

Standardized Patient Request Form

Please submit a new **Standardized Patient Form** when any changes are made prior to the activity.

Date of Activity _____ Number of Students _____ Start Time _____ End Time _____

Department _____ Activity Type _____

OSCE, Teaching, Training, Other

Coordinator _____ Contact # _____

Faculty _____ Faculty Contact # _____

Contact at the activity _____ Duration of each SP encounter _____

Activity Location TC Pavilion TC SIM Center MEC Building (TAMU II) Other _____

EMS Utilization: Recording Video streaming None Other _____

SP Feedback: Checklist Debrief None Other _____

Please select type of SP's required

SP Actors, list cases below

SP Models (select all that apply)

Female, Breast

Female, Pelvic

Male, Urological

Teaching Associates

Female, Breast

Female, Pelvic

Male, Urological

Case #1 _____ SP Age Range _____ Yr to _____ Yr

Gender Female Male Gender does not matter

Grader SP Grader Department Grader None Other _____

Physical characteristics important to case scenario to:

Include _____ Exclude _____

Case #2 _____ SP Age Range _____ Yr to _____ Yr

Gender Female Male Gender does not matter

Grader SP Grader Department Grader None Other _____

Physical characteristics important to case scenario to:

Include _____ Exclude _____

Case #3 _____ SP Age Range _____ Yr to _____ Yr

Gender Female Male Gender does not matter

Grader SP Grader Department Grader None Other _____

Physical characteristics important to case scenario to:

Include _____ Exclude _____

Case #4 _____ SP Age Range _____ Yr to _____ Yr

Gender Female Male Gender does not matter

Grader SP Grader Department Grader None Other _____

Physical characteristics important to case scenario to:

Include _____ Exclude _____

Case #5 _____ SP Age Range _____ Yr to _____ Yr

Gender Female Male Gender does not matter

Grader SP Grader Department Grader None Other _____

Physical characteristics important to case scenario to:

Include _____ Exclude _____

Please attach cases to the SP Request Form and submit to the Standardized Patient Program at spprogram@sw.org. If more than 5 cases, use additional request form.