

This template is to help standardize the process for creating simulation experiences at the SUNY Upstate Medical University Simulation Department.

The template is in word format. Not all sections will be relevant for all learner groups. As you complete the template delete, change, and add sections that are relevant to your learner group.

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**References:** This template is adapted from peer reviewed templates such as National League for Nursing, ZIEL Sim, © 2019 EMSIMCASES.COM, and California Simulation Alliance

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Blank Scenario Guide

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## Section 0: Confirmed Course Logistics **(Completed by Center staff)**

|  |  |
| --- | --- |
| **Clinical Setting/Room Type Needed:** |  |
| **Embedded Simulated person(s) needed** | **No yes Role(s):** |
| **standardized person(s) needed** | **No yes Role(s):** |
| **patient voice** | **No yes gender:** |
| **video streaming** | **No yes** |
| **observation sheets** | **No yes type:** |
| **post event survey** | **No yes type:** |
| **L**ab Data- presented during case | **No yes notes:** |
| **radiology data-** presented during case | **No yes notes:** |
| **ekg data-** presented during case | **No yes notes:** |
| **use of paper chart** | **No yes notes:** |

# SECTION I: Initial Instructor Case Building

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SCENARIO TITLE: |  | | | | |
| **Scenario Content Expert & Simulation Content Expert** |  | | | | |
| **Date of Development:** |  | | | | |
| **Last Revision Validation:** |  | | | | |
| **Revised By:** |  | | | | |
|  | | | | | |
| Estimated Scenario Time: | |  | | DEBRIEFING TIME: |  |
| Target Learning Group (Discipline and training level): | | |  | | |
| BRIEF SUMMARY OF CASE FOR FACILITATORS: *Overview of the case to serve as background when preparing for simulation and debriefing. This is just a general overview so facilitators can get an idea on how the scenario should flow.* | | | | | |
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| COMPETENCIES | | | |
| ACGME Core Competencies | | | |
|  | Medical Knowledge |  | Interpersonal & communication skills |
|  | Patient Care |  | Professionalism |
|  | Practice-based learning & improvement |  | Systems-based practice |
| QSEN Competencies | | | |
|  | Patient-Centered Care |  | Patient Safety |
|  | Quality Improvement |  | Teamwork and Collaboration |
| EPAS Assessed | | | |
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| **GOALS & SCENARIO LEARNING OBJECTIVES** | |
| **EDUCATIONAL GOAL:** *(Outcomes demonstrate the behavior the learner will exhibit at end of activity)*  *Example: Correctly identify required actions to manage patients in hypertensive crisis by analyzing a case study* | |
|  | |
| **SIMULATION LEARNING OBJECTIVES Guidance (Medical and Crisis Resource Management)**   * *Should apply to this specific learning experience*   + *For interprofessional groups, you can have the same objectives or separate depending on the goal* * *Should be statements explaining what learners are expected to know and/or be able to do after training is concluded.* * *Learning objectives should be S.M. A. R. T. (Specific, Measurable, Achievable, Realistic, Time-bound)*   + *Blooms taxonomy can help with measurable language* * *Tailor your cases, too many objectives are not achievable and can lead to a confusing debriefing session.* * *LIMIT THE NUMBER OF OBJECTIVES: There is no specific rule, but ~ 2-3 medical knowledge objectives paired with 1-2 CRM is typical* * *The main components of CRM include communication, leadership, resource utilization, situational awareness and problem solving* | |
| **By the end of this simulation exercise, participants will be able to….** | |
| medical |  |
| medical |  |
| medical |  |
| CRM |  |

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| **Learner Pre-Sim Activities/Assignments** |
| **No YES (if yes, describe here)** |

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| **CASE STEM FOR LEARNERS “Setting the Stage”**  *This is the background information provided about the patient to the learners before they enter the room.*  *Often, we provide this on a ppt slide but it can also be given verbally by the instructor or embedded person.* | | | | |
| **Presented On:** | PPT Slide | Handout | Verbally by Instructor | Verbally by Embedded Person |
|  | | | | |

