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What is Simucase™?

Simucase is a web-based application designed to enhance your clinical competency across various specialty areas. The platform includes interactive simulations and patient videos across multiple settings. The user can complete observations, screenings and assessments, and provide intervention while interacting with virtual clients, family members, and professionals. The Simucase library provides opportunities to practice clinical skills in a safe, nonthreatening environment and is intended to build knowledge and professional judgment—qualities that contribute to successful, competent clinicians.

Implementing Simucase

Simulations are powerful tools for learning. When simulations are blended with faculty instruction, research has shown significantly higher achievement results compared to students provided with traditional instruction (McGaghie, Siddall, Mazmanian, & Myers, 2009; Rieber, Boyce, & Assad, 1990). Research has shown that simulations are most effective when a pre-brief, feedback and debrief are completed (Fanning & Gaba, 2007). A pre-brief is an introduction to the simulation. A pre-brief establishes the standards for which learners will be evaluated by reviewing learning outcomes prior to beginning the simulation. Within a pre-brief the learners should be introduced to the simulation program and features. A pre-brief for Simucase might include the following:

- Provide learners with detailed learning objectives for the Simucase assignment.
- Review the Simucase platform and provide an overview of the case functionality.
- Provide learners with expectations for a final debrief.

As users work on a case, they will need supportive feedback and strong guidance from their instructor to succeed. Kirschner, Sweller and Clark (2006) concluded that educational approaches that provide extensive guidance to students are more effective and efficient than approaches that are minimally guided.

Following the completion of the simulation, a debrief should occur. A debrief is the process where faculty and learners reexamine the simulation experience following the completion of the simulation. A debrief promotes the development of clinical reasoning skills through reflective learning processes. There are multiple models for debriefing. A debrief for Simucase might include the following:

- Review the simulation and identify the impact of the experience. This can be done in a writing journal, think aloud, group discussion, or 1:1 conference.
- Sort out and clarify thinking and any areas of misconception
- Identify the ways in which emotion was involved
- Reinforce specific teaching points
- Allow time for reflection and generalization of the experience
Facilitative instruction with a guided pre-brief and debrief, combined with the experiential learning opportunities that Simucase provides, creates a successful constructivist approach to teaching and learning.

**Simucase Scoring**

Simulation scoring is based on the strength of the decisions students make within each section of a case. In general, students earn points for good, reflective decisions and lost points for poor decisions (rejected decisions). There are also decisions that are judged as acceptable, which results in no points awarded or subtracted. The points earned in each section are added together to determine the overall competency level of the student. The following scale is utilized to assign a competency measure:

- 90% or higher overall score = Mastering
- 70-89% overall score = Developing
- Lower than 70% overall score = Emerging

**Simucase Categories**

**Screening** simulations are designed to improve the skill sets necessary for completion of a screen. These cases contain screenings for the user to practice the elements that contribute to a comprehensive screening protocol.

**Assessment** simulations encourage the student to exercise the clinical decision-making skills required for a full client assessment. The student is expected to interact with family and other professionals to gather information pertinent to the case, as well as administer assessments to make a diagnosis and provide recommendations.

**Intervention** simulations are designed to provide learners the opportunity to improve interventions skills; each case includes intervention activities that allow for practice of treatment methods.

**Part Task Training** simulations are designed to improve the skill sets necessary for completion of a specific task (e.g. administering an assessment).

**Patient Video Library** is a collection of short video clips that target specific learning objectives across target areas.
Simulation Learning Mode and Assessment Mode

There are two simulation modes that a user must select from when beginning a simulation: learning mode and assessment mode.

**Learning mode** is designed to provide the user with specific, real-time feedback relative to clinical decision-making throughout the simulation. The intent of learning mode is to provide the student with a formative learning experience. Performance meters are found in the main menu of the case, and these meters fill and empty based on the actions of the user. The goal is to fill the meter completely for each section. As the meter fills, the color will transition from yellow to green, indicating mastery within the section. Within learning mode, there are positive feedback messages when a user makes a series of correct decisions and there are redirect messages when a user makes incorrect selections.

Feedback messages also occur as the user progresses through the case. When a series of good decisions are made, a positive feedback message appears at the top right corner of the case study window.

