|  |
| --- |
| **[Institution/Program/Course Name(s)]** |
| [Patient/Case Name] |
| [Short title; i.e. Diagnosis, Chief Complaint or Concern] |

|  |
| --- |
|  |

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Human simulation is a recognized methodology that involves human role players interacting with learners in a wide range of experiential learning and assessment contexts. At the inception of the SP methodology, the human role players portrayed patients and were referred to as standardized or simulated patients (SPs). As the methodology has matured, these human role players may portray an expanded scope of roles (e.g. patients, clients, participants, family members, etc) for various healthcare learners (pharmacists, social/case workers, occupational and physical therapists etc).

Lewis, K. L., Bohnert, C. A., Gammon, W. L., Hölzer, H., Lyman, L., Smith, C., Thompson, T.M., Wallace, A.M., Gliva-McConvey, G. (2017). *The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP)*. Advances in Simulation, 2(1), 2-8.

For the purposes of brevity, the abbreviation of “SP” will be used throughout this template to encompass the various portrayals by human role players.

*How to use this template:*

*This template is intended to be comprehensive in nature but may not contain every element necessary for an activity or scenario. Conversely, not every activity or scenario will require each part of this template. SP educators may exercise their judgment when selecting which parts of this template are applicable to their activities or scenarios.*

*Institutions may choose to create their own template with this document as a base; deleting, adding, modifying, or rephrasing sections in accordance with institutional preferences and points of focus.*

*The template is intended primarily for typical medical scenarios. Delete sections that are irrelevant to the intended scenario.*

*Suggestions for completing the template:*

1. *create a simplified version with only the sections a content expert (such as an MD or specialist) would need to complete; the SP Educator then takes that info and completes the other sections*
2. *highlight sections for the content expert to complete (e.g. diagnosis/differential, physical findings, past medical history, etc.) and schedule a meeting to complete the rest with them*
3. *fill in any logistical details you can before sending it to a content expert*

*These two large sections can be confusing and overwhelming. To clarify:*

*Part 1: Administrative Details - this section is for planning the scenario. This information is primarily for the SP Educator and the faculty stakeholders collaborating on designing the Human Simulation Activity. Sections describing demographics of the SP should refer to the range of actors eligible to play the role.*

*Part 3: Content for SPs - this section is where everything the SPs need to know should go. All descriptive information describes the patient portrayed, not the actors portraying the role.*

# Part 1 – Administrative Details

**Patient /Client (SP) Name:**

|  |
| --- |
|  |

**Chief Complaint /Concern :**

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| --- |
|  |

**Reason for the Visit (e.g. reason for seeing the health professional today?):**

|  |
| --- |
|  |

**Differential Diagnosis:**

|  |
| --- |
|  |

**Actual Diagnosis:**

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|  |

**Case Purpose or Goal: (e.g. formative, summative, teaching, learner practice, assessment, lecture, demonstration)**

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| --- |
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**Level of the learner and discipline: (e.g. 3rd year Nursing Learner, 2nd year social work learner)**

|  |
| --- |
|  |

**Learner’s prerequisite knowledge and skills:**

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| --- |
|  |

**Case authors:**

|  |
| --- |
|  |

**Date of case development:**

|  |
| --- |
|  |

**Key case elements:**

|  |
| --- |
|  |

**Learning/Case objectives:**

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| --- |
|  |

**List of learner assessment instruments used: (e.g. SP checklist, post-encounter note, quiz)**

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| --- |
|  |

**Event format: (e.g. in person, off-site, virtual, small group, individual, multi-station OSCE, duration/length of encounter, breaks, feedback/debrief/deroling etc )**

|  |
| --- |
|  |

**Demographics of SP and/or recruitment guidelines: (e.g. age range, gender, body type, ethnicity, languages spoken, special characteristics)**

|  |
| --- |
|  |

**SP Skill/Technology requirements: (e.g. , medical knowledge, secure high speed internet connection, video platform familiarity, technology knowledge/support/comfort, electronic feedback, computer specifications etc)**

|  |
| --- |
|  |

**Content Warnings: (any potentially triggering or uncomfortable case content that may impact SPs’ willingness or ability to portray the role while maintaining psychological safety)**

