|  |
| --- |
| **DATE** |
| **Developed** | Click here to enter a date. |
| **Approved** | Click here to enter a date. |
| **Reviewed** | Click here to enter a date. |





**Section 1: Demographics**

|  |
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| **TIME** |
| **Setup** | Click here to enter text. |
| **Simulation** | Click here to enter text. |
| **Debrief** | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

**Scenario Title**: Click here to enter text.

**Simulated Patient Name:** Click here to enter text.

**Simulated Patient Age:** Click here to enter text.

**Simulated Patient DOB:** Click here to enter a date.

**Developer:** Click here to enter text.

**Section 2: Curricular Information**

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| **Target Learner Groups** |
| Click here to enter text. |

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| **Learner Objectives** |
| At the end of the session, learners should be able to…

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| **Objective 1** | Click here to enter text.  |
| **Objective 2** | Click here to enter text. |
| **Objective 3** | Click here to enter text. |

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| **Learner Pre-Simulation Activities/Assignments** |
| Click here to enter text. |

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| **Learner Post-Simulation Activities/Assignments** |
| Click here to enter text. |

**Section 3: Setup**

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| **Simulator / Scenario / Files** | **AV Considerations** |
| Simulator Type: Click here to enter text.Patient Name: Click here to enter text.Scenario Title: Click here to enter text.Supporting Files, Documents, etc.: Click here to enter the names of the documents | Video Recording: [ ] Video Streaming: [ ] Debrief Recording: [ ] Other: Click here to enter text. |

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| **Initial Simulator Setup** |
| Clinical Setting | Click here to enter text. |
| Bed Type | Click here to enter text. |
| Body Props | Click here to enter text. |
| Body Position | Click here to enter text. |
| IV Access | Click here to enter text. |
| Wounds/Dressings | Click here to enter text. |
| Moulage | Click here to enter text. |
| Wig | Click here to enter text. |
| Other Setup | Click here to enter text. |

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| **Monitors** | **NOTES** |
| Heart Rate | Click here to enter text. |
| Blood Pressure (Non-Invasive) | Click here to enter text. |
| Arterial Line Blood Pressure | Click here to enter text. |
| Respiratory Rate | Click here to enter text. |
| Oxygen Saturation | Click here to enter text. |
| End Tidal CO2 | Click here to enter text. |
| Temperature | Click here to enter text. |
| Central Venus Pressure | Click here to enter text. |

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| **Equipment / Supplies** |
| Click here to enter text. |

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| **Additional Setup/Environmental Notes:** |
| Click here to enter text. |

**Section 4: Prebrief**

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| **Prebrief Information** |
| Click here to enter text. |

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| **Case Stem for Learner** |
| Click here to enter text. |

**Section 5: Scenario Information**

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| **Summary plot of scenario** |
| Click here to enter text. |

**Scenario Progression:**

|  |  |  |
| --- | --- | --- |
| **Baseline:** Click here to enter text. | **Time:** Click here to enter text. | **Sounds** |
| **HR** | **Rhythm** | **BP** | **O2 Sat** | **RR** | **Pulses** | **Temp** | **Eyes** | **Lung** | **Heart** | **Bowel** |
| Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here |
| **Patient vocalizations:** Click here to enter text. |
| **Expected learner actions:** Click here to enter text. |
| **Operator notes/prompts:** Click here to enter text. |
| **Transition to next state:** Click here to enter text. |

**DO NOT EXCEED ONE LINE OF TEXT PER ROW IN THIS SECTION**

|  |  |  |
| --- | --- | --- |
| **State 1:** Click here to enter text. | **Time:**  Click here to enter text. | **Sounds** |
| **HR** | **Rhythm** | **BP** | **O2 Sat** | **RR** | **Pulses** | **Temp** | **Eyes** | **Lung** | **Heart** | **Bowel** |
| Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here |
| **Patient vocalizations:** Click here to enter text. |
| **Expected learner actions:** Click here to enter text. |
| **Operator notes/prompts:** Click here to enter text. |
| **Transition to next state:** Click here to enter text. |