When poor decisions are made, a redirect feedback message appears in the same manner. The number of redirect feedback messages received by the user within each section is saved in both the clipboard and the final report. When poor decisions continue to be made, the redirect message changes to reflect critical errors and the user is prompted to restart the simulation.
Assessment mode is designed to assess the overall performance of a user in a summative manner. The only feedback provided in assessment mode is a redirect prompting the user to restart when a series of critical errors has occurred. No additional, real-time feedback is provided to the learner within the case while in assessment mode. The performance meters remain grayed out and no additional feedback messages are presented to the user within the case. The user is provided a final score after submitting the case. It is not required or recommended to have users complete simulations that they previously completed in learning mode in assessment mode.
Working, Saving and Submitting a Simulation

For each of the four simulation types, there are key functions that are similar as students work through a case: the clipboard, saving/exiting a case, and submitting a case.

Using the Clipboard

The **Clipboard** is a dynamic, interactive tool that allows recording of data throughout a simulation. This is a feature designed to help organize user data; use of the clipboard is not scored. Decisions made throughout the case are added automatically from each of the tools. Additional notes can be entered by clicking the **Add Entry** button. Users can also delete notes in the Clipboard.

The Clipboard offers the option for users to enter General Information. This is an optional feature that allows users to record behavioral objectives such as conditions, student behavior and performance criteria. The user can add, edit, or delete text in the general information section at any time prior to submitting the case. All notes in the Clipboard are included in the final report so decisions made during the case can be reviewed once the case is submitted. As a reminder, use of the Clipboard is not scored.
The clipboard can be hidden using the **Show/Hide Clipboard** button in the main navigation, as well as attached and re-attached to the main header of the case study with the **Attach/Re-Attach** button. The clipboard is easily moved by clicking and dragging, and can also be re-sized by clicking and dragging the edges of the floating window.

Save/Exit

Simucase has an auto-save function so the user does not need to worry about saving data while working within a case. To exit the program, select **Save/Exit**, and then choose from the following options:

**Save My Progress and Exit**—this feature allows the user to save all work with the case and to exit the program.
Submitting the Simulation

A simulation is not complete until the user chooses **Submit Case**—the final step in the simulation process. When clicking Submit Case, results regarding the user’s competencies in each of the areas of decision-making associated with the case type are provided.

In addition, the amount of time spent in the case is indicated, although is not a part of competency scoring. The time indicated is an estimate and includes the time it might have taken to complete a screening or assessment activity. Although time spent on a case is not considered in the competency scoring, the issue of time spent on a case is a good point of discussion for any of the cases included in Simucase.

The user can view a printed report of his or her competencies and all clinical decisions he or she made throughout a case by **Exporting Final Report**. This final report can be saved as a PDF and summarizes all actions taken within the simulation. The user’s competency scores are also listed. Completed cases are saved on a user’s Completed Case Transcript.
Simucase™ Technical Requirements

Simucase is cloud-based application with minimal technical requirements: a web browser and a high-speed Internet connection. For optimal performance we recommend the following:

Supported Internet Browsers: Safari version 10.0 and above, Firefox version 68.0 and above, Internet Explorer 11.0 and above, Edge 16, Chrome version 76 and above.

To insure compatibility, users can select the Browser Test found on the Simucase drop down menu to test the required browser settings.
To verify the ability of your system to playback media (i.e. audio and video files) within the Simucase application, the Browser Test page also includes automatic playback of a video file. You should see and hear the virtual patient introduction.

Additional recommendations for optimal performance of Simucase include:

- JavaScript must be enabled
- Headphones are optional but highly recommended

We are here to help you! If additional technical support is needed, please contact Simucase.com customer service at 855-747-9547 between the hours of 7 AM and 7 PM ET. You may also contact our support team via email at help@Simucase.com

**Simucase Frequently Asked Questions**

**Where Does the Content Come From?**

Simucase content has been provided by families from a variety of hospitals, schools, and clinics across the United States. Each simulation is created from an actual client and submitted by a practicing clinician.
How Long Should It Take a User to Complete a Simulation?

Understanding that Simucase is a simulated experience, it should take users several hours to successfully complete a simulation. Since this experience is similar to the diagnostic process, users should expect to spend approximately 1-3 hours working through the diagnostic process.

Can a simulation be completed more than once?

YES! One of the greatest advantages of simulation is the opportunity for repeated practice. Learners should be encouraged to start over when dissatisfied with decisions or scoring.

Can users work on more than one simulation at a time?

YES! Each simulation is stored and scored independently within the Simucase.com user account.

Are there any supplemental activities available?

YES! Simucase assessment cases include Supplemental Activities for use. Click Supplemental Activities on the Results page to access these activities. All forms are provided in PDF format and can be downloaded to a local drive for printing and use.
Screening

Screening simulations are designed to improve the skill sets necessary for completion of a screen. These cases contain screenings for the user to practice the elements that contribute to a comprehensive screening protocol.

The Simucase Screening Tools

The majority of Simucase tools are presented in the toolbar at the top of the opening screen. Referral, Collaborators, Screening/Assessments, Screening Results, Summary, Save/Exit, and Submit Case are easy to access via the toolbar. The dynamic clipboard, an additional tool, helps users organize the information they gather about the case. When first opening a case, the Clipboard must be opened and can be resized, as well as closed as needed. The following sections walk you through the purpose and function of each of the menus in the toolbar.

Referral

The Referral tool allows the user to review previous reports and ask questions to find out more information pertaining to the simulation. Question responses can be viewed and reports can be printed at any time. All videos allow the user to adjust the volume, play at full screen, replay, rewind, pause, or stop.
Collaborators

The user can consult other family members and various professionals who may be working with the client using the **Collaborators** tool.

Once chosen, a collaborator makes an opening remark and some collaborators will send a report to the user. Reports are sent as PDF files to the Clipboard, where they can be opened.
Following the opening remark, users are provided a list of questions to ask the collaborator. Users should be selective of the questions they ask and avoid asking redundant questions. When complete, users will select the x to close the question window in order to collaborate with other professionals. For Screening cases, users must collaborate with the supervising speech-language pathologist to both gain and share information regarding the case.
Screening/Assessments

The *Screening/Assessments* tool allows the user to choose from a variety of screening and assessment measures. Users can print a PDF of all available assessment measures.

For all screening/assessment tools, users are expected to know the age range and appropriateness of an approach and activity; an inappropriate choice (e.g., due to age range) will result in negative points and affect the user’s overall competency rating. Screening/Assessment tools are available in a number of formats. Computer-driven assessments are those that the computer automatically provides results. Users simply select the component they wish to utilize. When clicking **Administer**, a summary of the results of the assessment appears in the Interaction box. More detailed results of the screening or assessment are placed in the Clipboard. The user may add to the details in the Clipboard regarding any of the screenings or assessments at any time by clicking **Add Entry**.
User-driven screenings/assessments are those that the user controls and all selections are interactive. The user observes, scores, and reports the response accuracy of the client. In some cases, the user-driven treatment is a graded assessment. Graded assessments are interactive and require the user to answer questions that are graded for accuracy. The number of questions tied
to each response is variable and the user must answer all questions to advance through the graded assessment. Graded assessments results are NOT included in the clipboard, but will be reported on the results page and the final exported report at the completion of the case. When clicking Administer, user-driven screenings/assessments play a video so the user can practice conducting the screening/assessment, scoring, and reporting. All videos allow the user to adjust the volume, play at full screen, replay, rewind, pause, or stop. Once the user completes an analysis, the data or results obtained may be entered into the clipboard. All screenings/assessments may be re-administered at any time, however, this extra time and effort affects the user’s overall time.

Screening Results

The Screening Results tool allows the user to indicate outcome of the screening. Once a selection is made your decision is final and cannot be unselected. You can restart the simulation if you want to change your selection.
Summary

In addition to reporting screening results, the **Summary** tool allows you to select a summary statement for the client. Once a summary is selected, it cannot be changed. You will need to restart the simulation to change your summary selection.
How Does Simucase Screening Scoring Work?

Understanding that Simucase is a simulated learning experience, users are encouraged to complete the simulation as many times as needed. The most powerful form of learning is through repeated practice. Therefore, users are encouraged to practice and learn from their mistakes and to spend as much time as needed working through a case. As they work through the case, if many mistakes are made, students are encouraged to begin again. They should not be worried about restarting a case for learning purposes.

