SCHOOL OF MEDICINE
CASE WESTERN RESERVE UNIVERSITY

MT. SINAI SKILLS AND SIMULATION CENTER

STANDARDIZED PATIENT (SP) INFORMATION FORM

Please Print

Last Name_____First Name_____Middle Initial____

Street_____Apt #_____

City_____State_____Zip Code_____

email_____

Telephone (home) _____ (work) _____ (cell) _____

Are you fluent in another language? No Yes

If yes, what language? _____

1. Are you a citizen of the United States? No Yes
   If no, are you authorized to work in the United States? No Yes

2. Have you ever been convicted of a felony? No Yes
   If yes, explain: _____

3. Have you ever been convicted of a sex-related offense? No Yes
   If yes, explain: _____

4. Have you ever been employed with CWRU? No Yes
   If yes, in what capacity? _____

SCHOOL OF MEDICINE
CASE WESTERN RESERVE UNIVERSITY

MT. SINAI SKILLS AND SIMULATION CENTER

CAREER STATUS / EDUCATION

6. Are you currently employed? No Yes

Full time Part time Self-employed

Employer: _____

7. What is your highest level of education?

Less than high school High School graduate BA/BS Master's degree

Doctorate Other: _____

8. Are you looking for:

Long term employment 10 hours per week 2-4 hours per week

Occasional Hours

9. What times are you available?

Weekdays Weekends Evenings

10. Why did you want to be a Standardized Patient (check all that apply)

Monetary Compensation Educational experience

Personal Growth Theatrical enhancement

Other _____

SCHOOL OF MEDICINE
CASE WESTERN RESERVE UNIVERSITY

MT. SINAI SKILLS AND SIMULATION CENTER

PERSONAL PROFILE

11. Questions regarding ethnicity, age, gender and medical history are asked only to allow us to match standardized patients to specific roles. Feel free to contact us if you have any questions.

Gender: _____ Ethnicity: _____ Current age: _____

Height: _____ Weight: _____ Date of Birth_____

12. What age range of "patient" would you be willing to play? From _____ to _____

13. Would you be willing to allow the student to conduct a brief, non-invasive physical exam on you, (like an exam from your internist)?
Please note: You can still be a standardized patient (SP) if you do not agree to a physical exam.
No Yes

14. Do you have any medical conditions or illnesses, such as heart murmur? If so, please describe.

15. Do you have any physical findings, such as a hearing aid or surgical scars? If so, please describe.

16. Do you have acting experience? If so, please describe.

17. How did you hear about the Standardized Patient Program?

18. Have you had experience performing as an SP? If so, please describe.

19. I agree to be video recorded during SP activities;

____Agree

____Disagree, please explain _____

Consent Statement

This is to confirm that the above information is correct to the best of my knowledge. As a standardized patient, I am aware that I am expected to work in a professional manner which will require flexibility and commitment to meet the program needs. I agree to be videotaped when I am involved in a simulation that is used for teaching or evaluation purposes.

I agree to act as a standardized patient in a role for which I am specifically trained or assigned to by the trainer. In this capacity, I understand that I may be interviewed and examined by students or professionals in the same manner that would occur if it were a real clinical setting. I will not hold Case Western Reserve University responsible for any injury that may occur during an encounter with a student.

I understand that all training and protocols are confidential, the property of Case Western Reserve University and Mt Sinai Skills and Simulation Center.

Print Name: _____

Signed: _____ Date: _____

Mt. Sinai Skills and Simulation Center
Case Western Reserve University
Standardized Patient Program

casespinfo@case.edu

1551 East 105th Street, Cleveland, OH 44106
Office: (216) 368-0064
Fax: (216) 368-2006