

**Elon Interprofessional Simulation Center | Simulation Case Scenario Template**

*This template is intended to be comprehensive. Note that not every scenario will require each part of this template. The course director may exercise their judgment when selecting which parts of this template are applicable to best meet the learning objectives. Questions, please contact, Nita Skillman (*[*nskillman@elon.edu*](mailto:nskillman@elon.edu)*) and Bethany Fearnow (*[*bfearnow@elon.edu*](mailto:bfearnow@elon.edu)*).*

**Course Instructor:** Click or tap here to enter text.

**Course:** Click or tap here to enter text.

**Level of Learner:**

Choose an item.

**Type of Assessment:**

Formative

Summative

Remediation

Learner Additional Support

**Objectives *(3 maximum)*:**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

**Simulation Timing / Layout:**

Click or tap here to enter text.

**Supplies needed *(i.e., moulage, reflex hammer, etc.):***

Click or tap here to enter text.

**Simulated Participant Recruitment Demographics *(i.e., age range, gender, ethnicity, etc.):***

Click or tap here to enter text.

**Presentation and Resulting Behaviors: *(e.g., body language, non-verbal communication, verbal characteristics):*** Click or tap here to enter text.

**Patient Name:** Click or tap here to enter text.

**Patient Preferred Pronouns:** Click or tap here to enter text.

**Patient Identified Sexual Orientation:** Click or tap here to enter text.

**Chief Concern:** Click or tap here to enter text.

**History of Present Illness: *(consider the following)***

* **Quality/Character:** Click or tap here to enter text.
* **Onset:** Click or tap here to enter text.
* **Duration:** Click or tap here to enter text.
* **Location:** Click or tap here to enter text.
* **Radiation:** Click or tap here to enter text.
* **Intensity:** Click or tap here to enter text.
* **Aggravating Factors *(what makes it worse):*** Click or tap here to enter text.
* **Alleviating Factors *(what makes it better):*** Click or tap here to enter text.
* **Precipitating Factors *(does anything bring it on):*** Click or tap here to enter text.
* **Associated Symptoms:** Click or tap here to enter text.
* **Significance to Patient *(impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, expectations for the visit):*** Click or tap here to enter text.

**Medical History: *(consider the following)***

* **Disease/Illnesses:** Click or tap here to enter text.
* **Hospitalizations:** Click or tap here to enter text.
* **Surgeries:** Click or tap here to enter text.
* **Medications *(prescription, over the counter, supplements):*** Click or tap here to enter text.
* **Allergies *(environmental, food, medication, and reaction)*:** Click or tap here to enter text.

**Review of Systems: *(pertinent positives and negatives)***

* **General:** Click or tap here to enter text.
* **HEENT:** Click or tap here to enter text.
* **CV:** Click or tap here to enter text.
* **Respiratory:** Click or tap here to enter text.
* **GI:** Click or tap here to enter text.
* **Musculoskeletal:** Click or tap here to enter text.
* **Endocrine:** Click or tap here to enter text.
* **Other:** Click or tap here to enter text.

**Family History:** Click or tap here to enter text.

* **Family tree: *(e.g., health status, age, cause of death for appropriate family members)*** Click or tap here to enter text.
* **Relevant Conditions/Chronic Diseases: *(management/treatment)*** Click or tap here to enter text.

**Social History:**

* **Substance Use: *(past and present)***
  + **Drug Use: *(recreational and medications prescribed to other people)*** Click or tap here to enter text.
  + **Tobacco Use:** Click or tap here to enter text.
  + **Alcohol Use:** Click or tap here to enter text.
* **Home Environment:** Click or tap here to enter text.
* **Social Supports:** Click or tap here to enter text.
* **Occupation:** Click or tap here to enter text.
* **Relationship Status:** Click or tap here to enter text.
* **Safety in relationship:** Click or tap here to enter text.
* **Diet:** Click or tap here to enter text.
* **Exercise:** Click or tap here to enter text.
* **Leisure Activities:** Click or tap here to enter text.

**Physical Findings: *(may include radiographs, chart notes, etc.)***

Click or tap here to enter text.

**Prompts and Special Instructions:**

* **Questions the patient MUST ask*:*** Click or tap here to enter text.
* **Questions the patient MAY ask*:*** Click or tap here to enter text.
* **What should the patient expect from this visit?** ***(e.g., diagnosis, treatment plan, etc.)*** Click or tap here to enter text.

**Patient Feedback Guidelines:**

Click or tap here to enter text.

**Learner Doornote**

**Setting:** Click or tap here to enter text.

**Patient Name:** Click or tap here to enter text.

**Age/DOB:** Click or tap here to enter text.

**Gender:** Click or tap here to enter text.

**Chief Concern:** Click or tap here to enter text.

**Findings: *(if applicable)*** Click or tap here to enter text.

** 

**Instructions to Learners: *(e.g., objectives, tasks to be completed, patient encounter length, etc.)***

Click or tap here to enter text.

**Simulated Participant Checklist (Faculty/SP)**

**Learner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Insert Simulated Participant rubric. Rubric must focus strictly on communication skills (verbal and non-verbal).***

**Open-ended questions:**

1. **Would you see this provider again? Why or why not?**

Click or tap here to enter text.

1. **What should the learner stop doing?**

Click or tap here to enter text.

1. **What should the learner start doing?**

Click or tap here to enter text.

1. **What should the learner continue doing?**

Click or tap here to enter text.

**PREBRIEFING (LEARNER)**

**Prebriefing materials should include learner instructions that can be placed on the LMS prior to the day of simulation. This should include expectations, timing, location, schedule, safety (physical and psychological), and any possible readings to prepare the learner.**

**Post-Encounter Activities (Faculty)**

**Describe what the learner will complete Post SP encounter. This could include a SOAP note, multiple choice exam, consultation needs, etc.**

**Post-Encounter Answer Key (Faculty)**

***Insert answer key/rubric to Post-Encounter Activities. Ensure explicit criteria for graders for standardization of assessment.***

**Debriefing (Faculty)**

**Debriefing Technique *(Plus-Delta, Advocacy Inquiry, Debriefing with Good Judgment, Reminder of “Safe Zone”):***

Click or tap here to enter text.

**Discussion Questions and Topics:**

Click or tap here to enter text.

**Debriefing Facilitators:**

Click or tap here to enter text.