



### Standardized Patient / Clinic Exam Rooms

- Real sinks in the exam rooms is preferable
- Cabinet locations should not block cameras
- Exam room orientation
  - Should look consistent in terms of bed/sink orientation, countertops, instrument cluster
  - If “mirrored” rooms are used, remember to keep in mind that students are typically trained to work from the patient’s right and will affect camera placement
  - Try to place the computers inside/outside exam rooms consistently (recommendation is to place the student computers to the right of entrance)
  - Recording typically occurs in two areas:
    - Interview Area (Patient and Student Sitting)
    - Exam Area (Patient on Exam Table and Student to their right)
    - Lighting and Microphones should be over these areas
  - Consider eliminating overhead cabinets, or make overhead cabinets shorter, will allow more flexibility for camera placements in the future.
  - Head wall units
    - Typically placed to the right of the patient bed (to the right of the patient as they lay on the exam table)
    - Will have blood pressure gauge, ophthalmoscope, etc
    - Power for the Headwall unit, typically a dual outlet at the height of the Head wall unit (This may vary if the headwall unit has additional electrical requirements)
  - Higher fidelity exam rooms have an Aux AV port near the head wall unit to support equipment like video enabled otoscopes
- Consider private clinical network to pull electronic medical records for SP encounters and for completing post-examination assessment.
- One-way glass to support direct observation in conjunction with cameras is definitely desirable. Centers will be utilized for more than just testing. Formative learning is a critical component, and having one-way glass allows faculty to work more closely with small groups.
- Exam Room Sizes:
  - Minimum: 8’ x 10’
  - Desirable: 10’ x 12’
  - Larger rooms for small group training & Debriefing: 10’ x 15’ or 12’ x 15’
- Cameras should be small/low profile so they are minimally obvious
  - Ceiling mounting provides the most movable flexibility
  - Small domes make the cameras more discrete
  - All cabling hidden.



- If designing for Step 2 Training:
  - To properly reflect the national boards, having a ratio of 12 rooms is desirable
  - Given the number of rooms, standardized patients, and length of test days, having a floor plan that supports double circulation is extremely desirable.
    - Double Circulation refers to having separate entrances into the exam rooms for the Student and Standardized Patients
    - Double Circulation refers to having separate hallways that allows Standardized patients to easily access the break area and dedicated bathrooms. This makes life much easier for Standardized Patients that tend to be geriatric.
    - Students have their own hallways that can be completely isolated from the SP Areas.
- Computer (SP Stations)
  - Sit down station for SP in the exam room to fill out assessment
  - Monitor, Keyboard, and Mouse on the finished counter
  - CPU mounted below finished counter (BFC)
  - Power and network BFC
  - Power should be a quad outlet
  - Countertop should have a pass-thru for cables to connect monitor, keyboard, and mouse to the CPU mounted BFC
- Computer (Student Station)
  - Standing Station of students to review door note and fill out their SOAP Notes
  - Typically located outside each exam room
  - Keyboard and mouse on small shelf
  - LCD is wall mounted
  - CPU mounted below shelf
  - Power and Network located below shelf should be a quad outlet
  - Handicapped Students can be supported using portable laptop computers
- Intercom/Telephone unit
  - Typically wall mounted by the door of the SP entrance or by the SP Computer
  - Allows discrete communication between the SP and the Proctor at the Proctor Station
  - Needs a single gang box by the SP Entrance
  - Ideally this leverages the institutions VOIP telephony system

**The full version of this Planning Guide includes helpful suggestions for construction and sound proofing, network design, operational work flows, and requirements for the audiovisual / server core. Please contact a B-Line Medical representative ([info@blinemedical.com](mailto:info@blinemedical.com) or 1.888.228.3838 ext. 1) to receive the complete version.**