

Guide for Integrating Standardized/Simulated Patients with Disabilities in Nursing Curriculum

People with a disability are the experts on what it is to live with a disability and have been valuable in the education of students in health care professions. Following training and practice, people with a disability have been effective educators through participation as standardized patients. Although several terms have been used to describe this role (standardized patients, simulated patients, standardized patient educators, standardized patient consultants, standardized participants, and expert patients), this discussion uses “standardized patients” as it is the most common term used.

The cases available on the NLN [ACE.D Unfolding Cases webpage](#) describe certain disabilities (e.g., a woman following a stroke and a man with a history of an amputation); however, these cases and related physical disabilities could be modified easily if someone with a similar disability is available and willing to serve as a standardized patient. For example, the [Mary Lou Brady case](#) was modified and is also used for a woman who was born with a congenital hemipelvectomy (born with only one leg and hip). She had similar issues during pregnancy and similar safety concerns prior to discharge. The Mary Lou case can be adapted to suit the person who is available to you. The same is true for the [Patrick Lake case](#). The scenario can be modified to accommodate a different type of amputation or other physical disability that seems relevant to the objectives for the scenario.

The rationale for using people with actual disabilities rather than someone pretending to have a disability is because this provides the opportunity for students to be exposed to real people with disabilities who can speak to and describe the issues related to their disability and its impact on their life and health care. They are the experts. People who do not have a disability can assume a role, but often they assume stereotypical behaviors. They have not had the same “lived experience,” and therefore may not be able to provide the same insight or authenticity.

Individuals with a disability serving as standardized patients also can help students to better gain insight into what it is like to live with a disability on a daily basis (VanPuymbrouck et al., 2017). This can help to dispel students’ fears and possible misconceptions about living with a disability (Long Bellil et al., 2011; Smeltzer, Mariani, & Meakim, 2017). Further, including people with a disability acknowledges their autonomy, expertise, and contribution to the education of

tomorrow's health care professionals. Simulations with standardized patients also promotes diversity, equity, and inclusion (Derya et al., 2022) efforts; inclusion of individuals with disability also addresses accessibility.

When training people with a disability who have not had experiences in acting out roles, it is important to provide training similar to that provided for other untrained standardized patients. Reviewing the objectives for the case and the level of the students who will be involved as well as the scenario and its nuances are critical in preparing them for their role. Providing opportunities for standardized patients with a disability to practice the case and receive feedback about their performance is also important. If a previous recording of a scenario is available, viewing of this recording is helpful for those with a disability to gain perspective on what is desired of them (Smeltzer, Mariani, & Meakim, 2017).

Persons with a disability serving as standardized patients should be provided with an opportunity to give feedback to students following the interaction, and how to do so should be part of the training they receive. Providing training with the use of a checklist or rubric and offering opportunities for practicing how to give feedback along with encouragement and support to participants is also helpful. Because communication with persons with a disability is a key component to having them as participants in simulation-based learning experiences (SBLEs), this is essential following the experience. This can be accomplished with a brief checklist that includes did the nurse or care provider:

- Speak to me directly rather than to my family member or support person
- Sit at eye level or in a position that was comfortable for me to interact
- Use active listening techniques
- Make eye contact with me
- Treat me with respect and dignity
- Talk to me in an age-appropriate manner and not as a child
- Ask about my disability and how it affects my current life situation
- Not assume that my disability is the reason for my health care visit
- And ask if assistance is needed, rather than just taking action

Inclusion of individuals with a disability in simulations provides them with an opportunity to contribute to improving the health care that they and others with disability often experience. Thoughtful planning is needed, though, to ensure that the experience is a positive one for all involved. Similar to others SPs serving in simulations, individuals with disability should receive compensation for their participation.

References

Derya, U. Y., Azim, A., & Sibbald, M. (2022). The role of standardized patient programs in promoting equity, diversity, and inclusion: A narrative review. *Academic Medicine* 97(3):p 459-468, March 2022. <https://doi.org/10.1097/acm.0000000000004447>

Long-Bellil, L. M., Robey, K. L., Graham, C. L., Minihan, P. M., Smeltzer, S. C. & Kahn, P. (2011). Teaching medical students about disability: The use of standardized patients. *Academic Medicine*,. 86(11). 1163-1170. <https://doi.org/10.1097/acm.0b013e318226b5dc>

Minihan, P. M., Bradshaw, Y. S., Long, L. M., Altman, W., Perduta-Fulginiti, S., Ector, J., . . . Sneirson, R. (2004). Teaching about disability: Involving patients with disabilities as medical educators. *Disability Studies Quarterly*, 24(4). <https://doi.org/10.18061/dsq.v24i4.883>

Smeltzer, S. C., Mariani, B., & Meakim, C.H. (2017). Integration of disability in nursing education with standardized patients with disabilities (PWD) into nursing curricula. In S. H. Campbell, & K. M. Daley (Eds.), *Simulation scenarios for nursing educators* (3th ed.). New York, NY: Springer Publishing.

VanPuymbrouck, L., Heffron, J. L., Sheth, A. J., The, K. J., & Lee, D. (2017). Experiential learning: Critical analysis of standardized patient and disability simulation. *Journal of Occupational Therapy Education*, 1 (3). <https://doi.org/10.26681/jote.2017.010305>

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