|  |
| --- |
|  |

**List of special supplies needed on-site: (e.g. additional materials *see part 6*, moulage, props, SP attire, physical exam equipment, etc.)**

|  |
| --- |
|  |

**List of special supplies needed off-site and sent to SP: (e.g. additional materials *see part 6*, moulage, props, physical exam equipment that can be connected to transmit data electronically, etc.)**

|  |
| --- |
|  |

**Room setup on-site: (e.g. equipment, furniture, sim technology, debriefing materials)**

|  |
| --- |
|  |

**Room/Camera setup off-site: (e.g. specify view that the Learner must see such as camera angle: portrait, full body to waist, background elements such as specific to case/patient, recorded/unrecorded, etc)**

|  |
| --- |
|  |

**SP training activities (e.g., case discussion, role plays, mock exam, feedback training, special physical exam training, de-roling plan):**

|  |
| --- |
|  |

**SP Training materials needed: (e.g. documents, timeline, video tutorials, real patient/SP portrayals, physical exam equipment, references, images, websites, instructions for use of video-conferencing site)**

|  |
| --- |
|  |

**Instructions for additional staff: (e.g. IT, sim tech, proctor, sim educator)**

|  |
| --- |
|  |

# Part 2 – Door Chart/Note & Learner Instruction

**Setting (place/time; in-person/telesim)**

|  |
| --- |
|  |

**Patient Name:**

**Age:**

**Gender:**

**Chief Complaint:**

**Vital Signs: (if applicable)**

Blood Pressure

Temperature

Respiratory Rate

Heart Rate

BMI

**Lab Results: (if applicable)**

**Image Results: (if applicable)**

**Referral: (if applicable)**

**Chart: (if applicable)**

**Intake Form: (if applicable)**

**Instructions to Learners:**

|  |
| --- |
| * Tasks to be completed (e.g. elicit an appropriate history, provide education, provide counseling, conduct a focused physical exam) * Encounter Timing Breakdown (e.g., Patient Encounter length - 10 minutes, Post Encounter - 10 minutes, Feedback 5 - minutes) * Instructions on what to do post encounter |

# Part 3 – Content for SPs

|  |  |
| --- | --- |
| ***Role Player****: Asking someone to imagine that they are either themselves or another person in a particular situation. ​Role Players behave exactly as they feel that person would, thus would not need a case developed.*  ***Structured Role Play:*** *A person who has been provided a prepared script on one element of a scenario which articulates a learning objective.​ Improvisation meets structure.​*  ***Embedded Participant​:*** *An individual who is trained or scripted to play a role in a simulation encounter in order to guide the scenario based on the objectives.​*  ***Simulated Patient:*** *A person who has been carefully coached to simulate an actual patient so accurately that the simulation cannot be detected by a skilled clinician. In performing the simulation, the SP presents the ‘Gestalt’ of the patient being simulated; not just the history, but the body language, the physical findings and the emotional and personality characteristics as well.*  ***Standardized Patient:*** *Individuals who are trained to portray a patient with a specific condition in a realistic, standardized and repeatable way (where portrayal/presentation varies based only on learner performance are trained to behave in a highly repeatable or standardized manner in order to give each learner a fair and equal chance.*  *\*Please consider the lines between the six applications as porous and not as hard lines that prevent movement between applications . Source: Comprehensive Healthcare Simulation; Implementing Best Practices in Standardized Patient Methodology, Chapter 5 The Human Simulation Continuum: Integration and Application.* | |
| **Level of Standardization** | [ ] Standardized Patient [ ] Simulated Patient |
| **Standardized Patient Objectives** | Your challenge as the **Standardized Patient** is multifold:   * To appropriately and accurately reveal the facts about the role being portrayed. * To improvise only when necessary and in a manner that is consistent with the overall tone/content of the case. * Maintain the realism of the simulation i.e., stay in character. * Evaluate learners fairly based on how they performed in this encounter. * Provide patient perspective in feedback. |
| **Simulated Patient Objectives** | Your challenge as the **Simulated Patient** is multifold:   * To appropriately and accurately reveal information about the role being portrayed. * To modulate performance based on Learner needs including varying emotional response and cues. * To improvise additional information in a manner that is consistent with the overall tone of the case. * Evaluate learners fairly based on how they performed in this encounter. * Provide the patient perspective in feedback. |

