

Standardized Patient Application

The information requested on this questionnaire will enable us to make the best fit between you and the learning or testing needs of the medical student. All information will be kept confidential and used only for the purpose of standardized patient selection and research.

PLEASE PRINT ALL ANSWERS

First Name				
Middle Name				
Last Name				
Social Security #				
Date of Birth				
Occupation				
Employer				
Gender				
Marital Status				
Number of Children				
Height				
Weight				
Ethnic Background:	(Circle one)			
<u>Caucasian</u> <u>Asia</u>	n African American/Black	<u>Hispanic</u>	<u>Mediterranean</u>	<u>Oth</u>

Home Address:	
Street	
City	
State	
Zip	
Day Phone Number	
Eve. Phone Number	
Mobile Number	
EMAIL Address	
Best way to communicate during the day	
How did you hear about the SP program?	
Primary Language	
Secondary Language	
What special skills/abilities/experiences do you bring to the role of SP?	
CURRENT HEALTH STATUS	
Your personal health status and experiences will impact your standardized patient po Please answer the following questions briefly to help us best match your characteristic curriculum needs.	· ·
List distinguishing physical features such as scars, birthmarks, tattoos and specify whe are located:	ere they

List current medical conditions				
List any physical limitations you	u may have			
List any surgeries you have had and the year you had them				
Do you smoke?	No	Occasionally	Regularly	
Do you drink alcohol?	No	Occasionally	Regularly	
Do you exercise?	No	Occasionally	Regularly	

Please circle if you have problems associated with any of the following:

Arthritis	Gallbladder	None
Allergies	Gynecological	Pregnancies
Back	Heart	Prostate
Bladder	Hormone	Psychological
Bleeding	Joints	Sinus
Blood Pressure	Kidneys	Skin
Bowel	Liver	Stomach
Breathing	Lungs	Throat
Diabetes	Migraine	thyroid
Ears	Muscles	Ulcer
Eyes	Neck	Other

To take advantage of your real life experiences in your role as a Standardized Patient (SP), it would be helpful to know if you have had a close friend(s) or relative(s) with any significant health problem or disease (e.g., friend with cancer, mother with diabetes). If so, please specify
Please briefly describe your best experience with the medical profession
Briefly describe your worse experience with the medical profession
In general, how do you currently feel about the medical profession
Why are you interested in being a Standardized Patient

Availability

SPs are used primarily in morning or afternoon sessions lasting 2-4 hours. Occasionally, SPs are need for several consecutive full days. Please indicate your availability to work as an SP:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Full Days					

Types of SP Experiences

The FSU College of Medicine needs SPs for many types of learning and testing situations. You will not be asked to participate in any type of examination you are not comfortable with.

Please indicate which of the following types of educational	
experiences you would be willing to participate in:	
 Small group portrayals with 8-10 students and 1-2 faculty 	
 Video-taped SP portrayals 	
 Fully clothed portrayals: 	
History taking	
Sharing a personal medical experience	
Health Counseling and Teaching	
a Dortrovals that require wearing a bospital gover (underslathes may be wern).	
 Portrayals that require wearing a hospital gown (underclothes may be worn): 	
 Upper body physical examination (student will listen to hearts and lungs with a stethoscope) 	
 Lower body physical examination (student will examine, press on abdominal area and listen with a stethoscope) 	
A small number of SPs will be specifically trained to help instruct students in conducting female pelvic and breast exams and male testicular and rectal exams. Pay for this work is higher than other work and requires the SP to participate in the particular exam. Would you be interested in learning more about being a simulated patient for one of these exams? (circle one) <u>Yes</u> <u>No</u>	