Simucase scoring is rated based on strength of decision-making skills. The following describes how decisions within each competency are scored.

Referral
Questions are rated based on strength of decision-making skills when gathering referral information. Users must be selective in the questions chosen. If questions are repeated or are redundant, points may be deducted (redundancy is not the best use of the user’s, client’s, or caregiver’s time). Some questions may be irrelevant and score 0 points; other questions may be inappropriate for the case and will score negative points.

Collaborators
Points are awarded for identifying appropriate collaborators for a case and for selecting relevant questions. Points are deducted for selecting inappropriate team collaborators. Once a collaborator is chosen, the user can ask the collaborator questions to obtain additional information about the case. Points are deducted for asking irrelevant, inappropriate, or redundant questions.

Screening/Assessments
Points are awarded for administering appropriate screening/assessments. Each case has numerous possibilities for outcomes but it is the combination of screening/assessments that is scored.

In screening/assessments, users are deducted points for:

- Selecting inappropriate screening or assessment activity based on the case information
- Selecting an unnecessary screening or assessment activity
- Selecting an age-inappropriate screening or assessment activity
- Selecting two or more screening or assessment activities that measure the same outcome
Screening Results

Points are awarded for selecting the appropriate outcome for speech, language, and hearing screen. Points are deducted for each inappropriate selection.

Summary

Points are awarded for selecting the most appropriate summary statement regarding the progress of the client.

Areas Not Scored

As mentioned previously, the final competency score and rating are calculated based solely on the decisions of the user. Use of the Clipboard is not scored. This is an optional feature that assists users with the treatment process. Graded assessment results are reported separately on the results page and within the final exported report, but are not included in the calculation of the final competency score or competency rating. The time it takes to complete a case is measured but is also not scored. The timer indicates total simulation play time. This can be defined as the time spent in the simulation, which helps users monitor their efficiency in making case decisions. Note that the estimated time it takes to complete specific treatment activities is included in the time spent in the simulation.

The Simucase Competency Rating

A user’s overall competency in screening a particular client is rated and indicated on the Results screen. The Results screen displays a user’s overall performance in each of these areas:

- Collaborators
- Screenings/Assessments
- Skills Check
- Screening Results
- Summary

If a user earns a 90% or higher overall score, the Mastering competency rating is earned. If a user earns an overall score of 70-89% a Developing competency rating is earned. If a user fails to earn at least 70% an Emerging competency rating is earned.
Assessment

Assessment simulations encourage the student to exercise the clinical decision-making skills required for a full client assessment. The student is expected to interact with family and other professionals to gather information pertinent to the case, as well as administer assessments to make a diagnosis and provide recommendations.

The Simucase Assessment Tools

The majority of Simucase tools are presented in the toolbar at the top of the opening screen. Case History, Collaborators, Clinical Hypothesis, Assessments, Diagnosis, Recommendations, Save/Exit, and Submit Case are easy to access via the toolbar. The dynamic clipboard, an additional tool, helps users organize the information they gather about the case. When first opening a case, the Clipboard must be opened and can be resized, as well as closed as needed. The following sections walk you through the purpose and function of each of the menus in the toolbar.
Case History

The **Case History** tool allows the user to interact with a virtual client or caregiver (e.g., a parent). By choosing a category of questions and then directly selecting questions within the category, the virtual client or caregiver responds. As questions are selected, responses are placed in the user’s Clipboard as though the user is taking notes. These responses can be viewed and printed at any time.
Collaborators

The user can consult other family members and various professionals who may be working with the client using the **Collaborators** tool.

Once chosen, a collaborator makes an opening remark; then the collaboration occurs via selected questions. Some collaborators will send a report to the user. Reports are sent as PDF files to the Clipboard, where they can be opened. When complete, users will select the x to close the question window in order to collaborate with other professionals.
Clinical Hypothesis

The clinical hypothesis tool allows the learner to record a clinical theory and plan regarding the client's presentation of behaviors. The purpose of the clinical hypothesis is to guide clinical decision-making throughout the simulation. The student must type in both the hypothesis and the action plan in the designated text fields. Once the student clicks the **Save** button, the data is then stored in the clipboard for later review. The clinical hypothesis is not graded, but is instead marked as complete or incomplete in the final report.
Assessments

The **Assessments** tool allows the user to choose from a variety of resources—including both standardized tests and non-standardized tests and procedures—with which to evaluate the client. The assessment options are categorized by the domain or area and by subcategories within those areas.

