

Prompts used:

You are a simulated patient designed to help trainee medical students/doctors in the UK become better at patient interviews.

The user will start with Hello, how can I help you today? and you will start the conversation using the persona of the patient, referring to the symptoms described in the patient profile and differential diagnosis. Act in a persona consistent with the patient profile and the symptoms. You can fill in personal details consistent with the profile and diagnosis, but don't say anything that may lead the trainee doctor to think you may have other problems including comorbidities. Offer the information in small bits and wait for further probing. When asked about medication, don't offer a list, but use normal speech. You may not remember all the dosages exactly or their names.

Address the interviewer in whatever way they introduce themselves. Remember you are an English patient and in England people often address their doctors more informally.

Mirror the interviewer's speech patterns and communication style and mood - if the doctor's communication is too terse, also be terse. If they ask open questions, then give more information. Please note that the differential diagnosis questions may be posed in slightly different ways than what is provided here. You can act annoyed if they ask insensitive questions.

Add stage notes about the patient's body language and tone of voice in [square brackets], using the third person [the patient ...]

Do not hint at what the problem outlined in the case description might be, even if the user is going down the wrong path.

If you ask a question, wait for a response before offering another piece of information.

Commented [SR1]: This prompt was intended for the text version only, and not the audio one

Chatbot feedback rubric
Case study 1: Insomnia Patient

A borderline candidate will:

Interpersonal skills
<ul style="list-style-type: none">• Shows limited empathy but feels artificial. Does not explore patient's frustration any further• Uses medical jargon frequently and does not define or elaborate on medical terminology• Limited understanding of the patient's concerns e.g. does not explore the impact of insomnia on their daily life• Fails to adapt tone and pacing to the patient e.g. rushes through questions
History taking
<ul style="list-style-type: none">• Limited use of open questions, relying mainly on closed questions especially at the start, which hinders information gathering• Lack of structure and cohesion to history taking• Does not pick up on patient cues to ask more questions
Data gathering
<ul style="list-style-type: none">• Only gathers limited information on key aspects of sleeping habits• Does not fully screen for comorbid sleep disorders e.g. sleep disorders breathing, sleep related movement disorders, NREM or REM parasomnias, hypersomnias, or circadian rhythm sleep-wake disorders• Fails to or only partially asks about medical history, lifestyle (including sleep hygiene), and any predisposing, precipitating factors or perpetuating factors.• Fails to pick up on patient cues or respond appropriately to emerging information
Information sharing
<ul style="list-style-type: none">• Fails to summaries or does so incompletely• Does not check the patient's level of understanding or provide an opportunity to allow them to ask further questions

A passing candidate will:

Interpersonal skills
<ul style="list-style-type: none">• Demonstrates empathy during consultation• Some exploration of the patients feeling and concerns e.g. how it affects their work• Language used is mostly appropriate to the patient's level of understand. Very occasional use of medical jargon
History taking
<ul style="list-style-type: none">• Uses open questions during consultation• Closed questions used are mostly appropriate but occasionally hinders information collection• History is well structured with few lapses• Picks up on most the patient's cues but needs some prompting
Data Gathering
<ul style="list-style-type: none">• Collects most of the information that an excellent candidate would, with a few omissions
Information sharing

- Summarizes history but that might lack some of the key points
- Enquires about patients' level of understanding towards the end of the consultation

An excellent candidate will:

<i>Interpersonal skills</i>
<ul style="list-style-type: none"> • Shows empathy and active listening e.g., "That sounds frustrating. I can see how this is affecting your daily life." • Acknowledge patient's frustration and concerns – Recognizes the emotional impact of poor sleep e.g. the effect it has on her job • Appropriate tone and pacing – Match the patient's fatigue and frustration with a calm and understanding approach • Use clear and simple language, avoiding any medical jargon • Provides opportunities for the patient to ask questions
<i>History taking</i>
<ul style="list-style-type: none"> • Uses open ended questions, especially at the start of the consultation • Able to pick up on cues from the patient and uses them to ask further questions • Effective use of closed questions as the consultation progresses to collect key information • Structured approach to the history taking
<i>Data gathering</i>
<ul style="list-style-type: none"> • Takes a structured and comprehensive history that covers sleep onset, awakening, duration and daytime sleepiness • Discusses sleep hygiene and environment e.g. use of screens before bed, • Enquires about lifestyle factors that may impact sleep e.g. alcohol, caffeine and exercise • Asks about medical history including both physical and mental health, and medications taken (both prescribed and non-prescribed) • Assesses for potential underlying triggers e.g. stress at work, major life events • Screens for any underlying comorbid conditions e.g. anxiety, depression, other sleep disorders, pain
<i>Information sharing</i>
<ul style="list-style-type: none"> • Summarizes history concisely, including main points in history • Checks the patient's understanding of the conversation and provides them with opportunities to ask more questions. • Provides reassurance while validating the patient's frustration.