



California Simulation Alliance (CSA) Simulation Scenario Template

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I.P. release forms can be found on the website www.bayareanrc.org/rsc and click “documents.” (Please send signed I.P. release forms to KT at kt@healthimpact.org)



SECTION I:**SCENARIO OVERVIEW**

Scenario Title:	
Original Scenario Developer(s):	
Date - Original Scenario:	
Validation:	
Revision Dates:	
Pilot testing:	
Estimated Scenario Time:	Debriefing Time:
Target Group:	
Core Case:	
Brief Summary of Case:	
QSEN Competencies: <input type="checkbox"/> Patient Centered Care <input type="checkbox"/> Patient Safety <input type="checkbox"/> Quality Improvement <input type="checkbox"/> Teamwork and Collaboration	Additional Competencies: <input type="checkbox"/> IP <input type="checkbox"/> Others?

EVIDENCE BASE / REFERENCES (APA Format)

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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.
- 7.
- 8.

B. PRE-SCENARIO LEARNER ACTIVITIES**PREREQUISITE COMPETENCIES**

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"/>

SECTION III: SCENARIO SCRIPT

A. CASE SUMMARY

B. KEY CONTEXTUAL DETAILS

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/Actor (C/A) or Learner (L)

D. PATIENT / CLIENT PROFILE

Last Name:		First Name:		
<input type="checkbox"/> Female	Age:	Ht:	Wt:	Code Status:
<input type="checkbox"/> Male				
Spiritual Practice:		Ethnicity:		Primary Language Spoken:

PAST HISTORY

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PRIMARY MEDICAL DIAGNOSIS

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REVIEW OF SYSTEMS

CNS	
Cardiovascular	
Pulmonary	
Renal/Hepatic	
Gastrointestinal	
Endocrine	
Heme/Coag	
Musculoskeletal	
Integument	
Developmental Hx	
Psychiatric Hx	
Social Hx	
Alt/Complementary Medicine Hx	
Medication allergies:	Reaction:
Food/other allergies:	Reaction:

CURRENT MEDICATIONS

Drug	Dose	Route	Frequency
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

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:	
ABG-pH:	paO ₂ :	paCO ₂ :	HCO ₃ /BE:	SaO ₂ :	
VDRL:	GBS:	Herpes:	HIV:	Cxr:	EKG:

E. BASELINE SIMULATOR / STANDARDIZED PATIENT STATE

This may vary from the baseline data provided to learners

INITIAL PHYSICAL APPEARANCE

- Female
 Male

Attire:

Alterations in Appearance (Moulage):

- | | | |
|---|--|--|
| <input type="checkbox"/> ID Band Present, Accurate | <input type="checkbox"/> ID Band Present, Inaccurate | <input type="checkbox"/> ID Band Absent/Not Applicable |
| <input type="checkbox"/> Allergy Band Present, Accurate | <input type="checkbox"/> Allergy Band Inaccurate | <input type="checkbox"/> Allergy Band Absent or N/A |

INITIAL VITAL SIGNS MONITOR DISPLAY IN SIMULATION ACTION ROOM

- No Monitor Display
 Monitor On, No Data Displayed
 Monitor On, Standard Display

BP:	HR:	RR:	T:	SpO ² :
CVP:	PAS:	PAD:	PCWP:	CO:
Airway:	ETCO ² :	FHR:		
Lung Sounds	Left:	Right:		
Heart	Sounds:			
	ECG rhythm:			
	Other:			
Bowel Sounds:			Other:	

INITIAL INTRAVENOUS LINE SET UP

Saline Lock #1

Site:	IV Patent
	<input type="checkbox"/> Y <input type="checkbox"/> N

IV #1

<input type="checkbox"/> Main <input type="checkbox"/> Piggyback	Site:	Fluid Type:	Initial Rate:	IV Patent
				<input type="checkbox"/> Y <input type="checkbox"/> N

IV #2

<input type="checkbox"/> Main <input type="checkbox"/> Piggyback	Site:	Fluid Type:	Initial Rate:	IV Patent
				<input type="checkbox"/> Y <input type="checkbox"/> N

INITIAL NON-INVASIVE MONITORS SET UP

NIBP	ECG First Lead	ECG Second Lead
Pulse Oximeter	Temp Monitor/Type	Other

INITIAL HEMODYNAMIC MONITORS SET UP

A-Line Site:	Catheter/Tubing Patency <input type="checkbox"/> Y <input type="checkbox"/> N	CVC Site:	PAC Site:
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OTHER MONITORS/DEVICES

<input type="checkbox"/> Foley Catheter	Amount:	Appearance of Urine:
<input type="checkbox"/> Epidural Catheter	Infusion Pump:	Pump Settings:

F. ENVIRONMENT, EQUIPMENT, ESSENTIAL PROPS

Recommend standardized set ups for each commonly simulated environment

SCENARIO SETTING (Example: Patient Room, Home, ED, Lobby)

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EQUIPMENT, SUPPLIES, MONITORS

<input type="checkbox"/> Bedpan/Urinal	<input type="checkbox"/> Foley Catheter Kit	<input type="checkbox"/> Straight Cath. kit	<input type="checkbox"/> Incentive Spirometer
<input type="checkbox"/> IV Infusion Pump	<input type="checkbox"/> Feeding Pump	<input type="checkbox"/> Pressure Bag	<input type="checkbox"/> Wall Suction
<input type="checkbox"/> Nasogastric Tube	<input type="checkbox"/> ETT Suction Catheters	<input type="checkbox"/> Oral Suction Catheters	<input type="checkbox"/> Chest Tube Kit
<input type="checkbox"/> Defibrillator	<input type="checkbox"/> Code Cart	<input type="checkbox"/> 12-Lead ECG	<input type="checkbox"/> Chest Tube Equip
<input type="checkbox"/> PCA Infusion Pump	<input type="checkbox"/> Epidural Pump	<input type="checkbox"/> Central Line Kit	<input type="checkbox"/> Dressing Δ Equip
IV Fluid Additives /IV Piggy Back			Blood Products
			ABO Type:
			# of Units:
<input type="checkbox"/> Nasal Cannula	<input type="checkbox"/> Face Tent	<input type="checkbox"/> Simple Face Mask	<input type="checkbox"/> Non-Rebreather Mask
<input type="checkbox"/> BVM/Ambu Bag	<input type="checkbox"/> Nebulizer Tx Kit	<input type="checkbox"/> Flowmeters (Extra Supply)	

DOCUMENTATION AND ORDER FORMS

<input type="checkbox"/> Provider Orders	<input type="checkbox"/> Med Admin Record	<input type="checkbox"/> Hx & Physical	<input type="checkbox"/> Lab Results
<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Graphic Record	<input type="checkbox"/> Anes/PACU Record	<input type="checkbox"/> ED Record
<input type="checkbox"/> Med Reconciliation	<input type="checkbox"/> Transfer Orders	<input type="checkbox"/> Standing Orders	<input type="checkbox"/> ICU Flow Sheet
<input type="checkbox"/> Nurses' Notes	<input type="checkbox"/> Dx Test Reports	<input type="checkbox"/> Code Record	<input type="checkbox"/> Prenatal Record
<input type="checkbox"/> Actual Medical Record Binder		<input type="checkbox"/> Electronic Medical Record	

MEDICATIONS (To be available in sim action room)

#	Medication	Dosage	Route	#	Medication	Dosage	Route

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
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DEBRIEFING MATERIALS

<input type="checkbox"/> Debriefing Guide	<input type="checkbox"/> Objectives	<input type="checkbox"/> Debriefing Points	<input type="checkbox"/> QSEN
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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

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: