

Dalhousie Medicine New Brunswick

Simulated Patient Handbook

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Introduction to Dalhousie Medicine New Brunswick and the Learning Resource Centre

Dalhousie Medicine New Brunswick (DMNB) is a province-wide, distributed medical education program. The DMNB building, located in Saint John on the University of New Brunswick Saint John (UNBSJ) campus, is home to the simulated patient program, and supports the development of critical diagnostic and patient care skills through simulation-based learning and assessment methods. All undergraduate medical education students begin their skilled clinician training in the Learning Resource Centre (LRC) to practice the following:

- Conducting interviews and physical assessments
- Developing procedural skills
- Enhancing patient-centred communication skills
- Developing skills to enhance collaborative practice amongst their future health care colleagues

The LRC is as close to a clinical environment that a learner will experience anywhere within the province. We expect the same professional behaviour that we would see in an external clinical setting like a hospital or clinic, as the learners prepare for clinical practice. We know that noise in hospitals and clinics has a negative impact on patients and families and impacts their ability to retain and regain health. Therefore, when at the LRC, we ask learners, staff, and simulated patients not to linger in common areas, to maintain quiet conversations, and to keep electronic devices on silent/vibrate.

Introduction to participating as a simulated patient

Simulated patient work is about education

“The term *actor* is sometimes used to refer to an SP. While both SPs and actors are performing roles, and acting practices and theories can inform SP work, the scope of what an SP and an actor does is very different. In general, actors are fulfilling the objectives of a playwright and/or a director and perform for an audience. In healthcare simulation, actors may be hired to perform in an educational activity; however, as SPs, they are doing something different from actors. They are part of an educational team, focused on fulfilling the learning objectives of a simulation activity in service to learners.”

The Association of Standardized Patient Educators (ASPE), Standards of Best Practice (SOBP)
<https://advancesinsimulation.biomedcentral.com/articles/10.1186/s41077-017-0043-4>
April 2017

An SP is a person who is trained to simulate the historical, physical, and emotional features of a real patient's clinical problem in a consistent and believable manner. SPs at DMNB help medical students gain competency in taking histories, performing physical examinations, and making diagnoses.

Cases are, in part, scripts that contain an outline of the issues, concerns, and complaints of the patient to be portrayed. The patient an SP portrays may have very different answers or reactions than the SP might personally. Each case is often a part of a larger event that provides our learners the opportunity to practice their clinical and communication skills.

SPs provide learners the opportunity to obtain more practice, observation, and feedback that may otherwise not be available throughout their training. The events in which SPs participate can generally be classified as either formative or summative. Formative events are those where learners are monitored and feedback is provided by faculty and/or SPs to improve performance. Summative events are those in which learners are assessed by faculty based on learning goals and objectives. Sometimes SPs use checklists and global scales to assess learners.

Common subject areas for teaching and learning with SPs include taking a health history, physical examination, management, counseling, communication, professionalism, ethics, and challenging patient interactions. For example:

- Breaking bad news and bereavement
- Palliative care, end of life decisions
- Family violence and abuse (adult and pediatric)
- Anger
- Addiction

As a simulated patient, you may be expected to:

- Provide opportunities for safe practice of communication and physical exam skills
- Role-play during workshops, examinations, remediation, lectures, and research studies
- Enact carefully scripted case scenarios and maintain standardization
- Improvise and respond to learners' needs
- Provide feedback from the patient's perspective (SPs are trained to provide patient-centered feedback)

Occasionally, DMNB Simulated Patient Educators offer simulated patient workshops to further develop skills, which may be helpful in your role (for example, providing patient-centred feedback to learners).

If you are interested in becoming a simulated patient, please email: dmnblrc@dal.ca

Responsibilities of simulated patients

DMNB is committed to the highest standard of learning to develop highly competent, caring, and socially responsible medical professionals. To make the simulated patient program possible, our SPs must adhere to the following responsibilities and expectations:

- Portray the role the way you were trained.
- Keep all SP scripts, case materials, and learner identity and performance confidential.
- Return all case, scripts, and feedback materials in good condition to the LRC staff, if requested to do so.
- Respond to recruitment emails in a timely manner whether it is to accept or decline a role. You are free to accept or decline any recruitment opportunity without penalty.
- Reliability: commit only to dates that you can work.
- Attend all required training sessions and simulations. If unable to attend required training sessions and simulations, please contact your simulated patient educator as soon as possible.

