

Scenario Name:**Scenario Synopsis:****Estimated Time:****Set up:****Scenario:****Debrief:****Target Participant Group:****Prerequisites:****Knowledge:****Cognitive Skills:****Psychomotor Skills:****Goal:** Learning and Practice Competency Assessment / Certification
Evaluation Methodology:**Educational Rationale:** Clinical knowledge Patient care Practice-based learning & improvement Teamwork & Communication Professionalism & Interpersonal Communication Systems-based practice**Scenario Objectives:****Cognitive:**

1.

2.

Behavioral (affective):

1.

2.

Psychomotor (Technical):

1.

2.

Personnel Needed:**Number & Roles of Participants:****Other Players:****Room Set-up:** ED/Crit Care Patient Room (non ICU) OB OR Clinic Scene Run In Situ**Supplies:****Documents Avail:** EMR (Epic) Paper Chart EKG Labs Results XRays Other Radiologic EMS Run sheet ED Paperwork H & P Progress Notes MAR Graphics Other**Mannequin:** Laerdal 3G Laerdal Essentials Laerdal VitaSim/MegaCode Kelly Laerdal SimBaby Laerdal SimMan Laerdal MegaCode Kid Gaumard Hal Gaumard 5-year old Gaumard 1-year-old Gaumard Noelle Gaumard Newborn Hal CAE Lucina Tuff Kelly Other_____ Task Trainer_____**Pre-Programmed Scenario Name (if used):****Laerdal:****Gaumard:****CAE:**

Patient Brief:

Brief to Embedded Actor:

Brief to Participant(s):

Equipment Check List

Course #:

Course Name:

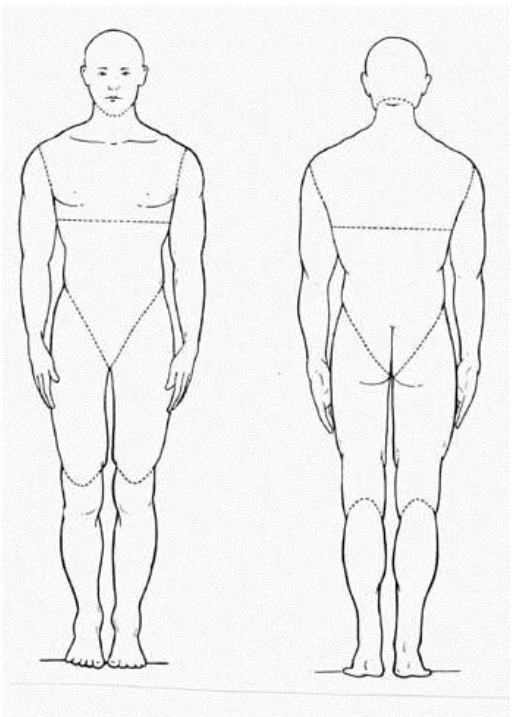
Scenario:

Patient Name:

ID Number:

Date of Birth:

On	Avail		On	Avail		On	Avail	
		Mannequin			Body Fluids			Confederates:
<input type="checkbox"/>		HAL	<input type="checkbox"/>	<input type="checkbox"/>	Sweat	<input type="checkbox"/>	<input type="checkbox"/>	Name badges
<input type="checkbox"/>		Noelle	<input type="checkbox"/>	<input type="checkbox"/>	Emesis	<input type="checkbox"/>	<input type="checkbox"/>	Wardrobe
<input type="checkbox"/>		NB HAL			<input type="checkbox"/> Basin <input type="checkbox"/> Chux			Other
<input type="checkbox"/>		Hal 1			Qual			
<input type="checkbox"/>		HAL 5			Quan ml			
<input type="checkbox"/>		3G	<input type="checkbox"/>	<input type="checkbox"/>	Urine			
<input type="checkbox"/>		SimMan Classic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Foley <input type="checkbox"/> Urinal			Mannequin Status
<input type="checkbox"/>		SimBaby			Qual			<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>		Megacode Kelly			Quan ml			Position:
<input type="checkbox"/>		Megacode Kid	<input type="checkbox"/>	<input type="checkbox"/>	Feces	<input type="checkbox"/>	<input type="checkbox"/>	ID bracelet
<input type="checkbox"/>		Other			<input type="checkbox"/> Bag <input type="checkbox"/> Chux			Allergy:
<input type="checkbox"/>		Simulated Pt			Qual			<input type="checkbox"/> Gown
		Monitor			Quan ml			<input type="checkbox"/> Clothes
<input type="checkbox"/>	<input type="checkbox"/>	EKG	<input type="checkbox"/>	<input type="checkbox"/>	Blood			<input type="checkbox"/> Upper:
<input type="checkbox"/>	<input type="checkbox"/>	Pulse ox	<input type="checkbox"/>	<input type="checkbox"/>	Other			<input type="checkbox"/> Lower:
<input type="checkbox"/>	<input type="checkbox"/>	NIBP						<input type="checkbox"/> Feet:
<input type="checkbox"/>	<input type="checkbox"/>	Temp						<input type="checkbox"/> Wig:
<input type="checkbox"/>	<input type="checkbox"/>	Arterial Line						<input type="checkbox"/> Hat:
<input type="checkbox"/>	<input type="checkbox"/>	Central Line			Equipment, Tubes	<input type="checkbox"/>	<input type="checkbox"/>	Glasses:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FloTrac <input type="checkbox"/> PA Cath	<input type="checkbox"/>	<input type="checkbox"/>	NG tube	<input type="checkbox"/>	<input type="checkbox"/>	Dressings:
<input type="checkbox"/>	<input type="checkbox"/>	Ventric	<input type="checkbox"/>	<input type="checkbox"/>	OG tube			
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Foley catheter			
			<input type="checkbox"/>	<input type="checkbox"/>	Rectal tube			
			<input type="checkbox"/>	<input type="checkbox"/>	Gastric lavage			
			<input type="checkbox"/>	<input type="checkbox"/>	PEG / Fdg tube			<input type="checkbox"/> Moulage:
			<input type="checkbox"/>	<input type="checkbox"/>	Epidural catheter			
			<input type="checkbox"/>	<input type="checkbox"/>	Chest tube			
			<input type="checkbox"/>	<input type="checkbox"/>	Other			
		Oxygen			Equipment, Other			
<input type="checkbox"/>	<input type="checkbox"/>	None			Glucometer			
<input type="checkbox"/>	<input type="checkbox"/>	Nasal cannula@			iSTAT			
<input type="checkbox"/>	<input type="checkbox"/>	NRB Mask @ %	<input type="checkbox"/>	<input type="checkbox"/>	Cervical Collar			
<input type="checkbox"/>	<input type="checkbox"/>	Venturi @ %	<input type="checkbox"/>	<input type="checkbox"/>	Backboard			
<input type="checkbox"/>	<input type="checkbox"/>	BiPAP	<input type="checkbox"/>	<input type="checkbox"/>	Emesis basin			
<input type="checkbox"/>	<input type="checkbox"/>	Intubated	<input type="checkbox"/>	<input type="checkbox"/>	Hare traction			
<input type="checkbox"/>	<input type="checkbox"/>	Trach	<input type="checkbox"/>	<input type="checkbox"/>	Dishes			
<input type="checkbox"/>	<input type="checkbox"/>	Vent: Mode: Rate			Other			
		FiO ₂ PEEP			Mouth swab			
<input type="checkbox"/>	<input type="checkbox"/>	Other:						
					Procedures			
					Needle thoracostomy	<input type="checkbox"/>	<input type="checkbox"/>	
					Chest Tube	<input type="checkbox"/>	<input type="checkbox"/>	
					Pericardiocentesis	<input type="checkbox"/>	<input type="checkbox"/>	
					LP	<input type="checkbox"/>	<input type="checkbox"/>	
					Central line	<input type="checkbox"/>	<input type="checkbox"/>	
					Other	<input type="checkbox"/>	<input type="checkbox"/>	
		Intubation Equip.						
	<input type="checkbox"/>	ETT sizes -						
	<input type="checkbox"/>	Blades -						
	<input type="checkbox"/>	Handle						
	<input type="checkbox"/>	ET introducer/Bougie						
	<input type="checkbox"/>	Suction						
	<input type="checkbox"/>	BVM						
	<input type="checkbox"/>	<input type="checkbox"/> OPA <input type="checkbox"/> NPA						
	<input type="checkbox"/>	ETCO ₂ detector						
	<input type="checkbox"/>	Bulb detection device						