# SECTION II: CASE PROGRESSION

*To be completed by Instructor and verified during edits and dry run*

|  |  |  |  |
| --- | --- | --- | --- |
| **Scenario States, Modifiers, & Triggers** | | | |
| **Patient State/Vitals** | **Patient Status** | **Learner Actions, Modifiers, & Triggers to Move to Next State** | |
| 1. **State Descriptor:**   **Vital Signs:**  **HR:** **Rhythm**: Select  **RR**:  **SpO2:** **FiO2:** Choose an item.  **BP:** **Temp:**  **Eyes:** Choose an item.  **Mental Status:**  **Auscultation Sounds:**  **Lungs** Select  **Bowel Sounds:** Select  **Other:** | Manikin/Pt Voice: | **Expected Learner Actions** | **Modifiers**  *Changes to patient condition based on learner action*  **Triggers**  *For progression to the next state* |
| 1. **Descriptor:**   **Vital Signs:**  **HR:** **Rhythm**: Select  **RR**:  **SpO2:** **FiO2:** Choose an item.  **BP:** **Temp:**  **Eyes:** Choose an item.  **Mental Status:**  **Auscultation Sounds:**  **Lungs** Select  **Bowel Sounds:** Normal  **Other:** |  | **Expected Learner Actions** | **Modifiers**  **Triggers** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient State/Vitals** | **Patient Status** | **Learner Actions, Modifiers, & Triggers to Move to Next State** | |
| 1. **Descriptor:**   **Vital Signs:**  **HR:** **Rhythm**: Select  **RR**: **SpO2:**      **FiO2:** Choose an item.  **BP:** **Temp:**  **Eyes: Open**  **Mental Status:**  **Auscultation Sounds:**  **Lungs** Normal  **Bowel Sounds:** Normal | **Manikin/Pt Voice** | **Expected Learner Actions** | **Modifiers**  **Triggers** |

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| **PATIENT SIMULATED CHART**  *Below is a generic patient chart. Depending on your specialty this may not be relevant or you may need to insert a different format that is relevant for your learners.* |
| Paper chart to be given to learners before scenario begins.  Yes  No |

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| **SIMULATED PAPER PATIENT CHART** | | | | | | |
| **Age:** | | **Ht:** | W**t:** | | **Code Status:** | |
| **CC:** | | | | | | |
| **HPI or Triage Note:** | | | | | | |
| **PRIMARY MEDICAL HISTORY** | | | | | | |
|  | | | | | | |
| **PREVIOUS SURGICAL HX:** | | | | | | |
|  | | | | | | |
| **FAMILY HX:** | | | | | | **SOCIAL HX:** |
|  | | | | | | **ETOH:**  **Tobacco:**  **Illicit:**  **Occupation:**  **Additional:** |
| **REVIEW OF SYSTEMS** | | | | | | |
| **Initial Vital Signs on Admission:**  HR: BP: RR: SaO2: on FiO2: Temp: | | | | | | |
| **General** |  | | | | | |
| **Skin** |  | | | | | |
| **Airway** |  | | | | | |
| **Lungs** |  | | | | | |
| **Heart** |  | | | | | |
| **Abdomen** |  | | | | | |
| Medication allergies: | | | | Reaction: | | |
| Food/other allergies: | | | | Reaction: | | |
| **Assessment and Plan (if using paper chart)** | | | | | | |
| On admission:  **Assessment and Plan:** | | | | | | |
| **HOME MEDICATIONS** | | | | | | |

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| **DRUG** | **DOSE** | **ROUTE** | **FREQUENCY**  *and last time given if relevant to case* |
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| **CURRENT** **MEDICATIONS** (*If inpatient, these are the medications the patient is receiving in the hospital*) | | | |
| **DRUG** | **DOSE** | **ROUTE** | **FREQUENCY**  and last time given if relevant to case |
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| **LABORATORY, DIAGNOSTIC STUDY RESULTS** | | | | | |
| **ADMISSION LABS FOR CHART**   * *Leave blank if not relevant*   *Add or delete rows as needed. Information will be transferred into simulated EPIC format.*  *If value is abnormal, add an* ***H*** *or* ***L*** | | | | | |
| **GROUP** | **Value** | **Ref Range & Units** | **GROUP** | **Value** | **Ref Range & Units** |
| **CHEM PROFILE** |  |  |  |  |  |
| Sodium |  | 135-147 |  |  |  |
| Potassium |  | 3.5-5.2 |  |  |  |
| Chloride |  | 95-107 |  |  |  |
| Bicarbonate |  | 22-30 |  |  |  |
| Blood Urea Nitrogen |  | 7-20 |  |  |  |
| Creatinine |  | 0.5-1.4 |  |  |  |
| Glucose |  |  |  |  |  |
| Calcium |  |  |  |  |  |
| **CBC** |  |  | **COAGS** |  |  |
| WB |  | 4.5-10 | PTT |  |  |
| Hemoglobin |  | 12-16.5 | PT |  |  |
| Hematocrit |  | 38-50 | INR |  |  |
| Platelets |  | 100k-450k | Fibrinogen |  |  |
| RBC |  |  |  |  |
| MCV |  |  |  |  |  |
| Mean Cell Hemoglobin |  |  |  |  |  |
| MCHC |  |  |  |  |  |
| Red Cell Dist. Width |  |  |  |  |  |
| **CARDIAC PROFILE** |  |  | **ARTERIAL BLOOD GAS** |  |  |
| i-STAT Troponin I |  |  | pH |  |  |
| Troponin T HS |  |  | pCO2 |  |  |
| **BLOOD TYPE/TRANSFUSIONS** |  |  | pO2 |  |  |
| ABO Grouping |  |  | HCO3 |  |  |
| ANTIBODY IDENT |  |  | Sa O2 |  |  |
| **MICROBIOLOGY** |  |  | FiO2 |  |  |
| URINE CULTURE (UH) |  |  |  |  |  |