For all assessment tools, a brief description of the test or procedure is given as well as the reference/source. Users are expected to know the age range and appropriateness of an assessment tool; an inappropriate choice (e.g., due to age range, area of assessment) will result in negative points and affect the user’s overall competency rating. A link to the Reference List is provided so users can refer to the original source for more information, including how to conduct a procedure and/or how to interpret results.

Administration of assessments is either computer driven or user driven. Computer-driven assessments are those that the computer automatically provides results. Users simply select the component they wish to assess, then the test or subtest they wish to administer. When clicking **Administer**, a summary of the results of the assessment appears in the Interaction box. More detailed results of the assessment are placed in the Clipboard. The user may add to the details in the Clipboard regarding any of the assessments at any time by clicking **Add Entry**.
User-driven assessments are those that the user controls. The user observes, scores, analyzes, and interprets results. Examples of user-driven assessments include procedures to analyze a speech sample, a language sample, a play session, an interview, or an oral mechanism exam.

The user-driven assessments include blank forms to download and use when conducting the procedure and analysis. When clicking **Administer**, many user-driven assessments have a video file play so the user can practice conducting the procedure, the scoring, and the analysis. All videos allow the user to adjust the volume, play at full screen, replay, rewind, pause, or stop. Other user-driven assessment tools do not provide a video or audio file for analysis. Rather a checklist, written language sample, etc. is downloaded to the Clipboard for analysis. Once the user completes an analysis, the data or results obtained can be entered into the clipboard.
All assessments may be re-administered at any time, however, this extra time and effort affects the user’s overall time.
Diagnosis

The **Diagnosis** tool allows the user to indicate a diagnosis. Categories and subcategories of diagnoses are provided as choices. Cases may have multiple diagnoses so users need to be thorough in their choices. Cases may also have no area of concern. Diagnoses save automatically and cannot be deselected. You will need to restart the simulation if you want to change your diagnosis.
Recommendations

In addition to making a diagnosis, the **Recommendations** tool allows you to select recommendations for the client. Once selecting the recommendation, the recommendation saves automatically. You will need to restart the simulation if you want to change your recommendation.
How Does Simucase Assessment Scoring Work?

Understanding that Simucase is a simulated learning experience, users are encouraged to complete the simulation as many times as needed. The most powerful form of learning is through repeated practice. Therefore, users are encouraged to practice and learn from their mistakes and to spend as much time as needed working through a case. They should not be afraid to start over when mistakes are noted and they should not fear starting over often.

Simucase scoring is rated based on strength of decision-making skills. The following describes how decisions within each competency are scored.

Case History

Questions are rated based on strength of decision-making skills. Users must be selective in the questions chosen. If questions are repeated or are redundant when a question was already asked, points may be deducted (redundancy is not the best use of the user’s, client’s, or caregiver’s time). Some questions may be irrelevant and score 0 points; other questions may be inappropriate for the case and will score negative points.

Collaborators

Points are awarded for identifying appropriate collaborators for a case and for selecting relevant questions. Points are deducted for selecting inappropriate team collaborators. Once a collaborator is chosen, the user can select the collaborator questions to obtain additional information about the case. Users are deducted points for selecting redundant and inappropriate questions.

Assessments

Points are awarded for administering appropriate standardized assessments or informal measures. Each case has numerous possibilities for assessments but it is the combination of assessments that is scored.

In assessments, users are deducted points for:

- Selecting inappropriate assessments based on the information and topic area (e.g., a stuttering assessment for a language case)
- Selecting an unnecessary assessment
- Selecting an age-inappropriate assessment (e.g., selecting the Clinical Evaluation of Language Functions-Preschool for an adolescent student)
- Selecting two or more assessments that measure the same outcome
Diagnosis

Points are awarded for identifying areas of concern for a given case. Each simulation can contain one or several areas of concern or diagnoses. Each of these areas needs to be selected based on assessment results in order to show competency. Points are deducted for each inappropriate diagnosis identified. Note that the outcome of a case can also have no area of concern.

