Standardized Patients in Clinical Psychology: From Research to Practice

Franziska Kühne · Ulrike Maaß · Florian Weck

Abteilung für Klinische Psychologie und Psychotherapie, Universität Potsdam, Potsdam, Germany

Keywords

Training · Education · Psychotherapy · Evidence-based care

Abstract

Background: Within the pending reform of the German law of psychotherapy training, education in clinical psychology and the examination of psychotherapeutic competencies are established as more practice oriented. Students will acquire and demonstrate therapeutic skills through interactions with standardized patients (SPs). The aim of the current paper is to enhance evidence-based implementation of these new methods of education and examination by presenting the current evidence regarding the use of SPs and by pointing out areas for further research. **Results:** Results of recent studies demonstrate that SPs are able to present mental disorders authentically. Prerequisites are, among others, the selection of suitable SPs, detailed role scripts, specific training, feedback, and corrective training. Although some research questions, including the comparative effectiveness of SPs, remain unanswered, practice implications for using SPs in education, examination, and research can be drawn. These implications are illustrated schematically. **Conclusions:** The use of SPs has large potential for education in clinical psychology and for research on psychotherapy training. With a view to encouraging the widespread use of SPs, we provide exemplary materials (e.g., role script) within the online supplements (for all online suppl. material, see www.karger.com/doi/10.1159/000510049).

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Einsatz standardisierter Patienten im Psychologiestudium: Von der Forschung in die Praxis

Schlüsselwörter

Training · Ausbildung · Psychotherapie · Evidenzbasierte Versorgung

Zusammenfassung

Hintergrund: Im Rahmen des reformierten Psychotherapeutengesetzes wird eine stärkere Praxisorientierung in der klinisch-psychologischen Lehre und in der Prüfung psychotherapeutischer Kompetenzen verankert. Hierbei sollen Studierende durch die Interaktion mit standardisierten Patient*innen (SP) therapeutische Kompetenzen erwerben und demonstrieren. **Fragestellung:** Das Ziel des vorliegenden Beitrags ist es, eine evidenzbasierte Umsetzung dieser neuen Lehr- und Prüfungsformate zu unterstützen, indem bisherige Forschungsbefunde zum Einsatz von SP dargestellt und Bereiche, in denen weitere Forschung notwendig ist, aufgezeigt werden. **Ergebnisse:** Empirische Befunde zeigen, dass SP psychische Störungen authentisch darstellen können. Voraussetzung dafür sind beispielsweise die Auswahl geeigneter SP, detaillierte Rollenanleitungen, spezifisches Training, Feedback und Nachschulungen. Auch wenn einige Forschungsfragen, wie zur vergleichenden Wirksamkeit des Einsatzes von SP, noch unbeantwortet sind, lassen sich praktische Implikationen für SP-Programme in Lehre, Prüfung und Forschung ableiten, die in einem Ablaufschema dargestellt werden. **Schlussfolgerungen:** Der Einsatz von SP bietet großes Potenzial für die klinisch-

1. Adoption of the Psychotherapists Law

The Law on the Reform of Psychotherapist Training [Gesetz zur Reform der Psychotherapeutenausbildung (PsychThG), 2019] is now associated in Germany with a stronger practical orientation in clinical-psychological teaching and in testing therapeutic competencies. The current Licensing Requirements for Psychotherapists [Approbationsordnung für Psychotherapeutinnen und Psychotherapeuten (PsychThApprO), 2020] stipulate that the licensing examination at the end of the master's degree program in psychotherapy consists of an oral/practical case examination and an application-oriented multiple-station examination in five areas of competence. The competence areas suggested were patient safety, therapeutic rapport building, diagnostics, patient information and education, as well as guideline-based treatment recommendations [PsychThApprO, 2020]. "Simulated patients" should be used in each area and the performance of test-takers evaluated. The Institut für medizinische und pharmazeutische Prüfungsfragen (IMPP, Institute for Medical and Pharmaceutical Examination Questions) may be commissioned to develop examination tasks for the subject areas, to propose assessment keys and sample solutions, and to evaluate the exams [Deutsche Gesellschaft für Psychologie (DGPs), German Society for Psychology, 2020]. The IMPP could also train both simulated patients and raters, who are appointed at the suggestion of the universities. There will thus be a series of changes, adapting forms of training and examination more closely to medical training and with a clearer connection to practice [Willutzki et al., 2015].