- Punctuality: arrive promptly for all training sessions and simulations.
- Exhibit professional and ethical behavior.
- Do not provide your own health history to learners or faculty. Do not seek or expect personal medical or health advice from the learner or faculty. The learners and faculty will not provide any medical advice for SPs.
- Demonstrate sensitivity and respect to others' beliefs, opinions, gender, race, culture, religion, sexual preference, ability, and status.
- When the specific role requires it, provide feedback to learners in a constructive, formative, and learner-focused manner.
- Report any personal or professional conflicts of interest as soon as possible.
- Be easy to work with, and display good interpersonal skills when working with colleagues, simulated patient educators, learners, staff, other SPs, health professionals, and all those involved in the program.
- Adapt quickly to changes with a positive attitude.
- Receive and integrate feedback willingly and consistently.
- Demonstrate personal and professional integrity and honesty.
- Demonstrate accountability and admission of errors.

Simulated patient professional conduct:

- Reliability
- Honesty and integrity
- Altruism
- Respect
- Responsibility and accountability
- Compassion and empathy
- Dedication and self-improvement

Advantages to working with simulated patients

SPs have become increasingly important in recent years as an adjunct to learners' clinical placements and practicums since patients in hospitals tend to be sicker than those in the past. Furthermore, in-hospital patients do not necessarily represent the types of cases that are appropriate for the health professional learners' level of learning. Overall, there are fewer in-hospital patients, which makes it more difficult for health professional learners to find opportunities to practice their skills. SPs offer the opportunity to fill these gaps.

| SPs are: | What does this mean? | What does this require from each SP? |
|------------|---|--|
| Credible | SPs are comparable to a real patient in a real-life situation. | To portray the role realistically. |
| Available | SPs are available at any time and any place. It is not necessary to rely on real patient cases that are available only at a given time. | To be as flexible and accommodating as possible when called for a job. |
| Consistent | Symptoms, signs, and psycho-social aspects remain stable. The same | To portray the role consistently with each repetition and remain |

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| | simulation is always available and repeatable. | standardized with other SPs playing the same role. |
| Controllable | Situation, setting, level of difficulty, and amount of information given to the learner can be controlled. | To be flexible in adapting the role to meet specific needs of the learner as directed by the simulated patient educator. |
| Adaptable | In some simulations, the examination and/or interview can be interrupted (using a “time out”) and learners can discuss with the tutor or amongst themselves any problems of findings. A resource can be consulted and examination continued. Discussion of the problem can be openly discussed in front of the SP (during “time out”). SPs must be able to adapt to these changes. | To maintain the realism and intensity of a role even when interrupted with “time outs”. SPs will be directed to either remain in role, “freeze”, and avoid interaction with the trainees and tutor or they may be directed to offer their feedback which could prove useful to the trainees and tutor (if solicited). SPs must be able to take new direction while maintaining the integrity of the role. |
| Able to give feedback | SPs are trained to give immediate and constructive feedback to the learners regarding their communication skills. | To give specific, constructive feedback to learners about their communication skills when required. SPs will be trained to give feedback before being asked to do such a simulation. |
| Able to teach | If SPs have been trained as a Clinical Teaching Associate, they are able to instruct and provide feedback for physical examinations. | Clinical Teaching Associates are trained to give instruction on physical exam and advanced history taking techniques to learners |
| Safe | Learners need not be concerned that they will impose any inconvenience, discomfort, or harm on real patients. | Remember that the SP’s purpose is to focus on the learner’s needs, and to relay information, not personal opinions. |

Adapted with permission from *The Standardized Patient Program: An Orientation Manual*, University of Toronto, 2010.

What can I expect as a simulated patient?

DMNB is committed to creating an environment that is fair, equal, and safe for all its employees, learners, and health professionals. SPs working DMNB will be treated with the highest level of respect and consideration by learners, staff, and faculty,

Casual employment

SPs are considered casual employees of Dalhousie University. This means DMNB cannot guarantee a fixed minimum or maximum number of hours of work. As a casual employee, you will be assigned a banner number; this is an employee number that will allow you to access your payment information, your T4A, and Wi-Fi at the university.

To access these features, you need to set up your NetID and password: <https://password.dal.ca/>.

If you do not know your banner/employee number, please contact dmnblrc@dal.ca.

SP selection for roles

The amount of work offered to individuals depends on the demographics of the patients we need portrayed, the type of event, and the SP's experience and availability. Faculty submit requests for events utilizing SPs, including case details such as the age range, gender, ethnicity, and physical characteristics of the patient. Based on this information, the staff identifies potential SPs to portray the patient.

