**TITLE:**

**ABSTRACT:**

**Audience:** *Who is the target audience for this simulation?*

**Introduction/Background:** *Why is this topic important in emergency medicine?*

**Educational Objectives**: *Basic purpose and measurable objectives. This is the abstract for the manuscript; these should be identical or a shortened version of the objectives listed in manuscript below.*

**Educational Methods:** *Type of educational method (eg, high-fidelity simulation, low-fidelity simulation, standardized patient case) and description of how that method is implemented. Include references on those methods as needed.*

**Research Methods:** *How was the educational content evaluated by the learners? How was the efficacy of the educational content assessed?*

**Results:** *Brief explanation of the results of any evaluation or assessment done.*

**Discussion:** *Overall, was the educational content effective? What did you learn from its implementation? What is the main take-away from your experience?*

**Topics:** *List of content covered using keywords.*

**USER INFORMATION:**

**Learner audience:**

* **Level of learners (select all that apply):**
  + Medical Students
  + Interns
  + Junior Residents
  + Senior Residents
  + Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time required for implementation:**

**Preparation:** *Amount of time needed for instructor preparation*

**Time for case:** *Typically, 15-20 minutes for single cases.*

**Time for debriefing:** *Typically, 10-30 minutes per case.*

**Recommended number of learners per instructor/case:**

**Recommended pre-reading for instructor:** *What should the instructor read, view, listen to before giving the lecture. Please insert and attach any podcasts, PowerPoints, reading assignments, etc.*

**Objectives:** *What are the objectives for your learner? By the end of the case, what should the learner achieve? Please write objectives using SMART structure (if you are not familiar with SMART structure, two good references can be found* [*here*](http://usagso-sg.tripod.com/22_learning_objectives.pdf) *and* [*here*](https://uncw.edu/career/documents/WritingSMARTLearningObjectives.pdf)*).*

**Linked objectives and methods:** *How are goals/objective achieved by this format? Why did you select this format? Ideally, discuss the conceptual framework you used to develop your content.*

**Results and tips for successful implementation:** *How is this best implemented? When did you test this on learners? How many learners was it tested on? What results did you get and how did you measure it (eg, with pre-test/post-test data, evaluations from educators, or assessment forms)? Were there any modifications that you made as a result of the implementation? Include any suggestions to help with implementation, including any feedback you received from your learners and instructors.*

**Learner responsible content (optional):** *What should the learners read, view, listen to before the session? Please insert and attach any podcasts, PowerPoints, reading assignments, etc.*

**Associated content (optional):** *Are there any additional materials needed (worksheets for observing learners, PowerPoints, etc.)? Please upload any non-word files with your submission (eg,. ppt files).*

**References/suggestions for further reading:** *Please include all references, as well as any further reading assignments, such as book chapters, journal articles, or podcasts.*

**For Simulation Operator Only:**

**CASE MATERIALS:**

**Case title:**

**Case description & diagnosis (short synopsis):**

**Equipment or props needed:** *(for example, high-fidelity simulator, monitors, IV poles, etc.)*

**Confederates needed:** *(for example, assistant to play nurse, daughter, etc.)*

**Stimulus Inventory:**

**#1 x**

**#2 x**

**#3 x**

**#4 x**

**#5 x**

**#6 x**

**#7 x**

*Please feel free to add or delete numbers as needed for your stimulus inventory.*

*Please insert images or jpegs into the appropriate stimulus page at the end of the document, but also upload as a separate file.*

**Background and brief information:**  *Brief information on how the patient presents, ie patient is brought to a small community emergency department by ambulance.*

**Initial presentation:** *How does the patient initially present?*

**How the scenario unfolds:** *What additional information should the instructor have? How is the case supposed to play out and what happens if the learner doesn’t perform the appropriate actions?*

**Critical actions:** *List the critical actions that the learner must perform to pass the case.*

1. *Critical Action 1*
2. *Critical Action 2*
3. *Critical Action 3*
4. *Critical Action 4*
5. *Critical Action 5*

**Case title:**

**Chief complaint:** *What is the patients CC, what chief complaint information should the learner be given at the start of the case?*

**Vitals:** *Heart rate (HR)\_\_\_\_\_\_ Blood pressure (BP)\_\_\_\_\_/\_\_\_\_\_*

*Respiratory rate (RR)\_\_\_\_ Temperature (T) \_\_\_\_ Oxygen saturation (O2Sat)\_\_\_\_%*

**General appearance:**

**Primary survey:**

* **Airway:**
* **Breathing:**
* **Circulation:**

**History:** *Please include pertinent history that the instructor should know. Including:*

* **History of present illness:**
* **Past medical history:**
* **Past surgical history:**
* **Patients medications:**
* **Allergies:**
* **Social history:**
* **Family history:**

**Secondary survey/physical examination:** *Please include all physical exam findings as necessary and whether the learner needs to specifically ask for certain findings. If the exam is within normal limits or has no significant findings, please write “within normal limits” or “wnl.”*

* **General appearance:**
* **HEENT:** *If not normal, can give specific information below:*
  + **Head:**
  + **Eyes:**
  + **Ears:**
  + **Nose:**
  + **Throat:**
* **Neck:**
* **Heart:**
* **Lungs:**
* **Abdominal/GI:**
* **Genitourinary:**
* **Rectal:**
* **Extremities:**
* **Back:**
* **Neuro:**
* **Skin:**
* **Lymph:**
* **Psych:**

