

**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**) and Bethany Fearnow (**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**

**Instructions to Learners:**

Clear and concise instructions should be written for students to review **prior to entering the room**. These instructions must include the following details:

* **Timing information**, including total encounter time and any time warnings (e.g., 5-minute warning).
* **Guidance on permitted materials**, such as whether the doornote or facesheet may be brought into the room.
* **Post-encounter procedures**, including whether students are expected to report to a debriefing room immediately afterward.
* **Post-encounter tasks**, both inside or outside the simulation room (e.g., documentation, checklists).
* **Items available in the room**, such as diagnostic tools, assessment forms, or other resources.
* **Any additional relevant instructions** necessary for a successful and smooth encounter.

**Instructions to Learners:**

Timing information:

Guidance on permitted materials:

Post-encounter procedures:

Post-encounter tasks:

Items available in the room:

Any additional relevant instructions

**Patient Information:**

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.

Vitals/Findings: *(if applicable)* 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)**

The lead facilitator should prepare a prebriefing package for learners, to be shared in advance via email or uploaded to the Learning Management System (LMS). This package should include clear instructions outlining learner expectations, simulation timing, location details, session schedule, safety considerations (both physical and psychological), and any required pre-readings or preparation. Providing this information ahead of the simulation ensures learners arrive informed, prepared, and ready to engage in a safe and supportive learning environment.

**Preparation Details for learners (Lead Facilitator to Provide):**

* Learning Objectives: Key skills/competencies being assessed.
* Format: Individual, team, formative/summative.
* Expectations: professional attire, links to any prep materials, and notification of any equipment that will or will not be provided (laptop, pen, kit).
* Timing: Total session time (prebriefing + encounter + time warnings + post encounter activity + debrief schedule.
* Schedule: Exact timing, flow of learners in/out.
* Safety:
	+ *Physical*: Emergency protocols, equipment safety.
	+ *Psychological*: Confidentiality, support, respect ground rules.
* Pre-Work: Required reading, case prep, or protocols.
* Post-Activity: Debrief process, reflection or assessments, follow-up.

**Learner Briefing Guide (IPSC Staff to Use)**

Before Entry, Cover the Following (tweak examples below):

1. Welcome
“This is a safe learning environment to practice [insert skill].”
2. Time
“You’ll have \_\_ minutes. You will/will not receive verbal time warnings at \_\_\_ minutes remaining.”
3. Materials
“You may/may not bring your facesheet or notes.”
4. Conduct
“Act as you would in real clinical practice—communicate, assign roles, support one another.”
5. Safety
“Mistakes are expected. This is confidential, supportive, and judgment-free.”
6. Afterward
“We’ll debrief immediately after to reflect on performance and key takeaways.”

**Debriefing (Faculty and/or IPSC Staff)**

**Select a Debriefing Technique below that will be utilized *(Plus-Delta or Debriefing with Good Judgment):***

**1. Plus-Delta**

Purpose:
Encourages participants to reflect on what went well (Plus) and what could be improved (Delta) in a constructive, non-threatening way.

Approach:

* Plus: Participants identify successful actions, strategies, or behaviors that should be continued or repeated.
* Delta: Participants identify areas that need change, refinement, or improvement for future performance.
* Facilitator can guide discussion by prompting with open-ended questions like:
	+ “What worked well during this scenario?”
	+ “What would you do differently next time?”

Best Practices:

* Use a whiteboard or shared screen to list responses under "Plus" and "Delta" columns.
* Promote a growth mindset by framing Deltas as opportunities.
* Ensure equal participation by encouraging input from all team members.
* Avoid assigning blame—focus on processes, not people.

**2. Debriefing with Good Judgment**

Purpose:
Supports meaningful reflection by balancing critical thinking with respect and psychological safety.

Approach:

* Grounded in the idea that learners are intelligent and want to do well.
* The facilitator maintains an inquisitive stance—exploring not just what happened, but *why*.
* Involves three key phases:
	1. Reaction Phase: Explore emotional responses and set the tone.
	2. Analysis Phase: Use advocacy-inquiry to explore decisions and thought processes.
	3. Summary Phase: Reinforce key takeaways and actionable learning points.

Best Practices:

* Recognize and validate emotions to build trust.
* Focus on mental models—what the learner believed at the time of action.
* Clarify intentions and provide feedback in a non-threatening manner.
* Use structured debriefing tools or scripts to stay on track.