



## STANDARDIZED PATIENT'S CONSENT

The Pennsylvania State University is a four year school committed to excellence in teaching students the art of medicine. To learn to assess and diagnose patients, it is important that medical students have the opportunity to conduct physical examinations. During the second year of medical school, when students begin applying their medical education in a clinical setting, standardized patients are sought to undergo physical examinations. Specifically, instructors and standardized patients are sought to undergo general physical, pelvic and urological examinations. These examinations provide an opportunity for students to receive feedback from standardized patients and to become more aware of the interests and needs of prospective patients.

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. Participation in any facet of the program takes into consideration both the needs of the program and my interests, skills, and availability.

I agree to act as a standardized patient in a role for which I will be specifically trained. In this capacity I understand that I will be interviewed and/or examined by medical students or health professionals in the same manner that would occur if I were an actual patient having informed consent. This may include but not be limited to physical examination procedures/maneuvers that are normally part of a physician-patient encounter including breast and/or pelvic exam (in women) and genital and/or rectal exam (in men). I understand that there are risks of minor complications from a general, pelvic, or urological examination. The most likely complications should pass within a couple of days without medical intervention. In rare instances, more significant complications may occur, such as bruising and/or related pain which may require pain medication.

I understand that these standardized patient sessions are for instructional, practice, and evaluation purposes only. They do not constitute personal medical care. I understand I will be examined by someone who may or may not be an experienced medical practitioner and I have no expectations that this person will be able to render an opinion about my personal medical care. I understand that I am responsible for my own medical care and will present my questions and conditions to my own health care provider.

I agree to videotaping or audiotaping of sessions for teaching purposes including review of tapes by faculty, students, and other standardized patients.

I certify that I have read all of this consent form. The nature and purpose of the program and its potential benefits and possible risks associated with participation as a standardized patient have been explained to me. I understand that I may ask questions and I am free to withdraw from the program at any time.

Please mark the examination(s) in which you are consenting to participate:

- general physical examination
- Breast-pelvic-rectal examination (females only)
- Genital-rectal examination (males only)

\_\_\_\_\_  
Standardized Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (for minor patients under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date