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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 Burt and Anderson

Scenario Forecast		
Overview	In this scenario, the Nurse Practitioner (NP) student will see an 18-year-old male/female patient presenting via telehealth for follow-up regarding seasonal allergies without relief. The NP student will need to interview and manage the young adult via telehealth who is not accompanied by their parents. The patient will talk about having one their parents call in for information about the appointment. During the scenario, the NP student (learner) will need to apply ethics (i.e., HIPAA) and professionalism, including telehealth etiquette (Guido-Sanz et al., 2025). The young adult will ask questions about the NP role (Guido-Sanz et al., 2025).	
Setting	Telehealth (primary care)	
Actual diagnosis	Allergic rhinitis/Seasonal allergies	
Differential Diagnoses	1. Upper Respiratory Infection 2. Sinusitis – viral versus bacterial 3. COVID 4. Influenza 5. Rhinitis medicamentosa (Dains et al., 2024)	
Learners	**Case is designed for this level of learner**	Beginning Nurse Practitioner (NP) students (learners). Certification specialty of Family NP, Pediatric Primary Care NP, and/or Adult-Gerontology Primary Care NP. Suggested implementation in first disease management course.
	Learners have this previous experience with the topic	- Learners will have completed Advanced Health Assessment so will have experience in the Head, Ears, Nose, and Throat and pulmonary assessment techniques.
Encounter type	Formative learning experience.	
Case calibration	**Does the case have a more diagnostic/discovery focus verses management focus?**	More management focused: learners will be asked to provide pharmacologic and non-pharmacologic management for allergic rhinitis. Focus on NP professional identity, Registered Nurse (RN)-to-NP role transition.

	How clinically challenging do you want this case to be?	<u>1</u> 2 3 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 <u>2</u> <u>3</u> 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?**	If learners perform poorly, this may reinforce misconceptions about NP professionalism. 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)?	No expected trauma responses.
How case design combats potential adverse effects?	The debrief provides an opportunity for growth and correction of misperceptions.	
Theoretical Basis	This simulation is grounded in the conceptual framework developed by Barnes and colleagues (2022), which focuses on the transition into the NP role. In this framework, one of the three domains relates to educational preparedness while another is role acquisition (Barnes et al., 2022).	

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?*
2.2: Communicate effectively with individuals. • 2.2g: Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences. 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* • 2.2g: Use advanced communication strategies to communicate ideas. • 2.2g: Solicit and integrate patient, family, and team feedback to refine communication approaches and enhance mutual understanding. *Developing* • 8.4f: Utilize telehealth platforms to conduct patient assessments, provide education, and deliver care to remote or underserved populations.	*2.2: Communicate effectively with individuals.* • NP 2.2k: Utilize communication tools and techniques to promote therapeutic relationships with individuals and/or caregiver.	1. Perform an episodic history for a young adult with watery eyes, sneezing, and nasal congestion via telehealth.	**Communication (assessment and feedback could be delivered by SP depending upon tool):** *Consider implementing one or more of the following options for communication:* 1. *Sim-COMFORT Instrument (Burt et al., 2026).* 2. *iSOAP Framework Checklist (Chike-Harris et al., 2021).* 3. *Standardized Patient (SP) Checklist (see section); taken into consideration by faculty for debriefing.* 4. *Other communication assessment tool with evidence of validity and reliability.* 5. *Debriefing questions.* **Domain 2 competency progression:** *Consider implementing one 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 one or more of the following options for telehealth:* 1. iSOAP Framework Checklist (Chike-Harris et al., 2021). 2. Debriefing questions.
2.4: Diagnose actual or potential health problems and needs. • 2.4f: Employ context driven, advanced reasoning to the diagnostic and decision-making process.	*Developing* • 2.4f: Develop initial differential diagnoses aligning with the patient, system, or population context.	*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.	2. Identify an appropriate prioritized diagnosis and at least one differential based on the patient's presentation with supported rationales.	**Assessment and synthesis of relevant clinical data.** *Consider implementing one or more of the following options:* 1. SP Checklist (see section); taken into consideration by faculty for debriefing. 2. Debriefing questions. **Domain 2 competency progression:** *Consider implementing one of the following options:* 1. NPSCA (Ainslie et al., 2024; Pintz et al., 2025). 2. 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.
2.4: Diagnose actual or potential health problems and needs. • 2.4f: Employ context driven, advanced reasoning to the diagnostic and decision-making process.	*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	*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.	3. Initiate at least two evidence-based management techniques based on the patient's current presentation and diagnosis.	**Assessment and synthesis of relevant clinical data.** *Consider implementing one or more of the following options:* 1. SP Checklist (see section; taken into consideration by faculty for debriefing. 2. Debriefing questions. **Domain 2 competency progression:** *Consider implementing one of the following options:* 1. NPSCA (Ainslie et al., 2024; Pintz et al., 2025).