The following secondary selection criteria are considered to narrow down possible SPs:

- Case requirements (for example, affect to be portrayed, case difficulty, or experience)
- Ability to master the role
- Level of experience in providing learner feedback

The Simulated Patient Educators reserve the right to select SPs in a manner that best suits the event. Once SPs for the specific roles are identified, they are contacted by email to determine availability and interest. SPs are free to accept or decline any recruitment opportunity. SPs must be able to attend both the training session(s) and event day(s).

Your ongoing participation in the program will be adversely impacted by lateness, absence, lack of preparedness, unprofessional behaviour, lack of engagement, and/or commitment to the work. If you display these characteristics, you may be removed from the program.

We often hire spare SP for most roles. Spare SPs train with the group and are expected to attend the event, and sometimes remain "on-call" until a designated time. Spare SPs would only be expected to go into the role if another SP is unable to participate. Spare SPs are remunerated for their time.

Hours of work

SP work hours are irregular and sporadic in nature since they are dependent on multiple factors. For example, you may be asked to work an event that is two hours or twelve hours; you may be asked to work on days, evenings, or weekends. Therefore, we cannot guarantee a fixed minimum or maximum number of hours of work. This is casual employment only. Often, our programming follows the academic school year, which means that the program is quieter in the summer months.

Comfort with a role

Please be assured that you can decline, without explanation, any role you are not comfortable with (for example, portraying a cancer patient when one of your family members has recently been struggling with cancer). This will not preclude recruitment for future roles.

Physical examinations

The physical examinations SPs may encounter are most commonly simple, non-invasive examinations that the public receives from their family physician. For example, learners may listen to your heartbeat, take your blood pressure, and examine your eyes, ears, mouth, and abdomen.

Occasionally, we have a specific need for SPs who are willing to complete more invasive examinations, such as chest or pelvic examinations. SPs that are uncomfortable with these examinations are not expected to take part in these programs.

Participation in events at the LRC is for learning purposes only. Should something abnormal be found on physical exam, the SP will be informed of a finding and advised to seek medical evaluation and treatment by the SP's personal health care provider.

Learners are expected to drape patients appropriately to avoid exposing them unnecessarily; however, this is a learned skill and does require a certain amount of practice. Unfortunately, there may be some misses along the way. The LRC provides a safe environment for learners to practice and make mistakes. If you feel uncomfortable with this, please let your simulated patient educator know as soon as possible.

Training

Prior to each simulation, you will be brought in for face-to-face *or* online training. Training is typically scheduled for two hours and all training sessions are paid. The purpose of a training session is to review the script and case materials, to roleplay the scenario, and ensure confidence and comfort with the role. If, at the end of training you do not feel prepared, please speak with your simulated patient educator.

Confidentiality

All scripts, case material, and information related to events at the LRC is confidential. This includes learner identity and performance. The content of SP roles should only be discussed with simulated patient educators or Dalhousie faculty, and not with friends, family, or other SPs who might not be working on the same case. SPs must keep secure any SP scripts and case material, and these must be returned to the LRC at the completion of each event, and to delete any copies from their personal computer. All training and case material is the property of Dalhousie University and must not be duplicated or distributed by SPs. If you think you might have lost a script or breached confidentiality, you must let your simulated patient educator know as soon as possible. You will be asked to sign a confidentiality agreement.

Quality assurance

The quality of SP performance is a priority at DMNB. Quality assurance is maintained by "live" observation during training and simulation. The goal is to provide each SP with the information and support that they need to succeed. Sometimes, the program is not the best match for an individual SP and we must discontinue their participation. This may occur due to an SP being late, habitually missing or cancelling projects they have accepted, and/or consistently being unable to meet program expectations. Simulated patient educators reserve the right to discontinue an SP's services if they do not meet the responsibilities and expectations of their position.

Payment

Training and simulations are paid at different rates depending on the program, required complexity, and feedback requirements. The pay for SP work is as varied as the work itself. The minimum rate is \$16/hour for basic roles. The rate of pay is often the same for both training and portrayal of the role. The rate increases with the complexity of the simulation skill required. Your

simulated patient educator will indicate what your pay rate will be for a project when you are initially recruited.

Method of payment

Unless informed otherwise, all pay will be directly deposited into your bank account by Dalhousie University via direct deposit. All payments are subject to standard government deductions. An “Application for Direct Deposit of Pay”, a federal tax form, and a Nova Scotia provincial tax form must be completed before any payments can be processed. In most instances, SP pay will be deposited into your bank account within a six-to-eight-week period following the completion of the inaugural event, then every two-to four-week period afterward.

