



**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 Scenario: Lateral Violence
Original Scenario Developer(s):	Monica Nguyen MSN-CNS, Sylwia Beben MS, Rowena Nolasco MSN-FNP, Aldrin Nieves RN, Florence Soba MSN-FNP, Tenzin Lama MSN-CNL
Date - original scenario	February 21, 2014
Validation:	Sylwia Beben MS
Revision Dates:	
Pilot testing:	February 21, 2014
Learner Level:	Beginner to Expert Nurses
Estimated Scenario Time: 10 minutes	
Estimated Debriefing time: 10 minutes	
Target group: Novice to expert nurses in a position of leadership	
Leadership Competencies: 1) Communication and relationship building 2) Professionalism 3) Accountability/ Leadership 4) Business Skills 5) Analytical thinking & Strategic orientation/Knowledge	
Brief Summary of Case: In Beverly Hills there is a small profit hospital of 150 beds where popular plastic surgeons and cardiologists work. A new department manager was hired to oversee the operating room staff. Over the past week she noticed that some of her nurses were exhibiting aggressive behaviors toward each other and to ancillary staff. To understand what caused this change in behavior, she decided to call everyone in for a staff meeting. At the staff meeting she inquired about this change in behavior and discussed its effects on performance and attendance. All the nurses were quiet and did not want communicate their concerns. The head nurse provided reassurance that the staff can freely discuss their concerns without fear of retaliation. The nursing staff voiced their concern	

Original CSA template modified for Leadership Development 8/13

ALL DATA IN THIS SCENARIO IS FICTICIOUS



about a cardiologist’s aggressive behavior towards them during surgery. Specifically, they reported that he threw surgical instruments at them and was verbally abusive. The department manager decided to investigate this matter and approach the doctor regarding this behavior. During the meeting the doctor became aggressive and was verbally abusive to the manager. She remained calm, however after being asked to leave the doctor’s office she decided to see the Nurse Executive to report what transpired during their meeting and discuss appropriate steps to address this issue.

EVIDENCE BASE / REFERENCES (APA Format)
Bigony, L., Lipke, T. G., & et al. (2009). Lateral violence in the perioperative setting. <i>AORN</i> , 89 (4): 688-700.
Ceravolo, D., Schwartz, D., Foltz-Ramos, K., & Castner, J. (2012). Strengthening communication to overcome lateral violence. <i>Journal of Nursing Management</i> , 20: 599-606.
Coursey, J., Rodriquez, R., Diekmann, L., Austin, P. (2013). Successful implementation of policies addressing lateral violence. <i>AORN</i> , 97 (1): 102-110.



SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES

Learning Outcomes

1. Administrators must be actively involved in the daily function of the department
2. Role-playing scenarios allows the learner to practice skills in a safe environment
3. Open and respectful communication between all parties involved is critical
4. Administrators support combating lateral violence is vital
5. Lateral violence policies should be created by an interdisciplinary group of stakeholders

Specific Learning Objectives

1. To enhance the awareness of lateral violence.
2. To identify factors that led to lateral violence and assess the cost
3. To examine the negative effect of lateral violence
4. Discuss evidence-based strategies to prevent lateral violence

- 4.
- 5.
- 6.
- 7.
- 8.

Critical Learner Actions

1. Active listening
2. Stay calm
3. Diffuse aggressive behavior
4. Observe gap in current policies
5. Self-reflection and analysis of intervention

- 6.
- 7.
- 8.
- 9.

B. PRE-SCENARIO LEARNER ACTIVITIES

Prerequisite Competencies

Required prior to participating in the scenario

Knowledge: Recognize lateral violence, effects and strategies to prevent it.

Skills: identify behaviors that may led to lateral violence



Recognize: Professional behavior and Unacceptable behavior in the workplace	Attitudes: Review nursing work schedule, OR procedure, patterns of communication during surgery and identify factors that may lead to lateral violence.
<input type="checkbox"/> Knowledge of the chain of command within institution	<input type="checkbox"/> Ability to communicate in a professional and respectful manner individually and within a group setting
<input type="checkbox"/> Knowledge of professional conduct policies within institution	<input type="checkbox"/> Basic ability to deescalate and diffuse aggressive behavior
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



SECTION III: SCENARIO SCRIPT

A. Case summary

Two OR nurses were frustrated and angry with each other, they have been working under a lot of stress because they were targets of lateral violence by the cardiac surgeon who have been throwing surgical instruments at them. They were afraid to report the incident to their nurse leader in fear of retribution. The nurse manager noticed their inappropriate behavior towards each other and questioned the cause of their behavior. Once the nurses opened up about their concerns, the nurse manager went to the surgeon to address the nurses’ complaint. The nurse leader was confronted by aggressive behavior from the Cardiologist. Being a new nurse leader, she did not have the developed skills to address the lateral violence complaints with the aggressive surgeon. She therefore went to her nurse executive for advice.

B. Key contextual details

To evaluate contributory factors which lead to lateral violence within the work environment and to develop collaboratively policies, which encourage workplace safety and employee satisfaction.

