CENTER REQUEST FOR STANDARDIZED PATIENTS

**Please complete and return to Jenifer Benovy,** [**jbenovy@pennstatehealth.psu.edu**](mailto:jbenovy@pennstatehealth.psu.edu)**.**

This information is used by the Standardized Patient Program to identify and prepare Standardized Patients for your simulation session.

1. **SCENARIO AUTHOR(S)**

Name(s)

Department(s)

Email(s)

Phone

1. **NAME OF THE SIMULATION SCENARIO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please attach a copy of the scenario description if available.)**

* 1. Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Report Time \_\_\_\_\_\_\_\_am/pm

Start Time \_\_\_\_\_\_\_\_am/pm

End Time \_\_\_\_\_\_\_\_am/pm

* 1. Please note room number if the session will take place outside the **Sim Center**: \_\_\_\_\_\_\_

***Per policy-Please submit your SP Request Form at least 10 business days before a session***

1. **ULTRASOUNDS/PHYSICALS: Name of Provider that will review/discuss any unexpected findings with the SP. (Please see Unexpected Findings policy)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **PRIMARY LEARNER GROUP**

[ ] medical students

[ ] residents/fellows

[ ] practicing physicians

[ ] nurses/nursing students

[ ] other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (physician assistants, graduate students, pharmacists, etc.)

1. Total Number of Learners: \_\_\_\_\_\_\_
2. **PURPOSE OF THIS CASE**:

[ ] teaching [ ] assessment

1. Number of SPs Needed: \_\_\_\_\_\_\_
2. **IMPORTANT PHYSICAL CHARACTERISTICS**:

gender: [ ] male [ ] female [ ] immaterial

age: ideal: range: [ ] immaterial

race/ethnicity: ideal: [ ] immaterial

body habitus [ ] slender [ ] average [ ] overweight [ ] immaterial

language [ ] Spanish [ ] Other \_English\_\_\_\_ [ ] immaterial

1. Would you like the SP’s to evaluate the scenario? Yes or No
2. **Are there particularly important emotional states for the SP to portray?**

Mistrustful\_\_\_\_ Fearful\_\_\_\_ Sad \_\_\_\_ Angry \_\_\_\_ Abusive \_\_\_\_ Boisterous \_\_\_\_ Irritated \_\_\_\_

Protective \_\_\_\_ Nervous \_\_\_\_\_ Confused \_\_\_\_ Disoriented \_\_\_\_ Intoxicated \_\_\_\_ Irrational \_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. **SESSION INFORMATION*:***

Help the SP understand his/her role in reaching your learning objectives.

*Describe the scenario and the role of the SP:*

Be sure to include:

* What the SP should do at various stages of the scenario.
* How the SP should relate to the faculty who is directing the scenario (e.g. Will SP receive instructions via headphone?)
* SP appearance: clothing, grooming, etc. (ex: neat, disheveled, in hosp. gown, etc., or clothing and/or appearance important to the case)
* SP affect/Behavior**:** body language, mannerisms, eye contact, emotions
* SP’s role increating learning opportunities: what do you want the SP to say, or what kind of behavior would create a learning opportunity in this case?

12**. YOU MAY REQUEST A SPECIFIC SP.**

Please indicate if you would like a specific SP for this scenario.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_