



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, and 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)

Original CSA template modified for Leadership Development 8/13

ALL DATA IN THIS SCENARIO IS FICTICIOUS



SECTION I: SCENARIO OVERVIEW

Scenario Title:	Leadership - Problem Solving
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
<p><u>Estimated Scenario Time:</u> 15 minutes</p> <p><u>Estimated Debriefing time:</u> 30 minutes</p> <p><u>Target group:</u> Middle Managers, Directors</p> <p><u>Leadership Competencies:</u> Demonstrates excellent communication skills – verbal and written Formulates and evaluates solutions to problems utilizing methodologies consistent with the issues. Engages team members in solving problems.</p> <p><u>Brief Summary of Case:</u></p> <p>The director of critical care has called together the managers of ICU, PACU, and the ED. There continues to be a backlog in the ED even though a new electronic bed placement system has been implemented and operational for 6 months.</p> <p>For inter-professional, this may be altered to explore supply-chain issues, revenue cycle as examples.</p>	



EVIDENCE BASE / REFERENCES (APA Format)
Goltz, S. M., Hietapelto, A. B., Reinsch, R. W., & Tyrell, S. K. (2008). Teaching teamwork and problem solving concurrently. <i>Journal of Management Education</i> , 32, 541-562. doi: 10.1177/1052562907310739
Meng, J., Berger, B.K., Gower, K. K., & Heyman, W. C. (2012). A test of excellent leadership in public relations: Key qualities, valuable sources, and distinctive leadership perceptions. <i>Journal of Public Relations Research</i> , 24, 18-36. doi: 10.1080/1062726X.2012.626132
Newton, J. S., Horner, R. H., Todd, A. W., Algozzine, R. F., & Algozzine, K. M. (2012). A pilot study of a problem-solving model for team decision making. <i>Education and Treatment of Children</i> , 35(1), 25-49.



SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES	
Learning Outcomes	
1. Differentiate between two key types of problem solving skills.	
2. Defend the fundamental steps in a problem solving process.	
3. Differentiate between methodologies for problem solving.	
4. Analyze a situation for the additional skills that may be necessary in solving problems where people are involved.	
Specific Learning Objectives	
1. Implement problem-solving technique	
2. Involve all participants	
3. Develop action plan	
Critical Learner Actions	
1. Engages/encourages all of the team members to participate	
2. Employs problem solving techniques applicable to the situation	
3. Open to and explores new ideas	
4. Discern whether all stakeholders are involved	

B. PRE-SCENARIO LEARNER ACTIVITIES	
Prerequisite Competencies	
Required prior to participating in the scenario	
Knowledge	Skills/ Attitudes
<input type="checkbox"/> Read assigned readings prior to participation	<input type="checkbox"/> Open to exploring new ideas
<input type="checkbox"/> Aware of problem-solving techniques/approaches	<input type="checkbox"/> Engages all stakeholders in the process
<input type="checkbox"/> Know P&P regarding patient admission transfer and discharge	<input type="checkbox"/> Employs various techniques in resolving problems
<input type="checkbox"/> Cognizant of organization's quality improvement methodology	<input type="checkbox"/>



SECTION III: SCENARIO SCRIPT

A. Case summary

The director of critical care has called together the managers of ICU, PACU, and the ED. There continues to be a backlog in the ED even though a new electronic bed placement system has been implemented and operational for 6 months. The ED was promoted to manager 18 months ago after working as staff nurse and charge nurse in the ED for the previous 10 years. The PACU manager has been in the hospital for 1 year and was in the same position in a smaller hospital for 5 years. The ICU manager worked as a staff nurse in another hospital after graduation for 5 years and was promoted 2 years ago to nurse manager after working here as staff for 3 years.

B. Key contextual details

The director has assigned the managers to work out the issues regarding ED gridlock over a year ago and the solution was to implement the bed placement system. She did not assign a specific team leader at that time. This team will be led by PACU manager. The ED manager is wondering why, though doesn't inquire, as to why she isn't the leader since it's gridlock in the ED.

Historically the ED backs up from 2 PM until 10 PM. The ED is a Level II trauma center. Surgery runs all rooms from 7AM – 9 PM. There are two hospitalists from 7 AM-7PM and one from 7PM-7AM.

C. Scenario Cast

Leaders/others	X High fidelity simulator	
	<input type="checkbox"/> Mid-level simulator	
	<input type="checkbox"/> Hybrid (Blended simulator)	
	X Standardized patient/person	
Role	Brief Descriptor (Optional)	Actor/Confederate (A/C) or Learner (L)
Ms. Roberts	PACU manager	L
Ms. Smith	ED manager	A
Ms. Jackson	ICU manager	A
Ms. Garrison	Director	C
Dr. Jones	Hospitalist	C



Environment, Equipment, Essential props	
Recommend standardized set ups for each commonly simulated environment	
1. Scenario setting: (example: office, board room, patient room)	
Conference room	

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	Markers			
X	Books					
X	Paper and pencils/pens					

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES			
PARTICIPANT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
1. Role or position Ms. Roberts	Triggers: Ms. Smith isn't participating	Learner Actions Initiates discussion regarding the issues. Looks for feedback from all participants. Determines whether all the right stakeholders are present	Debriefing Points: Were issues identified clearly? What problem solving techniques were employed? Did Ms. Roberts obtain buy-in from participants? Did members feel engaged
PARTICIPANT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
2. Ms. Smith stays fairly silent and un-engaged creating tension among team	Triggers: Ms. Jackson encourages Ms. Smith with little results.	Learner Actions: Ms. Smith works at engaging Ms. Smith as her input and feedback are key	Debriefing Points: Encourages participation Asks open-ended questions Seeks explanations

PARTICIPANT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
3. Ms. Roberts	Triggers: Decides to move on Ms. Smith starts to participate	Learner Actions: Moves on and works on outlining process with Ms. Smith and Ms. Jackson Recognizes the improvement and builds upon it. Develops initial action plan	Debriefing Points: Employs a new tactic to encourage participation Organization's performance improvement methodology employed. Problem-solving steps identified. Identification that not all stakeholders are present to appropriately resolve the issues creating the gridlock. Were issues identified?
PARTICIPANT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
4.	Triggers:	Learner Actions:	Debriefing Points



<p>Scenario End Point: Ms. Roberts obtains agreement for next steps.</p>
<p>Suggestions to <u>decrease</u> complexity: Ms. Smith is openly cooperative</p> <p>Suggestions to <u>increase</u> complexity: Add ED physician, hospitalist and other stakeholders</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

Debriefing Session			
X <input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> With Video	X <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	<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 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.

Discuss the leader's role in design, implementation, and evaluation of information technologies to support management and leadership development.

Notes for future sessions: