Abstract

Simulated patients (SPs), are widely used in communication skills teaching and testing worldwide. However, little research has been undertaken regarding the linguistic structure of the simulated consultation between students and SPs. Mixed method analysis (Conversation Analysis, Discourse Analysis and statistical analysis) of 100 transcribed assessed conversations between SPs and students were analysed for linguistic markers of conversational control, namely: talking more, interrupting more, asking questions, controlling the topic development, opening and closing the conversation. Results showed that the SP rather than the student seems to have conversational control over the conversation, except in the opening of the consultation. Qualitative analysis shows that this dominance is functional, as students have little knowledge and experience. The SP directs the conversation in order to give the student opportunities to show their skills. The SP and student seem not only to follow the rules of the ‘language game of medicine’ but also the rules of the ‘language game of education’, which suggests that the language of simulated consultations should be seen as a different genre, rather than a mirror of reality. These findings raise questions about role-play in medical education, devising scenarios, communication skills assessments, and the training of SPs.
In health care, a simulated patient (SP), also known as a standardized patient, sample patient, or patient instructor, is an individual trained to act as a real patient in order to simulate a set of symptoms or problems. Simulated patients have been successfully utilized for education, evaluation of health care professionals, as well as basic, applied, and translational medical research. Medical students are taught to diagnose disease with the basic template of history, examination and investigation, but analysis of the consultation takes a much more profound view of why the patient came and what has been achieved within the consultation. Consultation analysis by a number of notable pioneers has helped doctors to recognize and improve consultation skills. Actors can be used to play the role of patient. More obtrusive observation of the consultation is more likely to affect what goes on within the consultation. Discussion and analysis usually take place with reference to the various consultation models described (see below). Consultation models. Consultations have been studied by a variety of people over the years. Methods: One hundred assessed conversations between SPs and Year 3 students were transcribed and analyzed using discourse analysis (DA). We aimed to find linguistic patterns in predefined parts of the conversations (questions, topic initiations, openings, closings) that might suggest conversational dominance. Results: The SP is conversationally more dominant, despite performing the role of the patient, in that he or she asks more direct questions, is more likely to initiate topics, is more likely not to follow topic changes by students, and closes the consultation. The student is likely to follow the SP's lead. Discussion: The simulated consultation is more likely to follow the conversational conventions of a real consultation. The SP's role is more influential in determining the course of the consultation than the student's.