



**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](http://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](mailto:kt@cinhc.org)



## SECTION I: SCENARIO OVERVIEW

<b>Scenario Title:</b>	Leadership Listening
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:	Novice - Competent
<b>Estimated Scenario Time:</b> 15 minutes	
<b>Estimated Debriefing time:</b> 30 Minutes	
<b>Target group:</b> Aspiring leaders, middle managers and directors	
<b>Leadership Competencies:</b>	
Engages in active listening skills, verbal and non-verbal. Knowledgeable about various communication styles/skills. Recognizes signs of active listening vs. hearing.	
<b>Brief Summary of Case:</b>	
Staff nurse, new to the unit (inter-professional alternate: employee new to workplace/department) stops by manager's office and asks if s/he has a moment. Manager invites the employee to come in and sit down.	



<b>EVIDENCE BASE / REFERENCES (APA Format)</b>
Bane, D. B. (2011). Good listening skills make efficient business sense. <i>The IUP Journal of Soft Skills</i> , 5(4), 43-51.
Coldwell, G. (2013). An underrated leadership skill. <i>Nursing Standard</i> , 27(47), 63.
Milligan, R. A., & McCuiston, K. C. (2010). Management, supervision, and leadership principles and skills: Implementation is the challenge. <i>Society for Range Management</i> , August, 21-25.



**SECTION II: CURRICULUM INTEGRATION**

**A. SCENARIO LEARNING OBJECTIVES**

**Learning Outcomes**

1. Differentiate between active listening vs. hearing
2. Exhibit the physical attribute that active listening is occurring
3. Differentiate between the cognitive characteristics of active listening
4. Defend what active listening accomplishes

**Specific Learning Objectives**

1. Identifies key verbal and nonverbal elements of active listening
2. Demonstrates ability to listen actively
3. Interprets the conversation accurately utilizing active listening and communication skills.
- 4.

**Critical Learner Actions**

1. Provides an appropriate setting for listening to the employee
2. Demonstrates interest in what the employee has to say
3. Uses elements of active listening at the appropriate junctures in the conversation, verbal and non-verbal
- 4.

**B. PRE-SCENARIO LEARNER ACTIVITIES**

**Prerequisite Competencies**

Required prior to participating in the scenario

Knowledge	Skills/ Attitudes
<input type="checkbox"/> Read assigned reading prior to the simulation	<input type="checkbox"/> Open-minded in listening to employee concerns
<input type="checkbox"/> Viewed the study guide video prior to the simulation	<input type="checkbox"/> Positively re-enforces collaboration
	<input type="checkbox"/> Identifies actions to take when listening to employees, colleagues, and other staff regardless of position in the organization
<input type="checkbox"/>	<input type="checkbox"/> Displays respect??
<input type="checkbox"/>	<input type="checkbox"/>



**SECTION III: SCENARIO SCRIPT**

**A. Case summary**

Staff nurse, new to the unit (inter-professional alternate: employee new to workplace/department) stops by manager’s office and asks if s/he has a moment. Manager invites the employee to come in and sit down.

**B. Key contextual details**

The nurse new to the unit (or new employee in a department) is concerned with the lack of assistance and guidance from her/his preceptor/mentor. The new nurse/employee is anxious and concerned, overwhelmed and wants to do a “really” good job and really likes the unit/department. S/he had worked here before in an assistant role and is now a RN/employee with more education and responsibility; however it doesn’t look like s/he anticipated the change in complexity of the new position. While the preceptor/mentor has reported how well s/he is doing (unbeknownst to the employee) to the manager, s/he is feeling left alone and lacks guidance. S/he has not discussed this with the preceptor/mentor.

**C. Scenario Cast**

Leaders/others	<input checked="" type="checkbox"/> High fidelity simulator	
	<input type="checkbox"/> Mid-level simulator	
	<input type="checkbox"/> Hybrid (Blended simulator)	
	<input checked="" type="checkbox"/> Standardized patient/person	
Role	Brief Descriptor (Optional)	Actor/Confederate (A/C) or Learner (L)
Mr. Gates	Manager	L
Ms. Walters	RN/Employee	A



Ms. Martin	Preceptor/Mentor	C
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<b>Environment, Equipment, Essential props</b> Recommend standardized set ups for each commonly simulated environment
<b>1. Scenario setting: (example: office, board room, patient room)</b>
Manager's Office

<b>2. Equipment, supplies, monitors</b> (In simulation action room or available in adjacent core storage rooms)					
X	Table/chairs	X	Calculator		
X	Computer monitor		Chart		
	Binders	X	Desk		
X	Books	X	Phone		
X	Paper	X	iPhone		



CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES			
<b>PARTICIPANT STATUS</b>		<b>DESIRED LEARNER ACTIONS &amp; TRIGGERS TO MOVE TO NEXT STATE</b>	
<b>1. Role or position</b>  Ms. Walters, very anxious asks Mr. Gates if he has time to talk	<b>Triggers:</b>  Ms. Walters is on the verge of tears	<b>Learner Actions</b> Invites Ms. Walters in to sit down at table and chairs. Joins her there. Closes door, changes phone to vibrate. Inquires about the visit.	<b>Debriefing Points:</b>
<b>PARTICIPANT STATUS</b>		<b>DESIRED ACTIONS &amp; TRIGGERS TO MOVE TO NEXT STATE</b>	
<b>2.</b> Mr. Gates	<b>Triggers:</b>	<b>Learner Actions:</b> Sits at table with Ms. Walters. Acknowledges that she is upset and inquires further. Leans forward, and offers Kleenex. Waits.	<b>Debriefing Points:</b> Sets the environment. Displays interest and concern.
<b>PARTICIPANT STATUS</b>		<b>DESIRED ACTIONS &amp; TRIGGERS TO MOVE TO NEXT STATE</b>	
<b>3.</b> Ms. Walters shares her concerns with her preceptor, feeling overwhelmed, and unaccustomed to the new environment. Really wanting to do a	<b>Triggers:</b>	<b>Learner Actions:</b> Gestures at appropriate times. Paraphrases and summarizes periodically. Questions for clarification. Inquires as to whether he has understood	<b>Debriefing Points:</b> Review elements of active listening. What worked/didn't. Discuss how to end the conversation.



good job.	Ms. Walters agrees to try out the suggestions and is thankful for the support.	correctly. Allows Ms. Walters to talk without letting her get off track. Brings her back when necessary. Uses words indicating empathy in understanding. Provides encouragement. Discusses suggestions and inquires as to whether Ms. Walters “feels” these would be helpful based upon his understanding of what she has related.	
<b>PARTICIPANT STATUS</b>	<b>DESIRED ACTIONS &amp; TRIGGERS TO MOVE TO NEXT STATE</b>		
4.	<b>Triggers:</b>	<b>Learner Actions:</b>	<b>Debriefing Points</b>
Scenario End Point: Ms. Walters agrees to suggestions and leaves feeling supported.			
Suggestions to <u>decrease</u> complexity: Ms. Walters is concerned about her preceptor but feels she just wants advice on how to approach her. Suggestions to <u>increase</u> complexity: Ms. Walters is unable to clearly articulate her concerns and talks in circles without providing concrete information; becomes more animated.			





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

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



**APPENDIX B: DEBRIEFING GUIDE**

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



support management and leadership development.

**Notes for future sessions:**