Parking Fees and Travel Expenses

It is the SP’s responsibility to cover the cost of parking fees and travel expenses for each training session or simulation. SPs will not be reimbursed for any parking fees, tickets, or travel expenses by DMNB.

Event cancellations

In the event of a cancelled program, DMNB staff will give as much notice as possible. SPs will not be compensated if Dalhousie University is closed, and a program is cancelled due to inclement weather. All SPs are encouraged to confirm operations by calling or texting 506-650-7633 prior to events.

SPs are welcome to consult the UNB [Facebook](#) or [Twitter](#) pages and to download the Emergency Notification System on the UNBSafe App at: <https://www.unb.ca/fredericton/security/unbsafe.html>)

SP cancellations

As an SP, once you have committed yourself to a specific event, we expect you will honor that commitment barring **extreme** circumstances. Simulated patient educators ask that you report any difficulties making an SP commitment as soon as possible. SPs should provide at least 24 hours’ notice, as last minute cancellations or ‘no shows’ for a simulation (without a valid reason) could impact future involvement with DMNB. Reliability is an essential component of our SP programming.

Electronics and personal belongings

SPs should not use electronics such as cell phones during training or events, as they are distracting to learners, SPs, and staff. If electronics are used during simulations, there is a risk that the learner may be disrupted and lose the opportunity to gain valuable educational practice and feedback. Some programs will explicitly ask that no cell phones or electronics be brought to the examination site.

What can I expect from DMNB?

- To be treated with respect and consideration by staff, faculty, and learners.
- The right to refuse a role that is uncomfortable for you.
- To receive feedback from your simulated patient educator and be instructed as to how you can improve.
- To be paid for the time that you are scheduled to work.
- The understanding that true emergencies do occur and you will not be penalized when they happen.

Video recording and observation

Simulations may be video recorded or observed for educational or quality assurance purposes. Video recording serves several purposes: it provides an opportunity for students to reflect on their skill level, and it provides faculty and staff with the opportunity to re-watch interactions with learners who might need additional support. Direct observation of simulated patients also helps to ensure the educational programming is running as expected.

SPs will be reminded prior to programming that recording will be occurring. However, SPs may be subject to random recording review and/or live observation.

NOTE: *There are cameras mounted in each clinic room.* Please keep these cameras in mind if you need to change clothing for a role. You might feel most comfortable changing your clothing in the bathroom.

Educational research studies may include simulation and, by extension, working with SPs. Research involving human participation requires that the researcher has received approval from the Dalhousie Research Ethics Board. Through this procedure, you can be assured that all research at the LRC is completed with the highest regard for human participants. If a research study requires your involvement, participation, recording, and/or feedback, you will be asked to consent on a case-by-case basis. You may refuse to participate in any research for which you do not consent. Refusing to consent to a research program may interfere with that program, but it will not negatively impact you participating in other programs.

No personal information will be shared or referenced during video recording, review or observation that is used for educational or research purposes. SPs will only be identified by the case name and information that was provided during training.

Personal information and photographs

In order to recruit appropriate SPs for specific simulations, it is necessary for DMNB to receive and maintain specific personal information about SPs (e.g. contact information, height, weight, surgical scars, relevant physical characteristics, health issues, etc.).

This personal information will be kept electronically in the SP database. Photographs (head shots) will be taken of every SP and will be kept on file with other SP contact and personal information. SP information and photographs will not be divulged or shared with anyone other than SPs.

Conflict of interest

DMNB is concerned about maintaining the integrity of examination content. Please let the simulated patient educators know immediately if you or a person close to you (family, partner, spouse, best friend, etc.) is intending to participate in any upcoming examinations. This way we can work together to avoid any conflict of interest.

Smoke-free, scent-free, and hygiene

To protect people from involuntary exposure to tobacco smoke, in 2003 Dalhousie declared the university entirely smoke-free. The 'No Smoking Policy' prohibits smoking in all university buildings, including university residences, on university property, and in university vehicles. Under this policy, those wishing to smoke are asked to leave University property (http://safety.dal.ca/programs_services/smokefree/property.php). While smoking on public property, smokers are asked to avoid littering, to be respectful of others, and of course to abide by the municipal by-law.

The university has also acted to support its many learners and employees who report that they are harmed when they are exposed to scents, which are present in many personal care products. Scents in perfume, cologne, hairspray, after-shave, and even some soap and fabric softeners, cause serious illness in people who are sensitive to these chemicals. To provide an environment which supports teaching and learning, Dalhousie asks learners, staff, faculty and visitors, to refrain from using such scented products while at the university. The scent reduction program is part of a broader effort to limit, to the fullest extent practical, exposure to all chemicals in our buildings.

