

Scenario Name:

Scenario Synopsis: **A brief overview of the whole scenario and how it will unfold including the end point.**

Estimated Time: **Set up:** **Scenario:** **Debrief:**

Target Participant Group: **Who is the participant group (ie. Interprofessional, physician, nurse, etc)?**

Prerequisites:
Knowledge:
Cognitive Skills:
Psychomotor Skills:

Goal: Learning and Practice Competency Assessment / Certification
Evaluation Methodology:

Educational Rationale: Clinical knowledge Patient care Practice-based learning and improvement, Teamwork
 Professionalism and Interpersonal Communication Systems-based practice

Scenario Objectives: **After completing the simulation, the participant will have accomplished the identified objectives.**

Broad objectives specific to the simulation (Fink's or Blooms Taxonomy as a resource).

Cognitive:

Psychomotor:

Behavioral:

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: **See Equipment list**

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 SimMan Laerdal SimBaby Laerdal MegaCode Kid
 Gaumard Hal Gaumard 5Yr old Gaumard 1Yr old
 Gaumard Noelle Gaumard NB Hal CAE Lucina

Include what each member would need to know to act realistically in their patient/confederate in the scenario. This is to include: (1) how do they sound (angry, sad, or scared), (2) how they will act (confused, helpful, not helpful), and (3) examples of what to say.

Patient Brief: The patient is feeling

 He will get

 He will begin to

 He will proceed to

 He denies any

Embedded Actor:

This includes examples of what the MD might order.

In addition, it is important to describe behavioral roles of the confederates. For example, are they helpful, not helpful, distracting, or important to convey information to overcome simisms?

Brief to Participant(s):

The report provided to the participant as if they were receiving a handoff. Examples are at change of shift or a transfer from another medical area.

Equipment Check List

Course #:

Course Name:

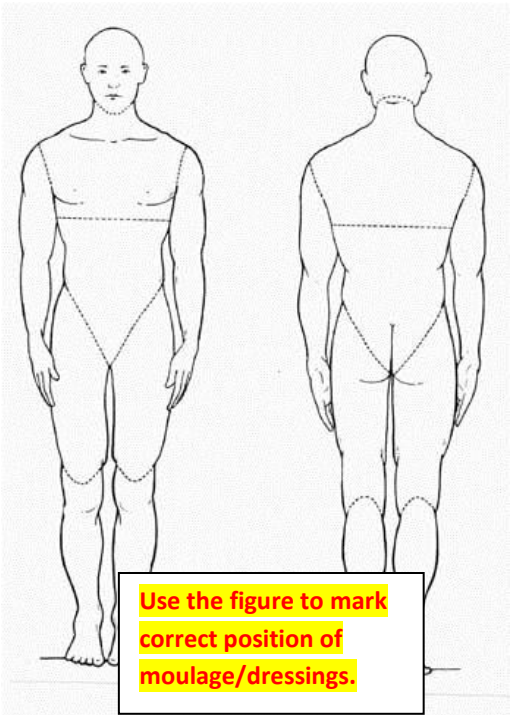
Scenario:

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"/>		MegaCode Kelly			<input type="checkbox"/> Basin <input type="checkbox"/> Chux			Other
<input type="checkbox"/>		METI HPS			Qual			
<input type="checkbox"/>		HAL 5			Quan ml			
<input type="checkbox"/>		METI Peds	<input type="checkbox"/>	<input type="checkbox"/>	Urine			
<input type="checkbox"/>		MegaCode Kid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Foley <input type="checkbox"/> Urinal			Mannequin Status
<input type="checkbox"/>		Newborn HAL			Qual			<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>		SimBaby			Quan ml			Position:
<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	Feces	<input type="checkbox"/>	<input type="checkbox"/>	ID bracelet
<input type="checkbox"/>		Standardized Pt			<input type="checkbox"/> Bag <input type="checkbox"/> Chux			Allergy:
					Qual	<input type="checkbox"/>		<input type="checkbox"/> Gown
		Monitor			Quan ml	<input type="checkbox"/>		<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"/>	<input type="checkbox"/>	Epidural catheter	<input type="checkbox"/>		Moulage:
			<input type="checkbox"/>	<input type="checkbox"/>	Chest tube			
			<input type="checkbox"/>	<input type="checkbox"/>	Other			
		Oxygen						
<input type="checkbox"/>	<input type="checkbox"/>	None			Equipment, Other			
<input type="checkbox"/>	<input type="checkbox"/>	Nasal cannula@			Glucometer			
<input type="checkbox"/>	<input type="checkbox"/>	NRB Mask @ %			iSTAT			
<input type="checkbox"/>	<input type="checkbox"/>	Venturi @ %	<input type="checkbox"/>	<input type="checkbox"/>	Cervical Collar			
<input type="checkbox"/>	<input type="checkbox"/>	BiPAP	<input type="checkbox"/>	<input type="checkbox"/>	Backboard			
<input type="checkbox"/>	<input type="checkbox"/>	Intubated	<input type="checkbox"/>	<input type="checkbox"/>	Emesis basin			
<input type="checkbox"/>	<input type="checkbox"/>	Trach	<input type="checkbox"/>	<input type="checkbox"/>	Hare traction			
<input type="checkbox"/>	<input type="checkbox"/>	Vent: Mode: Rate			Dishes			
		FiO ₂ PEEP	<input type="checkbox"/>	<input type="checkbox"/>	Other			
<input type="checkbox"/>	<input type="checkbox"/>	Other:			Mouth swab			
		Intubation Equip.			Procedures			
	<input type="checkbox"/>	ETT sizes -	<input type="checkbox"/>	<input type="checkbox"/>	Needle thoracostomy			
	<input type="checkbox"/>	Blades -	<input type="checkbox"/>	<input type="checkbox"/>	Chest Tube			
	<input type="checkbox"/>	Handle	<input type="checkbox"/>	<input type="checkbox"/>	Pericardiocentesis			
	<input type="checkbox"/>	ET introducer/Bougie	<input type="checkbox"/>	<input type="checkbox"/>	LP			
	<input type="checkbox"/>	Suction	<input type="checkbox"/>	<input type="checkbox"/>	Central line			
	<input type="checkbox"/>	BVM	<input type="checkbox"/>	<input type="checkbox"/>	Other			
	<input type="checkbox"/>	<input type="checkbox"/> OPA <input type="checkbox"/> NPA	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	ETCO ₂ detector	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	Bulb detection device	<input type="checkbox"/>	<input type="checkbox"/>				



