

Section I: Simulation Demographics

Scenario Title:					
Date of Development:					
Target Learning Group:	<input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing	<input type="checkbox"/> Allied Health		
	Preclinical	Clinical	Undergraduate	Graduate	Practicing
	Other:				

Section II: Simulation Developers

Faculty/Staff Content Expert	
Department	
Contact E-mail (Content Expert):	
Phone Number (Content Expert):	
Simulation Content Expert	

Section III: Curriculum Integration

Learning Goals & Objectives	
Educational Goal:	
Objectives:	
Objectives:	
Objectives:	

Case Summary: Brief Summary of Case Progression and Major Events
<i>"e.g. A 58-year-old male known for alcoholism presents to the emergency department with a two-day history of hematemesis with an active, massive upper GI bleed due to esophageal varices. The patient deteriorates into hypovolemic shock requiring medical management, blood transfusions, intubation for airway protection and insertion of a Blakemore tube before definitive management."</i>

References

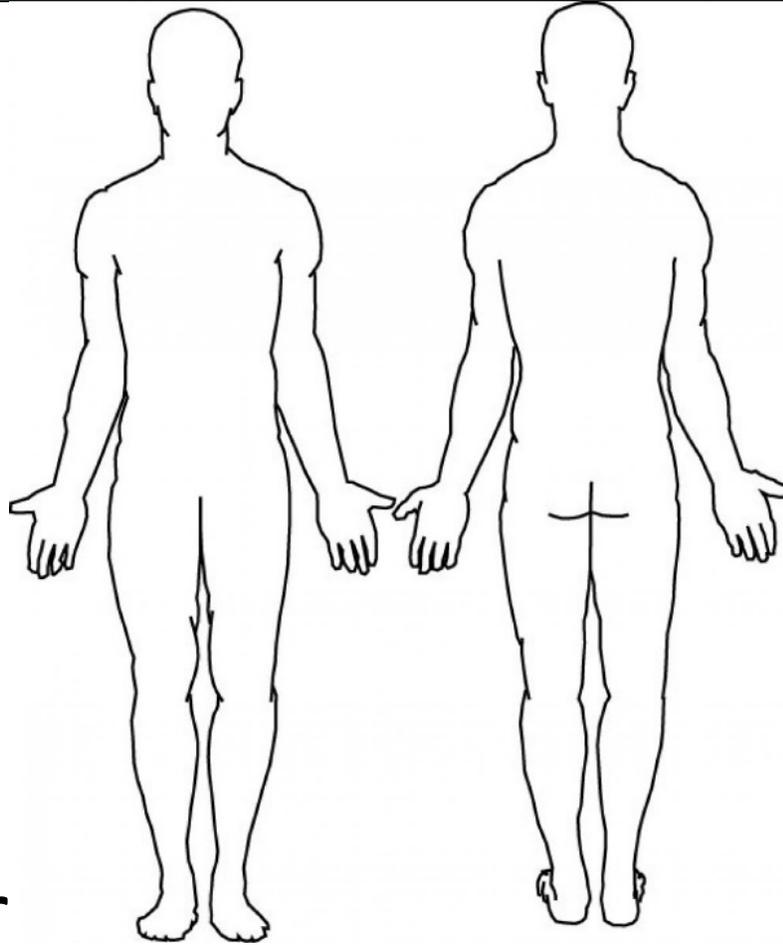
Section IV: Script

A. Participant Instructions (to be read at beginning of sim) Include location, patient information and goals			
B. Educational Strategy			
Patient	<input type="checkbox"/> Manikin: <input type="checkbox"/> Manikin: <input type="checkbox"/> SP: <input type="checkbox"/> Task Trainer/s: <input type="checkbox"/> VR	Setting	<input type="checkbox"/> Outpatient <input type="checkbox"/> Hospital room <input type="checkbox"/> Multi <input type="checkbox"/> Task Trainer <input type="checkbox"/> Large Debrief Room
Sim	<input type="checkbox"/> Hybrid: <input type="checkbox"/> Mixed modality:		
Recording	<input type="checkbox"/> No <input type="checkbox"/> Yes:		
C. Required Monitors			
<input type="checkbox"/> EKG Leads/Wires	<input type="checkbox"/> Temperature Probe	<input type="checkbox"/> Central Venous Line	
<input type="checkbox"/> NIBP Cuff	<input type="checkbox"/> Defibrillator Pads	<input type="checkbox"/> Capnography	
<input type="checkbox"/> Pulse Oximeter	<input type="checkbox"/> Arterial Line	<input type="checkbox"/> Other:	
D. Required Equipment			
<input type="checkbox"/> Gloves	<input type="checkbox"/> Nasal Prongs	<input type="checkbox"/> Scalpel	
<input type="checkbox"/> Stethoscope	<input type="checkbox"/> Venturi Mask	<input type="checkbox"/> Tube Thoracostomy Kit	
<input type="checkbox"/> Defibrillator	<input type="checkbox"/> Non-Rebreather Mask	<input type="checkbox"/> Cricothyrotomy Kit	
<input type="checkbox"/> IV Bags/Lines	<input type="checkbox"/> Bag Valve Mask	<input type="checkbox"/> Thoracotomy Kit	
<input type="checkbox"/> IV Push Medications	<input type="checkbox"/> Laryngoscope	<input type="checkbox"/> Central Line Kit	
<input type="checkbox"/> PO Tabs	<input type="checkbox"/> Video Assisted Laryngoscope	<input type="checkbox"/> Arterial Line Kit	
<input type="checkbox"/> Blood Products	<input type="checkbox"/> ET Tubes	<input type="checkbox"/> Sengstaken-Blakemore tube	
<input type="checkbox"/> Intraosseous Set-up	<input type="checkbox"/> LMA	<input type="checkbox"/> Other:	
E. Kits, Boxes, and Carts			
<input type="checkbox"/> Adult Airway Box	<input type="checkbox"/> Adult Code Blue Cart	<input type="checkbox"/> Adult IO Kit	
<input type="checkbox"/> Pedi Airway Box	<input type="checkbox"/> Pedi Code Blue Cart	<input type="checkbox"/> Pedi IO Kit	
