

Stockton University Simulation Initiative Session Scheduling Request Form

Use this form to request a simulation/standardized patient session. Type or print neatly and return your completed form to Grant Bolopue at Grant.Bolopue@stockton.edu.

Your Name _____

Email _____

Phone number _____

Date(s) of your planned simulation session _____ Time(s) _____

Length of each individual vignette _____ Number of Actors needed _____

Location of your simulation session. Please include name and room number (i.e.– Carnegie Center, Room 115) _____

Please indicate if you wish to have these sessions videotaped. Videotaping of sessions is permitted for the purposes of teaching, debriefing, and student actor portfolios. Yes _____ No _____

In the space below include your learning outcomes for your students along with a brief description of your planned scenario and your expectations of the actors:

If you have questions or need assistance, contact Grant Bolopue at Grant.Bolopue@stockton.edu or 865-405-1241.

Stockton University Simulation Initiative Sample

A Guide for Designing a Simulation Scenario

The following items are useful in designing a simulation/standardized patient scenario and are also helpful for actors in planning their roles.

State the Purpose of the Simulation:

What are the Learning Outcomes?

Provide a Brief Synopsis of the Scenario. Include the number of actors needed and their roles. Where will the scenario take place?

Identify if the actors need specific responses and what they are. Explain where the actors may need to improvise.

What kinds of props or equipment are needed?

How long will each scenario last? (The average scenario typically lasts 15 to 30 minutes.)

****Plan for “what if” when possible, however, be flexible. Some of the most valuable learning experience arise from the most unpredictable situations.**