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 ° O2 Sats

Past Surgical / Anesthetic History:

Current Medications:

Allergies:

Social/Family History:

Review of Systems: What the patient would verbalize (subjective data such as complaints, statements, etc. or what has been previously documented in patient's record) If normal or no complaints, use "Unremarkable".

General:
HEENT:
Neck:
Pulmonary:
Cardiovascular:
CNS:
GI/GU/Hepatic:
Endocrine:
Heme/Coag:
Reproductive:
Skin:

Physical Examination: Actual physical assessment of the patient. Include normal or abnormal diagnostic and lab results.

General:
Weight, Height:
Vital Signs:
CNS/Neuro:
HEENT:
Neck:
Lungs:
Heart:
Abd:
Extremities:
Skin:
Wound:
Other:

Assessment:

What is the potential diagnosis for this patient?

Plan:

What is the plan of treatment and disposition for this patient?

Signed:

Patient Status	Trigger Conditions	Mannequin settings Operator	Dialogue Statements:	Additional info if asked	Learner Actions	Teaching Points
<p>Baseline: Summary of the patient information. This is to include the patient's name and date of birth.</p>		<p>A description of the mannequin and room appearance when the participants enter.</p>	<p>Examples of how the confederates can respond and act during the Stage or to the triggers. (i.e. getting more agitated, dizzy, confused, scripted questions, scripted orders, etc.)</p>	<p>Information to overcome simisms. Examples: Edema, Pain 9/10, Cool/warm, Lab results, Blood Glucose</p>		<p>Questions in this box that address the teaching points to highlight through the debriefing process. The answers will be included in the debriefing session notes.</p>
<p>Presentation: How will the patient be acting at the start of the case? (ex. c/o coughing, pain).</p>		<p>B/P HR RR T ° O2 Sats</p> <p>Rhythm: Lungs Eyes Cyanosis</p>			<p>Correct: Expected correct actions for this Stage of the scenario.</p> <p>Incorrect: Possible incorrect actions.</p>	
<p>Stage 1: What is the change in the scenario/patient</p>	<p>TRIGGER 1: Participants expected action</p>	<p>The changes that will occur on the monitor or to the mannequin.</p>			<p>Correct:</p> <p>Incorrect:</p>	
	<p>TRIGGER 2: Omission or failure of expected action</p>	<p>The changes that will occur on the monitor or to the mannequin.</p>				

Stage 2:					Correct: Incorrect:	
	TRIGGER 1:					
	TRIGGER 2:					
Stage 3:					Correct: ○	
	TRIGGER 1:					
	TRIGGER 2:					
Stage 4:					Correct: ○	
	TRIGGER 1:					
	TRIGGER 2:					

Debriefing Guide:

Guiding/Leading questions:

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

Teaching Points

Put the questions in this box. **The questions should be in Bold.**
Also add the answers for each question. The answers will be in normal font

This will be utilized as a tool for the facilitators during the debrief process.

Include references for information in APA format.

References

List reference information that contributed to the scenario – especially the correct/critical actions and debriefing points. Include articles, organizational policies, citations from text books, etc.