<input type="checkbox"/> Neonate Airway Box	<input type="checkbox"/> Neonate Code Blue Cart	<input type="checkbox"/> MTP Blood Box	
<input type="checkbox"/> Chest Tube Kit/Box	<input type="checkbox"/> Cric Kit/Box	<input type="checkbox"/> Other:	
<input type="checkbox"/> EM Pedi Box	<input type="checkbox"/> Trauma Pedi Box	<input type="checkbox"/> Other:	
<input type="checkbox"/> EM Adult Box	<input type="checkbox"/> Trauma Adult Box	<input type="checkbox"/> Other:	

F. Mannequin Appearance		
<input type="checkbox"/> Neonate	Does the mannequin speak? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If so...</i>	
<input type="checkbox"/> Infant	<input type="checkbox"/> Microphone (to say specific things)	
<input type="checkbox"/> Toddler	<input type="checkbox"/> Generic phrases OK (pre-saved in software)	
<input type="checkbox"/> Child	Moulage Needed: <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If so...</i>	
<input type="checkbox"/> Adult	<i>Please specify appearance in Initial Presentation/Setup below</i>	
Mannequin Type / Fidelity:		
<input type="checkbox"/> G3	<input type="checkbox"/> Gaumard	<input type="checkbox"/> Low Fidelity
<input type="checkbox"/> Rescue Annie	<input type="checkbox"/> Trauma Trunk	<input type="checkbox"/> Central Line (Jugular)
<input type="checkbox"/> IV Arm	<input type="checkbox"/> IO Leg / Arm	<input type="checkbox"/> Central Line (Subclavian)
G. Initial Presentation/Setup		
<i>Please describe how you would like your mannequin to appear upon arrival, please be as specific as possible</i>		
<i>(i.e., adult female wearing street clothes, 18 g IV in L AC, ecchymosis to R chest wall, open femur fracture on L leg, eyes wide open and pinpoint pupils, speaking gibberish)</i>		

H. Approximate Timing					
Set-Up:	min	Scenario:	min	Debriefing:	min

G. Mannequin Setup Key:



Anterior

Posterior

	Gunshot wound (GSW)
	Bruise/Mouflage
	C-Collar
	IV/IO
	Closed Bone Fracture/Deformity
	Bleeding
	Burn
	Mottling

	IV Bag
	Jaundice
	Cyanosis
	Sutured/Closed Wound
	Laceration/Wound
	Foley catheter
	Open Bone Fracture/Deformity

Section V: Patient Data and Baseline State

A. Patient Profile and History			
Patient Name:		Age Range:	Body habitus:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non Binary/other		Sex: <input type="checkbox"/> Cis <input type="checkbox"/> Trans <input type="checkbox"/> Intersex	
Sexual Orientation: <input type="checkbox"/> Hetero <input type="checkbox"/> Same <input type="checkbox"/> Other:		Pronouns: <input type="checkbox"/> They/them <input type="checkbox"/> His/he <input type="checkbox"/> Her/she <input type="checkbox"/> Other:	
Ethnicity: <input type="checkbox"/> They/them <input type="checkbox"/> His/he <input type="checkbox"/> Her/she <input type="checkbox"/> Other:			
Chief Complaint:			
History of Present Illness:			
Past Medical History:		Medications:	
Allergies: None			
Social History:			
Family History:			
Review of Systems:	CNS:		
	HEENT:		
	CVS:		
	RESP:		
	GI:		
	GU:		
	MSK:		INT:
B. Baseline Simulator State and Physical Exam			
<input type="checkbox"/> No Monitor Display		<input type="checkbox"/> Monitor On, no data displayed	
<input type="checkbox"/> Monitor on Standard Display			
HR: xxx/min	BP: xxx/xxx	RR: xx/min	O ₂ SAT: xx%
Rhythm: xxx	T: XX°C	Glucose:	GCS:
General Status:			
CNS:			
HEENT:			
CVS:			
RESP:			
ABDO:			
GU:			
MSK:		SKIN:	
Code Status			

