



**California Simulation Alliance (CSA)
Simulation Scenario Template
Leadership Specialty**

The California Simulation Alliance (CSA) is comprised of simulation users from all disciplines from throughout the state. Several regional collaboratives have formed totaling 7 as of March, 2011: The Rural North Area Simulation Collaborative (RNASC), the Capital Area Simulation Collaborative (CASC), the Bay Area Simulation Collaborative (BASC), the Central Valley Simulation Collaborative (CVSC), the Southern California Simulation Collaborative (SCSC), the Inland Empire Simulation Collaborative (IESC), and the San Diego Simulation Collaborative (SDSC). The CINHC, a non-profit organization focused on workforce development in healthcare provides leadership for the CSA.

The purpose of the California Simulation Alliance (CSA) is to become a cohesive voice for simulation in healthcare education in the state, to provide for inter-organizational research on simulation, to disseminate information to stakeholders, to create a common language for simulation, and to provide simulation educational courses. The goals of the alliance will include providing a home within the CINHC for best practice identification, information sharing, faculty development, equipment/vendor pricing agreements, scenario development, sharing and partnership models. More information can be found on the CSA website at www.californiasimulationalliance.org

All scenarios have been validated by subject matter experts, pilot tested and approved by the CSA before they were published online. All scenarios are the property of the CINHC/CSA. The writers have agreed to release authorship and waive any and all of their individual intellectual property (I.P.) rights surrounding all scenarios. I.P release forms can be obtained by emailing KT Waxman at kt@cinhc.org



SECTION I: SCENARIO OVERVIEW

Scenario Title:	Leadership - Communication
Original Scenario Developer(s):	Christine Delucas
Date - original scenario	August, 2013
Validation:	September 5, 2013 by Dr. KT Waxman
Revision Dates:	
Pilot testing:	September 5, 2013 at the University of San Francisco
Learner Level:	Competent
Estimated Scenario Time: 15 minutes	
Estimated Debriefing time: 30 minutes	
Target group: Middle managers, directors	
Leadership Competencies: Identifying and utilizing the appropriate communication styles and techniques.	
Brief Summary of Case: This scenario presents the learner with the situation in which a senior director/physician is refusing to work with staff. Complains that his requests/orders are not fulfilled in a timely manner or not at all. His patient was transferred to a step down unit in the middle of the night. (Alternate for inter-professional: Director requested that specific supplies be ordered for today and they are not here.) Incorporated into the scenario are communication style, technique, and follow-through.	

EVIDENCE BASE / REFERENCES (APA Format)
Conrad, D. & Newberry, R. (2012). Identification and instruction of important business communication skills for graduate business education. <i>Journal of Education for Business</i> 87, 112-120. doi: 10.1080/08832323.2011.576280
Jureviciene, M., Kaffemaniene, I., & Ruskus, J. (2012). Concept and structural components of social skills. <i>UGDYMAS-Kuno Kutura-Sportas</i> , 3(86), 42-52.
Keyton, J., Caputo, J. M., Ford, E. A., Fu, R., Leibowitz, S. A., . . . Wu, C. (2013). Investigating

verbal workplace communication behaviors. <i>Journal of Business Communication</i> , 50(2), 152-169. doi: 10.1177/0021943612474990
Makoul, G. (2001). The SEGUE Framework for teaching and assessing communication skills. <i>Patient Education and Counseling</i> , 12, 23-34.
Ristic, S. T., Mihailovic, D., Cekerevac, Z., Krmac, E. V., & Salketic, S. (2012). <i>Technic Technologies Education Management</i> , 7(2), 1785-1795.
Tinati, T., Lawrence, W., Ntani, G., Black, C., Cradock, S., Jarman, M., . . .Barker, M. (2012). Implentation of new healthy conversation skills to support lifestyle changes – what helps and what hinders? Experiences of Sure Start Children’s Center staff. <i>Health and Social Care in the Community</i> , 20(4), 430-437. doi: 10.1111/j.1365-2524.2012.01063.x

SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES	
Learning Outcomes	
1. Demonstrate effective communication skills	
2. Utilize leadership strategies in verbal and non-verbal communication	
3. Demonstrate situational leadership techniques	
Specific Learning Objectives	
1. Identify what senses are involved in communication and describe/give examples of how they contribute to effective communication	
2. Recognize at least 5 factors that block effective communication	
3. List the elements of communication	
4. Explain why communication is the commonest root cause of adverse patient outcomes	
5. Recognize verbal and non-verbal cues from the Director/physician that may signal escalation	
Critical Learner Actions	
1. Use at least a combination of 5 verbal and non-verbal communication skills	
2. Communicate effectively in a multi-disciplinary situation	
3. Demonstrate leadership techniques	

B. PRE-SCENARIO LEARNER ACTIVITIES	
Prerequisite Competencies	
Required prior to participating in the scenario	
Knowledge	Skills/ Attitudes
<input type="checkbox"/> Know organization’s communication policies	<input type="checkbox"/> Communication techniques
<input type="checkbox"/> Know organization’s chain of command	<input type="checkbox"/> Communication styles



<input type="checkbox"/> Read assigned readings prior to participating	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SECTION III: SCENARIO SCRIPT

A. Case summary

This scenario presents the learner with the situation in which a senior director/physician is refusing to work with staff. The director/physician complains to the manager that his requests/orders are not fulfilled in a timely manner or not at all. He/she verbalized that yesterday he requested that a patient be ready for discharge upon his arrival this morning only to find out this had not occurred and the patient was transferred to a step-down unit in the middle of the night. (Alternate for inter-professional: Director requested that specific supplies be ordered for today and they are not here.) A staff RN/another employee is standing nearby and overhears the entire conversation.

