

**Transcript for The Who's Dat Phat Girl Podcast - With Brooke Hoover**  
**SEASON 2 EPISODE #18- Standardized Patient Patience**

Hey y'all, I'm Brooke Hoover. A Louisiana native, actor, writer and comedian. I've lost 100 pounds through diet and exercise or shall I say "lifestyle changes". My twenty year and counting health journey has taught me that just like taking a diet pill for weight loss, body positivity doesn't magically happen overnight. I'm working on re-gaining my self esteem and re-kindling my love affair with Cajun and Southern comfort food in a healthier way all the while juggling eating as clean as I can, re-establishing myself in the entertainment industry which, as we know, is historically fat phobic all the while showing my inner phat girl some love - that's phat with a PH - pretty hot and tempting. Let me tell y'all a tale or two...

Right now with the SAG-AFTRA and Writer's Guild strikes looming (side bar, podcasts aren't included in said strike so I'm allowed to be doing what I'm doing and doing it well - or at least I hope) this got me to thinking about all the many actor friendly side hustles I've had over the years. And, being a standardized patient is one of them.

The standardized human doesn't necessarily know what a standardized patient is until I'm like, "You know, like that Seinfeld episode where Kramer is a standardized patient..." and that's when people usually go ohhhhhhhh yeah. Or, if you're my momma, "Baby, I hate Seinfeld."

So, basically being a standardized patient, you are given a list, a case, a scenario, an illness if you will or a complaint, an ailment and you're given your full medical history: your age, where you work, what you eat, what your symptoms are, your trajectory of those symptoms and of your journey and you have to basically play that out as standardized as possible with a medical student to help them basically in a nut shell get them further along in their medical career, depending on if they're first year, second year, resident, all the years of medical school never cease to amaze or kind of miff me if you will. But, that's basically what being a standardized patient is in a nutshell.

If you've listened to two or more of my podcast episodes, y'all probably know that I have a love-hate relationship with most of Western Medicine and the way in which our bodies are approached by specialty as opposed to holistically.

The anger and judgment of quote "modern medicine" is rooted in my own experience (and in others' as well.) As a young child, my first memories of "modern medicine" were all rooted in trauma. From a doctor who said my chronic stomach aches were due to UTI's which lead to an emergency appendectomy at the age of 7 when my hospital gown got all twisted and knotted and they had to cut my hospital gown down the middle - which was traumatizing because I was not only tired and out of it from constantly vomiting like Reagan in The Exorcist and I thought that they were cutting me open while I was wide awake and with a scissors, but it felt

like they were violating my privacy and wanting to see me naked quicker to a nurse sticking me about 15 times with an IV until my mom grabbed her by the arm and said "Get someone in here who knows what they're doing!" So, my events dealing with doctors at a young age weren't positive like that of a St. Jude or Shriner's Hospital donate to us commercial (which, you should donate to both of those causes). They were more like that of a horror film, a low budget one at that.

I tried to gain hope and faith in doctors but I never could because just a few years after my appendectomy and endoscopy traumas, I started gaining weight and ever single time I saw a doctor for any single issue, the cure was always, "Well, Brooke needs to lose weight."

If you've listened to my podcast specifically about being diagnosed and living with Polycystic Ovarian Syndrome then you know that my female endocrinologist's response to me passing out in the middle of a street from a new birth control was, "Well, these are things you'll have to deal with as a woman." I had LITTLE trust in the medical industry.

It was right around that time that I ran into a college professor who said to me, "Hey, Brooke, you speak French as your second language right?"

To which I responded, "Mais oui, Mon Ami!"

And he said he may know just the gig for me. He linked me up with a lady named Karen who's totally a nice person and such not a Karen who said I'd be playing the role of a standardized patient but there would be no physical exam (YESSSSSS and yes that's sometimes part of it y'all, We will get into that later) and I'd be working with a partner. We would be playing a case called "the interpreter case" Where one person is from France or Haiti or French Canada - you get the idea - and the other is an overbearing relative who speaks both English and French and they keep trying to answer for the actual patient (whose main language is French, aside from un petit pea of English). Being an overbearing patient's helper who interjects when the patient is trying to talk?!?! How much more perfect of a role can ya get for me, Karen!? Sign me up. The challenge for the student doctors is that they have to navigate the communication skills of balancing the power and allowing the French speaking patient to be able to talk while also making sure the interpreter is interpreting correctly and not just paraphrasing or filling in with comments that they think might be for the patient's best interest (but really aren't) but to handle both people with dignity and compassion. Whew!

