**SECTION I: SCENARIO OVERVIEW**

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| **Scenario Title:** |  |
| Original Scenario Developer(s): |  |
| Date - original scenario | Validation: | Pilot testing: |
|  |
| Estimated Scenario Time : 15 minutes  | Debriefing time: 30 min |
| Target group:  |
| Core case:  |
| Brief Summary of Case:  |
| QSEN Competencies & Team*STEPPS* Competencies |
| * Patient Centered Care
* Patient Safety
* Teamwork and Collaboration
 | * Informatics,
* Quality Improvement
* Evidence Based Practice
 |

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| **EVIDENCE BASE / REFERENCES (APA Format)** |
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**SECTION II: CURRICULUM INTEGRATION**

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| **A. SCENARIO LEARNING OBJECTIVES** |
| **Critical Learner Actions**  |
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| **B. PRE-SCENARIO LEARNER ACTIVITIES**  |
| **Prerequisite Competencies** |
| **Knowledge**  | **Skills/ Attitudes**  |
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| **SECTION III: SCENARIO SCRIPT** |
| 1. **Case summary**
 |
| Expanded from page 1 |

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| **B. Key contextual details** |
| Setting: |

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| **C. Scenario Cast** |
| Patient | * High fidelity simulator
 | * Mid-level simulator
 | * Standardized Patient
 |
| * Task trainer
 | * Hybrid (Blended simulator)
 |  |
| **Participants/Role** | **Brief Descriptor (Optional)** | **Imbedded Participant (IP) or Learner (L)** |
| Patient |  |  |
| Primary Nurse  |  |  |
| Provider |  |  |
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| **D. Patient/Client Profile** |
| Last name: | First name: | Gender:  | Age:  | Ht:  | Wt:  |
| Spiritual Practice: unknown | Ethnicity:  | Language | Code Status: |
| **1. History, chief complaint, assessment data** |
|  |
| **Assessment Data** |
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| Medication allergies: |  | Reaction: |  |
| Food/other allergies: |  | Reaction: |  |
| **Primary Medical Diagnosis** |  |

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| --- | --- | --- | --- | --- |
| **3. current meds** | **Drug**  | **Dose** | **Route** | **Frequency** |
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| **4. Laboratory, Diagnostic Study Results (List significant labs,& diagnostic test results)** |
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| **Sim Set-up card** |
| **Patient Information** | **Set-Up / Moulage** | **Medications/Equipment/Supplies** |
|  |  |  |
| **Case Flow / Triggers/ Scenario Development States** |
| **Initiation of Scenario :**  |
|  |
| **State / Patient Status** | **Desired learner actions & triggers to move to next state** |
| **Baseline** | **Operator** | **Learner Actions** | **Debriefing Points:** |
|  |  |  |  |
| **Triggers** |
|  |
| **State / Patient Status** | **Desired actions & triggers to move to next state** |
| **Frame 2** | **Operator** | **Learner Actions:** | **Debriefing Points:** |
|  |  |  |  |
| Triggers: |
|  |
| **STATE / PATIENT STATUS** | **DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE** |
| **Frame 3** | **Operator:** | **Learner Actions:** | **Debriefing Points:** |
|  |  |  |  |
| **Triggers:**  |
|  |
| **State / Patient Status** | **Desired Actions & Triggers to move to next state** |
| **Frame 4** | **Operator** | **Learner Actions** | **Debriefing Points** |
|  |  |  |  |
| **Triggers:** |
|  |
| Scenario End Point:  |
| Suggestions to decrease complexity: Suggestions to increase complexity:  |
| **Notes for future sessions:** |

**APPENDIX A: HEALTH CARE PROVIDER ORDERS**

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| --- | --- |
| **Patient Name:** **DOB:** **Age:** **MR#:**  | **Diagnosis:**  |
| ⁯ No Known Allergies⁯ Allergies & Sensitivities |
| Date | Time | **HEALTH CARE PROVIDER ORDERS AND SIGNATURE** |
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| **Signature** |  |