



SIMULATED PATIENT
PASSPORT



Health Education North West



COPYRIGHT

© Health Education North West 2015. Authored by Suzanne Gough, Daniel Gavin and Leah Greene from Manchester Metropolitan University.





SIMULATED PATIENT PASSPORT

CONTENTS

Information.....	iv
Simulated Patient Training Record.....	1
Additional Training Record.....	5
Training Experiences – Roles.....	9
SP Experience Record.....	13
Passport Details.....	27



INFORMATION

PURPOSE

The purpose of the Simulated Patient Passport is to document evidence of your Simulated Patient or related training. It is also a record of your involvement as an SP within simulation-based education. You can use it to track, record and monitor your SP activities; it will act as a career record of your skills, as well as a personal reflective portfolio of your SP experience

VALIDITY

This passport is valid for five years unless otherwise stated. Health Education North West can replace a passport that has expired or has no further space.

CAUTION

This passport remains the property of Health Education North West and may be withdrawn at any time. It should not be tampered with or passed to an unauthorised person. Any case of loss or destruction should be immediately reported to Health Education North West.



SIMULATED PATIENT TRAINING RECORD

Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	

Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	



Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	

Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	



Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	

Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	



Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	

Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	



ADDITIONAL TRAINING RECORD

Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	

Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	



Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	

Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	



Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	

Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	



Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	

Training	
Date Completed	
Organisation	
Authorised by (Name)	
Authorised by (Signature)	



TRAINING EXPERIENCES – ROLES

Role	
Notes	

Role	
Notes	



Role	
Notes	

Role	
Notes	



Role	
Notes	

Role	
Notes	



Role	
Notes	

Role	
Notes	



SP EXPERIENCE RECORD

Role Portrayed	
Purpose of SP Involvement	<i>e.g. learning and teaching, training course, learning assessments, course planning, course evaluation</i>
Date	
Duration	
Frequency	
Additional Comments	<i>This space is provided for you to add any comments regarding your involvement in the SP role(s) recorded above, e.g. what went well, what you enjoyed, what you learned from the experience, what you may do differently next time</i>



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



Role Portrayed	
Purpose of SP Involvement	
Date	
Duration	
Frequency	
Additional Comments	



PASSPORT Details

Surname

Given Names

Date of Birth

Sex

Date of Issue

Date of Expiry

Issuing Authorisation Stamp

Picture

Holders Signature



Health Education North West