The present article aims to assemble empirical findings that provide an evidence-based foundation for the new teaching and examination formats. In addition to making recommendations on practical implications, we identify open questions on which research is still needed.

2. Simulated Patients in Medical Training

Simulated role-playing has been used in medical training since the 1960s [Barrows et al., 1993]. The terms are used differently: "Simulated patients" are (usually trained) laypeople who present a pattern of symptoms for teach-

ing or examination purposes [Adamo, 2003; Sheen et al., 2015; Pheister et al., 2017]. "Standardized patients" have a *repeated* and *consistent* pattern of symptoms [Barrows, 1993; Adamo, 2003] and learners can provide feedback if necessary [Pheister et al., 2017]. If professional actors are used, the term "acting patients" is sometimes favored [Partschfeld et al., 2020]. However, the above terms are used inconsistently and often synonymously. Since our focus is on describing repeated and consistent case presentation by trained laypeople, we use the term "standardized patients" (SPs).

The use of SPs has numerous advantages. First of all, not only factual knowledge (e.g., about disorders and their treatment), but above all practical competencies ("showing how it's done") can be trained and tested in controlled situations [Weck et al., 2019]. This prepares the way in a safe learning environment for later interactions with real patients [Barrows, 1993; Weck et al., 2019]. The use of SPs is ethically less questionable and easier to arrange than using real patients [Voderholzer, 2007; Imel et al., 2014; Pheister et al., 2017]. Learners already receive practice-related feedback during their studies and not only when errors or problems arise in the actual therapeutic process [Hodges et al., 2002].

In contrast to the variability inherent in patients' cases, SPs allow a stricter orientation towards quality criteria – i.e., more reliable, valid, and fair competence tests [Yudkowsky, 2002]. Representative symptoms or key interventions can be selected in a targeted manner, which each person who is being tested performs in the same way in role playing [Barrows, 1993; Fairburn and Cooper, 2011; Pheister et al., 2017]. SPs can repeatedly interact with one person, but also with a large number of learners, and they can vary the intensity of their performance depending on the assignment [Barrows, 1993; Fairburn and Cooper, 2011]. SPs are used especially for training in diagnostic and conversational competencies or when dealing with rare, emotionally or therapeutically difficult or ethically sensitive situations [Barrows, 1993; Eagles et al., 2007; for an overview see Eckel et al., 2014]. Future research could help to clarify the areas in which the use of SPs is either particularly helpful or less so.

In medical training, SPs are often used to assess clinical competencies in so-called parcourse examinations [Barrows, 1993]. A parcourse examination is a special testing format in which the test-takers move through various stations that resemble real clinical situations [Sheen et al., 2015]. By stringing together examination stations that are standardized in content and severity, a more reliable assessment of competencies is sought than when observing just an individual situation [Barrows, 1993; Hodges et al., 2002; Yudkowsky, 2002; Adamo, 2003; Imel et al., 2014]. Different terms are used for the parcourse test (Objective Structured Clinical Examination [OSCE], clinical skills

Fig. 1. Main steps in the inclusion of SPs in teaching and research [see also Kühne et al., 2018].

examination, performance-based assessment, etc.), since the degree of structuring of the tasks, the duration per station (a few minutes to over an hour), and the number of skills to be assessed vary widely. Examples include:

- the treatment of a case from initial diagnostic examination to final consultation, at successive stations or over several sessions;
- the use of different diagnostic and therapeutic procedures at different stations;
- interaction with SPs at some stations while tests occur at other stations without SPs; or
- asking exam questions after role-playing with SPs [Barrows, 1993; Coyle et al., 1998; Hodges et al., 2002; Yudkowsky, 2002; Adamo, 2003].

Because of the advantages they offer, training sessions and parcourse tests using SPs are already an important part of medical training, including in neurology and psychiatry [Barrows, 1993; Yudkowsky, 2002; Eagles et al., 2007; Wünderlich et al., 2017]. While SPs have hitherto been used less frequently in clinical-psychological training and research [Sheen et al., 2015; Edwards et al., 2016; Kühne et al., 2018], this will presumably change with the change in the German law, which will bring the use of SPs in training and research more to the fore (Fig. 1).