On	Avail	IV access	On	Avail	Cardiovascular	On	Avail	Narcotic/Analgesics
<input type="checkbox"/>		None			<i>Anti-arrhythmic</i>	<input type="checkbox"/>	<input type="checkbox"/>	Fentanyl 50 mcg/mL
<input type="checkbox"/>	<input type="checkbox"/>	Saline lock		<input type="checkbox"/>	Adenosine 3 mg/mL	<input type="checkbox"/>	<input type="checkbox"/>	Morphine 1 mg/mL
<input type="checkbox"/>	<input type="checkbox"/>	IO	<input type="checkbox"/>	<input type="checkbox"/>	Amiodarone 30 mg/mL	<input type="checkbox"/>	<input type="checkbox"/>	Dilaudid
<input type="checkbox"/>	<input type="checkbox"/>	PICC		<input type="checkbox"/>	Atropine 0.4 mg/mL		<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	TL Central line		<input type="checkbox"/>	Digoxin 0.25 mg/mL		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Umbilical	<input type="checkbox"/>	<input type="checkbox"/>	Lidocaine 1 mg/mL		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	IVF	<input type="checkbox"/>	<input type="checkbox"/>	Procainamide 500 mg/mL			Sedative/Hypnotic
		Rate mL/hr				<input type="checkbox"/>	<input type="checkbox"/>	Diazepam 2 mg/mL
<input type="checkbox"/>	<input type="checkbox"/>	IVF			<i>Beta-blocker</i>	<input type="checkbox"/>	<input type="checkbox"/>	Lorazepam 1 mg/mL
		Rate mL/hr	<input type="checkbox"/>	<input type="checkbox"/>	*Esmolol 10 mg/mL	<input type="checkbox"/>	<input type="checkbox"/>	Midazolam 1 mg/mL
<input type="checkbox"/>	<input type="checkbox"/>	IVF	<input type="checkbox"/>	<input type="checkbox"/>	Labetalol 5 mg/mL			
		Rate mL/hr	<input type="checkbox"/>	<input type="checkbox"/>	Metoprolol 1 mg/mL			Induction
			<input type="checkbox"/>	<input type="checkbox"/>	Propranolol 1 mg/mL	<input type="checkbox"/>	<input type="checkbox"/>	Etomidate 2 mg/mL
						<input type="checkbox"/>	<input type="checkbox"/>	Ketamine 50 mg/mL
<input type="checkbox"/>	<input type="checkbox"/>	Blood product--			<i>ACE Inhibitor</i>	<input type="checkbox"/>	<input type="checkbox"/>	Midazolam 1 mg/mL
			<input type="checkbox"/>	<input type="checkbox"/>	Captopril	<input type="checkbox"/>	<input type="checkbox"/>	Pentobarbital 25 mg/mL
			<input type="checkbox"/>	<input type="checkbox"/>	*Enalaprilat	<input type="checkbox"/>	<input type="checkbox"/>	Propofol 10 mg/mL
			<input type="checkbox"/>	<input type="checkbox"/>	*Lisinopril	<input type="checkbox"/>	<input type="checkbox"/>	Thiopental 25 mg/mL
					<i>Calcium channel blocker</i>			
			<input type="checkbox"/>	<input type="checkbox"/>	Diltiazem 5 mg/mL			
			<input type="checkbox"/>	<input type="checkbox"/>	*Nifedipine			Paralytic
			<input type="checkbox"/>	<input type="checkbox"/>	*Nimodipine	<input type="checkbox"/>	<input type="checkbox"/>	Atracurium 10 mg/mL
			<input type="checkbox"/>	<input type="checkbox"/>	Verapamil 2.5 mg/mL	<input type="checkbox"/>	<input type="checkbox"/>	Cisatracurium 2 mg/mL
						<input type="checkbox"/>	<input type="checkbox"/>	Pancuronium 1 mg/mL
					<i>Inotrope/Pressor</i>	<input type="checkbox"/>	<input type="checkbox"/>	Rocuronium 10 mg/mL
		Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	Ephedrine	<input type="checkbox"/>	<input type="checkbox"/>	Succinylcholine 20 mg/mL
<input type="checkbox"/>	<input type="checkbox"/>	*albuterol	<input type="checkbox"/>	<input type="checkbox"/>	Epinephrine	<input type="checkbox"/>	<input type="checkbox"/>	Vecuronium 1 mg/mL
<input type="checkbox"/>	<input type="checkbox"/>	Calcium chloride 10 mg/mL	<input type="checkbox"/>	<input type="checkbox"/>	isoproterenol	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	*Calcium gluconate	<input type="checkbox"/>	<input type="checkbox"/>	norepinephrine			
<input type="checkbox"/>	<input type="checkbox"/>	*Digibind	<input type="checkbox"/>	<input type="checkbox"/>	phenylephrine			
<input type="checkbox"/>	<input type="checkbox"/>	*D50	<input type="checkbox"/>	<input type="checkbox"/>	Dopamine			Reversal Agents
<input type="checkbox"/>	<input type="checkbox"/>	*D25	<input type="checkbox"/>	<input type="checkbox"/>	dobutamine	<input type="checkbox"/>	<input type="checkbox"/>	Edrophonium 10 mg/mL
<input type="checkbox"/>	<input type="checkbox"/>	*D10				<input type="checkbox"/>	<input type="checkbox"/>	Flumazenil 0.1 mg/mL
<input type="checkbox"/>	<input type="checkbox"/>	*furosemide 10mg/mL			<i>Anti-hypertensive</i>	<input type="checkbox"/>	<input type="checkbox"/>	Glycopyrrolate
<input type="checkbox"/>	<input type="checkbox"/>	*Insulin	<input type="checkbox"/>	<input type="checkbox"/>	Nitroglycerin	<input type="checkbox"/>	<input type="checkbox"/>	Naloxone 1 mg/mL
<input type="checkbox"/>	<input type="checkbox"/>	*Magnesium sulfate	<input type="checkbox"/>	<input type="checkbox"/>	Nitroprusside	<input type="checkbox"/>	<input type="checkbox"/>	Neostigmine 1 mg/mL
<input type="checkbox"/>	<input type="checkbox"/>	*Mannitol						
<input type="checkbox"/>	<input type="checkbox"/>	Na bicarbonate 1 mEq/mL						
<input type="checkbox"/>	<input type="checkbox"/>	*Solu-Cortef 125 mg/mL						Anti-emetic
						<input type="checkbox"/>	<input type="checkbox"/>	Droperidol 2.5 mg/mL
						<input type="checkbox"/>	<input type="checkbox"/>	Prochlorperazine
						<input type="checkbox"/>	<input type="checkbox"/>	Ondansetron

