**Simulation Pre-planning Form**

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

**Developer(s):** Click here to enter text.

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| **Problem/Needs Assessment**  | **Learner Group(s)** |
| Click here to enter text. | Click here to enter text. |

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| **Learner Objectives** |
| At the end of the session, learners should be able to…Click here to enter text. |

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| **Scenario Plot Summary** |
| Click here to enter text. |

Setting (e.g. ER, OR, Med-surg floor): Click here to enter text.

Modality (e.g. high fidelity simulator, hybrid, standardized patient): Click here to enter text.

Type of Simulation (e.g. immersive, teaching, interprofessional): Click here to enter text.

ESPs/Staff needed (e.g. Nurse, family, healthcare provider): Click here to enter text.

**Debriefing Strategy** (e.g. Advocacy/inquiry, Plus/Delta)**:** Click here to enter text.