3. Simulated Patients in Psychology Studies and Psychotherapy Training

The inclusion of SPs in the training of psychotherapists is also beneficial to create experience-based and practice-oriented learning environments and to design competence-based teaching and examinations [Ehrenthal et al., 2019]. Compared to the broader literature on the design of SP programs for teaching and research, however, there are fewer methodologically high-quality empirical studies on the effectiveness of these programs. We present below examples of some important studies on the effects of SPs. In the subsequent sections (3.1. to 3.8.), more specific empirical results are examined, corresponding to the individual steps involved in setting up SP programs.

Sheen et al. [2015] and Yap et al. [2012] report that psychology students in a master's and a doctoral program subjectively experienced parcourse tests as triggering stress and anxiety, but also as realistic approaches to clinical practice and as positive learning opportunities. Finally, Eckel et al. [2014], in their review of the use of SPs in psychosocial fields of study, conclude that students mainly experience SP interactions as authentic and positive and perceive a subjective increase in learning.

Thus, trainees with a specialization in depth psychology benefited ($n = 20$) both subjectively and in the view of trained judges from their role playing with SPs [Nikendei

et al., 2019]. However, different aspects of training were combined in this study, so it is not possible to draw clear inferences about the use of SPs. Another study found that 29 trainees in child and adolescent psychotherapy had significantly better therapeutic skills and showed more empathy after 16 h of comprehensive training with an SP, in the view of these SPs and of two external evaluators [Partscheffeld et al., 2013]. A limitation of this study, however, was that there was no comparison with a control group.

In order to be able to give evidence-based recommendations for the design of clinical-psychological teaching, it is essential that educational research deal more directly in the future with the effects of SP programs. Nevertheless, recommendations for the use of SPs can be derived from the current literature, which we summarize below, giving the steps for setting up an SP program.

3.1. What Are the Goals of Using SPs?

Before an SP program can be designed, it should be specified why the institution should invest in one, and what advantage is expected over other formats, such as writing up case vignettes or practicing peer role-playing [Kühne et al., 2018]. Since the goal of an SP program inevitably determines its specific design, it should first be specified what the SPs should be used for: teaching (formative evaluation), performance testing (summative evaluation), or research. In teaching, it may be more important for SPs to give the participants feedback, while this aspect can be omitted in an examination. On the other hand, in an examination or in research, it is important for SPs to present their roles as adherently and consistently as possible, in order to ensure comparability among students.

3.2. What Resources Are Available?

The conscientious use of SPs is time-consuming and costly [Pheister et al., 2017]. It requires a relatively large number of rooms, and full-time staff who, for example, recruit and train SPs, plan and oversee operations, ensure video recording, provide materials, secure data, give feedback, train and support judges and raters, and evaluate the results [Adamo, 2003]. The introduction of an SP program may, therefore, meet with resistance from the organization and the staff, which is why the advantages and disadvantages of using SPs and the required resources should be communicated in a timely manner [Voderholzer, 2007]. Hodges et al. [2002] give examples of cost categories and arguments to secure funding. The analogy to other specialist areas, such as aerospace or mass casualties, for which simulation-based training is widely accepted [Adamo, 2003], could also be used to promote acceptance. In order to save resources, a joint SP pool, joint training, shared materials, or an entire SP program across departments or units could be considered [Eagles et al., 2007].

3.3. How Can Role Scripts Be Developed?

Once the goal of the SP program has been established and sufficient resources are available for its implementation, one of the first steps is to develop role scripts for SPs and instructions for learners. Although some authors prefer freer role-playing to encourage spontaneous interactions, others advocate constructing detailed scenarios [Kühne et al., 2018]. It is not advisable to use scenarios that are too rigid, as not all the answers the learners might give are known in advance [Pheister et al., 2017]. We recommend creating detailed role scripts, since, for example, a study by our working group shows that people who had read a detailed role script before the role playing were judged, both by a licensed therapist and by two trained raters, as more authentic than SPs who only received a very basic description [Ay et al., 2020a].

In order to be as realistic as possible, role scripts could be developed based on actual patient cases [Pheister et al., 2017]. The learning and examination objectives [Voderholzer, 2007] and/or behavior patterns expected by test-takers should be operationalized [e.g., “Asks about alcohol use”; Hodges et al., 2002]. It is recommended that SPs be provided with detailed information on the person being portrayed, diagnosis, treatment history, social aspects, attitude towards treatment, their agenda (e.g., desire for medication), as well as sample questions and answers from learners [Voderholzer, 2007; Pheister et al., 2017]. It is also important to formulate the scenario in a broadly comprehensible manner, oriented towards the teaching and examination objectives, in order to avoid unnecessary details [Voderholzer, 2007]. Experts should be included in the development of the role scripts, but SPs and real patients can also participate [Kühne et al., 2018]. An example of a role script for a depressive disorder is given in online supplement 1.