Our programming often takes place in small examination rooms for long periods of time. For the comfort of our learners, faculty, and staff, please arrive freshly showered and refrain from using strong scents.

Contact us



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Simulated Patient Educator
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Frequently asked questions

Do I have to be an actor to be an SP?

No. Some SPs are experienced actors, but most are not. You can be a very good SP without ever having been on stage or screen.

Do I need to know a lot about medicine?

No. We will train you in advance to ensure you have all the information to feel comfortable and confident going into the simulation. Most SPs find they learn quite a lot about health and medicine from their involvement in the program and enjoy it very much.

Do the learners know we aren't real patients?

Yes. We are not trying to deceive anyone. Learners are aware that they're going to be practicing with SPs. However, learners are asked to behave just as they would with real patients in doing their interviews and physical examinations.

How do I know what to say when a learner interviews me, or what kind of feedback to give?

You are trained how to answer learners' questions and how to provide feedback in a supportive way, if required in the role. You are provided a script at your training session; these materials provide the information you will need to learn and know in role. For example, scripts often provide the presenting complaint, past medical history, social history, physical findings, and appropriate affect and behaviour.

Will I need to take my clothes off?

If the case you are portraying involves a physical examination, you may be required to wear a hospital gown on top of varying amounts of clothing, which is dependent on the type of physical examination. In cases that require no physical examination, you would most likely wear your normal clothing. If a role requires you to remove certain clothing items or requires a 'uniform', your simulated patient educator will discuss this with you at your training session. If you are not comfortable with a role due to the clothing required or the type of physical examination, please let your simulated patient educator know as soon as possible.

Is it safe?

Yes. SP safety is our priority. We ensure SPs feel safe and comfortable when in a simulation. Most physical examinations are quite basic and do not cause any harm to the SP. However, we have processes in place if something unexpected were to happen. For example, if you were worried about being harmed or felt the learner was being too rough with you, you could simply stop the simulation.

If you are injured while in the LRC, please let a staff member know immediately. If you require immediate medical attention, you will be sent to the Emergency Department, a walk-in clinic, or your own health care provider within an appropriate duration of time. You will also be asked to complete an incident report, detailing what happened.

Simulated Patient Agreement (SP copy)

I hereby consent to act as a simulated patient (SP) in role(s) for which I am specifically trained. I understand that the objective of my involvement is to support the learning of health professionals. In this capacity, I understand that I may be interviewed and physically examined by learners in the same manner that would occur if I were an actual patient. Examinations will never include invasive procedures or treatments, or pelvic/rectal examination unless I have consented specifically to these procedures.

I understand that I may be video recorded for education and/or research purposes.

As an SP, I will always conduct myself in a professional manner and will maintain standards including reliability, promptness, objectivity, flexibility, and commitment to the SP Program. I understand that Dalhousie Medicine New Brunswick reserves the right to discontinue the services of an SP if they do not meet the responsibilities and expectations of their position. SPs that are late, do not show up, do not know their role for a simulation, or are disrespectful to learners, staff, and others may be terminated.

Participation in events at DMNB is for learning purposes only. Should something abnormal be found on a physical exam, the SP will be informed of the finding and advised to seek medical evaluation and treatment by the SP's personal health care provider. The learners and faculty will not provide any medical advice to SPs and none should be sought or expected.

I hereby consent to inform the Simulated Patient Educators (SPE) **immediately** if I am, or a person close to me is, planning to participate as a learner or candidate in any simulation event.

Confidentiality:

1. I understand that all scripts, case material, and information related to the event I am participating in is to always remain CONFIDENTIAL. This also includes learner identity and performance.
2. I agree to discuss the content of SP roles *only* with the LRC staff.
3. I agree to keep secure any copies of the cases given to me and to return them to the LRC at the completion of an event, and to delete any copies from my computer.
4. I acknowledge all training and case material is the property of Dalhousie University. *I will not duplicate or distribute any materials provided to me by the LRC.*

I have carefully reviewed the Dalhousie Medicine New Brunswick SP Handbook and have had all my questions thoroughly answered by the SPEs. I understand these policies and procedures ensure that my participation contributes to the successful implementation of events at DMNB.

| | |
|--|--|
| Name (please print): | |
| Signature: | |
| Witness: | |
| Date: | |
| Guardian name and signature (if under 16 years of age): | |

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