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| **LABS NEEDED DURING SCENARIO (STAT labs)**  *These can be shown on the screen in the pt room, “called” in by lab, or hand-delivered* | | | | | |
| **GROUP** | **Value** | **Ref Range & Units** | **GROUP** | **Value** | **Ref Range & Units** |
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| **PATIENT: Additional History and Reactions** | |
| *Think of this as a quick reference sheet for the scenario patient.*  *If using a manikin, anything that should come up in a basic h&p assessment should be listed here for the technician voicing the patients voice to reference.*   * *What information will only be given to learners if they ask? Who will provide this information (manikin voice, embedded nurse, etc.)?* * *What cues are required from patient? Please use layperson language. May be helpful to frame in ABCDE format* * *DOB, when symptoms started, specific symptom descriptors* | |
|  | |
| **Scenario Physical Exam Findings** | |
| *List any pertinent positive and negative findings.* | |
| **Cardio:** | **Neuro:** |
| **Resp:** | **Head & Neck:** |
| **Abdo:** | **MSK/Skin**: |
| **Other:** |  |

|  |  |
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| **Embedded Participants and Standardized Patient Roles and Scripts** | |
| **Role** | *Description of role expected behavior, and key moments to intervene/prompt learners. Include any script required (including conveying patient information if patient is unavailable).* |
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# SECTION III: Additional Case Info (to be finalized during Dry Run)

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| **SIMULATION MODALITY** | | | | | | |
| **PATIENT/CLIENT** | | Manikin  **Specify Type** *(infant, child, adult):* | | Task Trainer | | Hybrid |
| Standardized Person | | Embedded Person | |  |
| **SCENARIO CAST**  *Who and how many are needed for this scenario to run as planned* | | | | | | |
| **LEARNERS**  *This is the ideal number of learners that will actively be participating in the scenario.* | | | **EMBEDDED PERSON** (also called confederates) | | | |
| Provider (s) |  | | Family Members | |  | |
| Pharmacist (s) |  | | Providers | |  | |
| Nurse (s) |  | | Nurse (s) | |  | |
| Technician  *(e.g. Surgical, Pt Care)* |  | | Technician  *(e.g. Surgical, Pt Care)* | |  | |
| Other (Specify): |  | | Other (Specify): | |  | |

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| **Additional Supporting Files**  \*\**attach and send files separately* | | | |
|  | **ADMISSION**  (given to learners before/as they begin) | **DURING ACTIVITY**  (to be given/completed as activity unfolds) | **NOTES** |
| EKG |  |  |  |
| CHEST XRAY |  |  |  |
| CONSENTS |  |  |  |
| ANESTHESIA RECORDS |  |  |  |
| MRI IMAGING |  |  |  |
| OBSERVER ACTIVITY |  |  |  |
| OTHER: |  |  |  |

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| **MEDICATION LIST –** *Instructor to Complete. Include pictures or links if needed.*  *Technicians will use information such as volume, concentration, form, and appearance to make sim meds for scenarios.* | | | | | | |
| **Qty.** | **Generic Medication Name** | **Trade Name** | **Volume** | **Concentration** | **Form** | **Physical Appearance/Notes** |
| ***Examples*** | | | | | | |
| *10* | *Levofloxacin inj in*  *5% Dextrose* | *Levaquin* | *150mL* | *750mg/100mL*  *D5W* | *IV bag* | *pale yellow liquid in bag* |
| *5* | *Epinephrine 1:10,000 inj.* |  | *10mL* | *1mg/10mL (0.1 mg/ml)* | *Syringe in box* | *Auto-injector code dose syringe in box* |
| **Initial IV setup at start of simulation** | | | | | | |
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|  |  |  |  |  |  |  |
| **Medication to have available to deliver during simulation** | | | | | | |
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# SECTION IV: Sim Specialist Scenario Set Up Info

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| --- | --- | --- |
| **MOULAGE/WOUNDS DRESSINGS**  *The technicians will use this information in setting up the scenario.*  *What should the patient look like at the beginning of the scenario?*  *\*\*Include pictures of moulage/wounds/drain placements separately when appropriate* | | |
|  | **Moulage** |  |
| **Wounds** |  |
| **Lines and Drains**  *Note the number of IVs needed. If gauge and position are important, include that information here.* |  |
| **Airway** |  |
| **Patient Attire** |  |
| **Other:** |  |