**DO NOT EXCEED ONE LINE OF TEXT PER ROW IN THIS SECTION**

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| --- | --- | --- |
| **State 2:**  Click here to enter text.  | **Time:** Click here to enter text. | **Sounds** |
| **HR** | **Rhythm** | **BP** | **O2 Sat** | **RR** | **Pulses** | **Temp** | **Eyes** | **Lung** | **Heart** | **Bowel** |
| Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here |
| **Patient vocalizations:** Click here to enter text. |
| **Expected learner actions:** Click here to enter text. |
| **Operator notes/prompts:** Click here to enter text. |
| **Transition to next state:** Click here to enter text. |

**DO NOT EXCEED ONE LINE OF TEXT PER ROW IN THIS SECTION**

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| **State 3:**  Click here to enter text. | **Time:**  Click here to enter text. | **Sounds** |
| **HR** | **Rhythm** | **BP** | **O2 Sat** | **RR** | **Pulses** | **Temp** | **Eyes** | **Lung** | **Heart** | **Bowel** |
| Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here |
| **Patient vocalizations:** Click here to enter text. |
| **Expected learner actions:** Click here to enter text. |
| **Operator notes/prompts:** Click here to enter text. |
| **Transition to next state:** Click here to enter text. |

**DO NOT EXCEED ONE LINE OF TEXT PER ROW IN THIS SECTION**

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| **State 4:**  Click here to enter text. | **Time:**  Click here to enter text. | **Sounds** |
| **HR** | **Rhythm** | **BP** | **O2 Sat** | **RR** | **Pulses** | **Temp** | **Eyes** | **Lung** | **Heart** | **Bowel** |
| Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here |
| **Patient vocalizations:** Click here to enter text. |
| **Expected learner actions:** Click here to enter text. |
| **Operator notes/prompts:** Click here to enter text. |
| **Transition to next state:** Click here to enter text. |

**DO NOT EXCEED ONE LINE OF TEXT PER ROW IN THIS SECTION**

**Section 6: Embedded Simulation Persons (ESP)**

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| **ROLE** | **Simulated Name** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

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| **Case Description, Background, Progression for ESP**  |
| Click here to enter text. |

**Role-specific ESP Information:**

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| **ROLE:** Click here to enter text.**Information, Frames, Cues, Phrases** |
| Click here to enter text. |

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| **ROLE:** Click here to enter text.**Information, Frames, Cues, Phrases** |
| Click here to enter text. |

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| **ROLE:** Click here to enter text.**Information, Frames, Cues, Phrases** |
| Click here to enter text. |

**Section 7: Debriefing Plan**

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| **REACTIONS:** Try to tie reactions to learning objectives you plan to cover. Try to frame in emotions. ***You do not have to fill out this section prior to submitting this packet for approval*** |
| *How do you feel?* Click here to enter text. |

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| **FACTS:** Give basic facts of case so learners don’t spend debriefing time debating/wondering what was going on with the patient. More advanced learners may give report. |
| Click here to enter text. |

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| **PREVIEW:** In one or two sentences, give learners preview of the main topics you will cover in debrieing. These can be broad such as communication, patient safety, and management of SVT or they can be specific such as recognizing signs and symptoms of pancreatitis and understanding resources related to new diagnosis of HIV. Purpose is to let learners know where you are headed. ***You do not have to fill out this section prior to submitting this packet for approval*** |
| Click here to enter text. |

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| **UNDERSTAND & EXPLORE:** Begin each new objective with AI question trying to understand, explore, discuss, and generalize learners’ frames. Debriefing molecule from CMS fits here within each objective. Remember this is **I saw** / **I thought** / **I wonder *You do not have to fill out this section prior to submitting this packet for approval*** |
| Click here to enter text. |

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| **SUMMARY:** Ask learners to summarize their “take-aways.” ***You do not have to fill out this section prior to submitting this packet for approval*** |
| *What worked well?**What will you change for next time?**What are some things from today that you will incorporate into your clinical practice?*Click here to enter text. |

**Section 8: Facilitator Information**

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| **Basic Science, Clinical Information, or other Background that will be helpful for facilitator/debriefer**  |
| Click here to enter text. |