

SIMULATION SCENARIO DEVELOPMENT TEMPLATE

Scenario name: Acute pharyngitis
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Target audience: Undergrad Grad Other:
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Institution: University of Washington SON
Goal/Purpose: Introduce diagnostic reasoning to first quarter APN students preparing for first clinical.

Lab Set-up

Patient simulator/Task trainer: VitalSim or student in patient role
Patient characteristics: Female or male, 16 year old, wearing shirt and jeans
Vital parameters, beginning: T 99.5F, BP 110/70, Pulse 28, RR 14
Environment/setting/location: Outpatient family practice clinic
Lab staff needed day of simulation: Voice if manikin prn
Equipment, supplies & prop list: Exam table, patient chart with ID/CC & today's vital signs, swabs for rapid strep antigen test and bacterial throat culture. Chair for adult family member.

Learning Objectives

For a patient with acute pharyngitis, learner will be able to:

1. perform a complete symptom analysis and focused history for a patient with c/o sore throat.
2. perform a completed focused physical exam based on history and chief complaint.
3. choose the appropriate diagnostic test(s).
4. present a case presentation to preceptor that includes a working diagnosis, differential diagnosis and plan of care.

Student Preparation

Pre-requisite knowledge/activities:

1. Review history, physical exam and diagnostic testing for patient presenting with a sore throat.
2. Review case presentation format and content.
3. Review differential diagnoses for patient with sore throat and plan of care for each.

Clinical Case Information

Case description/Patient history (HPI, PMH, Social Hx, FH):

16 year old female (male) presents with sudden onset sore throat yesterday. Pain 9/10 and difficulty swallowing. Fever and chills last night, did not take actual temperature. No recent URI or present symptoms such as runny nose or cough. Not eating, drinking sips of water only. Mild frontal headache. Taking ibuprofen every 4 hours for pain, headache and fever. Mild nausea, no vomiting or diarrhea. Denies rash. Other students at her school have had strep throat, unsure if anyone with infectious mono. No one in family or circle of friends smokes. Mother kept her home from school today. PMH: generally healthy. Mild seasonal allergies in Spring. Last sore throat about 3 years ago. Denies ever using tobacco, alcohol or recreational drugs.

Medications and Allergies (MAR):

Allergies: NKDA
Claritin 10mg qd for seasonal allergies in Spring.
Ibuprofen 200mg 2 tabs every 4 hours for throat pain, headache and fever.

Actor Roles and Behavior Overview

Actor/Role – Brief overview of behavior during scenario

| | |
|---------------|---|
| Patient voice | Manikin or student role play. Clutch throat and difficulty swallowing. Wince with pain when swallowing and neck palpated. Review case description for symptoms. |
| Student APN | Perform H&P, case presentation, document SOAP note |
| Preceptor | Provide assistance to student APN if missed history questions or physical exam. |
| MA or CNA | Bring results of rapid strep test if asked--may be positive or negative. |
| Family member | Parent or grandparent. Helps adolescent with history that s/he is unsure of. Keeps asking for a prescription for antibiotic. |

Scenario Events and Expected Actions

Events in chronological order – Expected actions

1. Patient sitting on exam table, adult family member in chair near-by. Outside room, student APN reviews chart that has ID/CC, vital signs only.
2. Student APN enters room and introduces self, starts history-taking.
3. Patient answer questions and is unable to answer some questions, looks at family member for help.
4. Patient cooperates with physical exam.
5. Family member expresses desire for antibiotic. Student APN provides education about use of antibiotics.
6. When H&P completed, student APN steps out to give preceptor case presentation. Preceptor will seek appropriate information related to patient and assist student in finalizing diagnosis and plan.
7. Preceptor and student APN may return to patient room to complete any missed history or physical exam.

Debriefing Points

What went well?

What were key history questions needed to make accurate diagnosis?

What would you do differently next time?

References

Evidenced-based practice guidelines, protocols or algorithms used in creating scenario:

Dains, Baumann, & Scheibel (2007). "Advanced Health Assessment and Clinical Diagnosis in Primary Care", 3rd Ed.

Uphold, CR, Graham, MV (2003). "Clinical Guidelines in Family Practice", 4th Ed.

Key Words:

Pharyngitis; Graduate; Adolescent; outpatient; Clinical reasoning, psychomotor; med. fidelity manikin