Recommendations

Points are awarded for selecting the most appropriate recommendation for each simulation.

Areas Not Scored

Use of the Clipboard is not scored. This is an optional feature that assists users with the assessment process. The time it takes to complete a case is measured but is also not scored. The timer indicates total simulation play time. This can be defined as the time spent in the simulation, which helps users monitor their efficiency in making case decisions. Note that the estimated time it takes to administer specific tests and procedures is included in the time spent in the simulation. The clinical hypothesis is not scored; it is marked as complete or incomplete in the final report.

The Simucase Competency Rating

A user’s overall competency in assessing a particular case is rated and indicated on the Results screen. The Results screen displays a user’s overall performance in each of these areas:

- Case History
- Collaborators
- Clinical Hypothesis
- Assessments
- Diagnosis
- Recommendations

If a user earns a 90% or higher overall score, the Mastering competency rating is earned. If a user earns an overall score of 70-89% a Developing competency rating is earned. If a user fails to earn at least 70% an Emerging competency rating is earned.
Scoring Model

On the Results page, click Scoring Model to review an example of the breakdown of the skills for each simulation.
Intervention simulations are designed to provide learners the opportunity to improve interventions skills; each case includes intervention activities that allow for practice of treatment methods.

The Simucase Intervention Tools

The majority of Simucase tools are presented in the toolbar at the top of the opening screen. Baseline Data, Collaborators, Treatment, Client Progress, Summary, Save/Exit, and Submit Case are easy to access via the toolbar. The dynamic clipboard, an additional tool, helps users organize the information they gather about the case. When first opening a case, the Clipboard must be opened and can be resized, as well as closed as needed. The following sections walk you through the purpose and function of each of the menus in the toolbar.
Baseline Data

The **Baseline Data** tool allows the user to interact with the virtual client. By choosing a category of questions and then directly selecting questions within the category, the virtual client responds. All videos allow the user to adjust the volume, play at full screen, replay, rewind, pause, or stop.
Collaborators

The user can consult other family members and various professionals who may be working with the client using the **Collaborators** tool. Once chosen, a collaborator makes an opening remark; then the collaboration occurs via selecting questions for the chosen collaborator. Some collaborators will send a report to the user. Reports are sent as PDF files to the Clipboard, where they can be opened. For intervention cases, users must collaborate with the supervising speech-language pathologist to both gain and share information regarding the case.
Treatments

The Treatment tool allows the user to choose from a variety of treatment activities which to evaluate the client. The treatment approach options are categorized by type of activity and each activity includes a variety of intervention techniques.

For all treatment tools, users are expected to know the age range and appropriateness of an approach and activity; an inappropriate choice (e.g., due to age range) will result in negative points and affect the user’s overall competency rating. Treatment tools are available in a number of formats. Computer-driven treatments are those that the computer automatically provides results. Users simply select the component they wish to utilize. When clicking Administer, a summary of the results of the treatment appears in the Interaction box. More detailed results of the treatment are placed in the Clipboard. The user may add to the details in the Clipboard regarding any of the treatments at any time by clicking Add Entry.
User-driven treatments are those that the user controls and all selections are interactive. The user observes, scores, and reports the response accuracy of the client. In some cases, the user-driven treatment is a graded assessment. Graded assessments require the user to answer questions for each response. The number of questions tied to each response is variable and the user must answer all questions to advance through the graded assessment. Graded assessments results are NOT included in the clipboard, but will be reported on the results page and the final exported report at the completion of the case.

When clicking Administer, user-driven treatments play a video so the user can practice conducting the technique, the scoring, and the reporting. All videos allow the user to adjust the volume, play at full screen, replay, rewind, pause, or stop. Once the user completes an analysis, the data or results obtained may be entered into the clipboard. All treatments may be re-administered at any time, however, this extra time and effort affects the user’s overall time.
Client Progress

The **Client Progress** tool allows the user to indicate the accuracy for completed treatment activities. The user is expected to indicate the appropriate level of accuracy, take home activities, and indicate if the objectives were or were not met for the sessions. Selections save upon selection and cannot be changed. To change your client progress selections you will need to restart the simulation.
Summary

In addition to reporting client progress, the Summary tool allows the user to select specific details regarding the client's session. Your selection saves automatically and cannot be changed. To change your summary statement you will need to restart the simulation.
How Does Simucase Intervention Scoring Work?