**Presentation and Resulting Behaviors (e.g. body language, non-verbal communication, verbal characteristics)**

**Examples:**

**Affect: pleasant/cooperative/irritated**

**Body language: relaxed/tense/subdued**

**Facial expression: relaxed/worried/friendly**

**Eye contact: natural/avoidant/intense**

**Speech: verbose/terse/limited**

***Note: include any changes to presentation as case progresses***

|  |
| --- |
|  |

**Opening Statement, Open-Ended Questions, and Guidelines for Disclosure**

Note: this section is to give the SP guidance on how to answer open-ended questions. Scripted answer(s) to initial open-ended questions like “what brings you in today?” and “Can you tell me more?” should go in Box A. Further open-ended questions like “anything else going on?” should go in box B below, as well as any information the SP should volunteer at the first given opportunity. Box C is for information that the SP should freely offer, but wouldn’t consider mentioning until the learner introduces a relevant topic. Box D is for information that needs to be withheld unless specifically asked, (e.g. things the patient doesn’t remember until prompted or things the patient may feel shame about).

*Example: let’s say the patient’s roommate is ill. If the patient is having similar symptoms, that information probably goes in box B–it’s highly relevant to the patient and on the top of their mind. If the patient has somewhat differing symptoms, the information might go in box C and could be revealed if the learner brings up living situation, social support, or sick contacts. If the patient would assume the roommate’s illness is unrelated, the information might go in box D and only be revealed when the learner asks about sick contacts.*

|  |  |
| --- | --- |
| **Opening Statement(s)** | **A** |
| **Other information offered spontaneously (what can be disclosed after any open-ended question)** | **B** |
| **Information elicited when generally prompted (what can be disclosed in response to an open-ended question on a particular topic)** | **C** |
| **Information hidden until asked directly (what should be withheld until specific questioning)** | **D** |

**Sample Healthcare Interview & Physical Exam Format:**

*Case writers may choose to adapt or reorganize this section to fit an institution’s specific teaching methods for taking a history. Additionally, some disciplines may want to supplement this section with additional screening questions specific to that discipline.*

*If the case is being developed as a follow-up visit, use the chart to document progress since last visit.*

**History of Present Illness (HPI):**

|  |  |
| --- | --- |
| **Quality/Character** |  |
| **Onset** |  |
| **Duration/Frequency** |  |
| **Location** |  |
| **Radiation** |  |
| **Intensity (e.g. 1-10 scale for pain)** |  |
| **Treatment (what has been tried, what were the results)** |  |
| **Aggravating** **Factors (what makes it worse)** |  |
| **Alleviating** **Factors (what makes it better)** |  |
| **Precipitating** **Factors (does anything seem to bring it on, e.g. meals, environment, time of day)** |  |
| **Associated** **Symptoms** |  |
| **Significance to Patient (impact on patient’s life, patient’s beliefs about origin of problem, underlying concerns/fears, hopes/desires)** |  |

**Review of Systems: (list any additional pertinent positives and negatives from these systems: Constitutional, Skin, HEENT, Endocrine, Respiratory, Cardiovascular, Gastrointestinal, Urinary, Reproductive, Musculoskeletal, Neurologic, Psychiatric/Behavioral)**

|  |
| --- |
|  |

**Past Medical History (PMH): (fill in any relevant fields)**

|  |  |
| --- | --- |
| **Illnesses/Injuries (chronic or otherwise relevant)** |  |
| **Hospitalizations** |  |
| **Surgical History** |  |
| **Screening/Preventive (including vaccinations /immunizations)** |  |
| **Medications (Prescription, Over the Counter, Herbal/Dietary Supplements)**  **Include: medication name, dosage strength, dosage form, route of administration, frequency of administration, duration of therapy, indication** |  |
| **Allergies (environmental, food, or medication – also list any known reactions) Date of allergy diagnosis** |  |
| **Gynecologic History** |  |

**Family Medical History: (fill in any relevant fields)**

|  |  |
| --- | --- |
| **List all relevant and appropriate family members and their age and health status, or age at and cause of death** |  |
| **Instructions for SP on how to answer questions about any family members not listed above:**  **(i.e. do not add any additional family members, any other family is alive and well, unsure about paternal grandparents, etc.)** |  |
| **Management/Treatment of any relevant conditions and/or chronic diseases in family** |  |