And, they hire actors to do so because our job is to know how to "read the room" and be able to memorize a script or in the case of standardized patient, memorize a case with all their illnesses and quirks and questions a doctor might ask - or rather a student doctor might ask because what a student doctor has to ask a standardized patient is always SO SO SO much more than what a resident or graduated doctor would ask a regular patient. It's called "standardized" patient because you are

playing a case that could happen on any given Tuesday at Urgent Care or the general practitioner's or specialist's office. This is NOT the time for an actor to try to win an Oscar or channel their inner Sir Laurence Olivier (who's a distant relative on my momma's side, FYI.)

For me, when I first started doing the cases, the beauty was that many of the cases were communication only. So, in that sense I had control of myself, control of the room, control of the doctor, in a sense.

Then, a good friend of mine who also did Standardized Patient at another medical school asked me if I'd cover for her one day. Always the eager actor / freelancer who wants more gigs, more connections, more ways to generate income, I said SURE. Before realizing that it was a case involving a physical exam (again, NOT uncommon in this world.) I was about 200 pounds and lighter than my previous weights but also still heavier than I wanted to be and hence protective of my body and myself, especially among the medical community. So, when my friend told me that they'd just "poke around on my belly a little" I was like...okay. I need this \$200. Let's go for it. Side bar, the case was supposed to be a workout instructor who'd developed some back pain and had burning upon urination. The diagnosis ended up being pyelonephritis - kidney issues. And, I went in trying to be game for anything - which is something that I am recently re-working on - being game for anything. After about 20 students came in rapid fire poking and prodding my stomach and gently handling my question (my character's questions but also my, Brooke's questions) of, I have back pain and I'm peeing a lot, why are you poking my stomach?!?! I felt like I wanted to punch someone but I was also grateful that I made some money kiiiiiiind of it in the line of work that I wanted to work in.

But, I noticed something else. When I went to the doctor a few months later for excruciating back pain that ended up being kidney stones (not pyelonephritis like my standardized patient role, but in the same realm because life imitates art, of course) I either was in so much pain OR I was able to have compassion for doctors in a whole new light OR the doctor at that time (nearly 16 years ago) was so awesome - and she still is, because I was able, despite my pain, despite hating the idea of the doctor, despite the system of modern medicine, I was able to see the humanity. My usual doctor at the time was busy with another patient so I saw her partner. I told the partner, "Look I don't want to sound like I'm whining but I think I'm dying here." To which she responded, "You definitely are NOT whining. I don't see a whiner. I see a person who is in extreme pain and needs to go to the emergency room, STAT.") To this day, because of her bedside manner, ability to look me in the eye, read the room and get SHIT done, this doctor is still my primary care physician. And, I'm not scared of her. I am scared of her nurse and office staff, but that's for another day and another podcast, y'all.

I realize now that doing the standard patient work made me able to see the medical field in a different light. I just wasn't quite sure what that was yet.

A few months after that, after healing up with the kidney stones, I started doing a different type of standardized patient case where we did the case but instead of going from room to room or student doctors coming in and out of the room and feeling like a cattle call, our purpose was to go through a neurological exam (my favorite y'all! It involves doing like seated agility things and then them scratching you - sometimes with this random pokey needle thing to which I'd get out of character and be like PANTOMIME THAT SHIT, STUDENT - and you responding for them to assess if your migraines also had some neurological component going on) and then after the exam, the students came back in and we had FEEDBACK TIME. We actually for once got to talk to the students, got to see what they were thinking, why they may have asked some of the sexual health questions in an awkward way (they almost always did - do you prefer sex with men, women or both?) and what they could do to ask said questions better. You got to see the medical students as PEOPLE who were ALSO nervous (ah, something an actor can relate to - stage fright and could advise on how to handling it) and had THOUGHTS AND FEELINGS (ah, something an actor can also relate to.). And, it made me realize that doctors are just people too. We don't want to think of doctors as imperfect. Because, we think and have been told that our lives are in their hands. But, when we realize our lives are in our hands and they're just one element to that puzzle, it helps make a doctor a LOT more human, a lot more HUMANE and a lot LESS scary.

