



California Simulation Alliance (CSA) Simulation Scenario Template

The California Simulation Alliance (CSA) is comprised of simulation users from all disciplines from throughout the state. Several regional collaboratives have formed totaling 7 as of March, 2011: The Rural North Area Simulation Collaborative (RNASC), the Capital Area Simulation Collaborative (CASC), the Bay Area Simulation Collaborative (BASC), the Central Valley Simulation Collaborative (CVBSC), the Southern California Simulation Collaborative (SCSC), the Inland Empire Simulation Collaborative (IESC), and the San Diego Simulation Collaborative (SDSC). The CINHC, a non-profit organization focused on workforce development in healthcare provides leadership for the CSA.

The purpose of the California Simulation Alliance (CSA) is to become a cohesive voice for simulation in healthcare education in the state, to provide for inter-organizational research on simulation, to disseminate information to stakeholders, to create a common language for simulation, and to provide simulation educational courses. The goals of the alliance will include providing a home within the CINHC for best practice identification, information sharing, faculty development, equipment/vendor pricing agreements, scenario development, sharing and partnership models. More information can be found on the CSA website at www.cinhc.org/programs.

All scenarios have been validate by subject matter experts, pilot tested and approved by the CSA before they were published online. All scenarios are the property of the CINHC/CSA. The writers have agreed to release authorship and waive any and all of their individual intellectual property (I.P.) rights surrounding all scenarios. I.P release forms can be found at www.bayareanrc.org/rsc and click documents. (Please send signed I.P. release forms to kt@cinhc.org)

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SECTION I: SCENARIO OVERVIEW

Scenario Title:			
Original Scenario Developer(s): (name and credentials)			
Date - original scenario			
Validation:			
Revision Dates:			
Pilot testing:			
QSEN revision:			
<u>Estimated Scenario Time:</u>	<u>Debriefing time:</u>		
<u>Target group:</u>			
<u>Core case:</u>			
<u>QSEN Competencies:</u>			
<u>Brief Summary of Case:</u>			

EVIDENCE BASE / REFERENCES (APA Format)

SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES	
Learning Outcomes	
1.	
2.	
3.	
Specific Learning Objectives	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Critical Learner Actions	
1.	
2.	
3.	
4.	
5.	
6.	

B. PRE-SCENARIO LEARNER ACTIVITIES	
Prerequisite Competencies	
Required prior to participating in the scenario	
Knowledge	Skills/ Attitudes
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SECTION III: SCENARIO SCRIPT

A. Case summary

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B. Key contextual details

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C. Scenario Cast

Patient/ Client	<input type="checkbox"/> High fidelity simulator	
	<input type="checkbox"/> Mid-level simulator	
	<input type="checkbox"/> Task trainer	
	<input type="checkbox"/> Hybrid (Blended simulator)	
	<input type="checkbox"/> Standardized patient	
Role	Brief Descriptor (Optional)	Confederate (C) or Learner (L)
RN 1		Learner
RN 2		Learner

D. Patient/Client Profile				
Last name:			First name:	
Gender:	Age:	Ht:	Wt:	Code Status:
Spiritual Practice:		Ethnicity:		Primary Language spoken:
1. History of present illness				
Primary Medical Diagnosis				

2. Review of Systems	
CNS	
Cardiovascular	
Pulmonary	
Renal/Hepatic	
Gastrointestinal	
Endocrine	
Heme/Coag	
Musculoskeletal	
Integument	
Developmental Hx	
Psychiatric Hx	
Social Hx	
Alternative/ Complementary Medicine Hx	

Medication allergies:		Reaction:	
Food/other allergies:		Reaction:	

3. Current medications	Drug	Dose	Route	Frequency

4. Laboratory, Diagnostic Study Results					
Na:	K:	Cl:	HCO ₃ :	BUN:	Cr:
Ca:	Mg:	Phos:	Glucose:	HgA1C:	
Hgb:	Hct:	Plt:	WBC:	ABO Blood Type:	
PT	PTT	INR	Troponin:	BNP:	
Ammonia:	Amylase:	Lipase:	Albumin:	Lactate:	
ABG-pH:	paO ₂ :	paCO ₂ :	HCO ₃ /BE:	SaO ₂ :	
VDRL:	GBS:	Herpes:	HIV:		
CXR:	ECG:				
CT:	MRI:				
Other:					

E. Baseline Simulator/Standardized Patient State (This may vary from the baseline data provided to learners)					
1. Initial physical appearance					
Gender:		Attire:			
Alterations in appearance (moulage):					
	ID band present, accurate information		ID band present, inaccurate information		ID band absent or not applicable
	Allergy band present, accurate information		Allergy band present, inaccurate information		Allergy band absent or not applicable

2. Initial Vital Signs Monitor display in simulation action room:					
	No monitor display		Monitor on, but no data displayed		Monitor on, standard display

BP:	HR:	RR:	T:	SpO ₂ :
CVP:	PAS:	PAD:	PCWP:	CO:
AIRWAY:	ETCO ₂ :	FHR:		
Lungs: Sounds/mechanics	Left:		Right:	
Heart:	Sounds:			
	ECG rhythm:			
	Other:			
Bowel sounds:				Other:

