



Standardized Patient Training: Using ANGER to quickly evoke anger in standardized patients

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To cite this article: Chia-Shen Liao & Ming-Chen Hsieh (2015) Standardized Patient Training: Using ANGER to quickly evoke anger in standardized patients, *Medical Teacher*, 37:9, 883-883, DOI: [10.3109/0142159X.2014.993956](https://doi.org/10.3109/0142159X.2014.993956)

To link to this article: <https://doi.org/10.3109/0142159X.2014.993956>



Published online: 19 Dec 2014.



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Letters to the Editor

Standardized Patient Training: Using ANGER to quickly evoke anger in standardized patients

Dear Sir

During clinical skill tests, Standardized Patient (SP) trainers typically encounter challenges in rapidly inducing the emotions suitable for such examinations. During the examination, testing interpersonal and communication skills is time-consuming, and probably extremely repetitive, having to be conducted many times in a day. Therefore, the accuracy and consistency of the performance are the main factors of its fairness and impartiality. During SP recruitment, the presence of some special characteristics, such as being voluntary and willing to serve, is considered in addition to the usual characteristics such as being enthusiastic in helping others, punctual, trustworthy, sophisticated, respectful, and communicative and cooperative (Rosebraugh et al. 1997). Given all the characteristics considered when recruiting the SPs, it is sometimes extremely difficult for the SPs to perform in an appropriate mood during the examinations after a training course lasting 1 or 2 h.

Most SPs are not professionally trained actors; they sometimes have extremely few effective strategies or programs for the cultivation or training of the mood (Rosebraugh et al. 1997). Besides Asians and Asian Americans often experience culturally-specific challenges in relation to emotional intelligence. SP trainers should handle stressful situations that can make the difference between being assertive versus reactive, and poised versus frazzled. A stage actor may seem extremely similar to an SP who faces the medical students. Five continuous steps are followed to evoke reasonable and adequate anger in an SP. In the acronym ANGER, the five letters stand for the following: A, the anticipated doctor failing to show; N, nonstop changing of medical personnel; G, getting worse with treatment; E, erring in finding suitable solutions; and R, repeating treatments and tedious procedures. Through ANGER, the trainer can quickly trigger the bad mood in the SP. If done accurately, training SPs is not as difficult or time-consuming as it may seem. This approach may effectively and rapidly elicit the required emotions in patients and can serve as an assist for trainers.

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Reference

Rosebraugh CJ, Speer AJ, Solomon DJ, Szauder KE, Ainsworth MA, Holden MD, Lieberman SA, Clyburn EB. 1997. Setting standards and defining quality of performance in the validation of a standardized-patient examination format. *Acad Med* 72:1012–1014.

Using feature films as a teaching aid with medical students

Dear Sir

Feature films are powerful tools for conveying information, as they introduce characters, plots and events in a convincing way. As also happens in novels, many of them often deal with human beings, especially with the consequences of disease, such as suffering, emotions, ethical dilemmas or social conflicts. Many authors have discussed using feature films as teaching aids with medical students in fields such as clinical microbiology, pharmacology, bioethics, medical ethics, the doctor–patient relationship, preclinical and clinical research, mental illness, drug addiction, palliative care, medical professionalism and social conflicts in medical care (Darbyshire & Baker 2012). In our experience, the use of this teaching aid with undergraduate students of biomedicine can help them learn about subjects might otherwise be difficult to understand using traditional teaching approaches. For those interested in using feature films in their regular teaching, we would like to recommend some basic principles (Alexander et al. 2005).

To find the most useful film for teaching purposes, it is advisable to read the available information regarding the film (reviews, interviews, etc.) and to watch it critically a number of