**Social History: (fill in any relevant fields)**

|  |  |  |
| --- | --- | --- |
| **Substance Use (past and present)** | **Drug Use (Recreational, medicinal and medications prescribed to other people)** |  |
| **Tobacco Use** |  |
| **Alcohol Use** |  |
| **Home Environment** | **Home type** |  |
| **Home Location** |  |
| **Co-habitants** |  |
| **Home Healthcare devices (for virtual simulations)** |  | |
| **Social Supports** | **Family & Friends** |  |
| **Financial** |  |
| **Health care access and insurance** |  |
| **Religious or Community Groups** |  |
| **Education and Occupation** | **Level of Education** |  |
| **Occupation** |  |
| **Health Literacy** |  |
| **Sexual History:** | **Relationship Status** |  |
| **Current sexual partners** |  |
| **Lifetime sexual partners** |  |
| **Safety in relationship** |  |
| **Sexual orientation** |  |
| **Gender identity** | **Pronouns** |  |
| **Identifies as (e.g. transgender, cisgender, gender queer)** |  |
| **Sex assigned at birth** |  |
| **Gender presentation (any notes about body language, style, or dress that may signal gender identity)** |  |
| **Activities, Interests, & Recreation** | **Hobbies, interests, and activities** |  |
| **Recent travel** |  |
| **Diet** | **Typical day’s meals** |  |
| **Recent meals** |  |
| **Avoids eating (e.g., fried foods, seafood, etc.)** |  |
| **Special diet (e.g., vegetarian, keto, dietary restrictions, etc.)** |  |
| **Exercise (activities and frequency)** | **Exercise activities and frequency** |  |
| **Recent changes to exercise/activity (and reason for change)** |  |
| **Sleep Habits** | **Pattern, length, quality, recent changes** |  |
| **Stressors** | **Work** |  |
| **Home** |  |
| **Financial** |  |
| **Other** |  |

**Physical Exam Findings: (may also include instructions on simulating/replicating/reporting findings, e.g., physical simulations, verbal prompts, findings cards, moulage, hybrid technology)**

|  |
| --- |
|  |

**Prompts and Special Instructions:**

|  |  |
| --- | --- |
| **Questions the SP MUST ask/ Statements patient must make** |  |
| **Questions the SP will ask if given the opportunity** |  |
| **What should the SP expect by the end of this visit? (e.g., diagnosis, plan, treatment, reassurance)** |  |
| **Is there anything the learner knows from the door info that the SP does not? (e.g., symptomatic vitals, pregnancy, lab results, imaging)** |  |

**Guidelines for Feedback: (e.g. logistics, content for feedback, expectations of this learner level)**

|  |
| --- |
|  |

# Part 4 – SP Checklist

Learner Name: Date: SP:

**Grading Scale (LIKERT or Dichotomous):**

*Please describe the scale to be used for each item in this section (e.g. Yes/No, Done/Not Done, etc.).*

*Include the point values for each. (e.g. Yes = 1, No=0)*

Insert checklist here:

# Part 5 – Checklist Guidelines

Checklist guidelines are a description of the intent of a checklist item. Not all items on a checklist must be included; however clarification of certain items may be useful for rater/SPs.

This includes specifics of what raters/SPs should be looking for in order to receive credit for an item. Include examples of questions or approaches a student might take and the appropriate response.

Examples *(note these are institution specific, authors do not intend example criteria to serve as recommendations for a specific technique)*

**History**

* **#3. Learner asks about shortness of breath**

**Yes**

**No**

*note to scorers: Any questions about trouble breathing, difficulty breathing or trouble catching your breath would warrant credit for this item.*

*note to scorers: Questions about “lung problems” would not warrant credit for this item*.

**Physical**

* **#7. Learner palpated the area of pain.**

DONE:  The learner will place his hand OR fingertips right over the area of pain.

DONE INCORRECTLY: The student does this maneuver over gown (or other clothing).

* **#10. Learner examined neck on ONE side while patient was lying down (head of bed elevated 15-45o).**

DONE

Not Done

Done incorrectly

-For credit: Must be done while patient is lying down at an angle of 15-45 degrees.  The learner should turn your head to one side to see if the veins in neck are distended (sticking out).

