

Casper College Health Science Simulation Center Generalized Simulation Development Template



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16SP HSSC Generic Hospital Scenario AutoForm 01

This is your simulation scenario. Note that this is not your SESSION, which may have multiple scenarios. This is a SINGLE SCENARIO. You can come back and edit this at any time by using the link that will be emailed to you when you save the scenario.

* Required

1. Authors *

Enter the names of authors. Don't use spaces
-- use_the_underscore_character_instead.

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2. email 1 *

IMPORTANT: Enter a valid email address to
get the link to your project.

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3. email 2

Enter a valid email address to send the link to
another person.

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4. Program *

Choose the Health Science program this scenario is designed for. If this involves more than one program, choose "Other" and enter all programs separated_by_the_underscore_character.
Mark only one oval.

☐ RESP

☐ NRST

☐ PTEP

☐ COTA

☐ MLTK

☐ PHTK

☐ RDTK

☐ KIN

☐ Other:

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5. Course Number *

Enter a 4-digit course identifier.

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6. Title *

Give your SCENARIO a unique short title.
The first name of a client is helpful as part of the name. Don't use spaces in the name -- use_the_underscore_character_instead.

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7. Scenario Description *

Enter a short description of the scenario.

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Need and Theory

NEED:

What makes this scenario meaningful in your curriculum? Briefly describe the need for this simulation and how it was determined.

THEORY:

What is the basis for this scenario? How is it validated? Cite references where appropriate.

8. Learning Need *

How was this scenario chosen? Was there a needs assessment or other curricular demand? Does it fit somewhere specific in your curriculum?

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9. Learning Theory

Is there specific research that support this learning need or method or scenario?

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Learning Objectives, and Critical Actions

LEARNING OBJECTIVES:

These are the whole point of your scenario. These concepts or ideas or facts are not something that your target learners necessarily WOULD know before the simulation, but something that this scenario helps them learn to put into practice. For example, the main learning objectives for our "Basic Patient Encounter" simulation are: 1) hand hygiene, 2) positive patient identification, and 3) professional introduction.

Whatever the objectives, your scenario will be designed deliberately to bring those objectives into focus. You should specify at least one learning objective, but no more than three. Simple scenarios are often the most powerful.

CRITICAL ACTIONS:

These are specific, measurable actions that learners may or may not take during the scenario to demonstrate that they understand the objective. For instance, if learners understand the concept of "hand hygiene", the critical actions would be something like, "performs HH before AND after entering room or assessing client".

The learning objectives and critical actions are the basis for debriefing after a scenario.

10. Learning Objective 1 *

Describe a concept or principle or knowledge that learners should demonstrate or gain from this scenario.

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11. Critical Actions for Objective 1 *

List specific, measurable actions that demonstrate understanding of the concept.

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12. Learning Objective 2

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13. Critical Actions for Objective 2

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14. Learning Objective 3

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15. Critical Actions for Objective 3

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Client Information

We use this info to organize sim scenarios so please fill everything in even if the details do not matter in the scenario. If the scenario requires HSSC chart materials, the information you enter will be on the documents. If the scenario requires a wristband the information will also appear on the wristband (unless you specify otherwise).

16. **Client Name ***

Enter the client's name, first name followed by last name.

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17. **Age ***

How old is this client? Enter a digit and "yo" for anyone over a year or a digit and "mon" to indicate a number of months or "NB" for a newborn.

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18. **Birthdate ***

Enter a two digit month, a slash character, and a two digit day, like 01/01 for New Years or 12/25 for Christmas.

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19. **Gender ***

Choose M for male or F for female. Choose m/f if the scenario could use either.
Mark only one oval.

☐ M

☐ F

☐ m/f

20. **Allergies ***

Choose allergies for your client.
Check all that apply.

☐ NKDA

☐ PCN

☐ shellfish

☐ sulfa

☐ latex

☐ Other:

.....

21. **Medical Record Number**

Please DO NOT fill in this field -- HSSC staff will enter this value.