HealthPartners Clinical Simulation

History & Physical/Patient Information

Name:

DOB:

ID:

Date of Evaluation: HD 1 (Day of admission)

Chief Complaint:

History of Present Illness:

Past Medical History:

Baseline Vital Signs:

B/P HR RR T

Past Surgical / Anesthetic History:

Current Medications:

Allergies:

Social/Family History:

Review of Systems:

General:

HEENT:

Neck:

Pulmonary:

Cardiovascular:

CNS:

GI/GU/Hepatic:

Endocrine:

Heme/Coag:

Reproductive:

Skin:

Physical Examination:

General:

Weight, Height:

Vital Signs:

CNS/Neuro:

HEENT:

Neck:

Lungs:

Heart:

Abd:

Extremities:

Skin:

Wound:

Other:

Assessment:

Plan:

Signed:

Patient Status	Trigger Conditions	Mannequin settings Operator	Dialogue Statements:	Additional info if asked	Learner Actions	Teaching Points
Baseline:						
Presentation:		B/P HR RR T O2 Sats Eyes Other	•		Correct: Incorrect:	
Stage 1:			•		Correct: Incorrect:	
	TRIGGER 1:	B/P HR RR T O2 Sats Eyes Other	•			
	TRIGGER 2:	B/P HR RR T O2 Sats Eyes Other	•			
Stage 2:			•		Correct: Incorrect:	
	TRIGGER 1:	B/P HR RR T O2 Sats Eyes Other	•			

	TRIGGER 2:	B/P HR RR T O2 Sats Eyes Other	•			
Stage 3:			•		Correct: Incorrect:	
	TRIGGER 1:	B/P HR RR T O2 Sats Eyes Other	•			
	TRIGGER 2:	B/P HR RR T O2 Sats Eyes Other	•			
Stage 4:			•		Correct: Incorrect:	
	TRIGGER 1:	B/P HR RR T O2 Sats Eyes Other	•			
	TRIGGER 2:	B/P HR RR T O2 Sats Eyes Other	•			

Debriefing Guide:

Sample Guiding/Leading Questions:

1. How did that feel?
2. What do the participants feel went well?
3. What do the viewers feel went well?
4. What did you notice when you walked into the room? / How did the scenario start?
5. What were your immediate concerns upon assessing the patient?
6. What was your thought process?
7. What was going on?
8. What cues were you picking up on?
9. What critical decisions or interventions did you make?
10. What were the pros of those critical actions or interventions?
11. What were the cons of those critical actions or interventions?
12. What are the standards for this procedure or event?
13. What helped or prevented the achievement of standards?
14. What were the roles?
15. Was there an identified leader?
16. Did the leadership role change?
17. Was the communication effective?
18. What made the communication effective or ineffective?
19. What would you do differently next time?

References