-Criteria for DONE INCORRECTLY:

* If the learner attempts this maneuver while the patient is lying flat OR sitting upright.
* If the learner does not have the patient turn head.

**Physical Examination in a Virtual Environment**

* **#16. The learner asked ME to palpate over the LEFT ANTERIOR SHOULDER.**

Learner must ask you to palpate over the LEFT ANTERIOR SHOULDER (on the bone and muscles). No pain on any area

SATISFACTORY:  The learner instructs or demonstrates to patient the correct area to palpate

UNSATISFACTORY: Palpation not on shoulder bone or muscle

NOT PERFORMED

Criteria for Unsatisfactory:

* If the learner instructions were not on the bone or muscles of the Left Anterior

# Part 6 – Additional Learner Materials

List and describe any additional learner materials and, if appropriate, indicate the how they are accessed. (e.g. laboratory results/readings, images, physical exam results cards, hyperlinks to online patient charts or electronic health records,etc)

|  |
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# Part 7 – Post-Encounter Activities

List and describe any activities the student will engage in after the SP Encounter and, if appropriate, indicate the modality of the activities. (e.g., Write a SOAP note in the virtual learning tool, answer multiple choice questions on a handout, debrief with the SP, etc.)

# Part 8 – Note Rubric or Answer Key for Post-Encounter Activities

# List and provide any rubrics/answer keys to support assessment of post-encounter activities. If appropriate, indicate who should have access to the documents.

# Part 9a – Learner Orientation/Briefing

**Format and timing:**

|  |
| --- |
|  |

**Session objectives: (as applicable)**

|  |
| --- |
|  |

**Special instructions: (e.g. special equipment)**

|  |
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|  |

# Part 9b – SP Orientation/Briefing

**Format and timing:**

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| --- |
|  |

**Session objectives: (as applicable)**

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| --- |
|  |

**Special instructions: (e.g. special equipment)**

|  |
| --- |
|  |

# Part 10a - Learner Debriefing

**Technique to be used: (e.g. Plus-Delta, Advocacy-Inquiry, Debriefing with Good Judgment)**

|  |
| --- |
|  |

**Discussion questions/topics:**

|  |
| --- |
|  |

**Additional resources & references:**

|  |
| --- |
|  |

# Part 10b - SP Debriefing & Deroling

**Technique to be used: (e.g. Plus-Delta, Advocacy-Inquiry, Debriefing with Good Judgment)**

|  |
| --- |
|  |

**Discussion questions/topics:**

|  |
| --- |
|  |

**Additional resources & references:**

|  |
| --- |
|  |

# PART 11 - Human Simulation Online

This section of the template identifies some specific elements from Parts 1 – 10 of the template, which may require some special consideration when developing a case intended for remote, distance, or virtual delivery. These considerations will vary depending on the delivery method (e.g., a voice call vs. a video call), the context (e.g., if you are simulating a virtual encounter vs. simulating an in-person encounter over a video call), and the simulation’s objective.

As with Part 1- 10 of this template, not every activity or scenario will require each part of this section to be completed. SP educators should exercise their judgment when selecting which parts of this template are applicable to their activities or scenarios.

## Part 1 – Administrative Details

**Patient’s Reason for the Visit:** Consider indicating why the interaction is happening remotely and who choose the modality of the visit. *E.g., is the patient in a remote clinic and only telemedicine is available, or is the patient uncomfortable visiting the office and preferring a virtual visit?*

**Learner’s prerequisite knowledge and skills:** Consider indicating what remote patient care experience, if any, the learner has.

**Learning/Case objectives:** Ensure any remote patient care-related objectives are carefully considered and clearly stated.

**Event format:** For virtual sessions, consider allowing additional time for set-up and technical troubleshooting. Additional screen breaks may also be required to prevent eye strain. If appropriate, you may also want to indicate if the SP should have their camera and/or microphone off at any point before or after the encounter (e.g., you may want the SP to keep the camera off until a facilitator introduces the patient.)

**Demographics of patient/recruitment guidelines:** If the simulation requires multiple SPs (e.g., a patient and their spouse), consider if both SPs must be in the same room (in which case, the SPs will need to be in the same location) or if each SP can separately connect to the same call (in which case, the SPs can be in separate locations).