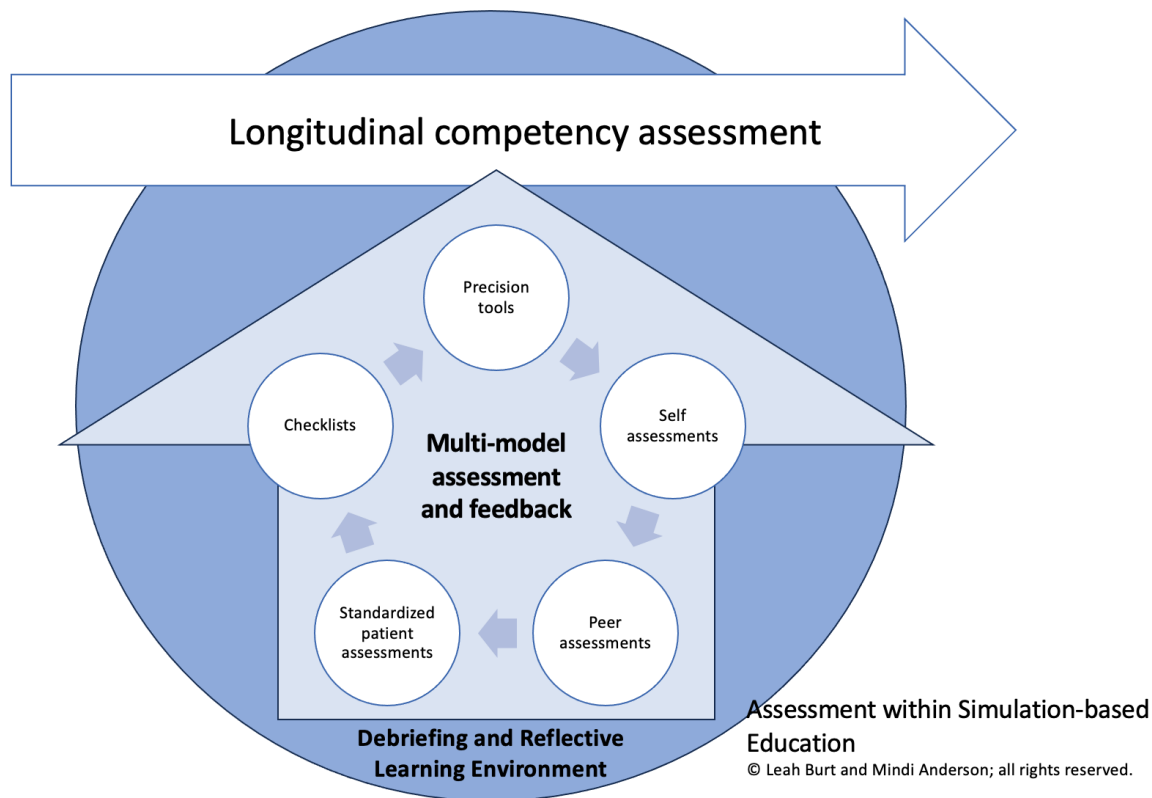|				
2.5: Develop a plan of care. • 2.5j: Develop evidence-based interventions to improve outcomes and safety.	reasoning frameworks. • 2.4f: Develop initial differential diagnoses aligning with the patient, system, or population context. *Developing* • 2.5j: Prioritize interventions enhancing patient safety and minimizing potential harm.	*2.5: Manage care of individuals.* • NP 2.5m: Prescribe medications safety and accurately using patient data and following legal and regulatory guidelines. • NP 2.5n: Order appropriate nonpharmacological interventions.		2. *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.*
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. *8.5: Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.* • 8.5h: Assess potential ethical and legal issues associated with the use of information and communication technology. • 8.5i: Recommend strategies to protect health information when using communication and	*Developing* • 8.4f: Utilize telehealth platforms to conduct patient assessments, provide education, and deliver care to remote or underserved populations. *Developing* • 8.5j: Facilitate patient engagement with digital health tools.	*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.	4. Apply principles of ethics (i.e., HIPAA) and professionalism including telehealth etiquette with the young adult throughout the telehealth visit (Guido-Sanz et al., 2025).	***Telehealth skills*** *Consider implementing <u>one or more</u> of the following options:* 1. *iSOAP Framework Checklist (Chike-Harris et al., 2021).* 2. *SP Checklist (see section); taken into consideration by faculty for debriefing.* 3. *Debriefing questions.*

information technology.				
9.5: Demonstrate the professional identity of nursing. • 9.5f: Articulate nursing's unique professional identity to other interprofessional team members and the public.	*Developing* • 9.5f: Describe the professional identity of nursing.	9.5: Demonstrate the professional identity of nursing. • 9.5j: Articulate NPs unique professional identity to other interprofessional team members and the public.	5. Demonstrate understanding of the NP role to a young adult patient (Guido-Sanz et al., 2025).	***Professional identity: NP role*** *Consider the following option:* 1. *SP Checklist (see section); taken into consideration by faculty for debriefing.* 2. *Debriefing questions.*
Domain 10: Personal, Professional, and Leadership Development. • No specific sub-competency, but self-reflection mentioned in descriptor.	No specific progression indicator.	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: Role transition*** *Consider the following options:* 1. *During the debriefing, they can articulate and discuss their reflection on both the professional identity of the NP and their transition from Nurse-to-Nurse Practitioner (Guido-Sanz et al., 2025).* 2. *Add a post-simulation reflection.* 3. *Debriefing questions.*

^ 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).

Longitudinal competency assessment

Precision tools

Checklists

Self assessments

Multi-model assessment and feedback

Standardized patient assessments

Peer assessments

Debriefing and Reflective Learning Environment

Assessment within Simulation-based Education
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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)
This formative simulation deals with a young adult patient presenting via telehealth with what they think is allergies. We invite you to step in and engage as much as you can. This simulation will help you be able to practice articulating your role as an NP while practicing in what may be a new modality, telehealth.   For the telehealth modality, you will be completing this encounter using: (*fill in device*) with a Standardized Patient or Simulated Participant.   As a reminder, in this scenario, you are a Nurse Practitioner student. You will have 20 minutes to complete the following objectives:

1. Perform an episodic history of a young adult via telehealth.
2. Identify an appropriate prioritized diagnosis and at least one differential based on the patient's presentation with supported rationales.
3. Initiate at least two evidence-based management techniques based on the patient's current presentation and diagnosis.
4. Apply principles of ethics and professionalism including telehealth etiquette (Guido-Sanz et al., 2025).
5. Demonstrate understanding of the NP role (Guido-Sanz et al., 2025).
6. Reflect on professional identity and role transition from Nurse-to-Nurse Practitioner (*we will do this in the debrief following*) (Guido-Sanz et al., 2025).

For a brief report:

Jamie Marks is an 18-year-old male/female patient presenting via telehealth for follow-up regarding seasonal allergies. J.M. was initially seen by an outside provider about a month ago because of symptoms of watery eyes, sneezing, and nasal congestion for approximately two weeks at the time of the initial visit. Symptoms had worsened since the patient began college in a different city. At this previous visit, the provider advised on air-filtration, nasal irrigation, and use of a night-time humidifier as the patient did not want to try medication at that point. Since the patient was seen at an outside provider, there is no chart available. The patient has now had symptoms for about six (6) weeks.

Today, J.M. reports unchanged symptoms. Watery eyes occur throughout the day; sneezing occurs every day, multiple times per day; nasal congestion is rated 8/10 on a scale of 0-10. All symptoms notably worsened when outside, and collectively severe enough that J.M. reports feeling "miserable."

It is important for this scenario to speak out loud what you are thinking and seeing.

If recording, please state.

Any questions?

Please get comfortable and ready. Your patient will be calling in a few minutes.

(INACSL Standards Committee, Persico, et al., 2025)

Pre-simulation activity (as applicable; may be n/a)	
What is the goal of the pre-simulation activity?	The pre-simulation activity goal is to prepare the learners for the simulation and concepts, to be done via telehealth, and to provide a clinical narrative to promote competency development (Choperena et al., 2020).
Activity description	Learners will need to watch 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: 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.