3.4. How Can Suitable SPs Be Selected?

The careful selection of SPs is particularly crucial when they are to be used in examinations [Hodges et al., 2002], since confidential data has to be handled, such as the exam results and the behavior of the test-taker [Voderholzer, 2007]. SPs are initially selected based on their fit to the planned role, for example their demographic characteristics, level of education, or acting experience [Adamo, 2003]. In addition to lay people, SPs can be actors [Adamo, 2003], experienced counselors and psychotherapists [Coyle et al., 1998], advanced trainees [Pheister et al., 2017], and employees [Hodges et al., 2002]. If SPs do not participate as volunteers in exchange for remuneration but as employees, they can be even more strongly expected to scrupulously adhere to all quality standards [Adamo, 2003], although their participation is not necessarily more cost-effective [Hodges et al., 2002].

There is disagreement about whether SPs should also draw upon their own experiences of illness, and if so, to what extent [Barrows, 1993; Adamo, 2003; Pheister et al., 2017]. In our view, reference to one's own experiences with physical illnesses makes sense, especially if actual previous findings or treatment consequences, such as scars, are to be included in the role representation [Barrows, 1993; Voderholzer, 2007]. However, serious current symptoms should be excluded in advance [for example, by using a medical history questionnaire; Voderholzer, 2007].

When presenting mental disorders, on the other hand, personal experience of illness can lead to excessive mixing of role and personal experience and to distress on the part of the SP [Kühne et al., 2018]. To make sure that SPs are protected and do not get into conflicts of interest with learners, our SPs are physically and mentally healthy students, most of whom are not studying psychology. In the selection process, we have also paid attention to empathy and the ability to reflect, enjoyment of acting and scientific work, time flexibility, and reliability. Voderholzer [2007] points out that SPs should also have insight into their own behavior. Adamo [2003] recommends making sure that SPs are able to adapt to different learners, cope with the presentation emotionally, adjust their behavior based on feedback from teachers, and actively listen and adapt to different areas of application based on the training. Role-play and feedback tests during the selection process are ways to assess the suitability of an SP based on behavior [Voderholzer, 2007]. Further research could look into the question of what limits there are when simulating which mental disorders.

3.5. How Should SPs Be Trained?

Researchers agree that the training of SPs plays a key role [Hodges et al., 2002; Adamo, 2003; Voderholzer, 2007; Kühne et al., 2018]. Since the goals and resources of SP programs vary, there is no established overall standard as to how much training is necessary [Adamo, 2003]. Hodges et al. [2002] recommend 4–6 h of training per SP. This should include reflection on the scenario, videos of or conversations with patients, acting exercises, and rehearsals [Hodges et al., 2002; Yudkowsky, 2002]. Reference to one's own feelings and life experiences and the possibility of being able to decide which role to play can help SPs to empathize with the symptoms [Kühne et al., 2018]. Research is needed on the question of which training components are essential and which are insignificant.

The main goal of training is to achieve valid presentation of the symptoms [Adamo, 2003]. SPs should not present symptoms with too much exaggeration or based too closely on their own experiences, depict cases in a way that is too linear or textbook-like; symptoms and gestures should be appropriate to the situation; and the role-play-

ing should not be too easy or difficult for the learners [Eagles et al., 2007; Wünderlich et al., 2012]. To make the presentation more precise, *testing role-playing* with video feedback is a good tool. It is also helpful if SPs are given not only the scenarios, but also background information, for example about feedback (see 3.7), preparation for the role, or the procedure on examination day in the form of a *manual* [UKE, 2020]. Preparation also includes training the teaching staff to work with SPs [Hodges et al., 2002; Kienle and Peters, 2016], so that they can support the SPs and intervene early if problems arise.

3.6. What Should Be Considered when Depicting Mental Illnesses?

The goal of the SP program also determines whether the presentation should be improvised (during teaching, if necessary) or standardized (for examination and research purposes [Kühne et al., 2018]). The scenario provides the framework, but the training program should have prepared SPs for the fact that a certain degree of improvisation is unavoidable if one is to react appropriately to the learner's behavior [Pheister et al., 2017].