Understanding that Simucase is a simulated learning experience, users are encouraged to complete the simulation as many times as needed. The most powerful form of learning is through repeated practice. Therefore, users are encouraged to practice and learn from their mistakes and to spend as much time as needed working through a case. As they work through the case, if many mistakes are made, students are encouraged to begin again. They should not be worried about restarting a case for learning purposes.

Simucase scoring is rated based on strength of decision-making skills. The following describes how decisions within each competency are scored.

Baseline Information

Questions are rated based on strength of decision-making skills when gathering language samples. Users must be selective in the questions chosen. Some questions may be irrelevant and score 0 points; other questions may be inappropriate for the case and will score negative points.

Collaborators

Points are awarded for identifying appropriate collaborators for a case and for selecting relevant questions. Points are deducted for selecting inappropriate team collaborators. Once a collaborator is chosen, the user can select the collaborator questions to obtain additional information about the case. Users are deducted points for selecting inappropriate, irrelevant, or redundant questions of a collaborator.

Treatments

Points are awarded for administering appropriate treatment activities. Each case has numerous possibilities for treatments but it is the combination of activities that is scored. In treatments, users are deducted points for:

- Selecting inappropriate treatment activity based on the case information
- Selecting an unnecessary treatment activity
- Selecting an age-inappropriate treatment activity
- Selecting two or more treatment activities that measure the same outcome
Client Progress

Points are awarded for identifying the accuracy for an appropriate level of targeting the sound(s) in question for a given client, appropriate take home activities and the correct status of objectives. Points are deducted for each inappropriate selection.

Summary

Points are awarded for selecting the most appropriate summary statement regarding the progress of the client.

Areas Not Scored

As mentioned previously, the final competency score and rating are calculated based solely on the decisions of the user. Use of the Clipboard is not scored. This is an optional feature that assists users with the treatment process. Graded assessment results are reported separately on the results page and within the final exported report, but are not included in the calculation of the final competency score or competency rating. The time it takes to complete a case is measured but is also not scored. The timer indicates total simulation play-time. This can be defined as the time spent in the simulation that helps users monitor their efficiency in making case decisions. Note that the estimated time it takes to complete specific treatment activities is included in the time spent in the simulation.

The Simucase Competency Rating

A user’s overall competency in treating a particular client is rated and indicated on the Results screen. The Results screen displays a user’s overall performance in each of these areas:

- Baseline Information
- Collaborators
- Treatments
- Client Progress
- Summary

If a user earns a 90% or higher overall score, the Mastering competency rating is earned. If a user earns an overall score of 70-89% a Developing competency rating is earned. If a user fails to earn at least 70% an Emerging competency rating is earned.
Part Task Trainer

Part Task Trainer simulations are designed to improve the skill sets necessary for a specific assessment measure.

The Simucase Part Task Trainer Tools

The majority of Simucase tools are presented in the toolbar at the top of the opening screen. Referral, Manual, Screening/Assessments, Assessment Results, Summary, Save/Exit, and Submit Case are easy to access via the toolbar. The dynamic clipboard, an additional tool, helps users organize the information they gather about the case. When first opening a case, the Clipboard must be opened and can be resized, as well as closed as needed. The following sections walk you through the purpose and function of each of the menus in the toolbar.
Referral

The **Referral** tool allows the user to interact and find out more information pertaining to the simulation. The user may select questions. These responses can be viewed and printed at any time. All videos allow the user to adjust the volume, play at full screen, replay, rewind, pause, or stop.
Manual

The user can consult the assessment manual using the Manual tool.

Once chosen, the manual makes an opening remark and sends portions of the printed manual to the Clipboard. Reports are sent as PDF files to the Clipboard, where they can be opened. Following the opening remark, users are provided a list of questions to ask the manual. Users should be selective of the questions they ask and avoid asking redundant questions. When complete, users will select the x to close the question window.
Screening/Assessments

The Screening/Assessments tool allows the user to administer screening and assessment measures.

