**Simulation Scenario Template (building inclusive best practice)**

**Section 1: Case Summary**

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| **S****cenario Title.v#:** |  |
| Keywords: |  |
| Brief Description of Case: |  |
| Course ID: |  |
| Sim Zone | [ ]  Zone 1 [ ]  Zone 2 [ ]  Zone 3 [ ]  Zone 4 |

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| **Goals and Objectives** |
| Educational Goal: |  |
| Objectives: (medical or other competency and CRM) |  |
| Consider adding milestones, diversity or longitudinal focus topics (resource links on last page): |  |

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| **Learners, Setting and Personnel** |
| Learners: | [ ]  Fellow | [ ]  Graduate | [ ]  Undergraduate |
| [ ]  APP | [ ]  Nurse | [ ]  Physician | [ ]  Inter-professional (& individual) |
| [ ]  Other Learners:  |  |
| Pre-requisite Knowledge and Skills: |  |
| Location and technology: | [ ]  Sim Lab | [ ]  In Situ | [ ]  EHR Classroom |  |
| [ ]  Other: |  |  |  |
| Numbers of staff and learners: | Instructors: Learners:  |
| SPs: Other embedded participants:  |
| Sim Techs: |
| Purpose | [ ]  Formative [ ]  Summative |
| Time allotted |  |

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| **Scenario Development** |
| Date of Development |  |
| Scenario Developer(s) |  |
| Affiliations/Institutions(s) |  |
| Contact E-mail and cell phone |  |
| iCELS educator |  |
| Date |  |

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| Assessment  |
| Learner: (checklist/quiz/written notes/reflection) |  |
| Modality: [ ]  Paper [ ]  Computer |  |

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| **Pre-brief\*** |
| **Dimension 1: Welcome, Objectives, Expectations and Roles** |
| Clarifies the following:  | What students will do in the simulation |
| Course Objectives | At the conclusion of this simulation learners will be able to: (insert objectives – but don’t give away the answers) ie learners will demonstrate leadership in a simulated resuscitation – write: demonstrate aspects of teamwork non-technical skills  |
| Environment | The simulation is taking place in \_\_\_\_\_ (ex. a medical simulation lab). In this simulation you will interact with a mannequin, clinical equipment and faculty.  |
| Core belief and Basic Assumption, Confidentiality  | Everyone who participates in iCELS simulations deserves respect, has valuable experience, welcomes diversity and is invested in improving outcomes. You are here to improve personally and to improve patient outcomes. The simulation faculty make every effort to maintain a safe environment for learning, meaning we want you to be yourselves, feel supported to take risks in your actions and clinical decision making. We ask that you keep confidential: peer performance and the cases used for the simulation as we will use them for other simulations. Everyone engaging with iCELS deserves respect, brings valuable experience, welcomes diversity, and is invested in improving outcomes. We believe that you are bright, capable and want to do well. In iCELS we make every effort to maintain a supportive environment for learning, meaning we want you to be yourselves, feel safe to take risks in your actions and clinical decision making. We ask that you keep peer performance and the cases used for the simulation confidential as we will use them for other simulations.  |
| Roles & Expectations | I am:  |
| **Dimension 2: Establishes “context”** |
| We will be using a Human Patient simulator (mannequin) today to simulate a patient in the\_\_\_\_\_. The mannequin is plastic and is not a human – but we will do everything we can to make it as real as possible and I ask you to make it as real as possible. Treat this sim lab *as if* it’s the clinical setting and the mannequin is a real patient that can perceive feelings, understand what you say and has family.  |
| **Dimension 3: Attend to logistical details, welcome feedback** |
| The mannequin has chest rise and fall, pulses, eye opening, can be defibrillated and receive CPR. If you have any doubts, please ask but remember to treat the mannequin as if it’s a real patient. In creating this simulation we have worked to be inclusive and avoid bias. If you see opportunities for improvement in any area of this experience please provide us with feedback in a way that is comfortable to you. This could be during the session or using the feedback link on the iCELS website.  |

\*Adapted from the Center for Medical Simulation

**Section 2A: Initial Patient Information** (consider gender identity, body type, race, ethnicity, ability, or other; for elements that may reinforce bias include objective/reason for that demographic and potential impact on this patient’s care)

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| 1. **Patient Chart (consider inclusive characteristics)**
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| Patient Name:  | Age: | Gender: | Weight: |
| Pronunciation:  | Pronouns: | Other: |
| Presenting complaint: |
| Temp: | HR: | BP: | RR: | O2Sat: | FiO2: |
| Cap glucose: | GCS: (E V M ) |
| Other presenting data: (triage note/SBAR/Door note/EHRC documentation)  |
| Allergies:  |
| Past Medical History:  | Current Medications:  |

**Section 2B: Extra Patient Information**

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| **A. Further History (including social history)** |
| *Include any relevant history not included in triage note above. What information will only be given to learners if they ask? Who will provide this information (mannequin’s voice, sim actors, SP, etc.)?* |
| **B. Physical Exam and Review of Systems** |
| *List any pertinent positive and negative findings and symptoms* |
| Cardio:  | Neuro:  |
| Resp:  | Head & Neck:  |
| Abdo:  | MSK/skin:  |
| Other: | Affect:  |

**Section 3: Technical Requirements/Room Vision**

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| **A. Patient and Location** |
| [ ]  Mannequin *(specify age range* [ ]  *infant* [ ]  *child* [ ]  *adult) Location: (ER, ICU, floor)*  |
| [ ]  Standardized Patient  |
| [ ]  Task Trainer |
| [ ]  Hybrid |
| **B. Special Equipment, Room Setup, Required Medications** |
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| **C. Moulage and Costume** |
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| **D. Monitors at Case Onset** |
| [ ]  Patient on monitor with vitals displayed[ ]  Patient not yet on monitor |
| **E. Standardized Patient Demographics (hybrid sim)** |
| (age range, gender identity, body type, race, ethnicity, ability, or other; include objective/reason for that demographic – and consider impact of bias in communication and/or care) |

