

Ohio University College of Osteopathic Medicine Standardized Patient Program Policies and Code of Conduct

Standardized Patient Program Overview

The Standardized Patient Program manages all Standardized Patient participants in educational and/or assessment activities for the Ohio University College of Osteopathic Medicine. I understand that for educational purposes I will be interviewed and/or examined by one or more medical students. I will undergo medical interviews and/or physical examinations that may include rectal or gynecological exams. I understand that the exercises are for medical students' education and not for my health care.

Initial: _____

Employment Status

I understand that I will not be considered an employee of Ohio University and that there are no additional benefits associated with my participation as a Standardized Patient. I understand that participating in a particular case does not guarantee a fixed number of hours and that I will be contacted to work on an as needed basis.

Initial: _____

Confidentiality

All cases for which I am trained and will participate are confidential and are the property of the Standardized Patient Program and of the Ohio University College of Osteopathic Medicine. All student interaction and clinical training information is confidential. I understand and agree not to share any training or performance materials, instructions, etc. with any individual and/or other institution.

Initial: _____

Training/Debriefing

Attendance at all training and debriefing sessions is required of every Standardized Patient. I understand that I will be evaluated on my competence in learning the material and will receive appropriate feedback from the Standardized Patient Program staff. I understand that my attendance at a debriefing session during the course of a case and/or at the conclusion of a case is expected. I will also be

expected to come for training when advised by the Clinical Training and Assessment Center staff.

Initial: _____

Payment/Terms

I understand that it is my responsibility to complete and sign a time sheet at the beginning, or end, of each lab day. Time sheets will not be processed without a signature. I understand that I will receive in 4-6 weeks via mail a check for my lab participation. (If you work elsewhere on the Ohio University campus, the check will be directly deposited into your OU account.) I understand that if I need to call to check on my payment status for any reason, I will provide the lab date, lab time, and lab name in order to make my request easier to locate.

Initial: _____

Videotaping

I understand that all student exercises will be videotaped for educational and/or assessment purposes by the Standardized Patient Program of the Ohio University College of Osteopathic Medicine. I understand that I will ONLY be identified by case name and no personal information will be referenced without my permission. I understand that these recordings belong to the Standardized Patient Program of the Ohio University College of Osteopathic Medicine.

Initial: _____

Professional Conduct

I understand that I am to work in a professional manner and that I am expected to present a neat/professional image during all Standardized Patient Program related activities. This includes:

- **Language:** Standardized Patients are expected to set an example and avoid using language that may be offensive to others. This includes using profanity and/or slang terminology in the presence of students, faculty, and staff.
- **Attire/hygiene:** Standardized Patients should not wear inappropriate attire including: halters, midriff baring tops, beach sandals, clothing that is ripped, excessively tight or low-cut. Shorts are allowed. Please bathe or shower prior to coming for your assigned lab time. Shower facilities are available, but please bring your own toiletries and towels.
- **Harassment:** Ohio University is committed to creating and maintaining a campus environment where all individuals are treated with respect and dignity.

Harassment whether verbal, physical, written, or visual, is unacceptable and will not be tolerated.

Initial: _____

Professional Standards

My work as a Standardized Patient will be monitored and feedback will be given appropriately. I understand that this monitoring includes:

- Portraying the role consistently and accurately as trained by the Program staff.
- Completing all program related paperwork in a consistent, accurate, and thorough manner.
- Making necessary modifications in portrayal, paperwork, and/or feedback as directed.
- Identifying ways I need to improve my own communication and student assessment (feedback) skills.

Initial: _____

Tardiness/Cancellation/Absenteeism

As a Standardized Patient, I understand that I must report to all student labs 15 minutes prior to the scheduled start time. If a conflict arises and I am going to arrive late, I agree to contact the appropriate Standardized Patient Program personnel immediately (593-2344). I understand that if I cannot work on a day that I am scheduled to work, I must notify the Standardized Patient Program at least 24 hours prior to the lab time. Consistent tardiness, cancellations, or absenteeism without prior notification is unacceptable and patients who exhibit these behaviors will not be called for future labs.

Initial: _____

I, _____, have read and agree to the terms and conditions in the Policies and Code of Conduct contract outlined above.

Signature

Date