Learners will need to read the following prior to the simulation day (examples provided):

- American Association of Nurse Practitioners. (n.d.). *What's a Nurse Practitioner (NP)*? Retrieved April 21, 2025, from What's a Nurse Practitioner (NP)?
- Dykewicz, M. S., Wallace, D. V., Baroody, F., Bernstein, J., Craig, T., Finegold, I., Huang, F., Larenas-Linnemann, D., Meltzer, E., Steven, G., Bernstein, D. I., Blessing-Moore, J., Dinakar, C., Greenhawt, M., Horner, C. C., Khan, D. A., Lang, D., Oppenheimer, J., Portnoy, J. M., Randolph, C. R., Rank, M. A., Dykewicz, M. S., & Wallace, D. V. (2017). Treatment of seasonal allergic rhinitis: An evidence-based focused 2017 guideline update. *Annals of Allergy, Asthma & Immunology: Official Publication of the American College of Allergy, Asthma, & Immunology*, *119*(6), 489–511.e41. https://doi.org/10.1016/j.anai.2017.08.012
- Dykewicz, M. S., Wallace, D. V., Amrol, D. J., Baroody, F. M., Bernstein, J. A., Craig, T. J., Dinakar, C., Ellis, A. K., Finegold, I., Golden, D. B. K., Greenhawt, M. J., Hagan, J. B., Horner, C. C., Khan, D. A., Lang, D. M., Larenas-Linnemann, D. E. S., Lieberman, J. A., Meltzer, E. O., Oppenheimer, J. J., Rank, M. A., … Steven, G. C. (2020). Rhinitis 2020: A practice parameter update. *The Journal of Allergy and Clinical Immunology*, *146*(4), 721–767.
  https://doi.org/10.1016/j.jaci.2020.07.007
- Garber, K., Gustin, T., & Rutledge, C. (2023). Put PEP into telehealth: An etiquette framework for successful encounters. *Online Journal of Issues in Nursing, 28*(2), 1-10. https://doi.org/10.3912/OJIN.Vol28No02PPT16
- Judge-Ellis, T., & Wilson, T. R. (2017). Time and NP practice: Naming, claiming, and explaining the role of nurse practitioners. *The Journal for Nurse Practitioners, 13*(9), 583-589.
  https://doi.org/10.1016/j.nurpra.2017.06.024
- Payne, S. C., McKenna, M., Buckley, J., Colandrea, M., Chow, A., Detwiller, K., Donaldson, A., Dubin, M., Finestone, S., Filip, P., Khalid, A., Peters, A. T., Rosenfeld, R., Akrami, Z., & Dhepyasuwan, N. D. (2025). Clinical practice guidelines: Adult sinusitis update*. Otolaryngology-Head and Neck Surgery, 173(S*1), S1-S56.
  https://doi.org/10.1002/ohn.1344
- U.S. Department of Health and Human Services. (n.d.). *Disclosures to family and friends.* Retrieved April 21, 2025. from Disclosures to Family and Friends | HHS.gov

Learners will need to read the following at the beginning of the simulation day (examples provided):

	- International Society for Professional Identify in Nursing. (2018). *Tree of impact.* [What is Professional Identity in Nursing | Explore Nursing Identity — International Society for Professional Identity in Nursing](#) - Ziegler, E., Kalvoda, S., Ancrum-Lee, E., & Charnish, E. (2021). I never felt so novice: Using narrative reflection to explore the transition from expert RN to novice NP student. *Nurse Practitioner Open Journal, 1(1),* 1-8. https://doi.org/10.28984/npoj.v1i1.342
Will this activity occur at simulation center? If so, what simulation staff support is needed?	Students complete pre-readings beforehand and the day of the simulation. If completed in the simulation center, a room may be needed. The simulation will occur via synchronous telehealth.
Assessment (if any)	Dependent upon the designated program.
Post-simulation activity (as applicable; may be n/a)	
What is the goal of the post-simulation activity?	N/A
Activity description	N/A
Will this activity occur at simulation center? If so, what simulation staff support is needed?	N/A
Assessment (if any)	N/A
Debrief	
Who will be facilitating the debriefing?	Trained debriefer per the Healthcare Simulation Standards of Best Practice®: The Debriefing process (INACSL Standards Committee, Decker, et al., 2025).
Debriefing method to be employed	The debriefing method is specified by the individual debriefer; however, it should be conducted in a structured manner.
Anticipated talking points for debriefing (AACN n.d.; AACN, 2021; Guido-Sanz et al., 2025; NONPF, 2022)	See table below

- What are your feelings after participating in the simulation?

Simulation Objective	Exemplar Debrief Questions Mapped to AACN (2021) and NONPF (2022) Sub-competencies and Progression Indicators
Perform an episodic history for a young adult with watery eyes, sneezing, and nasal congestion via telehealth.	- Talk to me about your thought processes when you started interviewing the patient. - What were successes and challenges with performing an episodic history via telehealth? - Talk about the communication strategies used to promote a therapeutic relationship with the patient through telehealth (Guido-Sanz et al., 2025).
Identify an appropriate prioritized diagnosis and at least one differential based on the patient's presentation with supported rationales.	- How did you develop your diagnosis and differentials with limited physical assessment? - What did you assess to help you with your diagnostic reasoning?

		• Walk me through your thought processes of determining your main/primary diagnosis and differential(s).
	Initiate at least two evidence-based management techniques based on the patient's current presentation and diagnosis.	• What did you choose to manage the patient (both pharmacologic and non-pharmacologic)? • Why did you choose the management techniques you did (e.g., what evidence-based practice did you use)? • If you had seen the patient for the initial visit for this problem, how would your management have changed? (focus on first line treatment)
	Apply principles of ethics (i.e., HIPAA) and professionalism including telehealth etiquette with the young adult throughout the telehealth visit (Guido-Sanz et al., 2025).	• How were ethics and quality care implemented within the telehealth environment? • What ethical challenges did you need to navigate during this visit?
	Demonstrate understanding of the NP role to a young adult patient (Guido-Sanz et al., 2025).	• How did you articulate the Nurse Practitioner role to the patient?
	Reflect on professional identity and role transition from Nurse-to-Nurse Practitioner (Guido-Sanz et al., 2025).	• How do you think the Tree of Impact (International Society for Professional Identify in Nursing, 2018) applies to this scenario and your role as an NP? (be sure to supply a copy in the debrief or allow them to look up) • Reflect on your role transition from Nurse-to-NP. What successes or challenges did you face in this simulation?
	• How did the narrative we read at the beginning of the simulation apply to you in this scenario? • Please summarize something you learned today.	
	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	Jamie Marks (Meehan, n.d.)
Age	18 years of age
Date of birth	(5/22/**) - add date to make 18 years of age
Chief priority	Wants "medication" to "feel better."
Setting	Primary care telehealth visit.
Time of day	Can be any time of day.
Vital signs	• Blood Pressure: Not Applicable (N/A) • Pulse: N/A, telehealth visit • Respirations: N/A, telehealth visit • Temperature: N/A, telehealth visit Vital signs are not available due to this being a telehealth visit. Did not "feel warm."
Learner task	You are a Nurse Practitioner student. You have 20 minutes to: 1. Perform an episodic history of a young adult via telehealth. 2. Identify an appropriate prioritized diagnosis and at least one differential based on the patient's presentation with supported rationales 3. Initiate at least two evidence-based management techniques based on the patient's current presentation and diagnosis. 4. Apply principles of ethics and professionalism including telehealth etiquette. 5. Demonstrate understanding of the NP role. 6. Reflect on professional identity and role transition from Nurse-to-Nurse Practitioner (*we will do this in the debrief following*).
Post simulation forecast	When you have completed your interview and management plan with the patient, you may receive some feedback from the patient. (*If planned feedback from SP, please add time frame*). We will then gather to debrief. The debriefing will last about 40 minutes. *This can be done in person or online.*

