**Clinical Simulation Scenario Template [SHORT Version]**

***Warning: Consider carefully what information can be shared with the participants***

**1. SCENARIO OVERVIEW**

|  |  |  |
| --- | --- | --- |
| **Scenario Name** (Give a meaningful name) | | **Reference** (if applicable) |
| Click here to add text | | Click here to add text |
| **Developed by** (names, date, institution and contact): | | **Last Updated by** (names, date): |
| Click here to add text. Click on “+” to add content. | | Click here to add text |
| **Staff and Roles** (indicate names, number and role; Do NOT include participants here) | | |
| Technicians | *E.g. #1 as simulator operator*  Click to add text | |
| Instructors | *E.g. #2 as facilitators* Click to add text | |
| Standardized patients/relatives/HCP\* | *E.g. #1 confederate as surgeon* Click to add text | |
| Others | Click to add text | |

*\*HCP – healthcare personal*

**2.CURRICULUM INTEGRATION**

|  |  |  |
| --- | --- | --- |
| **Participants profile** (include number and level) | | **Pre-requisite(s)** (if applicable) |
| Click here to add text | | Click here to add text |
| **Learning Objectives** | | |
| Clinical/Technical Skills | Non-Technical Skills (NTS) | |
| Click here to add text | Click here to add text | |

**3. PREPARATION OF THE SETTING (environment)**

*For sequential simulation, or if more than one room is used in the scenario, duplicate all tables in this section, as needed. Adjust content tables to local standards. Add pictures of the setting, if possible.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Location** | | | | | | **Time of Day/Hour** |
| Pre-hospital | Transport | | Emergency Room | Operating theater | | Specify here |
| Post-op Unit | ICU | | Ward | Consultation office | |
| Other: *E.g. In-Situ* Click here to specify | | | | | |
| **Simulation Modality** For hybrid simulation select all modalities used | | | | | | |
| Standardized Patients #\_\_ | | Standardized healthcare personal #\_\_ | | | Standardized relatives #\_\_ | |
| Task-trainers #\_\_ | | Computer-based #\_\_ | | | VR/AR #\_\_ | |
| Full-body simulators #\_\_ | | Telesimulation Specify here the equipment needed | | | | |
| Other: Specify here | | | | | | |

**4. PREPARATION OF PATIENT(S) AND OTHER INTERVENIENT**

*Add as many* ***Individual Preparation*** *modules as needed. Note that “Patient” module is different from “other intervenient” module. Add pictures, if possible.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Individual Preparation – *Patient*** | | | | | | | |
| Type | SP  Simulator  Other Specify here | | | Monitor | No monitor  Monitor on, no signs  Monitor on, signs displayed Specify here | | |
| Name | | | Gender/Ethnic | | | Hospital Number/ID | |
| Click here to add text | | | Click here to add text | | | Click here to add text | |
| Date of birth/Age | | | Weight (Kg) | | | Height (cm) | |
| Click here to add text | | | Click here to add text | | | Click here to add text | |
| Present complaint(include onset and evolution of illness) | | | | | | | |
| Click here to add text | | | | | | | Information is presented:  Select option |
| Past medical history (relevant for the case) | | | | | | | |
| Known diseases | | Click here to add text | | | | | Information is presented:  Select option |
| Medication | | Click here to add text | | | | | Information is presented:  Select option |
| Known allergies | | Click here to add text | | | | | Information is presented:  Select option |
| Social/familiar history | | Click here to add text | | | | | Information is presented:  Select option |
| Other  (e.g. DNR) | | Click here to add text | | | | | Information is presented:  Select option |
| Characterization/specific features(e.g. *moulage*, clothing) | | | | | | | |
| *E.g. Wearing hospital gown; monitored with NIBP and SPO2; IV acess on left arm; nasal prong with O2 at 5L/min*; *Wound on the forehead;*  Click here to add text | | | | | | | |
| Instructions(e.g. behavior, complaints, specific verbal cues, etc) | | | | | | | |
| *E.g. Very upset, complaining of the delayed consultation; Specifically indicate that “I am here since morning, I didn’t even have lunch.”* Click here to add text | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Individual Preparation – *Other intervenient (e.g. family members)*** | | | |
| Type | SP  Simulator  Other Specify here | Role | Specify here |
| Name | | Relevant information | |
| Click here to add text | | Click here to add text | |
| Characterization/specific features(e.g. *moulage*, clothing) | | | |
| Click here to add text | | | |
| Instructions(e.g. behavior, complaints, specific verbal cues, etc) | | | |
| Click here to add text | | | |

**5. BRIEFING OF THE SIMULATION ENVIRONMENT**

***Note: This section is to be shared with participants***

*Remove/simplify this section if participants are familiarized with the simulation environment*

|  |  |
| --- | --- |
| **Room Briefing** | |
| Equipment/Material location and functions | Click here to add text |
| **Simulator/SP Briefing** | |
| Can do | *E.g. Can be monitored* Click here to add text |
| Cannot do | *E.g. Cannot be intubated* Click here to add text |
| Cues from outside | *E.g. Skin color will be provided by the instructor; blood gases will appear in the monitor*  Click here to add text |
| **Environment briefing** | |
| Expect vs reality | *E.g. Use of “magic drugs” instead of real drugs* Click here to add text |
| Basic simulation rules  (if not previously introduced) | *E.g. Fictional contract, relevant learning environment*  Click here to add text |