Simulating mental illness can be challenging for SPs [Yudkowsky, 2002; Eagles et al., 2007; Voderholzer, 2007]. It is important to talk to the SPs about this and to compile strategies in advance to put them at ease [Hodges et al., 2002]. Rehearsals, advice, and supervision for SPs, changing roles, regular breaks, and fixed debriefings can ease tension [Kühne et al., 2018]. There should also be discussion of how many successive interactions are to be handled per day. All of this is crucial, as the SPs' mode of presentation determines how much learners can empathize with the situation, what quality criteria there are, and thus what the learning or examination result will be [Wünderlich et al., 2012; Kühne et al., 2018].

3.6.1. How Can Cases Be Presented Authentically?

Limitations of the use of SPs in psychotherapeutic training are sometimes seen in the fact that "unique interpersonal events" cannot be simulated [Brenner, 2009] or that case presentations are too simplistic and not very representative of clinical practice [Muse and McManus, 2013]. Several studies have, therefore, looked into the question of authenticity – whether SPs can be distinguished from real patients [Wünderlich et al., 2012].

If a learner feels an SP to be inauthentic, this is mostly due to a simplified or exaggerated presentation of symptoms, an unconvincingly presented life story, or problems in adapting to technical support such as videos [Eckel et al., 2014]. The more frequently SPs present a case, the more likely it is that they will themselves assume the position of a teacher, giving learners advice and abandoning their intended role [Adamo, 2003]. This should be discussed with the SP and solutions sought. It is also impor-

tant to continuously check whether SPs are still playing their roles authentically, and retraining them if necessary.

The majority of studies have found, contrary to some assumptions, that an authentic case presentation can be achieved with adequate training [Yudkowsky, 2002; Eckel et al., 2014]. In a video study, experienced psychiatrists identified SPs as real patients in 61% of cases (!); real patients were recognized as such in 94% of the cases [Wünderlich et al., 2012]. Patients were perceived as more authentic, whereas SP cases were perceived as more typical and more memorable, which corresponds exactly to the goal of creating focused learning opportunities.

We have developed a brief instrument to assess the authenticity of patient presentations [Ay-Bryson et al., 2020; available on request from the corresponding author]. The instructions do not disclose whether SPs or real patients are being assessed; sample items include: "The person describes their illness convincingly overall" and "The behavior of the person is appropriate to the clinical picture." In a related study, psychotherapists in training were presented with six videos in which the SPs and real patients could not be clearly differentiated from each other [Ay et al., 2020b]. Further research is needed, however, including larger samples and expansion to include different symptom profiles.

3.6.2. What Makes an Adherent Case Presentation Successful?

Adequate training and continuing review of the case presentation are required not only for an authentic case presentation, but also for the presentation to be done consistently in the same way (i.e., consistently adherent). In order to verify the adherence of the representation, it can be checked, for example, whether SPs implement the behaviors described in the scenario or whether they behave in ways that are not intended in the scenario [Waltz et al., 1993; Edwards et al., 2016]. SPs should represent the character as intended – e.g., being appropriately cooperative and revealing information to the appropriate extent in role playing [Edwards et al., 2016]. Quality criteria (e.g., content validity and inter-rater reliability) are checked by means of video recordings and, if divergences are found, corrective training should be initiated [Edwards et al., 2016; Pheister et al., 2017]. Sample items for adherence checking are found in online supplement 2.

3.7. What Should Be Considered when Giving Feedback?

In addition to teachers and other training participants, SPs can also provide feedback to the learners [e.g., "As your patient I felt that you cared, but I had trouble understanding you because you used too much medical jargon [...]"; Pheister et al., 2017, p. 115]. This form of feedback, which cannot be expected to the same extent from real

patients, offers learners a special learning opportunity, provided that the feedback is given in an appropriate and appreciative manner [Coyle et al., 1998].

Although the feedback from SPs and real patients may differ, it is assumed that this feedback, in addition to improving technical skills, helps build empathy and improve rapport building [Pheister et al., 2017]. It is also assumed that staff resources can be saved if SPs give learners clearly delimited feedback after each interaction [Voderholzer, 2007]. We believe that feedback on therapeutic competence should not be given by SPs, however, but should be reserved for the teaching staff.