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Initial CLIENT Setup

This information is used to set up a human simulator or your Standardized Patient. This is about how the client is situated PHYSICALLY for the scenario.

22. Human Patient Simulator (HPS) or Standardized Patient (SP) *

Who will play the part of your client? If more than one simulator will work, check more than one box. If your scenario needs a live human, choose from the Standardized Patient options.

Check all that apply.

- ☐ Dark HAL
- ☐ Light HAL
- ☐ Dark Susie
- ☐ Light Susie
- ☐ Dark Halito
- ☐ Light Halito
- ☐ Noelle
- ☐ Dark Newborn HAL
- ☐ Light Newborn HAL
- ☐ we NEED a Standardized Patient
- ☐ we HAVE a Standardized Patient

23. Client Dress *

Please be descriptive if you choose "Other".

Check all that apply.

- ☐ hospital gown
- ☐ non-skid hospital socks
- ☐ street clothes
- ☐ robe
- ☐ home sleepwear
- ☐ shoes
- ☐ hat
- ☐ Other:

24. Client Position *

Check all that apply. Please be descriptive if you choose "Other".
Check all that apply.

- ☐ prone
- ☐ supine
- ☐ side-lying left
- ☐ side-lying right
- ☐ sitting
- ☐ tripod
- ☐ in bed
- ☐ in chair
- ☐ in wheelchair
- ☐ on floor
- ☐ on stretcher
- ☐ Other:

25. Airway/O2

Please list the FLOW RATE in "Other" as well as specifics if something is supposed to be out-of-the-ordinary. NOTE that this is how the client is set up at the beginning of the scenario and may vary from the provider orders.
Check all that apply.

- ☐ none
- ☐ Identical to Admit Orders
- ☐ nasal cannula
- ☐ simple mask
- ☐ non-rebreather
- ☐ bag-valve mask
- ☐ ET tube
- ☐ tracheostomy
- ☐ ventilator (per RESP faculty)
- ☐ BiPAP (per RESP faculty)
- ☐ CPAP (per RESP faculty)
- ☐ Other:

26. **IV Setup**

Depending on learning objectives, this may be the same as what is ordered for this client or it may be different.
Check all that apply.

- ☐ none
- ☐ identical to Admit Orders
- ☐ saline lock
- ☐ IV disconnected
- ☐ IV not running
- ☐ wrong rate
- ☐ wrong fluid
- ☐ Other:

27. **Client Details and Moulage**

Please describe bandages, wounds, other moulage or details we need to create on the client.

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28. **Wristband ***

If wristband info is different from client info above, please specify in "Other".
Mark only one oval.

- ☐ identical to client information
- ☐ no wristband
- ☐ Other:

Physical SETTING

This is about the physical setting where your client appears. Our typical setup is in one of the HSSC labs as a hospital room or a home-type setting. If your scenario is outside one of the labs, please be descriptive about where it will take place.

29. **Setting ***

Choose the hospital unit or other setting for this scenario.
Mark only one oval.

- ☐ ICU
- ☐ Acute Care
- ☐ ED
- ☐ at home
- ☐ in LTC
- ☐ Other:

30. **Setting Details**

Please add any specifics about the setting if it should vary from our typical hospital unit or home/LTC setups.

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31. **BEDSIDE Monitor**

Please choose options for the wall-mounted bedside monitor.
Mark only one oval.

- ☐ standard vital signs setup
- ☐ respiratory vital signs setup
- ☐ streaming television
- ☐ power OFF
- ☐ unused -- scenario is outside of HSSC labs

32. **PORTABLE Monitor**

Please choose options for portable monitoring.
Mark only one oval.

- ☐ VS monitor only
- ☐ EMS bag w/hookups
- ☐ none
- ☐ Other:

33. **HSSC Props**

Please be descriptive and indicate if you will bring props or if we need to supply them in "Other".

Check all that apply.

- ☐ breakfast
- ☐ lunch or dinner
- ☐ wheelchair
- ☐ stretcher
- ☐ patient lift
- ☐ isolation materials
- ☐ crashcart
- ☐ newborn warmer
- ☐ mechanical ventilator
- ☐ Other:

34. **Communication ***

Indicate communication channels into and out of the scenario. If you are providing outside resources, please indicate that in "Other". By default, the phone in a room rings the Hospital Operator.

