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Template used and adapted with appreciation from the University of Illinois Simulation and Integrative Learning (SAIL) Institute

Note: Some information is repeated in the additional scenario provided by Anderson and Burt

Scenario Forecast		
Overview	In this scenario, the Nurse Practitioner (NP) student (learner) will conduct a primary care telehealth visit an adult patient presenting with worsening low mood, poor concentration, fatigue, and insomnia. The learner will be responsible for establishing a therapeutic alliance, completing a focused history, integrating clinical data, communicating diagnostic impressions, and creating a plan of care for major depressive disorder via telehealth. The learner will also have the opportunity to reflect on professional identity and role transition in the telehealth setting (Guido-Sanz et al., 2025).	
Setting	Telehealth clinic (adult primary care)	
Actual diagnosis	Major depressive disorder	
Differential Diagnoses	**Primary Diagnosis:** - Generalized Anxiety Disorder - Hypothyroidism - Adjustment disorder **Secondary Diagnosis:** - Hypertension	
Learners	**Case is designed for this level of learner**	Nurse Practitioner (NP) students enrolled in disease management courses (may be pre-clinical).
	Learners have this previous experience with the topic	- Foundational understanding of depression diagnosis and management in the primary care setting. - Exposure to telehealth communication principles.
Encounter type	Formative learning experience.	
Case calibration	**Does the case have a more diagnostic/discovery focus verses management focus?**	Both diagnostic and management components.
	How clinically challenging do you want this case to be?	1 2 **<u>3</u>** 4 5 *1= Easy and straightforward* *3= Medium, one aspect of clinical challenge OR medium intensity* *5= Difficult, multiple elements of clinical challenge OR higher intensity*

	How psychologically challenging do you want this case to be (1-5 scale)?	1 2 **3** 4 5 *1= Easy, no elements of psychological challenge* *3= Medium, one element OR lower intensity of psychological challenge* *5= Difficult, multiple elements OR higher intensity of psychological challenge*
Unintended consequences	**How might this case create or reinforce undesired habits?**	Assuming mood symptoms are hormonal or due to family stress without full inquiry. However, the debrief provides an opportunity for growth and correction of misperceptions.
	How might this case reinforce undesired social biases?	Not Applicable (N/A).
	How might this case trigger a trauma response (and in whom)?	Acknowledge potential emotional load for learners with history of depression → provide opt-out, list support resources. See prebrief script.
Theoretical Basis	The Reflective Practice Model (Schön, 1983).	
How case design combats potential adverse effects?	The debrief provides an opportunity for growth and correction of misperceptions.	

Learning Outcomes **Show how the simulation objectives align with NP competencies.**				
American Association of Colleges of Nursing (AACN) (2021) Advanced-Level Nursing Education Competencies/ Sub-competencies	**AACN (n.d.) Advanced-Level Progression Indicator(s)^** ***Descriptive behaviors that demonstrate progress towards competency.***	**National Organization of Nurse Practitioner Faculties (NONPF) (2022) NP Role Competencies and Sub-Competencies***	**Simulation Objective(s)#** ***During the simulation, the learner will have the opportunity to demonstrate, practice, get feedback, AND learn:***	**Assessment**** ***How will you know the objective was accomplished?***
2.1: Engage with the individual in establishing a caring relationship. • 2.1d: Promote caring relationships to	*Developing* • 2.1 d: Demonstrate active listening, understanding, therapeutic communication, support, and trust in	*NP 2.1: Engage with individuals and/or caregivers in establishing a caring relationship.* • NP 2.1f: Practice holistic person-centered care to	1. Demonstrate person-centered communication strategies	**Communication (assessment and feedback to be delivered by SP):**

effect positive outcomes. • 2.1e: Foster caring relationships. *2.2: Communicate effectively with individuals.* • 2.2g: Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences. • 2.2j: Facilitate difficult conversations and disclosure of sensitive information. *9.2: Employ participatory approach to nursing care.* • 9.2h: Foster opportunities for intentional	the context of holistic care. • 2.1e: Engage with patients to explore questions and concerns, using open-ended questions to gain a comprehensive view of their situation. *Developing* • 2.2 g: Use advanced communication strategies to communicate ideas. • 2.2 g: Demonstrate accuracy and clarity in electronic and written documentation, ensuring information is accessible and actionable for interdisciplinary teams. • 2.2g: Solicit and integrate patient, family, and team feedback to refine communication approaches and enhance mutual understanding. *Developing* • 2.2j: Deliver sensitive information clearly and compassionately, ensuring the patient, family, or team understands the content. • 2.2j: Use empathetic verbal and nonverbal communication strategies to create a supportive and nonjudgmental environment during difficult discussions. *Developing* • 9.2h: Use open body language and maintain eye contact to demonstrate engagement and attentiveness. • 9.2l: Encourage individuals to share their goals, preferences, and	include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. *NP 2.2: Communicate effectively with individuals.* • NP 2.2k: Utilize communication tools and techniques to promote therapeutic relationships with individuals and/or caregiver. • NP 2.2n: Demonstrate empathy and compassion in communication with others. *NP 9.2: Employ participatory approach to NP care*. • NP 9.2m: Demonstrate an NP professional identity.	during a telehealth encounter pertaining to depression.	*Consider implementing <u>one</u> of the following options:* *1. Sim-COMFORT Instrument (Burt et al., 2026).* *2. Gap-Kalamazoo Communication Skills Assessment Form (Rider et al., 2014).* *3. Other communication assessment tool with evidence of validity and reliability.* *4. Debriefing questions.* **Domain 2 competency progression:** *Consider implementing <u>one</u> of the following options:* *1. Nurse Practitioner Student Competency Assessment (NPSCA) (Ainslie et al., 2024; Pintz et al., 2025).* *2. Creighton Competency Evaluation Instrument (CCEI) 2.0© (Manz & Todd, 2025; Manz et al., 2025; Todd et al., 2023).* *3. Other competency assessment tool with evidence of validity and reliability.* **Telehealth Skills:** *Consider implementing <u>one</u> of the following options:* *1. iSOAP Framework Checklist (Chike-Harris et al., 2021).* *2. Attached "SP Checklist-Telehealth."* *3. Debriefing questions.*