In any case, SPs should receive special training on what constitutes constructive feedback [Adamo, 2003; UKE, 2020]. Feedback can be given verbally or in writing, freely or using a checklist, directly afterwards or using an audio or video recording [Adamo, 2003; Pheister et al., 2017]. It is generally helpful if feedback protocols are used and feedback is continuously checked, for example by a teacher, in order to provide corrective training if necessary [Kühne et al., 2018].

3.8. How Can Competencies Be Assessed?

Competencies can only be reliably tested if test-takers from undergraduate to postgraduate education have had the opportunity to practice interactions with SPs and if they know strategies to prepare adequately for the exam situation [Sheen et al., 2015]. In medical subjects, the performance of each test-taker at each station of a parcourse test is assessed using individual performance feedback [Pheister et al., 2017], checklists with a dichotomous answer format, or global rating scales [Hodges et al., 2002; Yudkowsky, 2002]. The use of established scales is recommended for clinical psychology [for example, the Cognitive Therapy Scale or the Motivational Interviewing Supervision and Training Scale; Edwards et al., 2016]. Since these instruments are very comprehensive and require detailed training of raters, we have developed the Skala zur Einschätzung Klinischer Gesprächsführung (SEKG, Clinical Conversation Assessment Scale) in order to make basic conversational skills (e.g., “Uses facial expressions and gestures appropriate to the situation”) and therapeutic activity (e.g., “Develops content along with the patient”) easy to assess [Kühne et al., 2020a; available on request from the corresponding author].

Quality criteria should also be reported for performance assessments of raters, as they can differ significantly from one another: Several trained raters are required to arrive at a reliable assessment of the candidate's competence [Yudkowsky, 2002]. Regarding the number of necessary observations from SP interactions per test-taker, Imel et al. [2014] calculated that, in their case, around six were needed to reliably estimate the learners' adherence. Significantly more observations were neces-

sary, however, for sessions with real patients [Imel et al., 2014]. In a narrative review, it was found that 10–14 role-plays with SPs per test-taker were needed to make a reliable statement about whether the student should pass an examination [Yudkowsky, 2002]. Parcourse tests for the competence exam should thus be planned with a sufficient number of stations.

3.9. Conclusion and Outlook

Because of the Law on the Reform of Psychotherapist Training [2019], teaching and examination formats in clinical psychology and psychotherapy will shift towards a more practical orientation. SPs offer a flexible instrument for teaching and the potential for reliable and valid assessment of clinical competence [Hodges et al., 2002; Edwards et al., 2016].

In addition to the areas of application already described, other uses and research topics are also possible. Interactions with SPs adapted to the target group [Hodges et al., 2002] could be used to supervise the competence of advanced training candidates. It would be worthwhile to evaluate the supervision afterwards, insofar as the effectiveness of supervision in a naturalistic setting is difficult to verify [Willutzki et al., 2015]. In addition to this more practice-oriented research, SPs can be used for an experimental comparison of different training and supervision methods [Kühne et al., 2020b]. Finally, SPs can be used in telephone interviews following online training, for example to determine whether participants can use the skills taught online (such as motivational interviewing) [Edwards et al., 2016].

Even if current discussions suggest that the license exam could be delegated to the IMPP, it will be relevant for the universities to prepare students for the new exam format during the master's program for a license in psychotherapy. One possibility would be to check the completion of individual modules, such as those suggested for in-depth psychological diagnostics and assessment or for applied psychotherapy [PsychThApprO, 2020], using practical formats and SPs.

In summary, we believe that the use of SPs offers great potential for future clinical-psychological training and research. Quality criteria (reliability, validity) should be consistently taken into account, and the effectiveness of SPs compared to other active training conditions should be further verified.

3.10. Recommended Literature

Among the works helpful for creating one's own SP programs are the textbooks by Voderholzer [2007], which include examples of case vignettes, and by Peters and Thrien [2018], which provide practical tips for working with SPs in various health professions, as well as the review article by Hodges et al. [2002], which lists not only materials, but also presents important experiences.

Statement of Ethics

Since this is a review article, ethical guidelines for conducting studies do not apply.

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Conflict of Interest Statement

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Author Contributions

All authors have contributed significantly to the conception of the work and to the preparation of the manuscript. All authors consent to publication and agree to take responsibility for all aspects of the work and to ensure that questions regarding the accuracy and completeness of any part of the manuscript are adequately addressed.

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