Check all that apply.

- ☐ telephone answered as Hospital Operator
- ☐ telephone answered as 911 Operator
- ☐ two-way radio
- ☐ no communication
- ☐ Other:

35. **Supplies**

Please list any needed non-standard supplies such as sterile kits. There is no need to list gloves, syringes, patient care items or other basics.

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36. **Setting Notes**

Please list any particulars.

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Medical Condition: HSSC Admit Info

This information appears on the Admit Sheet for this client. The Admit Sheet is typically posted outside the door of the client room and is sometimes provided to learners to prepare before the scenario.

37. **Admit Date ***

When was your client admitted to this unit? If you choose "Other" please put in a RELATIVE date, i.e. "one week ago" versus an absolute date.

Mark only one oval.

- ☐ LAST NIGHT
- ☐ THIS MORNING
- ☐ TODAY
- ☐ YESTERDAY
- ☐ TWO DAYS AGO
- ☐ Other:

38. **Provider Name ***

Enter the NAME and CREDENTIALS of the Primary Care Provider for your client, i.e. "Dr. Magee", "J. Fairmont, MD" or "Sedburg, FNP".

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39. **Diagnoses ***

What are the MEDICAL DIAGNOSES this client is in the hospital for?

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40. **Admit History ***

This is a note from the admitting provider describing how the client wound up here. Something like, "Client was having trouble breathing and was brought to the ED. Admitted to the floor when it was determined he was suffering from an asthma attack."

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41. **Code Status ***

What are the orders if your client has a cardiac or respiratory event?
Mark only one oval.

☐ full code

☐ DNR

42. **Current Status ***

This is how the client was doing right before your scenario starts. The client may be in trouble now, but don't give that information away here, necessarily.

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HSSC Admit Orders

This information appears on the HSSC Admit Sheet. These are provider orders that appear on the documents. There is another area for the actual setup, so this info may or may not correspond to what learners actually encounter in the scenario.

43. **Diet ***

Mark only one oval.

- ☐ regular
- ☐ NPO
- ☐ 1800 calorie ADA
- ☐ cardiac
- ☐ soft
- ☐ clear liquids
- ☐ full liquids
- ☐ advance as tolerated
- ☐ diabetic
- ☐ ground meat
- ☐ NAS

44. **Activity ***

Mark only one oval.

- ☐ ad lib
- ☐ walk in halls
- ☐ bedrest
- ☐ bedrest with bathroom privileges
- ☐ up with assist
- ☐ Other:

45. **IV Fluid ***

Mark only one oval.

- ☐ none
- ☐ per protocol
- ☐ NS
- ☐ D5 1/2 NS
- ☐ D5W
- ☐ Other:

46. IV Rate

Leave this blank if IV fluid is "none".

Mark only one oval.

- ☐ TKO
- ☐ at 125 mL/Hr
- ☐ at 50 mL/Hr
- ☐ at 75 mL/Hr

47. Oxygen Order *

Choose an order or write one using "Other".

Mark only one oval.

- ☐ none
- ☐ to keep SpO2 greater than 90%
- ☐ to keep SpO2 greater than 88%
- ☐ 2 LPM via NC
- ☐ per Respiratory Mechanical Ventilation protocol
- ☐ Other:

48. Scheduled Medications *

Check all that apply.

- ☐ none
- ☐ antibiotics per protocol
- ☐ insulin per protocol
- ☐ Other:

49. PRN Medications *

Check all that apply.

- ☐ none
- ☐ pain medication per protocol
- ☐ Other:

50. Laboratory Tests *

Check all that apply.

- ☐ none
- ☐ CBC with diff
- ☐ H&H
- ☐ type and cross
- ☐ coags
- ☐ basic chemistry
- ☐ comprehensive chemistry
- ☐ UA
- ☐ UA with C&S
- ☐ cardiac panel
- ☐ toxicology screen
- ☐ Other:

51. Imaging Tests *

Check all that apply.