presence in practice. • 9.2l: Facilitate communication that promotes a participatory approach.	concerns during care planning.			
2.3: Integrate assessment skills in practice. • 2.3h: Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice. *8.2: Use information and communication technology to gather*	*Developing* • 2.3h: Gather assessment data relevant to the patient's condition and advanced practice specialty. • 2.3h: Apply advanced nursing knowledge to interpret assessment findings within specific functional areas. *Developing*	*NP 2.3: Integrate advanced assessment in NP practice.* • NP 2.3i: Utilize advanced critical thinking to determine the appropriate focused or comprehensive relevant patient history. • NP 2.3j: Apply advanced assessment skills to perform a comprehensive patient physical assessment utilizing appropriate techniques. • NP 2.3k: Apply advanced assessment skills to perform a focused patient physical assessment utilizing appropriate techniques. • NP 2.3l: Order the appropriate diagnostic and screening tests based on patient's risk factors and chief complaint. • NP 2.3m: Identify health risk factors. • NP 2.3n: Evaluate determinants of health that may influence the patient's well-being. • NP 2.3o: Utilize appropriate evidence-based screening tools. • NP 2.3p: Document comprehensive history, screening, and assessment. *8.2: Use information and communication technologies to gather*	2. Integrate interview and electronic health record (EHR) information into clinical assessment.	**Assessment and synthesis of relevant clinical data.** *Consider implementing <u>all</u> of the following options:* *1. Attached Learner self-assessment: Post-encounter SOAP Note Reflection.* *2. SP Checklist – Clinical Actions.* *3. Debriefing questions* **Domain 2 competency progression.** *Consider implementing <u>one</u> of the following options:* *1. NPSCA (Ainslie et al., 2024; Pintz et al., 2025).* *2. C-CEI 2.0 © (Manz & Todd, 2025; Todd et al., 2023; Todd et al., 2023).* *3. Other competency assessment tool with evidence of validity and reliability.*

data, create information, and generate knowledge. • 8.2f: Generate information and knowledge from health information technology databases.	• 8.2f. Retrieve and organize relevant clinical data from health information technology (HIT) databases.	*data, create information, and generate knowledge.* • NP 8.2k: Analyze data to impact care delivery at the person, population, or systems' levels.		
2.4: Diagnose actual or potential health problems and needs. • 2.4f: Employ context driven, advanced reasoning to the diagnostic and decision-making process. • 2.4g: Integrate advanced scientific knowledge to guide decision making.	*Developing* • 2.4f: Analyze practice situations holistically using an unbiased and systematic approach. • 2.4f: Ask targeted, evidence-based questions to assess diagnostic priorities. • 2.4f: Recognize emerging patterns in patient data to identify potential diagnoses using advanced reasoning frameworks. • 2.4f: Develop initial differential diagnoses aligning with the patient, system, or population context. • 2.4g: Incorporate the best available scientific evidence, clinical guidelines, and research findings into decision-making. • 2.4g: Apply advanced scientific concepts to healthcare delivery.	*NP 2.4: Diagnose actual or potential health problems and needs.* • NP 2.4h: Analyze physical findings to differentiate between normal, variations of normal, and signs of pathology to formulate actual and differential diagnoses. • NP 2.4i: Utilize diagnostic reasoning to formulate actual and differential diagnoses.	3. Integrate relevant findings obtained from a hypothesis driven history into diagnostic reasoning.	**Prioritized differential diagnosis.** *Consider implementing <u>both</u> of the following options:* *1. Attached learner self-assessment: Post-encounter SOAP Note Reflection. <u>Note</u>: this reflection integrates elements of the individual diagnostic competencies (Olson et al., 2019).* *2. Debriefing questions* **Domain 2 competency progression.** *Consider implementing <u>one</u> of the following options:* *1. NPSCA (Ainslie et al., 2024; Pintz et al., 2025).* *2. C-CEI 2.0 © (Manz & Todd, 2025; Todd et al., 2023; Todd et al., 2023).* *3. Other competency assessment tool with evidence of validity and reliability.*
2.5: Develop a plan of care. • 2.5i: Prioritize risk mitigation strategies to prevent or reduce adverse outcomes. • 2.5j: Develop evidence-based	*Developing* • 2.5i: Educate the patient and other stakeholders on strategies to minimize risks and promote adherence to preventive measures.	*NP 2.5: Manage care of individuals.* • NP 2.5l: Synthesize data to develop and initiate a person-centered plan of care. • NP 2.5m: Prescribe medications safely and accurately using	4. Develop an evidence-based treatment plan for the patient with major depressive disorder, tailored to their goals and risks, and include	**Treatment plan for a patient with major depressive disorder.** *Consider implementing <u>all</u> of the following options:* *1. SP Checklist- Clinical Actions.*

interventions to improve outcomes and safety.	• 2.5j: Document relevant evidence to inform intervention selection. • 2.5j: Prioritize interventions enhancing patient safety and minimizing potential harm.	patient data and following legal and regulatory guidelines. • NP 2.5n: Order appropriate nonpharmacological interventions. • NP 2.5o: Anticipate risks and take action to mitigate adverse events.	both pharmacologic and nonpharmacologic options.	2. *Attached learner self-assessment: Post-encounter SOAP Note Reflection.* 3. *Debriefing questions.* **Domain 2 competency progression.** *Consider implementing <u>one</u> of the following options:* 1. *NPSCA (Ainslie et al., 2024; Pintz et al., 2025).* 2. *C-CEI 2.0 © (Manz & Todd, 2025; Todd et al., 2023; Todd et al., 2023).* 3. *Other competency assessment tool with evidence of validity and reliability.*
8.4: Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels • 8.4f: Employ electronic health, mobile health, and telehealth systems to enable quality, ethical, and efficient patient care.	*Developing* • 8.4f: Utilize telehealth platforms to conduct patient assessments, provide education, and deliver care to remote or underserved populations.	*NP 8.4: Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.* • No specific sub-competency.	5. Demonstrate telehealth etiquette while performing a patient assessment and providing education for a patient presenting with depression (Guido-Sanz et al., 2025).	**Telehealth skill development.** *Consider implementing <u>one or more</u> of the following options:* 1. *iSOAP Framework Checklist (Chike-Harris et al., 2021).* 2. *Attached "SP Checklist – Telehealth."* 3. *Debriefing questions*
9.3: Demonstrate accountability to the individual, society, and the profession. • 9.3i: Advocate for nursing's professional responsibility for ensuring optimal care outcomes. • 9.3l: Foster a practice environment that promotes accountability for care outcomes.	*Developing* • 9.3i: Promote adherence to professional responsibilities that directly impact patient safety and care quality. • 9.3l: Articulate one's role in contributing to patient outcomes. Developing • 9.5g: Assess the presence of core	No specific competency/sub-competency.	6. Reflect on professional identity and role transition from Nurse-to-Nurse Practitioner (Guido-Sanz et al., 2025).	**Professional identity and role transition.** *Consider implementing <u>both</u> of the following options:* 1. *Self-assessment: Post-simulation written reflection.* 2. *Debriefing questions*