Many of the cases I got with one particular company were that of overweight middle-aged women. One case, the gallbladder case, my character's general diet involved canned green beans. I was thinking, "WHO EATS CANNED GREEN BEANS?" Well, first off there's that green bean casserole but second off, my DAD eats canned green beans until I told him not to (because I learned from standardized patient that they are high in sodium) but also the AVERAGE AMERICAN PERSON eats canned green beans (a) because they don't know they are unhealthy (b) because that may be all their budget can afford (c) they think fresh green beans taste like SHIT. Which, they wouldn't be wrong.

Another case, the cholesterol case, my character's daily food intake involved a blueberry muffin for breakfast and takeout, something like General Tso's chicken for lunch. To which I always CRINGED when I had to answer that when the student doctor asked me what I ate in a typical day. Again, I was JUDGING my character. And, I USED to subsist on General Tso's chicken in college. Speaking of college, I was taught in college by many a wise professor to NOT judge my characters. And, I never did UNTIL I started doing these particular characters for standardized patient work. I told myself, "Brooke you aren't going to do any fairness to the students or the medical college if you keep having this air of judgment when you respond to certain questions that go along with your case." I think it was mainly because I was so frustrated about being in a larger body at the time, being cast in certain roles and yet having my meal prep of sweet potatoes, spinach, baked turkey and sometimes fresh freaking green beans waiting for me for lunch! This was a reminder for me to not judge the characters I played and to also not judge myself and to also also also not judge others who were judging myself, either.

But, being a standardized patient wasn't always Kumbaya life lessons learned for me. There were many times when a student doctor frustrated the living daylight out of me. Like the one time, during feedback I told the student doctor, "Well, the way in which you told me that made me feel like you were saying I'm on a sure fire road to death." To which the student doctor responded, "Well, we all are on a sure fire road to death." To which I wanted to respond, "Touché. Great comedic timing." But I was left speechless. Or, another student, maybe even the same student who told me, "Well I don't see the importance of me learning communication skills. I want to be a surgeon anyways." To which I responded, "Well, prospective surgeon, if you end up doing a surgery and end up killing the person, you'll have to go out and COMMUNICATE that with their family members, now, won't ya, wise guy?"

But, all in all, being up there, having the luxury to be up on that exam table healthy as an Ox and receiving a 1099 income for doing so, it became less about worrying if they'd notice I had a hole in my sports bra or forgot to shave my legs or if I looked FAT to them and more about helping the students try to do their best in order to hopefully save the face of modern medicine.

Also: It's a known fact and on the website, I will link the article for it, but a more communicative and likable doctor gets sued less than a nasty one. Just sayin'.

Now, I'm not saying the best way for everyone to get over being scared of the doctor is being a standardized patient because it isn't quite that easy, nor am I saying if you're scared of the doctor to imagine them in their underwear, I'm just saying to try to imagine them as a human just there to help you along the way. And, save your fears of the medical world...for the dentist.

Thanks so much for listening, y'all. It is my hope to inspire, uplift and entertain you with this Who's Dat Phat Girl podcast. So, if you're HUNGRY for more, you can book me to speak or perform my solo show that inspired this podcast Phat Girl Costumes written by yours truly and directed by my best bud Brian Lady at your virtual or in person event. Please visit [Brookehoover.com/fluffybuttproductions](http://Brookehoover.com/fluffybuttproductions) or email me at [contactbrookehoover@gmail.com](mailto:contactbrookehoover@gmail.com) for more information. And, let's follow each other on instagram - I'm @Br00keH00ver and those O's are not the letter O but they're ZEROS. Not because I want to be a size 0 but because I guess I'm just so clever with my late 90s Yahoo! self

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