- ☐ none
- ☐ CXR
- ☐ ABD
- ☐ C-spine
- ☐ KUB
- ☐ Other:

52. Nursing Orders *

Check all that apply.

- ☐ per protocol
- ☐ strict I&O
- ☐ ICU care protocol
- ☐ Other:

53. Other Orders TITLE

This is a placeholder for the TITLE for discipline-specific orders, such as an "OT Eval". This TITLE appears on the admit sheet if it is filled in. Put a colon (:) at the end of your title. If you fill this in, be sure to add the orders below!

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54. Other Orders

Fill in additional orders here. You should have put in a TITLE above to describe these orders.

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Scenario Instructions and Document Posting

55. Advance Online Document Posting *

Let us know which documents from this scenario should appear online for learners in advance of the scenario. This also lets us know to CREATE labs or a MAR for your scenario.

Check all that apply.

☐ PRE-BRIEF instructions

☐ ADMIT sheet

☐ LAB sheet(s)

☐ MAR

☐ none

☐ Other:

56. Advance Posting Date *

How early should students get the documents?

Mark only one oval.

☐ ASAP

☐ one WEEK prior

☐ no advance posting

☐ Other:

57. Learner Pre-Briefing *

List instructions that should be delivered VERBALLY to learners JUST PRIOR to the scenario. Include asking about equipment and supplies they may need reminded of and anything that has not been encountered before.

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58. Facilitator Instructions *

List any important things for a faculty member who will conduct the scenario.

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59. Standardized Patient Instructions

If you are using an SP, give detailed instructions here about what to expect. Include a list of what the SP should say, NOT say, do, and NOT do. This information is printed on a sheet you can give to the SP.

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60. Debriefing Questions *

List some questions that will help focus on the learning objectives in the debriefing session.

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Initial Client PHYSIOLOGY

This is how the client presents at the beginning of the scenario. Most of these settings can be altered individually "on the fly" as the scenario unfolds. The next page describes changes programmed together that happen in response to learner actions or over time.

Anything not specified will default to NORMAL physiology.

61. Initial Neurological State *

This describes simulator function rather than orientation or arousability. Pupils can function independently; please use "Other" to describe independent pupil dilation and reactivity.
Check all that apply.

- ☐ Standardized Patient (see SP Instructions)
- ☐ awake (eyes blinking)
- ☐ asleep (eyes closed)
- ☐ spontaneous eye opening
- ☐ pupils equal, normal dilation and reactivity
- ☐ seizure, low intensity
- ☐ seizure, high intensity
- ☐ Other:

62. Initial Temp

This temperature can show on the bedside vital signs monitor or be affixed to the simulated oral thermometer at bedside, depending on scenario needs. Enter a number with a decimal point followed by a single digit, a space, and C or F, like "101.9 F" or "37.0 C" without quotes.

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63. Initial Heart Rate

This is beats per minute. Enter a decimal number.

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64. Initial Respiratory Rate

This is respirations per minute. Enter a decimal number.

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65. Initial Blood Pressure

Enter a systolic number, a slash, and a diastolic number, like "120/80" without the quotes.

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66. Initial Oxygen Saturation

This is a percentage. Enter a number from 0 to 100.

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67. Initial Breathing Pattern

For unequal chest rise, abnormal inspiratory/expiratory phases, changes in compliance or resistance, or other specialized breathing patterns, please select "Other" and describe in detail and verify with staff that your needs can be met.

Mark only one oval.

- ☐ normal
- ☐ apnea
- ☐ apneustic
- ☐ Cheyne-Stokes
- ☐ Kussmaul's
- ☐ Biot's
- ☐ Other:

68. Initial Breath Sounds

By default, all lung fields will have the same sounds at the same volume. There are more sounds than listed here. For alternate sounds, multiple sounds and/or volume adjustments, please select "Other", describe in detail, and verify with staff that your needs can be met.

Mark only one oval.