**Skill/Technology SP recruitment guidelines:** Consider including the specific requirements of the platform you will be using in this section. You could also include a web link to technical support website for the platform.

While each virtual platform will have its own unique technology requirements, in general most will require at least:

· A reliable high speed internet connection (usually a minimum of 6 mbps download and upload. Also, an internet connection via ethernet cable is generally faster, more secure, and more stable than a Wi-Fi connection.)

· A webcam (in general, an external camera is preferable to a camera that is built into a device as external cameras are generally higher definition and easier to move and change the angle of view).

· A microphone (in general, an external microphone is preferable to a built-in system microphone as external microphones are usually able to better capture audio and keep out background noise.)

· Speaker or headphones (if an external microphone is not available, using headphones is preferable to a speaker to reduce the risk of an echo on the audio.)

You may also want to consider whether you should be limiting the types of devices the SPs are using to connect to the session. For example, you may want SPs to only use a laptop or computer and not allow the use of mobile devices.

**Room/Camera setup off-site:** When describing background elements, ensure you are clear about what should be in the background and what should not be in the background. Virtual backgrounds, if supported by your platform, may help in standardizing the background across encounters, but also add to the technological complexity of the session. Consider including the requirements in this section in your recruitment guidelines.

**Recommended SP training agenda:** Consider what additional technological training may be required in addition to any other training. It may be advantageous to run your training sessions on the same platform on which the simulation will be taking place.

## Part 2 – Door Chart/Note & Learner Instruction

**Setting (place/time; in-person/telesim):** Learners should be provided context for their location (e.g., at a virtual clinic, working from home, etc.) as well as the SP’s location (e.g., at home, at their work, at a rural clinic).

## Part 3 – Content for SPs

**Presentation and Resulting Behaviors:** Consider how the patient’s presentation and behaviors can be simulated within the SP’s framing in the video. Facial expressions and hand gestures will be more noticeable in a virtual environment as the learner may have a limited view of the patient.

**Prompts and Special Instructions:** If appropriate, consider indicating under what circumstances the patient would be willing to come in for an in-person encounter. *E.g., the patient would come in for blood work, but will not come in for a physical exam.*

## Part 4 – SP Checklist

Consider indicating what virtual tool the SP will be expected to use to complete the checklist. If the SP is inexperienced working with the tool, consider adding additional training time to practice using the tool.

**Part 5 – Checklist Guidelines**

When developing checklist guidelines for virtual simulation, consideration should be given to any limitations inherent to the virtual modality (e.g., limited field of view, challenges with eye-to-camera eye-contact). It may also be appropriate to provide guidance on how to manage assessment if there are any technical issues throughout the session (e.g., if a learner is unable to access an online document, or if they lose their internet connection, etc.).

**Part 6 – Additional Learner Materials**

In addition to including information on additional learner materials, also consider indicating how and when the learner will access the materials (e.g., the materials will be emailed in advance of the simulation in a password protected document, or the materials will be shared during the encounter by the SP after the SP receives a specific prompt from the learner, etc.).

**Part 7 – Post-Encounter Activities**

In addition to including a copy or a description of the post-encounter activities, consideration should be given to how the learner will access and submit the materials (e.g., the activity will be completed inside the virtual learning tool, or the activity will be emailed to the program upon completion, etc.).

**Part 8 – Note Rubric or Answer Key for Post-Encounter Activities**

Like Part 7 - Post-Encounter Activities, consideration should be given to how the evaluator will access, assesses, and submit the assessed post-encounter activities (e.g., the assessments will be completed inside the virtual learning tool, or the assessment will be emailed to the program upon completion, etc.).

**Part 9 – Briefing/Learner Orientation** and **Part 10 - Debriefing**

Like Part 7 - Additional Learner Materials, in addition to including information on the actual Briefing/Learner Orientation and Debriefing, consideration should also be given to how and when the Briefing/Learner Orientation and Debriefing will occur (e.g., a prerecorded video for the learner to watch in advance, or a synchronous group presentation, etc.). It may also be appropriate to have alternate plans for Briefing/Learner Orientation and Debriefing, should there be any technical issues (a phone call debrief, for example).

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