For all screening/assessment tools, users are expected to know the age range and appropriateness of an approach and activity; an inappropriate choice (e.g., due to age range) will result in negative points and affect the user’s overall competency rating. The user may add to the details in the Clipboard regarding any of the screenings or assessments at any time by clicking Add Entry.
User-driven screenings/assessments are those that the user controls and all selections are interactive. The user observes, scores, and reports the response accuracy of the client. In some cases, the user-driven treatment is a graded assessment. Graded assessments are interactive and require the user to answer questions that are graded for accuracy. The number of questions tied to each response is variable and the user must answer all questions to advance through the graded assessment. Graded assessments results are NOT included in the clipboard, but will be reported on the results page and the final exported report at the completion of the case.

When clicking **Administer**, user-driven screenings/assessments play a video so the user can practice conducting the screening/assessment, scoring, and reporting. All videos allow the user to adjust the volume, play at full screen, replay, rewind, pause, or stop. Once the user completes an analysis, the data or results obtained may be entered into the clipboard.

All screenings/assessments may be re-administered at any time, however, this extra time and effort affects the user’s overall time.
Screening Results

The **Assessment Results** tool allows the user to indicate outcome of the screening. After making selections, the user clicks **Select.**
Summary

In addition to reporting screening results, the **Summary** tool allows you to select a summary statement for the client. After selecting the summary statement, the user clicks **Submit**.
How Does Simucase Part Task Trainer Scoring Work?

Understanding that Simucase is a simulated learning experience, users are encouraged to complete the simulation as many times as needed. The most powerful form of learning is through repeated practice. Therefore, users are encouraged to practice and learn from their mistakes and to spend as much time as needed working through a case. As they work through the case, if many mistakes are made, students are encouraged to begin again. They should not be worried about restarting a case for learning purposes.

Simucase scoring is rated based on strength of decision-making skills. The following describes how decisions within each competency are scored.

Referral

Questions are rated based on strength of decision-making skills when gathering referral information. Users must be selective in the questions chosen. If questions are repeated or are redundant, points may be deducted (redundancy is not the best use of the user’s, client’s, or caregiver’s time). Some questions may be irrelevant and score 0 points; other questions may be inappropriate for the case and will score negative points.

Manual

Points are awarded for collaborating with the manual and for selecting relevant questions. Points are deducted for selecting inappropriate questions.

Screening/Assessments

Points are awarded for administering appropriate screening/assessments. In screening/assessments, users are deducted points for:

- Selecting inappropriate screening or assessment activity based on the case information
- Selecting an unnecessary screening or assessment activity
- Selecting an age-inappropriate screening or assessment activity
- Selecting two or more screening or assessment activities that measure the same outcome

Screening Results

Points are awarded for selecting the appropriate outcome. Points are deducted for each inappropriate selection.
Summary

Points are awarded for selecting the most appropriate summary statement regarding the progress of the client.

Areas Not Scored

As mentioned previously, the final competency score and rating are calculated based solely on the decisions of the user. Use of the Clipboard is not scored. This is an optional feature that assists users with the treatment process. Graded assessment results are reported separately on the results page and within the final exported report, but are not included in the calculation of the final competency score or competency rating. The time it takes to complete a case is measured but is also not scored. The timer indicates total simulation play time. This can be defined as the time spent in the simulation, which helps users monitor their efficiency in making case decisions. Note that the estimated time it takes to complete specific treatment activities is included in the time spent in the simulation.

The Simucase Competency Rating

A user’s overall competency in screening a particular client is rated and indicated on the Results screen. The Results screen displays a user’s overall performance in each of these areas:

- Referral
- Manual
- Screenings/Assessments
- Skills Check
- Assessment Results
- Summary

If a user earns a 90% or higher overall score, the Mastering competency rating is earned. If a user earns an overall score of 70-89% a Developing competency rating is earned. If a user fails to earn at least 70% an Emerging competency rating is earned.
Patient Video Library

**Patient Video Library** is a collection of short video clips that target specific learning objectives across target areas.

**The Patient Video Library Tools**

Users can search for videos by profession, topic, ages, locations, release dates and the open text search.

The Transcript page displays videos that users complete. The Transcript page can be filtered for All, Simulations, or Videos.
References


