

California Health Sciences University (CHSU) uses standardized patients/participants (SPs) in the training of our medical students. An SP is a person who has been trained to accurately and consistently simulate medical scenarios or cases to learners in teaching and/or assessment activities. As an SP, you will participate in a simulated medical visit where you will perform as the patient and interact with student doctors. In a performance, you may be expected to recall and recreate the medical history, personality, emotional structure and response pattern of an actual patient at a particular point in time. You may also be expected to provide feedback as well as an accurate assessment of the learner's encounter with you.

Please download and fill out this form in your PDF reader.

Section 1: Personal Information

Full Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

- | | | |
|---------------------------------------------------------|-----|----|
| 1. Are you over 18? | Yes | No |
| 2. Are you legally eligible for employment in the U.S.? | Yes | No |
| 3. Are you currently in the military? | Yes | No |
| 4. Are you a Veteran? | Yes | No |

Section 2: Standardized Patient/Participant (SP) Employment History

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|------------------------------------------------------------|-----|----|
| 1. Have you previously worked as an SP? | Yes | No |
| 2. Are you currently an SP? (If no, please continue to #3) | Yes | No |
| Part-time Full-time Volunteer (If so, where?) | | |

| Organization Name: | From: | To: |
|--------------------|-------|-----|
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Section 3: Other Employment History

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|---------------------------------------------------------------|-----|----|
| 1. Do you have acting experience? | Yes | No |
| 2. Are you currently employed? (If no, please continue to #4) | Yes | No |
| Part-time Full-time Volunteer (If so, where?) | | |

| Organization Name: | From: | To: |
|--------------------|-------|------|
| | | |

Section 4: Education

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|------------------------------------------------------------|-----|----|
| 1. Highest level of education completed: | | |
| 2. Do you have background in either education or medicine? | Yes | No |
| If Yes, please explain: | | |

Section 5: Job Requirements

Please answer if you can meet the following accountabilities to be a standardized patient/participant.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Willing to be examined as a patient in a safe and controlled setting? | Yes | No |
| 2. Able to learn how to document medical student skills using a computer, written checklist or smartphone? | Yes | No |
| 3. Be comfortable dressing in a patient gown? Men and women will wear gym-type clothing/active wear under the patient gown. | Yes | No |
| 4. Willing to be on camera and videotaped as an SP? Video may be used only with permission as promotional material. Video will be reviewed by CHSU faculty and students. | Yes | No |
| 5. Be comfortable being touched on bare skin by a medical student? | Yes | No |
| 6. Agree to be punctual? | Yes | No |
| 7. Be able to provide written and/or oral feedback to medical students in a positive, sensitive, constructive, and helpful manner? | Yes | No |
| 8. Be comfortable in role-play situations around a set of given and specific case material? | Yes | No |
| 9. Agree to attend SP training and practices? | Yes | No |

I have answered these questions truthfully and honestly, and I am aware of the requirements of being a CHSU standardized patient. I therefore am comfortable with and am able to meet the expectations of the SP program.

► _____
Signature

_____ Date

For more information, please contact Anand Purewal Ray at apurewal@chsu.edu

Please download and complete the application, then click "Submit Form" which will prompt you to send the completed application via email to apurewal@chsu.edu or mail the printed application to:

Attn: Anand Purewal Ray
CHSU College of Osteopathic Medicine
2500 Alluvial Ave, Clovis, CA 93611

Submit Form