C. Scenario Cast

Leaders/others	<input type="checkbox"/> High fidelity simulator	
	<input type="checkbox"/> Mid-level simulator	
	<input type="checkbox"/> Hybrid (Blended simulator)	
	<input type="checkbox"/> Standardized patient	
Role	Brief Descriptor	Actor/Confederate (A/C)



	(Optional)	or Learner (L)
Nurse Leader		Learner
DNP Student	Following nurse leader for leadership course	Learner
Cardiologist		Actor
Nurse Executive & Medical Director		Actor
OR nurses		Actor

Environment, Equipment, Essential props

Recommend standardized set ups for each commonly simulated environment

1. Scenario setting: (example: office, board room, patient room)

Operating Room, Directors office, Doctors Office

2. Equipment, supplies, monitors

(In simulation action room or available in adjacent core storage rooms)

X	Table/chairs		Calculator				
X	Computer monitor	X	Chart				
	Binders	X	Laptops				
	Books						
X	Paper						



CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES			
<p>Initiation of Scenario: A new department manager was hired to oversee the OR departments daily functions and staff. Over the past week she noticed that some of the nurses are exhibiting aggressive behavior towards each other and to ancillary staff. To understand what was causing this odd behavior, she decided to call everyone in for a staff meeting. At the staff meeting she questioned her nurses about odd behavior that she has been seeing and how it is affecting performance and attendance. All the nurses were quiet and did not want to voice their concerns. With prodding, the staff finally voiced their concerns regarding the cardiologist’s behavior during surgery.</p>			
PARTICIPANT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>1. Role or position Nurse Leader</p>	<p>Triggers: During staff meeting questioned the OR nurses about their odd behavior observed. Requested the nurses write a formal incident report. Confronted with aggressive attitude of the Cardiologist, who refused to discuss the incident.</p>	<p>Learner Actions Telephone call to Cardiologist office to request a meeting to discuss nurses’ complaint. Met with the Cardiologist in his office to discuss the nurses’ complaint. Engaged and calm on an emotional level while trying to get the Cardiologist to speak with her. As a result of the Cardiologist hostility, the nurse leader went to the nurse executive for her advice.</p>	<p>Debriefing Points: Contributory factors of lateral violence. How to identify lateral violence. Cost of lateral violence on nursing workforce. Psychological effects of lateral violence and implications. Review of Literatures on lateral violence. Strategies to Implement evidence-based recommendations to combat lateral violence. Evaluation of Outcome.</p>



PARTICIPANT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>2.</p> <p>DNP Student</p>	<p>Triggers:</p> <p>Since the student was shadowing the nurse leader, all the (above mentioned) triggers are witnessed by the student.</p>	<p>Learner Actions:</p> <p>Keeps calm & follows the nurse leader & ask questions, when appropriate.</p> <p>Asks the nurse leader what actions she will be taking next</p> <p>Asks the nurse leader about the next chain of command</p> <p>Witnesses the professional behavior/response of the nurse leader towards the cardiologist's aggressive behavior</p>	<p>Debriefing Points:</p> <p>(Same as discussed above)</p> <p>Additional knowledge:</p> <ul style="list-style-type: none"> - Leadership competencies - Emotional Intelligence - Supportive environment (devoid of punitive culture) encourages open discussion
PARTICIPANT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>3.</p>	<p>Triggers:</p>	<p>Learner Actions:</p>	<p>Debriefing Points:</p>



PARTICIPANT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
4.	Triggers:	Learner Actions:	Debriefing Points
<p>Scenario End Point: The end point of this lateral violence scenario is to bring awareness and understanding of lateral violence and evidence-based strategies to stop it.</p>			
<p>Suggestions to <u>decrease</u> complexity: The Cardiologist apologizes to the nurse leader and to the nurses in the OR.</p> <p>Suggestions to <u>increase</u> complexity: Having the Cardiologist start throwing objects at the nurse leader. To increase complexity even more, when the nurse leader goes to speak to the medical director she takes the side of the cardiologist.</p>			



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

Insert digital photo here

Insert digital photo here

Insert digital photo here

Insert digital photo here



APPENDIX B: DEBRIEFING GUIDE

General Debriefing Plan			
<input type="checkbox"/> Individual	X <input type="checkbox"/> Group	X <input type="checkbox"/> With Video	<input type="checkbox"/> Without Video
Debriefing Materials			
X <input type="checkbox"/> Debriefing Guide	X <input type="checkbox"/> Objectives	X <input type="checkbox"/> Debriefing Points	
Core Leadership Competencies to Consider for Debriefing Scenarios			
X <input type="checkbox"/> Leadership	X <input type="checkbox"/> Teamwork/Collaboration	X <input type="checkbox"/> Evidence-based leadership	
X <input type="checkbox"/> Communication	<input type="checkbox"/> Human factors	X <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 three factors were most SIGNIFICANT that you will transfer to your leadership/management setting? 9. Consider the potential leadership and managerial benefits of improving your _____(name the soft skill) expertise. 			
<p>Notes for future sessions: Advance this simulation scenario by applying the knowledge gained to combat lateral violence in the workplace.</p>			