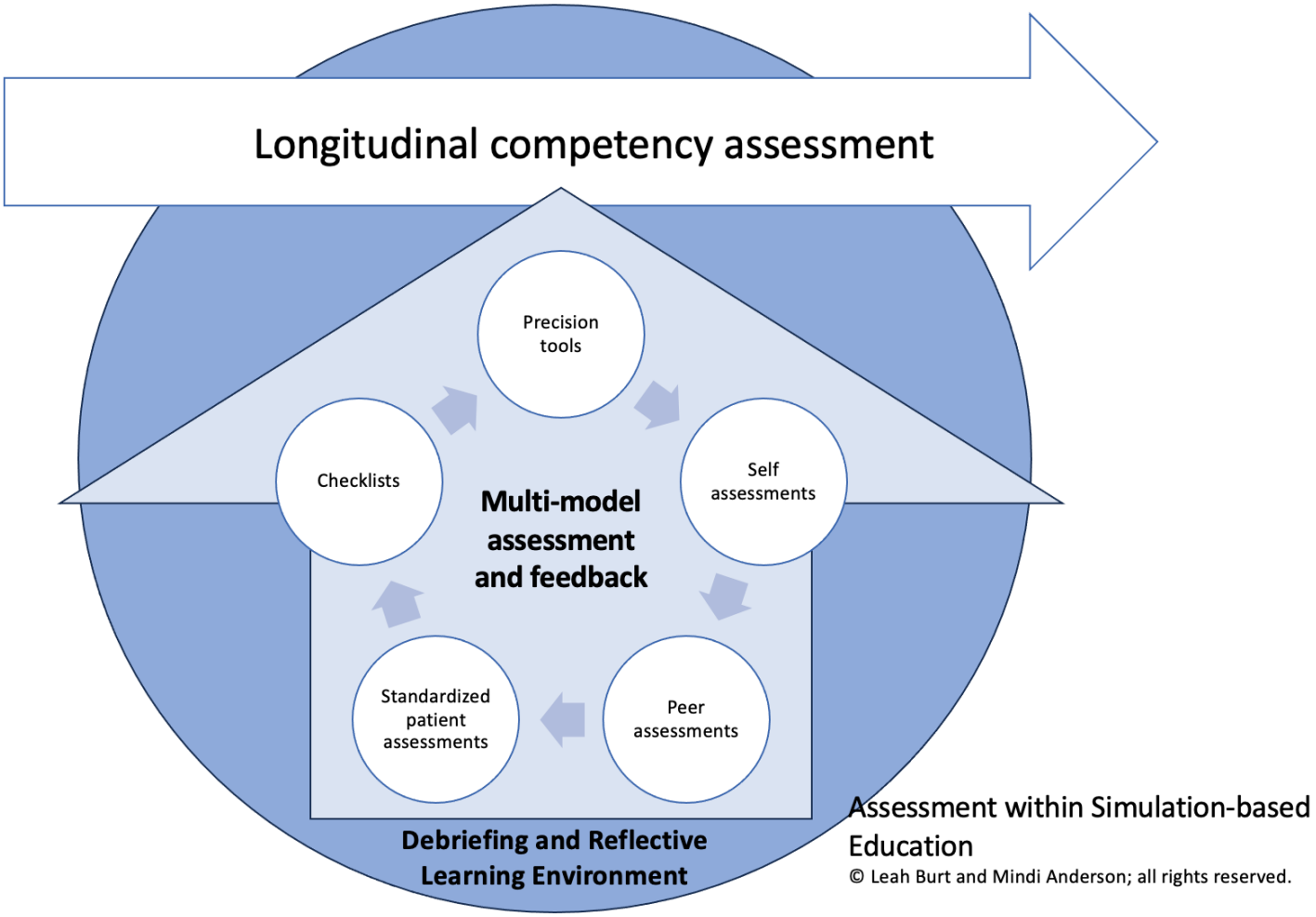
9.5: Demonstrate the professional identity of nursing. • 9.5g: Evaluate practice environment to ensure that nursing core values are demonstrated.	values in practice environments.			

^ This case was specifically developed for the above listed progression indicators. However, programs should determine the appropriate level of progression indicators—developing or developed—based on their curriculum sequence and the specific course in which the scenario is implemented.

* In this simulation scenario, the American Association of Colleges of Nursing (AACN) (2021) Essentials and progression indicators are aligned with the National Organization of Nurse Practitioner Faculties (NONPF) (2022) Nurse Practitioner Role Competencies, as well as corresponding simulation objectives. Educators should ensure that all simulation objectives and critical elements are explicitly mapped to the relevant professional competencies and behaviors for their specific educational program. (National Organization of Nurse Practitioner Faculties, (2022). National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Competencies. https://www.nonpf.org/page/DNPComps)

Critical elements included under SP checklist.

** This simulation scenario is designed as a formative learning experience in which multimodal assessment strategies are blended to generate comprehensive and individualized feedback for learners that supports competency progression. Multimodal assessment refers to the use of multiple, complementary methods to evaluate learner performance, drawing on converging lines of evidence to capture the complexity and breadth of competency (Schwengel et al., 2024; Smirnova et al., 2025). The *Assessment within Simulation-Based Education* figure provides faculty with a structured framework for integrating multimodal assessment practices tailored to the formative simulation-based learning environment (Schwengel et al., 2024; Smirnova et al., 2025; Ward et al., 2023; Roussin et al., 2020; Fey et al., 2022).



Assessment within Simulation-based Education

It is essential that assessment and evaluation practices adhere to the following principles:

- Include objective behaviors that reflect observable learner performance.
- Pair assessment with feedback to promote learning and development (INACSL Standards Committee, McMahon et al., 2021).
- Align scoring criteria and feedback with the learner's developmental level.
- Adhere to the Healthcare Simulation Standards of Best Practice®, particularly the *Evaluation of Learning and Performance* standard (INACSL Standards Committee, McMahon et al., 2021).
- Map case-specific elements—such as performance indicators—to corresponding assessment criteria.
- Obtain appropriate permissions prior to the use of any assessment instruments.

Simulation Components
Pre-brief (given by simulation staff)
Welcome, everyone. Today, you will be participating in a simulated telehealth encounter focused on the diagnosis and management of depression in an adult primary care setting. This is a formative learning experience, designed to help you practice assessment, communication, and patient education skills in a safe environment. This simulation is a reflective learning environment where if you make mistakes, we will explore and learn from them.

