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| SECTION I: SCENARIO OVERVIEW | | | | | | | | | | | | | | |
| * Yes * No | | Scenario Title, Authors & credentials | | | * Yes * No | Original date  Validation level/Revision date | | | | * Yes * No | | | Estimated time Target group  Brief summary of case | |
| SECTION II: CURRICULAR INTEGRATION | | | | | | | | | | | | | | |
| Learning Objectives | | | | | | | | | | | | | | |
| * Yes * No | Primary Objectives | | * Yes * No | Secondary Objectives | | | * Yes * No | Critical Elements | | | * Yes * No | QSEN, TeamSTEPPS Competencies Practice Specialty Competencies | | |
| Evidence Base | | | * Yes * No | Citation in APA format | | | | | | | | | | |
| * Clinical Expert Review | | | Signatures | | | | | | | Comments | | | | |
| * Pharmacology Review | | |  | | | | | | |
| * Simulation Expert Review | | |  | | | | | | |
| Pre-Scenario Learner Activities | | | | | | | | | | | | | | |
| * Pre-scenario assignments appropriate for learners at program level * Learner resources clearly identified prior to simulation * Knowledge, Skills and Attitude competencies identified | | | | | | | | | | | | | | |
| General Debriefing Plan | | | | | | | | | | | | | | |
| * Yes * No | | Debriefing method specified | | | * Yes * No | Debriefing guidelines and groundrules available | | | | * Yes * No | | | Suggested debriefing questions | |
| Scenario Data | | | | | | | | | | | | | | |
| * Core concepts included | | | | | * Patient Safety * Leadership/Delegation | | | | * Communication * Priority Setting | | | | | * Cultural Diversity * Patient Teaching |
| * QSEN/IOM competencies included * Team*STEPPS* competencies included | | | | | * Safety * Patient Centered Care | | | | * Quality Improvement * Communication | | | | | * Teamwork/Collaboration * Informatics |
| * Scenario plausible (realistic) | | | | | * Origin of case scenario | | | | * Case data appropriate | | | | | * Medications appropriate |
| * Critical Thinking/Decision Making skills required appropriate to level | | | | | | | | | * Lab results appropriate | | | | | * Dosages accurate |

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| SCENARIO SCRIPT | | | | | | | | | | | | | | | | | |
| CASE SUMMARY - Sufficient data to present overview to those running scenario | | | | | | | | | | | | | | Yes | | No | |
| CONTEXTUAL DETAILS - Scenario cues/triggers based on desired outcomes | | | | | | | | | | | | | | Yes | | No | |
| SCENARIO CAST - SPECIFICATIONS | | | | | | | | | | | | | | | | | |
| Type of Simulator specified | * Yes | | * No | Learner Roles specified | | | * Yes | | * No | Confederate (Actor) Roles/Script included | | | | * Yes | | * No | |
| PATIENT PROFILE | | | | | | | | | | | | | | | | | |
| Sufficent information for realistic scenario | | | | | | | * Yes | | * No | Comments: | | | | | | | |
| SIMULATION TEAM INFORMATION | | | | | | | | | | | | | | | | | |
| BASELINE SIMULATOR STATE DATA COMPLETE | | | | | | | | | | | | | | | | | |
| * Physical appearance | | * VS Monitor display | | | | IV lines | | | Non-invasive monitors | | | Other simulator monitors | | | | | |
| SIGNIFICANT MISSING DATA: (Specify) | | | | | | | | | | | | | | | | | |
| ENVIRONMENT, EQUIPMENT, ESSENTIAL PROPS COMPLETE | | | | | | | | | | | | | | | | | |
| * Setting specified | | * Confederate placement with triggers identified | | | | | | * Essential equipment specified to be available | | | | | * Respiratory therapy equipment/devices specified | | | | |
| * Essential props with triggers identified | | * Documentation forms specified with data | | | | | | * Medications available with correct/incorrect options if specified | | | | | * IV delivery systems available with correct/incorrect options | | | | |
| RUNNING THE SCENARIO | | | | | | | | | | | | | | | | | |
| CASE FLOW/TRIGGERS/SCENARIO DEVELOPMENT STATES | | | | | | | | | | | | | | | | | |
| * Sufficient detail in each case flow section | | | | | * Debriefing points identified | | | | | | * Learner Actions clearly identified | | | | | | |
| * Resources available to run the scenario | | | | | * Programming complexity at sim staff level | | | | | | * Sufficient detail for non-authors to run scenario | | | | | | |
| RECOMMENDATIONS: | | | | | | | | | | | | | | | | | |
| VALIDATION LEVEL | | | | | READINESS FOR PILOT TESTING | | | | | | | | | | * Yes | | * No |
| * Recommendations: | | | | | | | | | | | | | | | | | |