As students matriculate through an athletic training education program (ATEP), they evaluate and treat patients with a variety of conditions, injuries, and illnesses. Students will interact with many patients, but an ATEP cannot control the nature of the different experiences that will challenge students. ATEPs prepare students to apply skills learned in the classroom to their clinical experiences. Clinical proficiencies represent the integration of clinical skills and decision-making abilities, which are acquired by students before engaging in autonomous professional practice. Over 50% of athletic training clinical proficiencies are evaluated by an Approved Clinical Instructor (ACI) through simulation of a clinical scenario, rather than observation of clinical performance.

Simulations are often created in an impromptu manner, do not include a social history of the patient, and are not typically replicated in a consistent manner for all students enrolled in an ATEP. For example, an ACI may utilize different scenarios (e.g., rotator cuff injury vs. wrist sprain) to evaluate the same clinical proficiency (e.g., musculoskeletal assessment of upper extremity clinical proficiency) for different students. Although actual patient care may present a wide variety of clinical situations, one of the goals of professional education is to ensure that athletic training students are exposed to a variety of experiences. Standardized patients (SP) offer a means for many students to demonstrate their decision-making skills on the same patient and/or scenario. Use of SPs for evaluation of clinical proficiencies requires students to ask questions and to consider the SPs’ social situations and histories. This approach encourages a focus on patient-oriented evidence as a guide for clinical decision making, which is often excluded from impromptu simulations.

The SP is an individual who is trained to portray the signs, symptoms, and affective components of a condition (e.g., frame of mind, reaction to pain, etc.) in a consistent manner for multiple student examiners. SP encounters have been used for many years to teach and evaluate the clinical performance of medical students, nurses, physical therapists, and pharmacists. They have been used to teach interviewing skills, improve perceived confidence, assess basic clinical skills, and improve interpersonal communication. One investigation has reported that SPs provide realistic and worthwhile experiences for athletic training students.

To supplement clinical education experiences, we use SPs for teaching and evaluation. The purpose of this paper is to describe...
the manner in which we have used SP encounters for teaching and evaluation of interpersonal and clinical skills.

**Teaching Interpersonal and Clinical Skills**

A benefit of SP utilization is the ability of the educator to guide a student’s thinking during the evaluation process, rather than discussing information that is recalled after completion of an encounter. For example, one popular SP method that is used to teach clinical skills is the “time-in, time-out” method. Groups of 3–5 students interact with the SP while the instructor and/or clinician observes. If a student is unsure about how to proceed or the instructor or clinician wants to intervene, a “time-out” is called. The SP remains silent while the students and instructor discuss issues or concerns, many of which could not be discussed in front of an actual patient. When the discussion is over, “time-in” is called, and the students proceed with their interaction with the SP. This teaching method allows for immediate feedback to students about performance. The SP is prepared for students to perform inadequately and understands that he or she is serving as a teaching tool.

Students have the opportunity to “re-do” certain clinical or interpersonal skills with the SP. For example, if a student is rather blunt in questioning the SP, the instructor can direct the student to start over and re-interview the patient with a different mode of questioning. The use of SPs also permits students to practice emergency situations (e.g., cervical spine management) or questioning about sensitive issues (e.g., sexual assault, domestic abuse) that might not be directly encountered in the clinical education experiences. Several researchers have reported that students participating in SP encounters exhibit superior knowledge and that practice with SPs facilitates the acquisition of interpersonal skills. Students who have participated in SP encounters report that the experience enhanced communication, professionalism, patient counseling skill, problem-solving ability, and acquisition of patient information. The SP encounter can increase the student’s self-awareness of limitations, promote consideration of current evidence that is relevant to the scenario, and provide the opportunity to practice skills that could have adverse consequences if performed incorrectly.

In 2004, the clinical skills portion of step 2 of the United States Medical Licensing Examination began using SP encounters to evaluate the ability of a candidate to gather information from patients, perform physical examinations, and communicate findings to patients and colleagues. We have utilized SPs for more than five years in orthopedic injury evaluation and general medical conditions courses. SPs are also used to teach and evaluate eating disorder and drug addiction intervention skills. The SPs are community members, upper-class students, and/or students from other academic programs. They are trained to portray different SP cases (e.g., patellar subluxation, patello-femoral syndrome, meniscus tear) and to provide high-quality feedback to student questions. We now utilize SPs in all of our clinical evaluation courses (Figure 1).

Athletic training students who have acted as SPs report that they experience less apprehension and anxiety about their own performance during an SP encounter in the role of a clinician. Most medical schools provide financial compensation to SPs. Unfortunately, most ATEPs do not have adequate financial resources to compensate SPs. By having athletic training students serve as SPs, we are able to provide SP experiences for our students.

To allow students to practice interpersonal and clinical skills, we provide a teaching SP encounter (e.g., time-in, time-out) near the end of each academic unit (e.g., foot, ankle, lower leg evaluation; knee evaluation; cardiovascular conditions). Students are divided into groups of 3–4 for SP interaction. For approximately 15–20 minutes, students acquire a history, perform a physical examination, and develop a treatment plan. When teaching, we use multiple SP encounters during a single class meeting or laboratory session (e.g., inversion ankle sprain, eversion ankle sprain). Each student is given the opportunity to interact with each of several SPs, who collectively represent scenarios for each of the conditions, injuries, and illnesses addressed by the course. The teaching emphasis is development of interpersonal skills and critical thinking associated with the patient evaluation process. Upon completion of the SP encounters, the students come together to discuss the SP experiences (about 10–12 minutes).

During a teaching SP encounter, students can call a “time-out” to ask questions of the instructor or to discuss the case presentation with peers. This “time-out” helps the instructor to guide students through the evaluation process (i.e., gentle prompting and questioning to foster critical thinking and to facilitate good decision making). From the perspective of the student, the “time-out” is a non-threatening way to