This simulation will take place in a virtual telehealth clinic environment. You will connect with the standardized patient via the secure simulation platform using your assigned login.

- Please make sure your camera and microphone are working before we start.
- You will have access to the simulated EHR, including the patient's chart and lab results from the past month.
- The encounter will be recorded for feedback and debriefing purposes.

In this scenario, you will take on the role of a nurse practitioner during a scheduled telehealth visit.
Your key responsibilities are to:

1. Establish a therapeutic alliance.
2. Conduct a focused history.
3. Share your diagnostic impressions and plan of care using clear, patient-centered language.

By the end of the simulation, you should be able to:

- Demonstrate advanced communication techniques via telehealth (Guido-Sanz et al., 2025).
- Integrate patient interview and EHR information into your clinical reasoning.
- Communicate depression diagnosis and treatment options clearly, using non-jargon language.
- Incorporate the patient's goals and preferences into the care plan.

This simulation is a confidential learning activity. Performance will not affect course grades beyond completion expectations. Participants are expected to maintain mutual respect and frame feedback around actions and decisions, not personal attributes (McDermott et al., 2021).

This simulation deals with the diagnosis of depression. It may be uncomfortable or may remind you of similar challenges. We invite you to step in and engage as much as you can. The opportunity to try different strategies to move forward in the simulation can be beneficial for learners, as in a similar clinical encounter in your future career as an NP you will not be able to step away because you are the provider.

This is a simulated environment. While not every aspect will be exactly like real life, we ask you to suspend disbelief and engage with the scenario as though it were real.

The standardized patient will respond as a real patient would. If something seems unclear or unrealistic, use your best clinical judgment to proceed.

Pre-simulation activity (as applicable; may be n/a)	
What is the goal of the pre-simulation activity?	The main goals are to: - Refresh knowledge of depression screening, diagnosis, and management. - Remind about telehealth etiquette. - Learn about advanced communication strategies via telehealth. - Familiarize with patient chart data. - Review how to write SOAP notes.

Activity description	- Read a guideline-based article on adult depression management. - Review telehealth etiquette. - Review simulated EHR (chart note, labs). Learners will need to read (examples provided): • Simon, G. E., Moise, N., & Mohr, D. C. (2024). Management of depression in adults: A review. *JAMA*, *332*(2), 141–152. https://doi.org/10.1001/jama.2024.5756 • American Psychiatric Association. (2013). Depressive disorders*. In diagnostic and statistical manual of mental disorders* (5th ed). https://doi.org/10.1176/appi.books.9780890425787.x04_Depressive_Disorders • Duffy, L. V., Evans, R., Bennett, V., Hady, J. M., & Palaniappan, P. (2023). Therapeutic relational connection in telehealth: Concept analysis. *Journal of Medical Internet Research*, *25*, e43303. • Kroenke, K., Spitzer, R. L., & Williams, J. B. (2021). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 1*6(9), 606-613. Learners will need to watch (or review) the following videos prior to the simulation day (examples provided): • Abear, Producer & Storyteller. (2019a). *Telehealth etiquette: Introduction* [Video]. YouTube. https://www.youtube.com/watch?v=pO3MZb4cCBw&list=PLM0VF0yZsE6f6737BT0QdUp7iC9BMINyC&index=1 This video is one minute, 47 seconds in length. • Abear, Producer & Storyteller. (2019b). *Telehealth etiquette: Behavioral consult* [Video]. YouTube. https://www.youtube.com/watch?v=WtOOiDXhkr8 This video is eight minutes, 57 seconds in length. • Abear, Producer & Storyteller. (2019c). *Telehealth etiquette: Medical consult* [Video]. YouTube. https://www.youtube.com/watch?v=YVJOesPIdc4&list=PLM0VF0yZsE6f6737BT0QdUp7iC9BMINyC&index=2 This video is twenty-two minutes, 22 seconds in length. Additional resources learners may read (examples provided): • Podder, V., Lew, V., & Ghassemzadeh, S. (Updated 2023 Aug 28). *SOAP notes*. In *StatPearls* [Internet]. StatPearls Publishing, https://www.ncbi.nlm.nih.gov/books/NBK482263/ • Williams, K. (2023, December 10). *Mastering virtual communication: Strategies for psychologists in telehealth*. Session Sync. Session Sync | Mastering Virtual Communication: Strategies for Psychologists in Telehealth • Bains, N., & Abdijadid. S. (Updated 2023 Apr 10). Major depressive disorder. In *StatPearls* [Internet]. StatPearls Publishing. Retrieved April 26, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK559078/
Will this activity occur at simulation center?	Platform: Asynchronous readings pre-simulation. Simulation: Synchronous telehealth.

<table>
<tr><td>If so, what simulation staff support is needed?</td><td></td></tr>
<tr><td>Assessment (if any)</td><td>No assessment for pre-simulation activity.</td></tr>
<tr><td colspan="2">Post-simulation activity (as applicable; may be n/a)</td></tr>
<tr><td>What is the goal of the post-simulation activity?</td><td>Clinical encounter data synthesis.</td></tr>
<tr><td>Activity description</td><td>1) Students will write a modified SOAP Note detailing assessment, diagnosis, and plan of care.
2) Students will then write a structured reflection, comparing their modified SOAP note to a provided exemplar, in addition to reflecting on professional identity.</td></tr>
<tr><td>Will this activity occur at simulation center? If so, what simulation staff support is needed?</td><td>No, this will be completed independently after the simulation encounter.</td></tr>
<tr><td>Assessment (if any)</td><td>Formative assessment as recommended in “Learning Outcome” section.

Evaluation of simulation experience (per simulation center policy).</td></tr>
<tr><td colspan="2">Debrief</td></tr>
<tr><td>Who will be facilitating the debriefing?</td><td>Course faculty with debriefing training (INACSL Standards Committee, Decker, et al., 2025).</td></tr>
<tr><td>Debriefing method to be employed</td><td>Structured method of choice per simulation center.</td></tr>
<tr><td>Anticipated talking points for debriefing (AACN, 2021; AACN, n.d.; Guido-Sanz et al., 2025; NONPF, 2022)</td><td>We are going to spend the next 60 minutes debriefing. The objective is to reflect on performance so that your communication, assessment, diagnosis, and management of people presenting with depressive symptoms improves. Everyone here is intelligent and wants to learn, including myself as facilitator. No one here had a perfect simulation, and we are not here to criticize. Instead, we are here to explore and learn.

