SIMULATION SCENARIO DEVELOPMENT TEMPLATE

Scenario name: Abdominal Pain-Epigastric
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Institution: Univ. of Wash. School of Nursing
Target audience: Undergrad ☐ Grad ☑ Other:
Goal/Purpose: To provide novice advanced practice students experience with reluctant historian.

Lab Set-up
Patient simulator/Task trainer: Confederate or standardized patient (SP)
Patient characteristics: Pat Stevens, age 52 yrs old, sitting on exam table
Vital parameters, beginning: not critical
Environment/setting/location: Outpatient clinic
Lab staff needed day of simulation: None
Equipment, supplies & prop list: Outpatient exam table, Chair for family prn, stool for clinician; drape; outpatient chart; script for patient actor.

Learning Objectives
For patient with epigastric pain, learner will be able to:
1. choose communication and relationship development strategies for interaction with patient who is a reluctant historian.
2. demonstrate advanced skills in performing an history & physical exam.
3. formulate and deliver a case presentation in collaboration with preceptor that includes a rationale for choice of working diagnosis.
4. (Optional) Formulates a management plan and documents in SOAP note format.

Student Preparation
Pre-requisite knowledge/activities:
1. Review of lectures and physical exam related to GI system.
2. Experience with taking a focused history and physical exam, formulating a differential diagnosis, and providing a case presentation to a preceptor.

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

History of Present Illness (HPI): Gradual worsening of epigastric abd pain over the last 3 days after running out of medication for heartburn. Has taken this medication for 3 years and needs it to keep from having reflux of acid into esophagus and throat. Just wants a refill on the medication, nothing else as this always works. Had a work-up 2 years ago with a gastroenterologist and nothing was wrong. Only Nexium works. ROS: Doesn’t want to answer any additional questions. Past Medical History (PMH):
VS today: BP 140/94, P 88, RR 12, T 98.4F in chart.

Medications and Allergies (MAR):
Allergies: NKDA
Nexium 40mg PO QD in the past; has run out.
Excedrin OTC 2 tabs PO QD for morning headache.
**Actor Roles and Behavior Overview**

**Actor/Role – Brief overview of behavior during scenario**

1. Patient played by student or standardized patient - Reluctant history, especially related to alcohol intake. Don’t volunteer information. Keeps repeating, “All I need is my refill”. Become more cooperative if clinician attempts to gain rapport, such as active listening, expressing understanding. Cooperates with physical exam--epigastric tenderness.
3. Preceptor - listens to student’s to case presentation, ask questions to complete history & PE. Enter room and repeat any missed hx and/or PE.

**Scenario Events and Expected Actions**

Events in chronological order – Expected actions

1. APN student enters room - introduces self and begins H&P.
2. Patient - reluctant when asked history questions, especially related to alcohol intake.
3. APN student - uses various techniques to elicit required information.
4. APN student leaves room - gives case presentation to preceptor.
5. Optional management plan and SOAP documentation.

**Debriefing Points**

What went well?
What will you do differently next time?
What are challenges of caring for a patient that is poor historian? What therapeutic communication strategies did you use to complete H&P?

**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.

**Key Words:**

Abd pain-epigastric; Adult;Graduate; Outpatient;SP, Confederate;Communication; reluctant historian