B. Key contextual details

Dr. Jones orders were in violation of hospital policy as he had not reviewed the patient's lab and radiology results. When the staff tried to contact him, after the third time they called the house superior who requested assistance from the hospitalist after attempting to contact Dr. Jones again. The hospitalist transferred the patient to step-down for observation based upon abnormal lab work. (Alternate: Mr. Jones ordered supplies which were not readily available through customary vendors and exceeded his fiscal authority. The staff attempted to call his home and cell phone three times and left messages. They bumped the order up the chain and have not heard back).

C. Scenario Cast

Leaders/others	X High fidelity simulator	
	<input type="checkbox"/> Mid-level simulator	
	<input type="checkbox"/> Hybrid (Blended simulator)	
	X Standardized patient/actor	
Role	Brief Descriptor (Optional)	Actor/Confederate (A/C) or Learner (L)
Ms. Baines	Manager	L



Dr./Mr. Jones	Physician/Director	A
RN		C

Environment, Equipment, Essential props
Recommend standardized set ups for each commonly simulated environment

1. Scenario setting: (example: office, board room, patient room)
Manager's Office

2. Equipment, supplies, monitors
(In simulation action room or available in adjacent core storage rooms)

X	Table/chairs		Calculator			
X	Computer monitor		Chart			
	Binders	X	Desk			
X	Books	X	Phone			
	Paper					

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario:
Dr./Mr. Jones rushes into Ms. Baines office, unannounced, in angry mode and starts "ranting" about the inept staff and the inability to get anything done. Remains standing over Ms. Baines. Ms. Baines is sitting at her computer when he rushes in. Staff nurse/employee is standing nearby listening.

PARTICIPANT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Ms. Baines	Triggers:	Learner Actions Attempts to de-escalate Dr./Mr. Jones	Debriefing Points: Listens patiently. Gets up from behind desk.
PARTICIPANT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		



<p>2. Dr./Mr. Jones agrees to sit down- continues to loudly voice his complaints</p>	<p>Triggers:</p>	<p>Learner Actions: Ms. Baines continues the de-escalation process.</p>	<p>Debriefing Points: Suggests they sit and discuss more calmly. Maintains composure. Careful not to agree. Eye contact. Gestures consistent with the discussion.</p>
<p>PARTICIPANT STATUS</p>			
<p>3. Ms. Baines</p>	<p>Triggers:</p>	<p>Learner Actions: Requests data, times, etc. Assures she'll follow-up. States timeframe in which she'll get back to Dr./Mr. Jones</p>	<p>Debriefing Points: Remains calm. Continues to paraphrase and/or summarize. Identifies what he is stating as the issue at hand. Obtains information without agreeing that staff were inappropriate.</p>
<p>PARTICIPANT STATUS DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE</p>			
<p>4.</p>	<p>Triggers:</p>	<p>Learner Actions:</p>	<p>Debriefing Points</p>



<p>Scenario End Point: Dr. /Mr. Jones leaves the office.</p>			
<p>Suggestions to decrease complexity: Dr./Mr. Jones comes in more calmly but still complaining.</p> <p>Suggestions to increase complexity: Dr./Mr. Jones refuses to sit and becomes more agitated.</p>			



APPENDIX A: Optional digital images of scenario milieu/set-up

<p>Insert digital photo here</p>	<p>Insert digital photo here</p>
<p>Insert digital photo here</p>	<p>Insert digital photo here</p>



APPENDIX B: DEBRIEFING GUIDE

General Debriefing Plan			
X <input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> With Video	X <input type="checkbox"/> Without Video
Debriefing Materials			
<input type="checkbox"/> Debriefing Guide	<input type="checkbox"/> Objectives	<input type="checkbox"/> Debriefing Points	
Core Leadership Competencies to Consider for Debriefing Scenarios			
X <input type="checkbox"/> Leadership	<input type="checkbox"/> Teamwork/Collaboration	<input type="checkbox"/> Evidence-based leadership	
X <input type="checkbox"/> Communication	<input type="checkbox"/> Human factors	<input type="checkbox"/> Systems thinking	
Sample Questions for Debriefing			
<ol style="list-style-type: none"> 1. How did the experience of (identify the human factor) in leadership feel for you? 2. Did you have the knowledge and skills to meet the learning objectives of the scenario? 3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience? 4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP? 5. How would you handle the scenario differently if you could? 6. In what ways did you feel the need to check the ACCURACY of the data you were given? 7. In what ways did you perform well? 8. What communication strategies did you use to validate the ACCURACY of your information or decisions you and/or you and your team members made/considered? 9. What three factors were most SIGNIFICANT that you will transfer to your leadership/management setting? 10. At what points in the scenario were your leadership actions specifically directed toward PREVENTION of a negative outcome? 11. Discuss how roles and responsibilities might vary under different circumstances. 12. Discuss how current nursing practice continues to evolve in light of new evidence. 13. Consider potential managerial, leadership and organizational risks and how to avoid them. 14. Consider potential patient and personnel risks and how to avoid them. <p>Discuss the leader’s role in design, implementation, and evaluation of information technologies to support management and leadership development.</p>			



Notes for future sessions: