





## **Standardized Patient Request Form**

Type of Event	☐ OSCE ☐ Full Simulation ☐			Clinical Sk	ills 🗆	Workshop	□Course
Institution	☐ University of Tabuk ☐ Other (Please Specify):						
Area for Conducting the Event	☐ Simulation Center ☐ Other (Please Specify):						
Department / college:				Level of the participant:			
Requester Name:				E-mail:			
Title of Event:							
Number of the Participant				Number of the SPs  "Please note that while we do not have an unlimited number of SP's, we will do our best to meet your request."			
Date for the event							
Time (the exact time that you want the SP to be present, for example: the total event is from 8am-12am. I need the SP only from 9am-10:30am)	from			То			
Standardized Patient Criteria							
Purpose of the SP:			Number of the SP				
☐ History Taking							
☐ Physical Examination							
☐ Advanced Physical Examination(U/s, Breast Examination, ECGetc)							
SP requirement : Gender, age, language etc							
SP Presentation  Body language, appearance, communication  *Kindly note that there is a separate form for requesting a Moulage)							
SP Assistant			☐ I want the SP to help me assess the student performance (need to have healthcare background) ☐ I want the SP giving a feedback to the student (no healthcare background is required)				
Recording of the session			□ Yes			□ N	0







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## **Standardized Patient Booking Agreement**

When Standardized Patients are utilized for simulation scenarios.

- SPs must be booked and trained in advance <u>2 weeks</u> before the training <u>3 weeks</u> before OSCE.
- If you **CANCELED** you're SP booking less than **1 WEEK** before event date we will take the **Necessary Action**.

	Name	signature	Date
Requester			//
Dean of college or Head of institution			/
Standardized Patient Specialist			/