**Section 4: Sim Actor and Standardized Patients\***

**\*if high SP engagement, consider using an SP template**

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| **Sim Actor 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 unable)* |
| Opening Statement:  |  |
| Follow-up Statement:  |  |
| Information offered spontaneously: |  |
| Information offered with direct questioning:  |  |
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**Section 5: Scenario Progression**

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| **Scenario States, Modifiers and Triggers** |
| Patient State/Vitals | Patient Status | Learner Actions, Modifiers & Triggers to Move to Next State  | Notes for facilitators |
| **1. Baseline State**Rhythm: HR: BP: RR: O2SAT: %T: oC GCS:  | *Is the patient alert? In distress? Seizing? What symptoms do they currently have?* | Expected Learner Actions [ ]  [ ]  [ ]  [ ]  [ ]  [ ] [ ]  | Modifiers*Changes to patient condition based on learner action*--Triggers*For progression to next state*-- |  |
| **2.**  |  | Expected Learner Actions [ ]  [ ]  [ ]  [ ]  [ ]  | Modifiers---Triggers-- |  |
| **3.** |  | Expected Learner Actions [ ] [ ] [ ] [ ] [ ]  | Modifiers---Triggers-- |  |
| **4.**  |  | Expected Learner Actions [ ] [ ] [ ] [ ] [ ]  | Modifiers---Triggers-- |  |

**Appendix A: Laboratory Results**

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| CBC WBC Hgb  PltLytes Na K Cl HCO3 AG Urea Cr GlucoseExtended Lytes Ca Mg PO4 Albumin TSHBlood Gas ([ ]  Venous [ ]  Arterial) pH pCO2 pO2 HCO3 Lactate | Cardiac/Coags Trop D-dimer INR aPTTBiliary AST ALT GGT ALP Bili LipaseTox EtOH ASA Tylenol Dig level OsmolsOther B-HCG |

**Appendix B: imaging, ECGs, X-rays, Ultrasounds and Pictures**

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| *Paste in any auxiliary files required for running the session. Don’t forget to include their source so you can find them later! If using pictures please include skin tones, body habitus or other features that meet inclusive learning objectives.*  |

**Appendix C: Facilitator Key Points & Debriefing Tips**

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| **Three Phases of the Debrief** |
| *Once the learners complete the task bring them back together with welcoming language*  It is time to move to the debrief, which is one of the most important parts of the simulation and will allow you to reinforce learning, ask questions and continue to build.  *Reiterate that* ***self-reflection and emotions are critical to the learning process****.* During the debrief, we will address 3 phases (reaction, understanding and summary). *Review or otherwise reinforce our core belief:* **Everyone engaging with iCELS deserves respect, brings valuable experience, welcomes diversity and is invested in improving outcomes**.  Because I can see what you do, but not why you do it, we use the **advocacy-inquiry model** to support debriefing and learning in simulation. This means I will comment on what I observed, and we will explore the reasons for your behaviors. ***Advocacy****: Comment on what you observed/advocate for your position --* I noticed \_\_\_\_ or I heard you say \_\_\_\_\_\_. I’m concerned about that because \_\_\_\_\_\_\_ or To me it seemed like you were \_\_\_\_\_\_\_\_ ***Inquiry****: Explore the students’ thinking/their drivers or frame of reference –* What do you think was happening then? I can see what you did but not why, can you please share what you were thinking? or I’m curious, now that the timer is off how might you approach that?   |
| **Phase** | **Goals** | **Sample Statements** |
| **Reaction** (Learners often will start to describe the events instead of their reactions. Try to encourage them to discuss their feelings) | Clear the air, set the stage, and gather facts and feelings.  “Emotions before Cognition”  | Please take a few minutes to self-reflect on the \_\_\_\_\_\_ experience. I will ask you to share one word that describes how you feel. How are you feeling? What reactions did you have? Did anyone experience anything unexpected or surprising?  *Follow up to learn more* I heard you say “---------“, can you tell us more about that?  |
| **Understanding** (Summarize the case as a way to move from the reactions phase to understanding).  | Understands at a deeper level what happened.  Most of what you want to discuss may be brought up by the students. Lead discussions about new perspectives, concepts, understandings, skills  | Thank you for sharing your reactions to the \_\_\_\_ experience. We’re going to take \_\_ minutes to talk about the experience – I can see what you did and said, but I don’t know what you were thinking.  I’d like to start with your questions about the case and exercise. *(Let the students identify their questions and answer them or note that they will be discussed as you review the problem in each room of the exercise).*  Since we have \_\_\_ minutes I may need to prioritize the topics and we may not be able to cover them all. Use the Advocacy-Inquiry model described above and in the faculty development video.Let’s discuss some of the objectives that have not come up yet:  List objectives:In the prebrief we shared our intention to be inclusive and avoid bias – if you identified any areas that reinforced bias or missed opportunities to address bias we/I welcome talking about them now if you are comfortable, you can also share them through evaluation and feedback tools |
| **Summary**  | Distill Lessons Learned, +/ Delta, summary, major takeaways    | We are coming to the end of our session together. Do you have any final questions? (If the questions are complex, provide a reference for some independent learning). Ask each student to identify one takeaway and have them share that takeaway with the group. Thank you for being part of our simulation today – please scan the QR code to provide feedback so we can continue to improve. |

**References**

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| 1. 2. 3.  |

 **UMass Chan resources:**