**6. CASE BRIEFING**

***Note: This section is to be shared with participants***

|  |
| --- |
| **Disclosure**  *If faculty/confederates have specific roles in the scenario* |
| *E.g. “I (instructor) will be in the scenario as a nurse assistant; Consider me a member of your team, and treat me as you would treat a colleague nurse.”*  Click here to add text |

|  |  |
| --- | --- |
| **Participants and Roles** | **Briefing** |
| *E.g. Team receiving the patient; 1 specialist (team leader) and 2 residents* Click here to add text | *E.g. Patient registry, specific data/information; Use relevant data from the* ***Individual preparation*** *module;* Click here to add text |
| *E.g. Emergency team - 1 anesthesiologist;*  Click here to add text | *E.g. Wait in the staff room. You may receive a call through that phone.*  Click here to add text |

**7. SCENARIO PROGRESSION AND PROMPTS**

*Add/remove signals/signs relevant to the scenario, as needed. Add as many stages, as needed. Patient charts, lab results, imagology and other medical documentation should be included at the end of this section, preferably in a print-ready format (each document on a separate page). If using multiple patients, duplicate this section.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Simulator name** (if applicable) | Click here to add text | **File name** (if applicable) | Click here to add text |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Vital Signals** | **Physical Signs** | **Notes and speech lines** (for the operator/technician) | **Triggers to change states** (time or action based) | **Other notes and cues** |
| **Baseline (initial)** | NIBP: E.g. 110/65 mmHg  SatO2: E.g. 97 %  HR: E.g. 73 bpm  ECG: E.g. sinus (lead II)  Click on “+” to add signals | RR: E.g. 12  Resp. sounds: E.g. normal, bilateral  Cardiac sounds: E.g. normal  Pulses: E.g. present and palpable  Eyes: E.g. open and blinking  Pupils: E.g. symmetric, normal reactivity to light  Click on “+” to add signs | E.g. “I am feeling well.”  E.g. If sedated, do not reply.  E.g. Show X-Ray, if requested  Click on “+” to add note/line | E.g. After 1 min go to state 1  E.g. If monitored, go to state 2 | E.g. Nurse (confederate) indicates rash on the chest  E.g. If requested blood, send it to the room after 3-4 min  Click on “+” to add note/cue |
| **State 1** | Copy/Paste (from previous stage) the signals that were altered. Add others, as needed. | Copy/Paste (from previous stage) the signs that were altered. Add others, as needed. | Click here to add text | Click here to add text | Click here to add text |
| **State 2** | Copy/Paste (from previous stage) the signals that were altered. Add others, as needed. | Copy/Paste (from previous stage) the signals that were altered. Add others, as needed. | Click here to add text | Click here to add text | Click here to add text |
| **Final** | Copy/Paste (from previous stage) the signals that were altered. Add others, as needed. | Copy/Paste (from previous stage) the signals that were altered. Add others, as needed. | Click here to add text | Click here to add text | Click here to add text |

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| **Scenario life-savers** (if applicable) | | | |
| “Too Fast” Resolution | “Too Slow” Resolution | Wrong interpretation | Other |
| *E.g. Second problem arises* Click here to add text | *E.g. Relative or phone call provides information*  Click here to add text | *E.g. Offered information by confederate. E.g. Time-out and review the case.*  Click here to add text | Click here to add text |

**8. DEBRIEFING AID**

*Observation/Assessment tools should be added as a separate, print-ready page. Add as many Key moments/Expected actions as needed. Adjust table as needed.*

|  |  |
| --- | --- |
| **Clinical/Technical Skills** | **Non-Technical Skills (NTS)** |
| Copy/Paste from Page 1. Add others that may have emerged during the scenario. | Copy/Paste from Page 1. Add others that may have emerged during the scenario. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Key moments** | **Expected actions** | **Element(s)** | **Timing/Order**  **of actions** | **Notes** |
| **Baseline** | *E.g. Patient assessment* Click here to add text | *E.g. ABCDE approach* Click here to add text | *E.g. Team leader requested; XX executed;* Click here to add text | *E.g. 1. ABC – OK D- absent; E- incompl;* Click here to add text | *E.g. Directed requests; No closing loop;* Click here to add text |
|  |  |  |  |
|  |  |  |  |
| **State 1** | Click here to add text | Click here to add text | Click here to add text | Click here to add text | Click here to add text |
|  |  |  |  |
|  |  |  |  |
| **State 2** | Click here to add text | Click here to add text | Click here to add text | Click here to add text | Click here to add text |
|  |  |  |  |
|  |  |  |  |
| **Final** | Click here to add text | Click here to add text | Click here to add text | Click here to add text | Click here to add text |
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