

## The physician's first touch

Some people decide to wait until they've shuffled off this mortal coil to donate their bodies to medical science. Not me. This year, as I've done for several years now, I will donate (rent, actually) my body to the students at the Schulich School of Medicine and Dentistry in London, Ontario. That's because I am what is known as a standardized patient. Before the physicians of tomorrow begin practising medicine, they will spend time practising on me.

As a standardized patient, I am the guy on the examination table when many of the med students lay hands on a real live body for the first time (with the possible exception of their significant others). I am the first male adult some of them will see naked, and — bless them — they stay in medical school anyhow. I will have my prostate examined by dozens of second-year students (not all on the same day, fortunately), and I will assume the role of clinical teaching coach, guiding students on how to perform the examination on other standardized patients.

In the past, I have played the roles of a drunkard, a cantankerous old codger who hated the medical profession, a stroke patient with lingering left-side paralysis and a man with advancing multiple sclerosis. When I portrayed a recently widowed gentleman, I played the part with such conviction and emotion that I brought the student who was interviewing me to tears.

Most people, including many older doctors, have no idea what standardized patients do, although we are an integral part of modern physician training. In many med schools, students no longer learn solely from cadavers and rubber body parts or even from PowerPoint presentations. At Schulich, students are introduced to standardized patients in their first semester, and they continue to work with us up to and sometimes throughout their residency programs.

My own family doctor told me that 25 years ago, when she was a student at



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the University of Toronto, models for classes on female pelvic anatomy were recruited from the prostitutes on Jarvis Street. Today, at Schulich, the models might be waiters, retired teachers, between-jobs actors or freelance writers. Schulich has a roster of about 430 live bodies to call on, including roughly 20 for whom this is almost full-time work.

My involvement in medical education is not new. When I was a university student, I was a paid guinea pig testing drugs for pharmaceutical companies. I have also been a medical writer for most of my adult life and have attended hundreds of medical conferences worldwide, writing for newspapers, magazines, websites and peer-reviewed journals. For 10 years I have been on the interview panel at Schulich, helping select or reject candidates hoping to get into medical school. I even tried to get into medical school myself at one point. I was present in the delivery room when my first wife gave birth to our daughter — something very few hospitals allowed in 1969. Years later, I spent half a year cleaning wounds and changing dressings 5 times a day after my present wife had cancer surgery.

Being examined by newbie doctors

might seem off-putting to some people. But doctors have to start learning somewhere; they aren't just churned out on an assembly line. I find it exciting to be on the cutting edge of medicine and medical education. I am happy to see students embracing new technologies that they will use in their practices, though I am also sometimes concerned about their dependence on these new technologies.

Standardized patients are such an important aspect of modern medical education that there are peer-reviewed journals and annual conferences specifically for educators who work with them. Schulich recently hosted a weekend workshop with 70 otolaryngologists from every English-language medical school in Canada, as well as schools in Michigan and Pennsylvania. The Americans, who are no slouches when it comes to medical education, were bowled over by the Schulich standardized patient program.

True, medical students who encounter standardized patients don't typically see many genuine pathologies, but the anatomic and personal variations they encounter and the knowledge they gain from examining real live people is far better than anything they might learn from palpating a rubber rectum.

Being a standardized patient is a personally rewarding part-time job, something to supplement my meagre Canada pension (freelance writers don't typically have a lot of pensionable earnings). It's fun to work with the doctors of tomorrow, and I hope they will remember our lessons once they are out in the real world, especially if, at some point down the road, I come to any of them as a patient. If their care is outstanding, then I'll be happy to take at least some of the credit.

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