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| **SETTING** | | **BED TYPE** | **MEDICAL EQUIPMENT & SUPPLIES NEEDED**  *Some examples have been given. Add/Delete as needed* | |
|  | Emergency Room | Stretcher  Regular Hospital Bed  Bariatric Bed  Maternity Bed  OR Bed  Patient Recliner | **SPECIAL EQUIPMENT** | ***NOTES***  *Where should this equipment be?* |
|  | Med-Surg Unit |  |  |  |
|  | ICU |  |  |  |
|  | Pediatric Unit |  |  |  |
|  | Maternity Unit |  |  |  |
|  | PACU | **PATIENT POSITION** |  |  |
|  | OR | Lying flat  Reclined  Other: |  |  |
|  | Outpatient Clinic |  |  |  |
|  | Other: |  |  |  |

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| --- | --- | --- |
| **MONITOR SETUP @ CASE ONSET** | | |
| **Patient on monitor with vitals displayed**  **Patient not yet on monitor** | | |
| **MONITOR DISPLAY**  *If monitors not required, delete this table.* | | |
| **@ start** | **when placed** | **Vital Sign Parameter for Monitor** |
|  |  | Primary ECG (Waveform) |
|  |  | NIBP |
|  |  | Pulse |
|  |  | SPO2 |
|  |  | RR |
|  |  | TEMP |
|  |  | ABP |
|  |  | etCO2 |
|  |  | Other: |

# SECTION VI: EVENT DAY

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| **DAY OF SIMULATION REMINDER** |
| **Instructor, Educator, Technician Huddle - All simulation event team must arrive 15 minutes prior to learner start time.**   * *Verify setup checklist: manikin, equipment, and supplies are staged as requested.* * *Confirm instructor roles and responsibilities:*   + *Patient voice*   + *Answering the phone*   + *Scenario director*   + *Lead debriefer*   + *Co-debriefer*   + *Embedded Simulated Persons* * *Simulation progression understood by entire team* |

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| **PRE-BRIEF PLAN**  Learners should be oriented to simulation environment with a prebrief.  \*The department has a generic pre-brief ppt that we use for all immersives. If additional orientation is needed please make sure to send ppt slides as part of the planning process. | | |
| * *Welcome (Bathrooms, Exit, timeline, introductions)* * *Purpose of simulation* * *Video/Photo release if applicable* * *Confidentiality and safe learning environment* * *Manikin Orientation* * *Embedded Simulation People* | | * *Fiction Contract* * *Debriefing* * *Basic Assumption* * *Safety Phrase* * *Emphasize the importance of NOT sharing cases with other learners* * *Questions from learners* |
| *The level to which each of these items is covered is dependent on learner’s experience with simulation. Some items should always have a cursory explanation.* | | |
| **Time Allotted** |  | |
|  | | |

# SECTION VII: DEBRIEFING INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **FACILITATOR CHEAT SHEET AND DEBREIFING TIPS** | | | |
| Include key errors to watch for and common challenges with the case. List issues expected to be part of the debriefing discussion. Supplemental information regarding relevant pathophysiology, guidelines, or management information that may be reviewed during debriefing should be provided for facilitators to have as reference.  This is NOT to be used as a learner handout. Learner handouts should be separate files.  This is NOT to be used as a “lecture outline”. As a general rule there should be no lecturing rule in simulations and/or debriefings.  Learners should talk at least half of the time allowed for debriefing. Debriefing is meant to be a discussion, not a lecture.  Debriefing goals:   * *Reflection:* on the experience, actions, and critical thinking skills * Promote a learner center environment over a lecture-style discussion * Utilize mistakes as puzzles to be solved, not crimes to be punished | | | |
| **DEBRIEFING PLAN** | | | |
| Individual | Group | With Video | Without Video |
| **OBJECTIVES** Its helpful to copy the objectives here for reference during debriefing and for debriefing plan | | | |
|  | | | |
| **SAMPLE QUESTIONS FOR DEBRIEFING** | | | |
|  | | | |
| **FACILITATOR REVIEW** | | | |
|  | | | |

# SECTION VIII ASSESSMENT AND EVALUATION

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| **ASSESSMENT/ EVALUATION**  To obtain more genuine and objective feedback, it's beneficial to conduct a program evaluation rather than relying solely on informal feedback during debriefing discussions. Using retrospective or pre/post questionnaires can help assess changes in learner competence (e.g., "Before this course, how often would you use skill X in situation Y?"). Additionally, consider offering learners supplemental materials, such as cognitive aids, worksheets, or handouts, to reinforce the learning objectives in practical application. |
|  |

# SECTION IX REFERENCES

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| --- |
| **REFERENCES**  Articles, policies, topic best practices, etc. used in the development of case. If case was edited from another source, make sure to include the original case and authors. |
|  |