• How did you feel during the encounter?
• What aspects of the encounter felt most challenging or uncomfortable for you?
• What emotions came up for you as the patient shared their experiences of depression?

<table><tr><th>Simulation Objective</th><th>Exemplar Debrief Questions Mapped to AACN (2021) and NONPF (2022) Sub-competencies and Progression Indicators</th></tr></table></td></tr>
</table>

Demonstrate person-centered communication strategies during a telehealth encounter pertaining to depression.	• What specific verbal or non-verbal behaviors did you use to show active listening and understanding? • How did you ensure the patient felt heard and supported in a virtual setting? • What strategies did you use to build trust and convey empathy through telehealth?
Integrate interview and electronic health record (EHR) information into clinical assessment.	• How did you apply information from the chart to guide your interview questions? • How did integrating information from both the chart and interview shape your clinical impressions or working diagnosis? • What additional information would you have liked to obtain — either from the patient or the EHR — to strengthen your clinical assessment?
Integrate relevant findings obtained from a hypothesis driven history into diagnostic reasoning.	• How did you decide what data were most relevant to pursue or probe further when taking the history? • Describe your reasoning process: how did you move from an initial hypothesis list to a prioritized differential diagnosis? • In retrospect, what information do you wish you had asked or clarified during the history to strengthen your diagnostic reasoning?
Develop an evidence-based treatment plan for the patient with major depressive disorder, tailored to their goals and risks, and include both pharmacologic and nonpharmacologic options.	• What evidence or clinical guidelines influenced your choice of pharmacologic and nonpharmacologic treatments? • How did you ensure your plan reflected both current evidence and the patient's lived experience or values? • What strategies did you use to assess and mitigate suicide or self-harm risk?
Demonstrate telehealth etiquette while performing a patient assessment and providing education for a patient presenting with depression (Guido-Sanz et al., 2025).	• How did you ensure patient privacy, confidentiality, and professionalism during the encounter? • How did you adapt your assessment techniques for the telehealth format? • How did you balance the use of technology with maintaining empathy and human connection?

	Reflect on professional identity and role transition from Nurse-to-Nurse Practitioner (Guido-Sanz et al., 2025).	• In what ways did you demonstrate accountability for patient safety and care quality during the encounter? • How do you see your evolving role contributing to improved patient outcomes—particularly in mental health and telehealth settings? • What core nursing values guided your behavior during the simulation? How were these values reflected—or challenged—by the telehealth setting or by the complexities of managing depression?
	• What's one key takeaway from this simulation that you will carry into your next clinical encounter? • How will you use what you learned today to strengthen your practice as a future NP?	
	**Microsoft Copilot utilized (Microsoft, n.d.)*	
Other	N/A	
Intervention plan for adverse psychological learner reaction	• Identify outside support resources available to learners. • Identify non-hierarchy third party person the learner can contact (not supervising faculty).	

Standardized Patient Scenario

(Simulation Staff: Information below this point will be given to SPs)

Learner Instructions	
Patient	Jesse Navarro
Age	48-years-old
Date of birth	(12/16/**) – add date to make 48-years-old
Chief priority	During a telehealth visit with the clinic Registered Nurse (RN), the patient began crying and told the RN they were having problems sleeping and concentrating and are feeling stressed.
Setting	Primary care telehealth visit.
Time of day	12:30 pm (can adjust if needed).
Vital signs	• Blood Pressure: See blood pressure log in patient chart • Pulse: N/A, telehealth visit • Respirations: N/A, telehealth visit • Temperature: N/A, telehealth visit
Learner task	The simulation will take 60 minutes. You have 25 minutes to: 1) Establish a therapeutic alliance with the patient.

	2) Perform a problem-focused history. You will then have a 5-minute time out to: 3) Consult evidence-based resources. Following this time out, you will have 10 minutes to: 4) Communicate your tentative diagnostic impressions to the patient and to counsel the patient on treatment options, including both pharmacologic and non-pharmacologic. You will then engage in 20 minutes of SP feedback: 5) Feedback conversation with the SP on communication and telehealth etiquette.
Post simulation forecast	After the initial 60-minute encounter, you will have: 1) A 60-minute group debriefing. 2) An independently completed post-simulation charting exercise and reflection assignment (which will be graded at completion). *(Note to faculty: Consider a due date for the modified SOAP note 1 day after the simulation encounter and the reflection 2 days after the simulation encounter.)*

Case Summary
This telehealth simulation case centers on a 48-year-old adult who presents with low mood, fatigue, poor concentration, and insomnia that have progressively worsened over four months. The learner must conduct a focused history, share diagnostic impressions, and develop a treatment plan for major depressive disorder while demonstrating advanced communication through the telehealth delivery platform.

Character facts		
	Detail	**Reason for choice** *Essential character facts need to be tied to learning objectives and should not reinforce biases*
Name	Jesse Navarro	
Gender	Any (may adjust name)	Scenario gender non-specific.
Age	48 years (any adult age in 40's)	Scenario age is non-specific to adult population; mother is still alive.
Date of birth	12/16/** (adjust year to be 48)	Allows for keeping the set age.
Race and/or ethnicity and/or culture	Any	Scenario race/ethnicity non-specific; culturally competent care is not the main focus of this scenario.
Weight and/or BMI	Any within norm.	Not contributing to presenting problem.
Socioeconomic	Any within norm.	Not contributing to presenting problem.
Orientation	Any	Not contributing to presenting problem.
Relationship/ partnership status	Currently married to 2nd spouse. Divorced once. Ok relationship with spouse but feels underappreciated.	Stressor.
Living situation (own or rent; persons in household; dwelling type; neighborhood)	Any. Lives with spouse.	
Family members	Mother and father are both alive. Three children, one son in the military who is stationed in the Middle East. Two daughters are in college and live on the opposite side of the country when not in school.	Children are stressors.

Level of health literacy	Normal.	Learners can explain diagnosis/treatment plan using non-jargon language and the patient will comprehend.
Occupation	Unhappy with job in retail sales in home store. Has been there 15 years and makes a good salary with benefits but feels no one appreciates them or listens to their ideas about the room displays.	Stressor.
Duties at work	See above.	
Hobbies/ interests	Previously enjoyed playing golf but has not since current symptoms began. Golf friends have been a source of support in past.	Standardized answers to PHQ-9 screening (Kroenke et al., n.d.).
Other details	Does not identify as any specific religion.	

Who is the character?	
Chief priority	Been feeling frustrated with everyone and very irritated with people. Has been having difficulty sleeping and concentrating at work.
Patient Name	Jesse Navarro
Who is the character?	You are a 48-year-old married female (or male) experiencing some changes in your mood, sleep patterns, and concentration. You have multiple life stressors including relationships with your three children and spouse.
Why did the character present today (verses another day)?	Started crying during RN telehealth visit for blood pressure log review.
Communication style	Withdrawn/tentative until therapeutic alliance is established, at which point, you will feel comfortable enough to begin freely talking about symptoms.
Patient Affect	Flat affect; may become slightly teary when talking about family.
Opening statement of SP (in quotes):	"I don't understand why, but I just broke down in tears."
SP answer to first open-ended question	"Things have been hard for a while, I guess. I lay in bed at night just staring at the ceiling, and I can't concentrate at work."
Physical portrayal	Sit with rounded shoulders and avoid eye contact with camera/provider.

History of Situation	
Onset	Insidious over the past year, but most notable within the past four months.
Location	N/A
Character/ quality	Mood

	• Describes as "feeling down." Always feeling worried about son who is stationed in the Middle East. • "I feel weighed down, like there's a sadness I can't shake." Sleep pattern • Trouble falling asleep at night nearly every night; sleeps "a few hours" on average. If falls asleep, wakes up several times (3-4) during the night. Concentration • Difficulty concentrating on activities that used to be easy, like reading a book or doing window displays at work. • "It feels like my mind is in a fog—I can't focus on anything, no matter how hard I try."
Radiation	N/A
Intensity	Medium.
Pattern	Throughout the day. It is extremely difficult to get going in the morning. However, when does get to work (usually on time), is still "foggy" and "down."
Duration	Insidious onset, most notable for the past four months.
Aggravating factors	Symptoms seem to be more pronounced if you "have a bad day" at work.
Relieving factors	Nothing makes symptoms better. Have tried aromatherapy to no avail.
Associated symptoms	• Self-esteem: Low. Not sure that you are good at your job. • Appetite: You eat because you're bored. Always snacking when home watching TV. • Energy Level: Always tired. Used to exercise but currently have no energy or desire. • Interest Level: Not interested in activities outside of work. Used to play golf, run daily, and enjoy going out to dinner, but you are not interested anymore. • Mood: Down; always feeling worried about your son who is in the Middle East. • Sexual Interest: Not really interested and feel spouse is not either.
How does the character respond to the symptoms and/or Character's interpretation of and/or feelings about illness.	Sad and frustrated. Acknowledge that you did not used to feel this way and that you used to feel better. Bothered that it is affecting your work. You did not tell your provider last week because you were embarrassed to admit you were feeling this way.
How are symptoms affecting daily life?	You cannot concentrate at work. Spouse is getting annoyed that you just "mope around." Occasionally text with friends but has not seen them socially since symptoms became worse four months ago.

Medical History	
Overall health	Generally healthy.
Childhood illnesses/ diagnoses	Non-contributory.

Adult illnesses/ diagnoses	Borderline hypertension is treated with diet and exercise for about the last year.		
Immunizations *(Specify COVID and/or influenza vaccinations if applicable)*	Non-contributory.		
Hospitalizations	Non-contributory.		
Surgical procedures	Non-contributory.		
Injuries/ traumas	Non-contributory.		
Allergies and drug reactions	Non-contributory.		
Gynecological history	Non-contributory.		
Medications			
Current over the counter medications (dose, frequency, compliance)	Acetaminophen as needed for pain. You "take the amount stated on the bottle."		
Current prescription medications (dose, frequency, compliance)	None.		
Health Maintenance			
	Yes/No	**When?**	**Results:**
Does the character visit a healthcare provider regularly?	Yes	1 month ago.	Attached lab values all normal.
Cholesterol level	N/A		
TB Test	N/A		
A1C / diabetes screening	Yes	About a year ago at physical.	Normal (no diabetes).
Dentist visit	N/A		
Ophthalmologist visit	N/A		
Other:	N/A		
Social History			
	History		**Reason**
Eating habits	Previously tried to eat healthy such as multiple servings of fruit and vegetables per day, grilled chicken, and oven roasted fish for main proteins. For the past few months, you have been eating fast food most days, as you have no energy to cook.		Tried to change due to borderline high blood pressure. Energy levels may be low with depression (Park & Zarate, 2019).
Sleeping habits	Sleeps 5-6 hours a night total. Trouble falling asleep at night; takes "a few hours" on average. If you do fall		Sleeping habits are often affected by depression (Heinz et al., 2021).

	asleep, you wake up several times (3-4) during the night.	
Exercise	Previously walked five (5) times per week for one hour. For the past four months, has not had the energy to exercise.	Energy levels may be low with depression (Park & Zarate, 2019).
Stress	Notable increase in stress since son stationed in Middle East six (6) months ago.	
Caffeine	Drinks four to five (4-5) cups of coffee a day since energy is so low.	
Tobacco	None.	
Alcohol	None.	
Cannabis use	None.	
Other substance use	None.	
Sexual history	See below.	
Trauma history *(emotional, physical, sexual, etc.)*	None.	
Current sexual activity	Sexually active with spouse although not really interested and feels spouse is not either. Have not had sex for at least eight (8) months.	Sexual dysfunction may occur with depression (Heiden-Rootes et al., 2017).
Family History		
Family Member 1	Mom: Age 72. Hypertension, Type 2 diabetes, and generalized anxiety disorder. She does not take medication currently, but you think she should because she is very anxious.	
Family Member 2	Father: Age 76. Hypercholesterolemia, history of minor heart attack several years ago and depression. Takes medication for his depression, you are not sure what it is. You think he may have been hospitalized for depression, but no one talks about it.	
Family Member 3	Son aged 22: Healthy.	
Family Member 4	Daughter aged 18: Healthy.	
Family Member 5	Daughter aged 20: Healthy.	

Review of Systems *(*please notate if item will only be given during ROS verses volunteered during history)*		
General	*weakness, fatigue, weight change, appetite, sleeping habits, chills, fever, night sweats*	+Fatigue. Weight gain of 10 pounds over the past four (4) months. Trouble falling and staying asleep during the same past four months. Denies weakness, chills, fever, and night sweats.
Skin	*rashes, lesions, easy bruising, pruritus, lumps, color change, hair or nail changes*	Denies rashes, lesions, easy bruising, pruritus, lumps, color change, and hair or nail changes.