**Results:** *Please insert and upload JPGs of all lab work and imaging results as they should be given to learners.*

**SIMULATION EVENTS TABLE:**

| **Minute (State)** | **Participant action/ Trigger** | **Patient Status (Simulator response) & Operator Prompts** | **Monitor Display (Vital Signs)** |
| --- | --- | --- | --- |
| 0:00  (Baseline) |  |  | T  HR  BP  RR  O2 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| (Case Completion) |  |  |  |

**Diagnosis:** *What is the final diagnosis of the patient?*

**Disposition:** *What is the appropriate disposition of the patient?*

**DEBRIEFING AND EVALUATION:**

**Pearls:** *What are the learning points of this case? What do you expect the learner to know and understand from this case? (This should be a handout for learners to receive after they finish the case).*

**Other debriefing points:** *Any other tips for debriefing? (We have a standardized debriefing form we will include with all simulation cases that discusses general dos and don’ts of debriefing, but in this section, please include any specific tips based on your experience with this case. For example, “If learners did not have EMS stay in the room, ask learners, ‘Were there any other sources of history you could have solicited?’”)*

**Wrap Up:** *Brief wrap up lecture (optional), references and/or suggestions for further reading. Please also include any other optional associated content here (worksheets for observing learners, etc).*

***Simulation Assessment Timeline***

*Please insert your case title here*

This timeline is to help observers assess their learners. It allows observer to make notes on when learners performed various tasks, which can help guide debriefing discussion.

0:00

**Critical Actions:**

1. *Critical Action 1*
2. *Critical Action 2*
3. *Critical Action 3*
4. *Critical Action 4*
5. *Critical Action 5*

***Simulation Assessment***

*Please insert your case title here*

Learner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Critical Actions:**

Critical action #1

Critical action #2

Critical action #3

Critical action #4

Critical action #5

**Summative and formative comments:**

**Milestone assessment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Milestone | Did not achieve level 1 | Level 1 | Level 2 | Level 3 |
| 1 | **Emergency Stabilization (PC1)** | Did not achieve Level 1 | Recognizes abnormal vital signs | Recognizes an unstable patient requiring intervention  Performs primary assessment  Discerns data to formulate a diagnostic impression/plan | Manages and prioritizes critical actions in a critically ill patient  Reassesses after implementing a stabilizing intervention |
| 2 | **Performance of focused history and physical (PC2)** | Did not achieve Level 1 | Performs a reliable, comprehensive history and physical exam | Performs and communicates a focused history and physical exam based on chief complaint and urgent issues | Prioritizes essential components of history and physical exam given dynamic circumstances |
|  | Milestone | Did not achieve level 1 | Level 1 | Level 2 | Level 3 |
| 3 | **Diagnostic studies (PC3)** | Did not achieve Level 1 | Determines the necessity of diagnostic studies | Orders appropriate diagnostic studies  Performs appropriate bedside diagnostic studies/procedures | Prioritizes essential testing  Interprets results of diagnostic studies  Reviews risks, benefits, contraindications, and alternatives to a diagnostic study or procedure |
| 4 | **Diagnosis (PC4)** | Did not achieve Level 1 | Considers a list of potential diagnoses | Considers an appropriate list of potential diagnoses  May or may not make correct diagnosis | Makes the appropriate diagnosis  Considers other potential diagnoses, avoiding premature closure |
| 5 | **Pharmacotherapy (PC5)** | Did not achieve Level 1 | Asks patient for drug allergies | Selects a medication for therapeutic intervention, considers potential adverse effects | Selects the most appropriate medication and understands mechanism of action, effect, and potential side effects  Considers and recognizes drug-drug interactions |
| 6 | **Observation and reassessment (PC6)** | Did not achieve Level 1 | Reevaluates patient at least one time during case | Reevaluates patient after most therapeutic interventions | Consistently evaluates the effectiveness of therapies at appropriate intervals |
|  | Milestone | Did not achieve level 1 | Level 1 | Level 2 | Level 3 |
| 7 | **Disposition (PC7)** | Did not achieve Level 1 | Appropriately selects whether to admit or discharge the patient | Appropriately selects whether to admit or discharge  Involves the expertise of some of the appropriate specialists | Educates patients appropriately about their disposition  Assigns patient to an appropriate level of care (ICU/Tele/Floor)  Involves expertise of all appropriate specialists |
| 9 | **General Approach to Procedures (PC9)** | Did not achieve Level 1 | Identifies pertinent anatomy and physiology for a procedure  Uses appropriate Universal Precautions | Obtains informed consent  Knows indications, contraindications, anatomic landmarks, equipment, anesthetic and procedural technique, and potential complications for common ED procedures | Determines a back-up strategy if initial attempts are unsuccessful  Correctly interprets results of diagnostic procedure |
| 20 | **Professional Values (PROF1)** | Did not achieve Level 1 | Demonstrates caring, honest behavior | Exhibits compassion, respect, sensitivity and responsiveness | Develops alternative care plans when patients’ personal beliefs and decisions preclude standard care |
| 22 | **Patient centered communication (ICS1)** | Did not achieve level 1 | Establishes rapport and demonstrates empathy to patient (and family)  Listens effectively | Elicits patient’s reason for seeking health care | Manages patient expectations in a manner that minimizes potential for stress, conflict, and misunderstanding  Effectively communicates with vulnerable populations, (at risk patients and families) |
| 23 | **Team management (ICS2)** | Did not achieve level 1 | Recognizes other members of the patient care team during case (nurse, techs) | Communicates pertinent information to other healthcare colleagues | Communicates a clear, succinct, and appropriate handoff with specialists and other colleagues  Communicates effectively with ancillary staff |

Standardized assessment form for oral boards cases. JETem 2016. Developed by: Megan Osborn, MD, MHPE; Alisa Wray, MD; Shannon Toohey, MD