine. SPs portray real cases
adapted for training purposes so students can apply all of their learning to the clinical
setting and learn to think on their feet before they treat actual patients.

SPs are used in conjunction with specialized simulation technologies, like the
high-fidelity, electronic pelvic examination models used to teach students how to
perform a pelvic exam. Some highly dedicated, specially trained SPs participate in
gynecological, genital, and prostate exams. “These are people who are committed to
contributing to the betterment of health care. For students to be able to gain experi-
ence in more sensitive exams on real people, but not yet real patients, is amazing. The
students see that as a gift,” says Fulmer.

At a practice testing session, she briefed first-year medical students as to how the
afternoon of physical exams would work. When she explained that SPs would be
watching students’ ability to accurately measure liver spans, some students looked at
each other with surprise. “Oh, yes,” Fulmer said. “We’ve trained them. They will
know exactly where their livers are.”

In addition to knowing where his liver is, Barquera knows he is helping other
people in the immigrant community as well as the medical students. “I like to see the
students get more comfortable with me as we move through the exam. I also like
feeling that other immigrants might have an easier time at the doctor’s office
because of the training I’m doing,” he says.