

**University of Nevada School of Medicine
Standardized Patient Program
Job Description Agreement**

I, The undersigned, _____, a Standardized Patient (SP) for the University of Nevada School of Medicine (UNSOM), hereby understand and acknowledge the following:

1. I understand casting for SP events is dependant upon many factors including but not limited to the role demographics (sex, age, body type and personality style) SP availability, and past experience with the role or a similar role.
2. I understand as a Program Participant I am held accountable to maintain professional standards in areas including but not limited to reliability, promptness, objectivity, confidentiality and professionalism; performance standards in areas including but not limited to compliance with instructions, accuracy, realism, consistency, and validity; and personal standards including but not limited to availability, interest and enthusiasm, cooperation, flexibility and commitment.
3. I understand as a new SP I will be asked to function as a back up for certain events to facilitate training and familiarity with program guidelines and protocols. As an established SP I might be asked to serve as back up. Back ups are expected to prepare for the role as if scheduled to play it and show up at the appointed time unless scheduled as an on call back up. As a back up I will be paid for one hour's time unless asked to stay for the day's event. As an on call back up I agree to be by a previously agreed upon phone number at the appointed time and in a position to get to the SP training room within 15 minutes of receiving the call. I understand there is no pay for on call back ups unless used for the day's event.
4. I understand and acknowledge that self-study is an important and integral part of the SP program. I agree to prepare for each scheduled training by studying all case materials and coming to each training with all materials in hand and committed to memory, ready to ask clarifying questions, receive notes and changes and to role-play.
5. I understand as an SP I may be asked to assess student performance by filling out checklists and/or give verbal or written feedback pertaining to the care I received. I agree to do this on an individual basis objectively, honestly and within the specific guidelines by which I have been trained.
6. I confirm that a staff member has described the role of SP to me. I will act as an SP in a role for which I am specifically trained. In this capacity, I understand I may be interviewed and examined by students or health care professionals in the same manner that would occur if I were an actual patient. I understand

examinations do not include invasive procedures or treatments. Cases involving breast, pelvic, male genitourinary/rectal exams are sometimes conducted with specifically recruited and trained SPs.

7. I understand and agree training is required for every SP encounter prior to actual encounter work. The number of hours required for training will depend on the difficulty of the material being presented. The SP Program Trainer and/or UNSOM faculty will determine whether or not I have reached the needed level of competency in the role.
8. I understand and agree that SP staff will fill out timesheets. I will receive payment on the University's hourly schedule including both training hours and actual encounter hours.
9. I understand and agree the SP Program cannot guarantee a fixed minimum or maximum number of days or hours of work. Training or encounter times canceled by the Program with three or less hours notice will result in one-hour's pay for that particular appointment. Cancellation with more than three hours notice to SPs will not require payment for that particular appointment.
10. I agree to complete all negotiated encounter times and dates. Failure to give 48 hours cancellation notice for the first in a series of encounter dates may result in replacement for the remainder of the encounter dates scheduled. Failure to return phone calls pertaining to scheduling actual encounters may result in replacement for the encounters. I understand that I may be dismissed from the Program for canceling two consecutive work assignments, or not attending, or arriving late for one assignment without notice.
11. I understand that case material and information related to the SP exercise is confidential and I agree to discuss the content of the exercise **only** with staff of the SP Program and other participating SPs. I will not disclose to any third party any information about SP cases, UNSOM students or information about student performance.
12. I acknowledge all case material is the property of the SP Program. I will not duplicate or distribute any materials given to me. I agree to keep secure any copy of cases and checklists given to me and to return them to the SP Program at the completion of the event.
13. I agree that UNSOM, and their associated organizations and activities, are authorized to take, obtain and make use of photography and film footage of my activities as a Standardized Patient, without compensation, to be made available to publications, radio, television and other media at UNSOM's discretion. I understand that this provision of the agreement will remain in effect after this agreement is terminated.

14. On my behalf, I release UNSOM, its officers, employees and agents from any liability connected with activities pursuant to this appointment agreement, including but not limited to liability related to any injury or illness occurring to me from any cause, provided that this release shall not apply to liability resulting from the negligence of UNSOM, its officers, agents or employees. This release will remain in effect after this agreement is terminated for any reason.

15. This appointment agreement may be terminated at any time by either party, by giving verbal or written notice to the other party.

I have read and understand this description of duties and agree to participate.

Participant Name (print)

Signature

Date