Case Summary
In this scenario, the Nurse Practitioner (NP) student will see an 18-year-old male/female patient presenting via telehealth for follow-up regarding seasonal allergies without relief. The NP student will need to interview and manage the young adult via telehealth who is not accompanied by their parents. The patient will talk about having one their parents call in for information about the appointment. During the scenario, the NP student (learner) will need to apply ethics (i.e., HIPAA) and professionalism, including telehealth etiquette (Guido-Sanz et al., 2025). The young adult will ask questions about the NP role (Guido-Sanz et al., 2025).

Character facts		
	Detail	**Reason for choice** *Essential character facts need to be tied to learning objectives and should not reinforce biases*
Name	Jamie Marks	The name is Unisex/gender neutral (Meehan, 2025).
Gender	Any	Allows for flexibility with hiring of SPs.
Age	18-years-old	SP must be at least 18 years of age but can be older if appears around this age; 18 years chosen as most applicable to multiple NP specialties.
Date of birth	5/22/** (adjust year to be 18)	
Race and/or ethnicity	Any	
Weight and/or BMI	Within typical/average weight and BMI	Weight/BMI is not the focus of the case.
Socioeconomic	Any	Socioeconomic status is not the focus of the case.
Orientation	Any	Orientation is not the focus of the case.
Relationship/ partnership status	Single	
Living situation (own or rent; persons in household; dwelling type; neighborhood)	College student living in dorm. Home for the weekend.	
Family members	Has two parents; not present during visit.	
Level of health literacy	Early college-level.	
Occupation	Student	
Duties at work	N/A	
Hobbies/ interests	Likes to hike and be outside.	Will help support diagnosis of allergies.
Other details	None	

Who is the character?	
Chief priority	Wants "medication" to "feel better."
Patient Name	Jamie Marks
Who is the character?	You (Jamie) are a college student home for a weekend break. You have been having symptoms for approximately six (6) weeks and are tired of feeling bad. You feel like medication is now needed to feel better. You are unclear what a Nurse Practitioner (NP) is and have never been seen by one before. You have one cousin who is a Physician Associate, and another who is studying to be a Physician.

Why did the character present today (verses another day)?	You are tired of not feeling well. You are home for the weekend. Although your parents could not attend the visit, one of them plans on calling the NP later to discuss the visit.
Communication style	Talkative/forthcoming.
Patient Affect	Awake/Alert; Appears like you do not feel well. Frustrated that you feel sick, but pleasant affect.
Opening statement of SP (in quotes):	"Hi, I'm Jamie. Can you please prescribe me a medication to actually help with my allergies so I can feel better?"
SP answer to first open-ended question	"I am here to feel better."
Physical portrayal	No specific physical traits are needed for the case. You might be sneezing, sniffing, or stop the interview briefly to blow your nose during the encounter.

History of Situation	
Onset	It started about 6 weeks ago.
Location	It involves eyes and nose.
Character/ quality	Eyes are "itchy" and watery. Nose is "snotty," with clear nasal discharge.
Radiation	It does not radiate anywhere.
Intensity	Eight (8) on a scale of 0-10 of annoying or Moderate. If specifically asked about pain, give 3-4 on a scale of 0-10.
Pattern	It seems to worsen in some seasons, like Spring. Also worsens when the patient is outside hiking near campus or studying on the lawn of the college.
Duration	Comes and goes for the last six weeks.
Aggravating factors	It gets worse when outside.
Relieving factors	Nothing has really helped, including previously prescribed (from outside provider) non-pharmacologic interventions of air-filtration, nasal irrigation, and use of a night-time humidifier.
Associated symptoms	"Sometimes, I get a cough when laying down." Cough dry (no sputum).
How does the character respond to the symptoms and/or Character's interpretation of and/or feelings about illness.	Feels "miserable." Worried that your friends think you are sick all the time. Worried that your college roommate finds your symptoms off-putting.
How are symptoms affecting daily life?	Not sleeping well. Has stopped hiking, which makes you feel disappointed because that was one way that you relieved normal, day-to-day stress.

Medical History	
Overall health	Overall, has been described as "healthy."

Childhood illnesses/ diagnoses	No childhood illnesses except had some eczema off and on as a child.
Adult illnesses/ diagnoses	No adult illnesses/diagnoses except you were told you had allergies about one month ago.
Immunizations *(Specify COVID and/or influenza vaccinations if applicable)*	All childhood immunizations and those that "adults get." Had a flu vaccine this year. Completed COVID vaccine series and is up to date on booster.
Hospitalizations	No hospitalizations.
Surgical procedures	No history of surgeries.
Injuries/ traumas	Broken arm from roller-skating as a child.
Allergies and drug reactions	Feels like they "have seasonal allergies." No drug or food allergies.
Gynecological history	Has been seen by OBGYN if female identifying. Not currently sexually active. Knows about condoms.

Medications	
Current over the counter medications *(dose, frequency, compliance)*	Has tried nasal saline and nasal irrigation. Tried some Benadryl but was "too sleepy" and "couldn't study with it."
Current prescription medications *(dose, frequency, compliance)*	None.