Eyes	*acuity, eyeglasses, contacts, photophobia, blurring, diplopia, spots, discharge, floaters, glaucoma, cataracts*	Denies acuity changes, eyeglasses, contacts, photophobia, blurring, diplopia, spots, discharge, floaters, glaucoma, and cataracts.
Ears	*hearing changes, tinnitus, discharge, pain, vertigo*	Denies hearing changes, tinnitus, discharge, pain, and vertigo.
Nose, throat, sinuses	*congestion, hay fever, polyps, epistaxis, trauma, sore throat, difficulty swallowing, hoarseness*	Denies congestion, hay fever, polyps, epistaxis, trauma, sore throat, difficulty swallowing, and hoarseness.
Mouth	*painful teeth or gums, last dentist visit, sore tongue, lesions*	Denies painful teeth or gums, sore tongue, and lesions. Last dental visit within the last year.
Breasts	*lumps, pain, discharge, self-exam, mammogram*	Denies lumps, pain, and discharge. Does not do self-exam. If SP is female, unsure when the last mammogram was but within the last three years.
Respiratory	*inspiratory pain, cough, sputum – color, quality, quantity, hemoptysis, pneumonia, TB, SOB*	Denies inspiratory pain, cough, sputum, hemoptysis, pneumonia, TB, and shortness of breath (SOB).
Cardiovascular	*pain, hypertension, SOB, orthopnea, exercise intolerance, prior heart trouble (MI), PND, murmurs, leg cramps, swollen ankles, former EKGs, stress test, other test*	Denies pain, hypertension, SOB, orthopnea, exercise intolerance, prior heart trouble (MI), paroxysmal nocturnal dyspnea (PND), murmurs, leg cramps, swollen ankles, former EKGs, stress test, or other tests.
Peripheral vascular	*varicosities, thrombophlebitis, cramps, claudication, finger pallor or cyanosis, numbness/ tingling, loss of sensation*	Denies varicosities, thrombophlebitis, cramps, claudication, finger pallor or cyanosis, numbness/ tingling, and loss of sensation.
Gastrointestinal	*dysphagia, food intolerance, hematemesis, bloating, dyspepsia, frequent belching, ulcer, nausea, vomiting, early satiety, bowel habits, stool character, stool color, blood per rectum, hemorrhoids, jaundice, liver ds, gall bladder ds*	Denies dysphagia, food intolerance, hematemesis, bloating, dyspepsia, frequent belching, ulcer, nausea, vomiting, early satiety, issues with bowels, blood per rectum, hemorrhoids, jaundice, liver disease (ds), and gall bladder ds.
Hematopoietic	*anemia, bruising, bleeding, transfusions, swollen glands*	Denies anemia, bruising, bleeding, transfusions, and swollen glands.
Urinary tract	*difficulty in urination [dysuria], frequency, hesitancy, urgency, nocturia, polyuria, infections, incontinence, pyuria, hematuria, stones*	Denies difficulty in urination [dysuria]; issues with frequency, hesitancy, urgency, or nocturia; polyuria, infections, incontinence, pyuria, hematuria, and stones.
Male reproductive	*penile discharge, lesions, hermits, testicular pain, testicular mass, infertility, impotence, libido*	If SP is male, denies penile discharge, lesions, hernias, testicular pain, testicular mass, infertility, and impotence. Libido has been decreased.
Female reproductive	*gravida/para: full term, pre-term, abortions, live children. Age of menarche, last menstrual period, frequency, duration, quantity of flow, dysmenorrhea. Age at menopause, symptoms of menopause. Contraception, last pelvic exam, last PAP test, dyspareunia*	If SP is female, had three pregnancies and births with no issues. Not sure why you are asking about periods. Post menopausal x 1 year. Unsure when the last pap was. Denies dyspareunia.
Musculoskeletal	*joint pain, stiffness, swelling, arthritis, gout, backache, muscle pain or stiffness, scoliosis, how much exercise*	Denies joint pain, stiffness, swelling, arthritis, gout, backache, muscle pain or stiffness, and scoliosis. Not really doing any exercise right now.

Endocrine	*thyroid trouble, goiter, heat or cold intolerance, excessive sweating, polyuria, pollydipsia, polyphagia, hair/nail texture*	Denies thyroid trouble, goiter, heat or cold intolerance, excessive sweating, polyuria, polydipsia, polyphagia, and hair/nail texture changes.
Neurological	*fainting, blackouts, headaches, seizures, local weakness, numbness, tremors, coordination, memory or attention deficits*	Denies fainting, blackouts, headaches, seizures, local weakness, numbness, tremors, and coordination changes. Foggy memory as above.
Psychiatric	*depression, anxiety, tension, recent loss, thought disorders, drug and/or alcohol problems, hospitalizations, level of functioning*	No thoughts of self-harm. No suicidal ideation. No homicidal ideation. No audio-visual hallucinations. No previous psychiatric history. Denies recent loss, thought disorders, drug and/or alcohol problems, and hospitalizations.

Objective Data		
Physical examination *(descriptions of specific physical exam related to complaint)*	Physical exam components which should be portrayed as positive.	N/A. Limited due to telehealth. If student tries to do physical exam via telehealth, SP says "I just had a full physical exam a month ago, you should look in my chart."
	Physical exam maneuvers (both positive and negative findings) you anticipate learners to complete.	Limited due to telehealth.
	List normal physical exam findings.	What can be observed/assessed via telehealth is normal.
Labs and/or diagnostic tests	Attached lab results from 1 month ago.	
Other	N/A	

Additional SP Guidelines		
	Information/ statement/ action/ question	**When in the case (time and/or cue)?**
Information that must be provided, even if not learner elicited	N/A	
Questions the SP should ask learners	N/A	

SP Checklist – Clinical Actions			
	Student Action/ Critical Elements	**SP Response**	**Rating Options**

1	Student introduces self as a NP student.	Thank you for letting me know your role.	Done/Not Done
2	Student asks you if you have thought about hurting yourself or others including homicidal thoughts.	"No, I would never do either of those."	Done/Not Done
3	Student asks you about suicidal ideation.	"No, definitely not."	Done/Not Done
4	Student asks you about audio-visual hallucinations.	"Never."	Done/Not Done
5	Student asks about community support AND cultural practices.	• "Before I started to feel bad, I would talk about things with my golf friends." • "Nothing sticks out to me about my culture that has to do with this issue."	Done/Partially Done/Not Done
6	Student shares depression diagnosis (using the word depression).	Reaction is shock followed by relief: • *Shock*: "Really, I have depression? How can you make this diagnosis over telehealth? I don't understand!" • *Relief*: "Well, maybe if there is actually something wrong with me then I can get better eventually."	Done/Not Done
7	Student asks you about your goals AND risks for treatment.	• "My goal is to feel better." • "I don't see any risks, but I'm afraid the treatment won't work."	Done/Partially Done/Not Done
8	Student wants to prescribe an anti-depressant medication.	Asks lots of questions: • "I am not sure about taking a medication.	Done/Not Done

