**Section 1: Case Summary**

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| **S****cenario Title:** |  |
| Keywords: |  |
| Brief Description of Case: |  |

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| **Goals and Objectives** | |
| Educational Goal: |  |
| Objectives:  (Medical and CRM) |  |
| EPAs Assessed: |  |

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| **Learners, Setting and Personnel** | | | | | | |
| Target Learners: | Junior Learners | | Senior Learners | | | Staff |
| Physicians | Nurses | | RTs | Inter-professional | |
| Other Learners: | | | | | |
| Location: | Sim Lab | | In Situ | | | Other: |
| Recommended Number of Facilitators: | Instructors: | | | | | |
| Confederates: | | | | | |
| Sim Techs: | | | | | |

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| **Scenario Development** | |
| Date of Development: |  |
| Scenario Developer(s): |  |
| Affiliations/Institutions(s): |  |
| Contact E-mail: |  |
| Last Revision Date: |  |
| Revised By: |  |
| Version Number: |  |

**Section 2A: Initial Patient Information**

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| 1. **Patient Chart** | | | | | | |
| Patient Name: | | | | Age: | Gender: | Weight: |
| Presenting complaint: | | | | | | |
| Temp: | HR: | BP: | | RR: | O2Sat: | FiO2: |
| Cap glucose: | | | | GCS: (E V M ) | | |
| Triage note: | | | | | | |
| Allergies: | | | | | | |
| Past Medical History: | | | Current Medications: | | | |

**Section 2B: Extra Patient Information**

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| **A. Further History** | |
| *Include any relevant history not included in triage note above. What information will only be given to learners if they ask? Who will provide this information (mannequin’s voice, confederate, SP, etc.)?* | |
| **B. Physical Exam** | |
| *List any pertinent positive and negative findings* | |
| Cardio: | Neuro: |
| Resp: | Head & Neck: |
| Abdo: | MSK/skin: |
| Other: | |

**Section 3: Technical Requirements/Room Vision**

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| **A. Patient** |
| Mannequin *(specify type and whether infant/child/adult)* |
| Standardized Patient |
| Task Trainer |
| Hybrid |
| **B. Special Equipment Required** | |
|  | |
| **C. Required Medications** | |
|  | |
| **D. Moulage** | |
|  | |
| **E. Monitors at Case Onset** | | |
| Patient on monitor with vitals displayed  Patient not yet on monitor | | |
| **F. Patient Reactions and Exam** | | |
| *Include any relevant physical exam findings that require mannequin programming or cues from patient*  *(e.g. – abnormal breath sounds, moaning when RUQ palpated, etc.) May be helpful to frame in ABCDE format.* | | |

**Section 4: Confederates and Standardized Patients**

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| **Confederate and Standardized Patient Roles and Scripts** | |
| *Role* | *Description of role, expected behavior, and key moments to intervene/prompt learners. Include any script required (including conveying patient information if patient is unable)* |
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**Section 5: Scenario Progression**

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| **Scenario States, Modifiers and Triggers** | | | | |
| Patient State/Vitals | Patient Status | Learner Actions, Modifiers & Triggers to Move to Next State | | Facilitator Notes |
| **1. Baseline State**  Rhythm:  HR:  BP:  RR:  O2SAT: %  T: oC  GCS: | *Is the patient alert? In distress? Seizing? What symptoms do they currently have?* | Expected Learner Actions | Modifiers  *Changes to patient condition based on learner action*  -  -  Triggers  *For progression to next state*  -  - |  |
| **2.** |  | Expected Learner Actions | Modifiers  -  -  -  Triggers  -  - |  |
| **3.** |  | Expected Learner Actions | Modifiers  -  -  -  Triggers  -  - |  |
| **4.** |  | Expected Learner Actions | Modifiers  -  -  -  Triggers  -  - |  |

**Appendix A: Laboratory Results**

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| CBC  WBC  Hgb  Plt  Lytes  Na  K  Cl  HCO3  AG  Urea  Cr  Glucose  Extended Lytes  Ca  Mg  PO4  Albumin  TSH  VBG  pH  pCO2  pO2  HCO3  Lactate | Cardiac/Coags  Trop  D-dimer  INR  aPTT  Biliary  AST  ALT  GGT  ALP  Bili  Lipase  Tox  EtOH  ASA  Tylenol  Dig level  Osmols  Other  B-HCG |

**Appendix B: ECGs, X-rays, Ultrasounds and Pictures**

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| *Paste in any auxiliary files required for running the session. Don’t forget to include their source so you can find them later!* |

**Appendix C: Facilitator Cheat Sheet & Debriefing Tips**

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| *Include key errors to watch for and common challenges with the case. List issues expected to be part of the debriefing discussion. Supplemental information regarding any relevant pathophysiology, guidelines, or management information that may be reviewed during debriefing should be provided for facilitators to have as a reference.* |

**References**

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| 1.  2.  3. |