Health Maintenance			
	Yes (Y)/No (N)	When?	Results:
Does the character visit a healthcare provider regularly?	Y	Last visit about one month ago with outside provider (at school)	Diagnosed with allergies. Told by the provider to try air-filtration, nasal irrigation, and use of a night-time humidifier. Offered medication at the time but did not want it.
Cholesterol level	N/A		
TB Test	N/A		
A1C / diabetes screening	N/A		
Dentist visit	Y	About 6 months ago.	Sees for "regular cleanings."
Ophthalmologist visit	Y	About a year ago.	Had "eyes checked" and "they were fine."
Other:	N/A		

Social History		
	History	Reason

Eating habits	Eats "fine." Usually, eats about two meals a day and a snack or two.	
Sleeping habits	Sleeps 5-6 hours a night typically; but having a hard time sleeping now.	Nose drips and cough laying down.
Exercise	Typically likes to hike and be outside; has stopped hiking.	Stopped hiking due to illness.
Stress	Stress comes and goes due to "College." Gets worse around testing times.	
Caffeine	Drinks 2-3 diet sodas a day.	
Tobacco	Does not smoke; never has.	
Alcohol	Drinks 1-2 drinks on weekends when going to parties (sometimes).	
Cannabis use	Has not tried.	
Other substance use	No history of substance use.	
Sexual history	Had one partner in lifetime if asked.	
Trauma history *(emotional, physical, sexual, etc.)*	None.	
Current sexual activity	Not currently sexually active.	
Family History		
Family Member 1	Maternal grandmother – Judy, unknown age, thinks she is "healthy."	
Family Member 2	Maternal grandmother – Bob, unknown age, thinks he is "healthy."	
Family Member 3	Mother – Jana, age 40, alive, has controlled Reactive Airway Disease.	
Family Member 4	Father – Jim, age 41, alive, high cholesterol.	
Family Member 5	Brother – Jack, age 20, alive and well.	

*Both paternal grandparents deceased; unsure what cause of death was.

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*	Denies fever, chills, weakness, weight or appetite changes. Has been sleeping poorly due to illness and therefore feels tired.
Skin	*rashes, lesions, easy bruising, pruritus, lumps, color change, hair or nail changes*	Denies rashes, lesions, easy bruising, pruritus, lumps, color change, hair or nail changes.
Eyes	*acuity, eyeglasses, contacts, photophobia, blurring, diplopia, spots, discharge, floaters, glaucoma, cataracts*	Eyes have had watery discharge off and on since began feeling bad. They "itch" sometimes. Denies eyeglasses, contacts, photophobia, blurring, diplopia, spots, discharge, floaters, glaucoma, or cataracts.
Ears	*hearing changes, tinnitus, discharge, pain, vertigo*	Denies hearing changes, tinnitus, discharge, pain, or vertigo.
Nose, throat, sinuses	*congestion, hay fever, polyps, epistaxis, trauma, sore throat, difficulty swallowing, hoarseness*	Has been sneezing and nasal congestion since illness started. Sometimes, has clear discharge. Denies hay fever, polyps, epistaxis, trauma, sore throat, difficulty swallowing, or hoarseness.

Mouth	*painful teeth or gums, last dentist visit, sore tongue, lesions*	Denies painful teeth or gums, sore tongue, or lesions. Last dentist appointment about 6 months ago.
Breasts	*lumps, pain, discharge, self-exam, mammogram*	Denies lumps, pain, or discharge. Does not do self-exam and is too "young" for a mammogram (if asked).
Respiratory	*inspiratory pain, cough, sputum – color, quality, quantity, hemoptysis, pneumonia, TB, SOB*	Denies inspiratory pain, sputum, pneumonia, TB, or SOB. Occasional dry, sputum-free cough when laying down at night.
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, shortness of breath (SOB), orthopnea, exercise intolerance, prior heart trouble (MI), paroxysmal nocturnal dyspnea (PND), murmurs, leg cramps, or swollen ankles. Has not had former EKGs, stress test, or another test.
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, or 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, jaundice, liver ds, or gall bladder disease. "Poops about once every other day." "Does not look at color."
Hematopoietic	*anemia, bruising, bleeding, transfusions, swollen glands*	Denies anemia, bruising, bleeding, transfusions, or swollen glands.
Urinary tract	*difficulty in urination [dysuria], frequency, hesitancy, urgency, nocturia, polyuria, infections, incontinence, pyuria, hematuria, stones*	Denies difficulty in urination [dysuria], frequency, hesitancy, urgency, nocturia, polyuria, infections, incontinence, pyuria, hematuria, or stones.
Male reproductive	*penile discharge, lesions, hernias, testicular pain, testicular mass, infertility, impotence, libido*	If male, denies penile discharge, lesions, hernias, testicular pain, testicular mass, infertility, impotence, or problems with libido. Uses condoms for contraception.
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 female, denies ever being pregnant. Began having a menstrual period at age 12. Has a period monthly, and the last one was one week ago. They last seven days. No issues with heavy flow. Uses condoms for contraception.
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, or scoliosis. Used to hike at least once per week but stopped with illness.
Endocrine	*thyroid trouble, goiter, heat or cold intolerance, excessive sweating, polyuria, polydipsia, polyphagia, hair/nail texture*	Denies thyroid trouble, goiter, heat or cold intolerance, excessive sweating, polyuria, polydipsia, polyphagia, or changes in hair/nail texture.

Neurological	*fainting, blackouts, headaches, seizures, local weakness, numbness, tremors, coordination, memory or attention deficits*	Denies fainting, blackouts, headaches, seizures, local weakness, numbness, tremors, coordination, memory or attention deficits.
Psychiatric	*depression, anxiety, tension, recent loss, thought disorders, drug and/or alcohol problems, hospitalizations, level of functioning*	Denies depression, anxiety, tension, recent loss, thought disorders, drug and/or alcohol problems, hospitalizations, or changes to level of functioning.

Objective Data		
Physical examination *(descriptions of specific physical exam related to complaint)*	Physical exam components which should be portrayed as positive.	Limited physical exam due to telehealth visit: • SP should rub eyes occasionally and sniff/ blow nose off and on.
	Physical exam maneuvers (both positive and negative findings) you anticipate learners to complete.	Limited physical exam due to telehealth visit: • Should assess patient's skin. • Should ask patient to come close to camera to assess eyes, nose, and mouth. • Should ask patient to say "ah."
	List normal physical exam findings.	All physical findings should be normal exempt: • Dark circles under the eyes. • Nares may be red. • May see clear nasal discharge (moulage if possible).
Labs and/or diagnostic tests	N/A	
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	"My Mom or Dad may call in later. They want to know what happened at the visit and what is wrong with me."	State following communication on plan of care.
Questions the SP should ask learners	"What does a Nurse Practitioner do?"	Ask in the beginning when the learner introduces themselves and following the NP's introduction.
	"How is a Nurse Practitioner different than a Physician Associate?"	Should be asked following the NP's answer to the question "What does a Nurse Practitioner do?"
	"Can NPs prescribe medications?"	Ask when learner communicates management plan.
	"How does that medication work to help my runny nose?"	Ask when learner communicates management plan.

	"How do you know that this is the correct medication for my symptoms?"	Ask when learner communicates management plan.	
	"Do I also need an antibiotic?"	Ask when learner communicates management plan.	
	"Is it OK if my Mom or Dad calls you, and you can update them on my visit and plan?"	Ask following communication on plan of care.	