		Don't antidepressants have a lot of side effects?" • "Will the medication make my blood pressure worse?" • "How will I know that the medication is working?" "Do I have to take it every day, or can I just save it for days that I feel bad?"	
9	Student wants you to start therapy (or refers you to a therapist).	• "Can I do therapy over telehealth? I hate going in person nowadays."	Done/Not Done
10	Student wants to prescribe therapy AND medication.	• "Why do I need therapy and medicine? The medicine seems easier to me to start. I think doing two things is repetitive. Can't I just see how the medication does?"	Done/Partially Done/Not Done
11	Student educates on side effects of medications (which can include suicidal ideation).	• "I heard that sometimes people want to hurt themselves when they take anti-depressants- is that true?" (Simon et al., 2024).	Done/Not done

SP Checklist - Telehealth			
	Student Action/ Critical Elements	**SP Response**	**Rating Options**
1	Greets the patient warmly AND introduce themselves.	Responds with a greeting "Hello," and acknowledges the introduction.	Done/Partially Done/Not Done
2	Confirms the patient's identity AND explains the purpose of the visit.	Provides confirmation of identity (name: Jaime	Done/Partially Done/Not Done

		Marks) and listens to the explanation.	
3	Ensures privacy by asking if the patient is in a private setting AND if they can speak freely (American Medical Association [AMA; Chike-Harris et al., 2021; Garber et al., 2023).	Confirms privacy "Yes, I am in a private place" and able to speak freely.	Done/Partially Done/Not Done
4	Verifies the patient knows how to use the telehealth technology (Duffy et al., 2022).	Confirms ability to use technology.	Done/Not Done
5	Provides back-up plan for technical issues AND addresses any technical issues promptly and professionally (AMA, 2022).	Confirms understanding of plan for technical issues. Responds appropriately to any technical issues that may arise during encounter.	Done/Partially Done/Not Done
6	Uses appropriate telehealth etiquette (at least two of the following - e.g., maintains eye contact AND dresses professionally AND mutes phone/email alerts AND conducts visit in private setting AND minimizes outside interruptions/ distractions) (AMA, 2022; Chike-Harris et al., 2021; Garber et al., 2023).	Responds positively to professional behavior and clear communication.	Done/Partially Done/Not Done

**Microsoft Copilot utilized (Microsoft, n.d.)*

Case Scaffolding *In order to scaffold this case multiple times across the competency-based curriculum, consider increasing complexity by:*
Adjusting the patient presentation to be atypical depression.
Adding additional co-morbidities which must be prioritized and addressed (for example, having the patient's blood pressure be uncontrolled).
Changing the patient's medical history so they are already being treated with pharmacotherapy for depression, which is no longer working.

Adding additional, maladaptive coping strategies that the patient is engaging in (for example, increased alcohol intake or recreational drug use).
Decreasing the time given for learners to write the modified SOAP note (i.e., 30 minutes for more advanced learners verses 1 day for more beginner learners).

Simulation Staff ONLY – Faculty and/or client do not fill beyond this point.

Logistical Details (this box should be filled in by simulation staff)		
Activities	Prebriefing Simulation Debriefing Independently completed charting exercise and reflection (may be done at location other than simulation lab).	
Time required	30 minutes prebriefing. 20 minutes simulation. 40 minutes debriefing. Independently completed charting exercise and reflection (may be done at location other than simulation lab).	
Station requirements	Laptop needed for telehealth.	
Costume requirements	No specific dress required; should not look "put together."	
Prop requirements	None.	
Moulage	No moulage needed.	
SP recruiting demographics	**Gender**	Any
	Age range	Any
	Race/ethnicity	48 years (any adult age in the 40's)
	Height	Any
	Weight	Should be around average BMI or slightly over
	Other	N/A
Incompatible SP characteristics	N/A	
Additional information to communicate to SPs during recruitment	This case is related to depression and may be triggering for those with psychiatric or mental health history (personal or family members) or recent loss. This also includes a simulated child (not present) who is away with the military which could be triggering for some.	
Character Development Notes (this box should be filled in by simulation staff)		
Character stance and need	**Stance** (*example: demanding refill on narcotics*)	Is a little confused about why they are having problems and crying.

	Actual need (*example: needs to get pain under control verses isolated at home and getting prescription makes them feel cared for*)	Wants to feel better.
Affect	**Affect the learner sees**	Flat affect; may become slightly teary when talking about family.
	Why does the character have this affect (explanation)?	Is having a "hard time."

Conversation Guide (this box should be filled in by simulation staff)		
Learner action and/or statement*	**Patient response**	**Patient conversation option(s)**
Over the past 2 weeks, how often have you been bothered by: little interest or pleasure in doing things? (Kroenke et al., n.d.).	"Some days, I guess—I just don't enjoy anything like before."	
Over the past 2 weeks, how often have you been bothered by: feeling down, depressed, or hopeless? (Kroenke et al., n.d.).	"Nearly every day—there's this heavy weight, or sadness, I feel."	
Over the past 2 weeks, how often have you been bothered by: trouble falling or staying asleep, or sleeping too much? (Kroenke et al., n.d.).	"Nearly every day—I either can't fall asleep, or I wake up many times at night."	
Over the past 2 weeks, how often have you been bothered by: feeling tired, or having little energy? (Kroenke et al., n.d.).	"More than half the days—I'm just so tired all the time."	
Over the past 2 weeks, how often have you been bothered by: poor appetite, or overeating?	"More than half the days—I keep snacking even when I'm not hungry."	

(Kroenke et al., n.d.).		
Over the past 2 weeks, how often have you been bothered by: feeling bad about yourself (that you are a failure or have let yourself down)? (Kroenke et al., n.d.).	"More than half the days—I feel like I'm failing at work and at home."	
Over the past 2 weeks, how often have you been bothered by: trouble concentrating on things (such as reading the newspaper or watching television)? (Kroenke et al., n.d.).	"More than half the days—my mind feels foggy, and I can't focus."	
Over the past 2 weeks, how often have you been bothered by: moving or speaking so slowly that other people could have noticed? Or the opposite- being so fidgety or restless that other people could have noticed. (Kroenke et al., n.d.).	"Several days—I've noticed I move slower, and it's hard to start anything."	
Thoughts that you would have been better off dead or of hurting yourself.	"No, I would never hurt myself or try to kill myself."	

*Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

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