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| **STATION OVERVIEW**  |
| **Case Name:**  |  |
| **Author (s):** |  |
| **Learner Level:**  |  |
| **Date Last Revised :** |  |
| **OBJECTIVES:** | *To test the learner’s ability to:*  |
| **LOGISTICS:** | *Standardized Participant**Age:**Gender:**Additional features: (i.e weight, ethnicity)**Required Attire:**Station Materials:**Room Arrangement:*  |

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| **LEARNER INSTRUCTIONS (Door Instructions)** |
| **Patient Information:** |  |
| **Reasons For Encounter:** |  |
| **Your Roles** |  |
| **Your Tasks:** |  |

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| **STANDARDIZED PARTICIPANT INSTRUCTIONS** |
| **The Scenario:**  | Your name is X. Brief Description of primary complaint and setting |
| **Case Specifics:**  | **Specific Setting:** **Reason for the Encounter:****Past Medical History:****History of Present illness:****Current Life situation:****Social History:****Current Medications:****Allergies:****Family Medical History:****Substance Abuse:****Mental Health:** |
| **SP Description** | **Personality:** |

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| **STANDARDIZED PARTICIPANT INSTRUCTIONS** |
| **The Encounter:** | **Beginning:** *Demeanor and specific questions to open the encounter**(If applicable) Opening Statement:* |
|  | **Middle:***Specific reactions to possible learner tactics**Specific SP “Asks” or statements*  |
|  | **End:** *IF and then scenarios*  |
| **Optional Case Information:**  | **Challenges for the learner:****Cues for the learner:** |