*MedEdPORTAL* Educational Summary Report - Simulation

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| **Appendix A: *MedEdPORTAL* Simulation Case Template**  **SIMULATION CASE TITLE:**  **AUTHORS:**  **LEARNER AUDIENCE:** | |
| **PATIENT NAME:**  **PATIENT AGE:**  **CHIEF COMPLAINT:**  **PHYSICAL SETTING:** | |
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| **Brief Narrative Description of Case** | *Include the presenting patient chief complaint and overall learner goals for this case.* |
| **Primary Learning Objectives** | *What should the learners gain in terms of knowledge and skill from this case? Use action verbs and utilize Bloom’s Taxonomy as a conceptual guide.* |
| **Critical Actions** | *List which steps the participants should take to successfully manage the simulated patient. These should be listed as concrete actions that are distinct from the overall learning objectives of the case.* |
| **Learner Preparation or Prework** | *What information should the learners be given prior to initiation of the case?* |

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| Initial Presentation | | | |
| **Initial Vital Signs** |  | | |
| **Overall Setting and Appearance** | *What do learners encounter when they first enter the room? What environment are the learners in? What is the appearance of the mannequin?* | | |
| **Standardized Participants (and Their Roles in the Room at Case Start)** | *Who is present at the beginning and what is their role? Who may play them? Describe what they should say (i.e., their verbal scripts).* | | |
| **HPI** | *Please specify what info here and below must be asked vs. what is volunteered by patient or other participants.* | | |
| **Past Medical/Surgical History** | **Medications** | **Allergies** | **Family History** |
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| **Physical Examination** | | | |
| **General** |  | | |
| **HEENT** |  | | |
| **Neck** |  | | |
| **Lungs** |  | | |
| **Cardiovascular** |  | | |
| **Abdomen** |  | | |
| **Neurological** |  | | |
| **Skin** |  | | |
| **GU** |  | | |
| **Psychiatric** |  | | |

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| Instructor Notes - Changes and CASE Branch Points  *This section should be a list with detailed description of each step that may happen during the case. If medications are given, what is the response? Do changes occur at certain time points? Should the nurse or other participant prompt the learners at given points? Should new actors or participants enter, and when? Are there specific things the patient will say or do at given times? There are a few examples given, but it is expected that most cases will have many more changes and potential branch points.*  *If you have a more complex branching algorithm than can be accommodated by the structure below, feel free to replace this section with your own. Review some recent simulation publications on MedEdPORTAL for examples.* | | |
| **Intervention / Time Point** | **Change in Case** | **Additional Information** |
| *5 minutes into the case* | *BP begins decreasing if no IV fluids have been given for hypotension* | *RN alerts the provider: “Doctor, the blood pressure is 90/45”* |
| *Patient is log rolled for the participant to examine the back* |  | *Patient states: “Ouch that really hurts my leg!”* |
| *Epinephrine is given by intramuscular injection for suspected anaphylaxis* | *Patient heart rate increases by 20 beats per minute over next 1 minute. Respiratory rate decrease to 16, wheezing improves.* |  |
| *Participant requests finger stick blood glucose.* | *Glucose level is 45.* | *Glucose level will improve if patient is given IV D50 or is permitted to eat and/or drink.* |
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**Ideal Scenario Flow**

*Provide a detailed narrative description of the way this case should flow if participants perform in the ideal fashion.*

*For example:*

*The learners enter the room to find a patient in respiratory distress. They immediately place the patient on bedside monitors and recognize that the patient is hypoxic and hypotensive. Supplemental oxygen is provided and an IV fluid bolus is ordered. The patient’s respiratory distress improves but does not resolve, and hypotension is refractory to IV fluids. After completing a physical examination and obtaining an appropriate history, the providers note that the patient’s respiratory status has continued to worsen and ultimately endotracheal intubation is required. Successful intubation permits further evaluation of the patient with diagnostic studies. Chest x-ray is normal, laboratory studies (if obtained) demonstrate an elevated D-dimer and a mildly elevated troponin level, EKG is sinus tachycardia with an S1-Q3-T3, and a CT scan of the chest reveals the diagnosis of a massive saddle pulmonary embolism. The patient remains hypotensive and the pulse oxygenation is 92% on 100% oxygen via ventilator. The providers administer thrombolytics and arrange for patient admission to the medical ICU.*

**Anticipated Management Mistakes**

*Provide a list of management errors or difficulties that are commonly encountered when using this simulation case.*

*For example:*

1. *Difficulty with bedside monitors: We found when using this case with medical students that many of our learners did not know how to properly connect EKG leads to the bedside monitor. We modified our sessions to include an introduction to simulation cases that includes a tutorial for connecting patients to bedside monitoring.*
2. *Failure to recognize the need for intubation: Some of our learners did not immediately recognize that the patient required airway management, leading to delay in diagnosis. We found it helpful to allow the pulse oxygenation to continue to drop despite supplemental oxygen to prompt the need for intubation.*
3. *Uncertainty about indications for thrombolysis: Many of our learners were unfamiliar with the indications for the use of thrombolytics in acute pulmonary embolism. We created specific debriefing materials to cover this information.*