- ☐ normal
- ☐ none
- ☐ biphasic wheezing
- ☐ expiratory wheezing
- ☐ crackles
- ☐ Other:

69. Other Initial Physiology

The manikins have many capabilities and we can simulate many things for them or for Standardized Patients. Please use "Other" to describe your selections and needs in detail and check with staff to verify how they will be met.

Check all that apply.

- ☐ cyanosis
- ☐ abnormal bowel sounds
- ☐ absent pulses
- ☐ Other:

Confederates/Roles

The term "confederate" refers to someone playing an auxiliary person in the scenario like a family member or another healthcare worker. This is someone who knows how the scenario is scripted and they have a part to play to help with the learning. Confederates are usually part of the simulation learner group but may be recruited from outside. Confederates wear street clothing over their uniforms if they are part of the learner group.

Confederate scripts may be directly related to learning objectives (like "Communication") or critical actions (like "learner identifies everyone present"). They may be distractions, offer helpful cues, or serve other of functions.

More than one or two confederates are hard to integrate into a scenario. All confederates need some background information and specific directions about what to do and NOT do. It is helpful to create gender-neutral roles like "parent" versus "mom" or "dad".

These sections can also describe other participants in roles corresponding to disciplines.

70. Confederate/Role #1 Description

Please name and briefly describe the confederate. For example, "PARENT: crying and very worried about client".

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71. Confederate/Role #1 Instructions

Please write explicit directions for the confederate. Give an overview and any actions or statements the confederate should offer to make the scenario run. For example, "You saw a cloud of dust in front of you and a car go off the road. You stopped to help but you don't know what you could do. You don't know the victim but you think he lives nearby and drinks. If you are asked to help, you will, but you need lots of directions. You say, "I'm in a hurry" several times. IF the learners don't administer oxygen, THEN you ask, 'Is he getting enough air?'"

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72. Confederate/Role #2 Description

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73. Confederate/Role #2 Instructions

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74. Other Confederates/Roles Descriptions

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75. Other Confederates/Roles Instructions

If your scenario needs additional people, describe them and their instructions here.

The Scenario Script

This is a description of the scenario and how it MIGHT go. This script is built around "FRAMES". You should think of

Changes to the physiology of the client should be described here as well as cues that should be delivered by confederates, the client, over the phone, or in any other way.

The progression of the scenario should support the learning objectives in the most realistic way possible. The entire scenario should not be interrupted and no participants or facilitators should "break role" unless the scenario ENDS.

No matter how the scenario unfolds, it should be stopped after a pre-determined time. If all critical actions have been completed by the learners, the scenario should be stopped at that time. should not run longer than a determined time

76. Scenario Runtime *

Fifteen minutes is a good place to start. The scenario should not run longer than 30 without good reason. Enter the number of minutes.

77. Scenario Summary *

Give an overview of the way the scenario is designed to run in the manner of a "story".

78. **FRAME #1** *

The simulation starts here with the simulator or SP in the "Initial State" you set up on other pages. In this box, you should describe "IF - THEN" conditions or instructions that might move the scenario to other FRAMES. For instance, "IF learners ask, THEN patient reports pain level of six." IF pain meds are administered, THEN go to FRAME #2." Then in FRAME #2, the vital signs might be different or the patient might report an improvement without being asked. You can move about in FRAMES, but you should try to anticipate what could happen. Don't forget to describe what will END the scenario, like, "IF learners call for help, END SCENARIO."

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79. **FRAME #2**

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80. **FRAME #3**

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81. **Additional FRAMES**

If you need more than 3 FRAMES, you can use this space.

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82. SCENARIO END

Usually, the facilitator should step into the setting and announce that the scenario has ENDED. If this scenario ends in a different way, like with a phone call, indicate that here.

REVISIONS

We should keep track of changes to the scenario. Design is an iterative process and it helps us to look back.

83. Revision NOTES *

You should ADD to this field. Start at the end of the existing text and use a date and your name or initials. What changed? Why? Was it about the logistics or the learning objectives? Did you add a cue for the facilitator or confederate or did you change the script or setup? The more detailed our rationale, the more robust our scenario.

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