3. Initial Intravenous line set up						
	Saline lock #1	Site:	RA			IV patent (Y/N)
	IV #1	Site:		Fluid type:	Initial rate:	IV patent (Y/N)
	Main					
	Piggyback					
	IV #2	Site:		Fluid type:	Initial rate:	IV patent (Y/N)
	Main					
	Piggyback					
4. Initial Non-invasive monitors set up						
	NIBP			ECG First lead:		ECG Second lead:
	Pulse oximeter			Temp monitor/type		Other:
5. Initial Hemodynamic monitors set up						
	A-line Site:			Catheter/tubing Patency (Y/N)	CVP Site:	PAC Site:
6. Other monitors/devices						
	Foley catheter		Amount:		Appearance of urine:	
	Epidural catheter			Infusion pump:		Pump settings:
	Fetal Heart rate monitor/tocometer				Internal	External
Environment, Equipment, Essential props						
Recommend standardized set ups for each commonly simulated environment						
1. Scenario setting: (example: patient room, home, ED, lobby)						

2. Equipment, supplies, monitors						
(In simulation action room or available in adjacent core storage rooms)						
	Bedpan/ Urinal			Foley catheter kit		Straight cath. kit
	IV Infusion pump			Feeding pump		Pressure bag
	Nasogastric tube			ETT suction catheters		Oral suction catheters
	Defibrillator			Code Cart		12-lead ECG
	PCA infusion pump			Epidural infusion pump		Central line Insertion Kit
	IV fluid Type:					Tubes/drains Type:
						Blood product ABO Type: # of units:

3. Respiratory therapy equipment/devices						
Nasal cannula		Face tent		Simple Face Mask		Non rebreather mask
BVM/Ambu bag		Nebulizer tx kit		Flowmeters (extra supply)		

4. Documentation and Order Forms						
Health Care Provider orders		Med Admin Record		H & P		Lab Results
Progress Notes		Graphic record		Anesthesia/PACU record		ED Record
Medication reconciliation		Transfer orders		Standing (protocol) orders		ICU flow sheet
Nurses' Notes		Dx test reports		Code Record		Prenatal record
Actual medical record binder, constructed per institutional guidelines				Other Describe:		

5. Medications (to be available in sim action room)								
#	Medication	Dosage	Route		#	Medication	Dosage	Route

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES			
Initiation of Scenario :			
STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
1. Baseline	Operator Triggers:	Learner Actions	Debriefing Points:
STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
	Operator: Triggers:	Learner Actions:	Debriefing Points:

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
3.	Operator: Triggers:	Learner Actions:	Debriefing Points:
STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
4.	Operator: Triggers:	Learner Actions:	Debriefing Points
Scenario End Point:			
Suggestions to <u>decrease</u> complexity: Suggestions to <u>increase</u> complexity:			

APPENDIX A: HEALTH CARE PROVIDER ORDERS

<p>Patient Name:</p> <p>DOB:</p> <p>Age:</p> <p>MR#:</p>	<p>Diagnosis:</p>
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‡ No Known Allergies
 ‡ Allergies & Sensitivities

Date	Time	HEALTH CARE PROVIDER ORDERS AND SIGNATURE
Signature		

APPENDIX B: Digital images of manikin and/or scenario milieu

Insert digital photo here

Insert digital photo here

Insert digital photo here

Insert digital photo here

APPENDIX C: DEBRIEFING GUIDE

General Debriefing Plan			
<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> With Video	<input type="checkbox"/> Without Video
Debriefing Materials			
<input type="checkbox"/> Debriefing Guide	<input type="checkbox"/> Objectives	<input type="checkbox"/> Debriefing Points	<input type="checkbox"/> QSEN
QSEN Competencies to consider for debriefing scenarios			
<input type="checkbox"/> Patient Centered Care	<input type="checkbox"/> Teamwork/Collaboration	<input type="checkbox"/> Evidence-based Practice	
<input type="checkbox"/> Safety	<input type="checkbox"/> Quality Improvement	<input type="checkbox"/> Informatics	
Sample Questions for Debriefing			
<ol style="list-style-type: none"> 1. How did the experience of caring for this patient feel for you and the team? 2. Did you have the knowledge and skills to meet the learning objectives of the scenario? 3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience? 4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP? 5. How would you handle the scenario differently if you could? 6. In what ways did you check feel the need to check ACCURACY of the data you were given? 7. In what ways did you perform well? 8. What communication strategies did you use to validate ACCURACY of your information or decisions with your team members? 9. What three factors were most SIGNIFICANT that you will transfer to the clinical setting? 10. At what points in the scenario were your nursing actions specifically directed toward PREVENTION of a negative outcome? 11. Discuss actual experiences with diverse patient populations. 12. Discuss roles and responsibilities during a crisis. 13. Discuss how current nursing practice continues to evolve in light of new evidence. 14. Consider potential safety risks and how to avoid them. 15. Discuss the nurses' role in design, implementation, and evaluation of information technologies to support patient care. 			
Notes for future sessions:			