SP Checklist – Informal Feeback with Responses		
	Student Action/Critical Elements	**SP Response**	**Rating Options**
	Perform an episodic history for a young adult with watery eyes, sneezing, and nasal congestion via telehealth.		
1	Greets the patient warmly AND introduces 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 (Chike-Harris et al., 2021).	Provides confirmation of identity (name: Jaime Marks) and listens to the explanation.	Done/Partially Done/Not Done
3	Ensures privacy by asking if the patient is in a private setting AND if they can speak freely (American Medical Association [AMA], 2022; 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	Uses appropriate telehealth etiquette (at least two of the following - e.g. maintains eye contact AND dresses professionally AND mutes phone/email alerts AND performs the consultation in a secluded space 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
5	Gives back-up plan for technical issues AND	Indicates if there are any technical issues and	Done/Partially Done/Not Done

		responds to resolution efforts.	
6	Assesses duration AND severity of symptoms (Ball et al., 2023; Dains et al., 2024).	Comes and goes for last six weeks. Eight (8) on a scale of 0-10 of annoying or Moderate. If specifically asked about pain, give 3-4 on a scale of 0-10.	Done/Partially Done/Not Done
7	Determines impact on daily activities AND quality of life.	Not sleeping well. Has stopped hiking, which makes you feel disappointed because that was one way you relieved normal, day-to-day stress.	Done/Partially Done/Not Done
8	Asks about current medications AND doses (Ball et al., 2023).	None.	Done/Partially Done/Not Done
9	Asks at least three questions regarding health maintenance (e.g., personal and social history) (Ball et al., 2023).	See Social History Section.	Done/Partially Done/Not Done
10	Investigates family history of allergies AND similar symptoms (Ball et al., 2023).	See Family History Section.	Done/Partially Done/Not Done
11	Asks about allergies to seasons, food, AND medications (Ball et al., 2023).	Feels like you "have seasonal allergies." No drug or food allergies.	Done/Partially Done/Not Done
12	Asks Review of Systems, at least two questions for each of the following body systems: HEENT, heart, AND lungs (Ball et al., 2023).	See Review of Systems Section.	Done/Partially Done/Not Done
	Identify an appropriate prioritized diagnosis and at least one differential based on the patient's presentation with supporting rationales.		

13	Determines patient has allergic rhinitis or seasonal allergies.	Following diagnosis, says "I thought so."	Done/Not Done
14	Provides rationale for diagnosis using plain language.	"I understand."	Done/Not Done
	Initiate at least two evidence-based management techniques based on the patient's current presentation and diagnosis (out loud with patient).		
15	Recommend one or more of the following pharmacological treatments: a) antihistamines, b) nasal corticosteroids, and/or c) leukotriene receptor antagonists (Akhouri & House, 2023; Dykewicz et al., 2020).	After medication given, ask, "What type of medication is this?" If only gives pharmacological treatments, asks "Is there anything else I can do?"	Done/Not Done
16	Suggest non-pharmacological measures (e.g., air purifiers, avoiding allergens, and/or nasal irrigation, etc.) (Akhouri & House, 2023; Bergmann et al., 2021).	If only gives non-pharmacological treatments, asks "Is there anything else I can do?"	Done/Not Done
17	Schedules a follow-up appointment to monitor treatment effectiveness.	Replies, "OK, I need to come back."	Done/Not Done
	Apply principles of ethics (i.e., HIPAA) and professionalism including telehealth etiquette with the young adult throughout the telehealth visit (Guido-Sanz et al., 2025).		
18	Discusses HIPAA with the patient AND the need to sign a HIPAA form to discuss visit with parents (AMA, 2022; Chike-Harris et	Responds: "So, I need to sign some type of form before you talk to my parents?"	Done/Partially Done/Not Done

	al., 2021; Garber et al., 2023).		
	Demonstrate understanding of the NP role to a young adult patient (Guido-Sanz et al., 2025).		
19	Describes the educational background AND the role of the NP.	Listens and asks any clarifying questions if needed (i.e., if explanation is unclear).	Done/Partially Done/Not Done
20	Describes the scope of NP practice and how it differs from other healthcare providers (at least one correct difference in scope described with Physician Associates AND physicians AND Registered Nurses) (Guido-Sanz et al., 2025).	Shows understanding by nodding head and saying "Oh, I see."	Done/Partially Done/Not Done
21	Provides at least one example of how NPs can manage and treat common health issues.	Engages with example(s) and asks relevant questions as needed (i.e., explanation is unclear).	Done/Not Done
22	Encourages the patient to ask questions about the NP role and their healthcare.	Asks questions or expresses any concerns or states they have no questions.	Done/Not Done

Microsoft Copilot utilized (Microsoft, n.d.)
*Additional evaluation discussion under Learning Objectives

Case Scaffolding
In order to scaffold this case multiple times across the competency-based curriculum, consider increasing complexity by:
The patient could be less cooperative (Guido-Sanz et al., 2025).
A parent could be present at the telehealth visit.
Additional, maladaptive coping strategies could be added that the patient is engaging in (for example, increased alcohol intake or recreational drug use).
The patient could have an additional diagnosis.
Accurate documentation could be added as an objective and an activity.

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 Feedback from SP (Per program, if desired) Debriefing
Time required	30 minutes prebriefing. 20 minutes simulation. 40 minutes debriefing. *If providing feedback from SP, add timeframe.
Station requirements	Laptop needed for telehealth.
Costume requirements	Can dress as a typical college student – sweats, leggings, or shorts and a T-shirt.
Prop requirements	Tissues by the patient in camera view.
Moulage	Could add some dark circles under eyes and some redness around nares. Could add some moulage to look like clear nasal drainage.

SP recruiting demographics	Gender	Any
	Age range	18-25 (could be older if appears to be about age 18)
	Race/ethnicity	Any
	Height	Any – In scenario, give height of 5 foot, 6 inches
	Weight	Should be around average BMI – In scenario, give weight of 130; BMI 21.0 (Babu, 2025)
	Other	N/A

Incompatible SP characteristics	N/A	
Additional information to communicate to SPs during recruitment	None	

Character Development Notes (this box should be filled in by simulation staff)		
Character stance and need	**Stance** (*example: demanding refill on narcotics*)	Wants a prescription for medication.
	Actual need (*example: needs to get pain under control verses isolated at home and getting prescription makes them feel cared for*)	Needs allergy symptoms to improve.
Affect	**Affect the learner sees**	Slightly anxious about symptoms, but pleasant and appropriate. Questions NP role in inquisitive and polite manner.

	Why does the character have this affect (explanation)?	They are genuinely annoyed by symptoms and genuinely curious about the NP role.