Scenario States, Modifiers and Triggers

Scenario States, Modifiers and Triggers			
Patient State	Branch Points	Learner Actions, Modifiers & Triggers to Move to Next State	
1. Baseline State Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O ₂ SAT: xx % T: xx.x°C	IF *** is delay/missed (etc): Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O ₂ SAT: xx % T: xx.x°C Exam changes: xxx	<u>Learner Actions</u> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<u>Modifiers</u> Changes to patient condition based on learner action <u>Triggers</u> For progression to next state - x minutes → 2. (Second state)
2. (Second state) Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O ₂ SAT: xx % T: xx.x°C	IF *** is delay/missed (etc): Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O ₂ SAT: xx % T: xx.x°C Exam changes: xxx	<u>Learner Actions</u> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<u>Modifiers</u> - (Treatment) → HR xxx, BP xx/xx - (Treatment) → HR xxx, BP xx/xx. <u>Triggers</u> - If they do this then → 3. (State) - If they do this or don't do this → 6. (State)
3. (Third state) Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O ₂ SAT: xx % T: xx.x°C	IF *** is delay/missed (etc): Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O ₂ SAT: xx % T: xx.x°C Exam changes: xxx	<u>Learner Actions</u> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	<u>Modifiers</u> - (Treatment) → HR xxx, BP xx/xx - (Treatment) → HR xxx, BP xx/xx. <u>Triggers</u> If they do this then → 4. (State) - If they don't do this → 6. (State)

<p>4. (Fourth State) Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O₂SAT: xx % T: xx.x°C</p>	<p>IF *** is delay/missed (etc): Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O₂SAT: xx % T: xx.x°C Exam changes: xxx</p>	<p><u>Learner Actions</u> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/></p>	<p><u>Modifiers</u> - (Treatment) → HR xxx, BP xx/xx - (Treatment) → HR xxx, BP xx/xx.</p> <p><u>Triggers</u> - If they do this then → 5.</p> <p>Resolution.</p>
<p>5. (Fifth state) Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O₂SAT: xx % T: xx.x°C</p>	<p>IF *** is delay/missed (etc): Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O₂SAT: xx % T: xx.x°C Exam changes: xxx</p>	<p>- <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/></p>	<p><u>Modifiers</u> - (Treatment) → HR xxx, BP xx/xx - (Treatment) → HR xxx, BP xx/xx.</p> <p><u>Triggers</u> - If they do this then → State ***</p>
<p>6. (Sixth State) Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O₂SAT: xx % T: xx.x°C</p>	<p>IF *** is delay/missed (etc): Rhythm: xxx HR: xxx/min BP: xx/xx RR: xx/min O₂SAT: xx % T: xx.x°C Exam changes: xxx</p>	<p><u>Learner Actions</u> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/></p>	<p><u>Modifiers</u> - (Treatment) → HR xxx, BP xx/xx - (Treatment) → HR xxx, BP xx/xx.</p> <p><u>Triggers</u> - If they do this then → END SCENARIO PRN</p>

Title of Case

Section VI: Scenario Progression

Section VII: Supporting Documents, Laboratory Results, & Multimedia

Laboratory Results						
Na: xxx	K: x.x	Cl: xxx	HCO ₃ : xx	BUN: xx	Cr: xxx	Glu: xx
Ca:		Mg:		PO ₄ :		Albumin:
VBG	pH: x.xx	PCO ₂ : xx	PO ₂ : xx	HCO ₃ : xx	Lactate: x.x	
WBC: xx.x		Hg: xx	Hct: xx%		Plt: xxx	
INR: x.x		PTT: xx				
AST: xxx	ALT: xx	Bili (T): xxx	ASA: x	APAP: x	EtOH: xx	

Images (ECGs, CXRs, etc.)	

Section VIII: Debriefing Guide

General Debriefing Plan			
<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> With Video	<input type="checkbox"/> Without Video
<input type="checkbox"/> Direct Feedback	<input type="checkbox"/> Plus Delta	<input type="checkbox"/> Advocacy Inquiry	<input type="checkbox"/> Other
Objectives			
Educational Goal:			
Objectives:			
Sample Questions for Debriefing			
1)			
Key Steps			