Conversation Guide (this box should be filled in by simulation staff)		
Learner action and/or statement	**Patient response**	**Patient conversation option(s)**
Learner explains the NP role.	"What type of education are NPs prepared with?" "How are NPs different than Physician Associates?" "How are NPs different than physicians?" "How are NPs different than RNs?"	
Learner tells the patient about the management plan.	"How does this medication work?" "Will this medication help with my runny nose?"	
Learner initiates over-the-counter medication plan.	"I want a prescription medication to help with my symptoms."	
Learner asks patient to recap what was discussed at the visit and/or if they have any feedback.	"I have allergies and am going to start some medication." "The visit went well. Thank you for answering all my questions."	
Learner asks patient if they have any additional questions (scenario wrap up)	"I am sure that my parent is going to call you later to ask some questions."	
Learner informs patient that they need to sign a HIPPA form to discuss plan of care with parents.	"So, I need to sign some type of form before you talk to my parents?"	

Consider eliciting participant (i.e. learner) feedback following the simulation with a valid and reliable tool.

References

Abear, Producer & Storyteller. (2019a, October 6). *Telehealth etiquette: Introduction* [Video]. YouTube. https://www.youtube.com/watch?v=pO3MZb4cCBw&list=PLM0VF0yZsE6f6737BT0QdUp7iC9BMINyC&index=1

Abear, Producer & Storyteller. (2019b, October 6). *Telehealth etiquette: Medical consult* [Video]. YouTube. https://www.youtube.com/watch?v=YVJOesPIdc4&list=PLM0VF0yZsE6f6737BT0QdUp7iC9BMINyC&index=2

Ainslie, M., Pintz, C., Nye, C., Díaz, D. A., Anderson, M., Bigley, M. B., Marks, S., Kelly-Weeder, S., Tennyson, C. D., & Repsha, C. (2024). Evaluating person-centered competencies: The Nurse Practitioner Student Competency Assessment (NPSCA). *The Journal for Nurse Practitioners*, *20*(2), 104886. https://doi.org/10.1016/j.nurpra.2023.104886

Akhouri, S., & House, S. A. (2023, July 16). Allergic rhinitis. In *StatPearls [Internet]*. StatPearls Publishing. Retrieved April 21, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK538186/

American Association of Colleges of Nursing (AACN). (n.d.). *The essentials: Progression indicators available now: Domains.* Retrieved October 17, 2025, from https://www.aacnnursing.org/essentials/tool-kit/domains-concepts

American Association of Colleges of Nursing (AACN). (2021). *The essentials: Core competencies for progressional nursing education.* Retrieved October 17, 2025, from https://www.aacnnursing.org/essentials/download-order

American Association of Nurse Practitioners. (n.d.). *What's a Nurse Practitioner (NP)*? Retrieved April 21, 2025, from What's a Nurse Practitioner (NP)?

American Medical Association (AMA). (2022). *American Medical Association® telehealth implementation playbook*. Retrieved October 30, 2025, from https://www.ama-assn.org/practice-management/digital-health/telehealth-implementation-playbook-overview

Babu, J. (2025, August 4). *BMI: Scroll below to see your BMI result*. https://bmi-calculator.playtts.com/2025/08/your-bmi-result.html

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2023). *Seidel's guide to physical examination: An interdisciplinary approval*. Elsevier.

Barnes, H., Faraz Covelli, A., & Rubright J. D. (2022). Development of the novice nurse practitioner role transition scale: An exploratory factor analysis. *Journal of the American Association of Nurse Practitioners, 34*(1), 79-88. https://doi.org/10.1097/JXX.0000000000000566

Burt, L., Wittenberg, E., Goldsmith, J., Kiser, B., & Park, C. (2026). The comfort communication simulation instrument (Sim-Comfort): A relationship-centered approach to assessing communication competency. *Journal of Professional Nursing, 62*, 98–104. https://doi.org/10.1016/j.profnurs.2025.11.002

Bergmann, K.-C., Berger, M., Klimek, L., Pfaar, O., Wechan, B., Werchan, M., & Zuberbier, T. (2021). Nonpharmacological measures to prevent allergiv symptoms in pollen allergy: A critical Review. *Allergologie Select, 5*, 349-360. https://doi.org/10.5414/ALX02294E

Chike-Harris, K. E., LaManna, J. B., Eckhoff, D. O., Buchanan, L, McCumber, S., Corcoran, K. J., Shea, J. M., Rutledge, C. M. (2021). The missing link: The iSOAP model for incorporating telehealth within simulations. *Clinical Simulation in Nursing, 59*, 39-51. https://doi.org/10.1016/j.ecns.2021.05.006

Choperena, A., Pardavilla-Belio, M. I., Errasti-Ibarrondo, B., Oroviogoicoechea, C., Zaragoza-Salcedo, A., Goñi-Viguria, R., MartÍn-Pérez, S., Llàcer, T., & Rosa-Salas, V. L. (2020). Implementation and evaluation of a training programme to promote the development of professional competences in nursing: A pilot study. *Nurse Education Today, 87*, 104360. https://doi.org/10.1016/j.nedt.2020.104360

Dains, J. E., Baumann, L. C., & Scheibel, P. (2024). *Advanced health assessment & clinical diagnosis in primary care* (7th ed.). Elsevier.

Dykewicz, M. S., Wallace, D. V., Amrol, D. J., Baroody, F. M., Bernstein, J. A., Craig, T. J., Dinakar, C., Ellis, A. K., Finegold, I., Golden, D. B. K., Greenhawt, M. J., Hagan, J. B., Horner, C. C., Khan, D. A., Lang, D. M., Larenas-Linnemann, D. E. S., Lieberman, J. A., Meltzer, E. O., Oppenheimer, J. J., Rank, M. A., … Steven, G. C. (2020). Rhinitis 2020: A practice parameter update. *The Journal of Allergy and Clinical Immunology*, *146*(4), 721–767. https://doi.org/10.1016/j.jaci.2020.07.007

Dykewicz, M. S., Wallace, D. V., Baroody, F., Bernstein, J., Craig, T., Finegold, I., Huang, F., Larenas-Linnemann, D., Meltzer, E., Steven, G., Bernstein, D. I., Blessing-Moore, J., Dinakar, C., Greenhawt, M., Horner, C. C., Khan, D. A., Lang, D., Oppenheimer, J., Portnoy, J. M., Randolph, C. R., Rank, M. A., Dykewicz, M. S., & Wallace, D. V. (2017). Treatment of seasonal allergic rhinitis: An evidence-based focused 2017 guideline update. *Annals of Allergy, Asthma & Immunology: Official Publication of the American College of Allergy, Asthma, & Immunology*, *119*(6), 489–511.e41. https://doi.org/10.1016/j.anai.2017.08.012

Fey, M. K., Roussin, C. J., Rudolph, J. W., Morse, K. J., Palaganas, J. C., & Szyld, D. (2022). Teaching, coaching, or debriefing with good judgment: A roadmap for implementing "with good judgment" across the SimZones. *Advances in Simulation, 7*(1), Article 39. https://doi.org/10.1186/s41077-022-00214-7

Garber, K., Gustin, T., & Rutledge, C. (2023). Put PEP into telehealth: An etiquette framework for successful encounters. *Online Journal of Issues in Nursing, 28*(2), 1-10. https://doi.org/10.3912/OJIN.Vol28No02PPT16

Guido-Sanz, F., Anderson, M., Diaz, D., & Eckhoff, D. (2025). Simulation to prepare nurse practitioner students for role transition. In P. R. Jeffries & P. Slaven-Lee, *A practical guide for nurse practitioner faculty using simulation in competency-based education* (pp. 245-281). Wolters Kluwer Inc.

INACSL Standards Committee, Decker, S., Sapp, A., Bibin, L., Chidume, T., Crawford, S. B., Fayyaz, J., Johnson, B. K., & Szydlowski, J. (2025). Healthcare Simulation Standards of Best Practice®: The debriefing process. *Clinical Simulation in Nursing*, *105*, Article 101775. https://doi.org/10.1016/j.ecns.2025.101775

INACSL Standards Committee, McMahon, E., Jimenez, F.A., Lawrence, K. & Victor, J. (2021, September). Healthcare Simulation Standards of Best Practice™ Evaluation of Learning and Performance. *Clinical Simulation in Nursing*, *58*, 54-56. https://doi.org/10.1016/j.ecns.2021.08.016

INACSL Standards Committee, Persico, L., Ramakrishnan, S., Wilson-Keates, B., Catena, R., Charnetski, M., Fogg, N., Jones, M. C., Ludlow, J., MacLean, H., Simmons, V. C., Smeltzer, S., & Wilk, A., (2025). Healthcare Simulation Standard of Best Practice® Prebriefing: Preparation and briefing. *Clinical Simulation in Nursing, 105*, Article 101777. https://doi.org/10.1016/j.ecns.2025.101777

International Society for Professional Identify in Nursing. (2018). *Tree of impact.* What is Professional Identity in Nursing | Explore Nursing Identity — International Society for Professional Identity in Nursing

Judge-Ellis, T., & Wilson, T. R. (2017). Time and NP practice: Naming, claiming, and explaining the role of nurse practitioners. *The Journal for Nurse Practitioners, 13*(9), 583-589. https://doi.org/10.1016/j.nurpra.2017.06.024

Manz, J., & Todd, M. (2025). *Creighton Competency Evaluation Instrument© (CCEI ©) 2.0 courses*. Available at Laerdal Medical. https://laerdal.com/ca/item/575-00020/?srsltid=AfmBOopLVFJ4lULrfRWqyB3aKn9OevITY4yILn5cmqicSiiMhDoDQDEl

Manz, J. A., Todd, M. J., Iverson, L., Ball, S. J., Manning, L., & Topp, R. (2025). Validity and reliability testing of the Creighton Competency Evaluation Instrument 2.0© (CCEI 2.0). *Clinical Simulation in Nursing, 103*, 101736. https://doi.org/10.1016/j.ecns.2025.101736

Meehan, A. (n.d.). *Jamie*. The Bump. Jamie - Baby Name Meaning, Origin and Popularity

Microsoft. (n.d.). *Copilot* [Large language model]. Accessed October 28, 2025. https://copilot.microsoft.com/

National Organization of Nurse Practitioner Faculties (NONPF). (2022). *Nurse practitioner role competencies*. https://www.nonpf.org/page/NP_Role_Core_Competencies

Payne, S. C., McKenna, M., Buckley, J., Colandrea, M., Chow, A., Detwiller, K., Donaldson, A., Dubin, M., Finestone, S., Filip, P., Khalid, A., Peters, A. T., Rosenfeld, R., Akrami, Z., & Dhepyasuwan, N. D. (2025). Clinical practice guidelines: Adult sinusitis update. *Otolaryngology-Head and Neck Surgery, 173(*S1), S1-S56. https://doi.org/10.1002/ohn.1344

Pintz, C., Zhou Q. P., Ainslie, M., Bigley, M. B., Anderson, M., Díaz, D. A., Kelly-Weeder, S., Marks-Donkor, S., Nye, C., Repsha, C., & Tennyson, C. D. (2025). Testing the reliability and validity of the nurse practitioner student competency assessment. *Journal of the American Association of Nurse Practitioners*. https://doi.org/10.1097/JXX.0000000000001178

Roussin, C. J., Sawyer, T., & Weinstock, P. (2020). Assessing competency using simulation: The SimZones approach. *BMJ Simulation & Technology Enhanced Learning, 6*(5), 262–267. https://doi.org/10.1136/bmjstel-2019-000620

Schwengel, D., Villagrán, I., Miller, G., Miranda, C., & Toy, S. (2024). Multimodal assessment in clinical simulations: A guide for moving towards precision education. *Medical Science Educator*, *35*, 1025–1034. https://doi.org/10.1007/s40670-024-02221-7

Smirnova, A., Barone, M. A., Zabar, S., & Kalet, A. (2025). Introducing the next era in assessment. *Perspectives on Medical Education*, *14*(1), 1–8. https://doi.org/10.5334/pme.1551

Todd, M. J., Manz, J. A, Iverson, L., Ball, S. J., & Manning, L. (2023). Conceptual framework and content validity for the Creighton Competency Evaluation Instrument 2.0© (C-CEI 2.0©). *Clinical Simulation in Nursing, 85,* 101467. https://doi.org/10.1016/j.ecns.2023.101467

U.S. Department of Health and Human Services. (n.d.). *Disclosures to family and friends.* Retrieved April 21, 2025, from Disclosures to Family and Friends | HHS.gov

Ward, R. C., Baker, K. A., Spence, D., Leonard, C., Sapp, A., & Choudhry, S. A. (2023). Longitudinal assessment to evaluate continued certification and lifelong learning in healthcare professionals: A scoping review. *Evaluation & the Health Professions, 46*(3), 199–212. https://doi.org/10.1177/01632787231162869

Ziegler, E., Kalvoda, S., Ancrum-Lee, E., & Charnish, E. (2021). I have never felt so novice: Using narrative reflection to explore the transition from expert RN to novice NP student. *Nurse Practitioner Open Journal, 1*(1), 1-8. https://doi.org/10.28984/npoj.v1i1.342