The Ohio State University CSEAC Scenario Development Form

(Items with * must be filled out prior to submitting the form or meeting with simulationist. Please fill out as much as possible to expedite the development process)

Scenario Name:
Author(s):
Course director:
Content expert:
Date of Development:
Targeted Audience:
Simulation Platform:
(HPS, SimMan3G, MetiMan, SimMom, SimNewbie, task trainers, or Other):

*Synopsis of Scenario:

*Learning Objectives:
*Scenario Intro (**read to learner**)*

*Facilitator briefing/ Curricular information:*
**Educational Learning Model**

**Prerequisites:**

**Didactics Needs:**

**Learning Method:**

**Debriefing Method:**

**Outcome / Evaluation / Measurement / Research:**
*Preparation*

Supporting Files

- Roles

Setting

- Monitors Available to Participant

- Other Equipment Required

Time Duration

- Set up:
- Simulation:
- Debriefing:
- Tear down:

Supplies

- AV/I.T. Required
*Learner Information*

(Information given to learner during scenario)

Scenario Introduction *(give to learner):*

**General Information (SBAR):**
- LOC:
- Name:
- Age:
- Birth Date:
- Weight:
- Height:
- Vital Signs:
- Patient History:
  - History of Present Illness:
  - Allergies:
  - Medications:
  - Past Medical / Surgical History:
  - Intake/outputs:
- Symptoms:
  - Events leading up to Illness:
  - Onset of symptoms:
  - Provocation / provokes:
  - Severity of pain:
- Review of Systems
  - CNS:
  - Cardiovascular:
  - Pulmonary:
  - Abdominal:
  - Renal:
  - Psychiatric:
- Physical Exam:
  - Head:
  - Chest:
  - Abdominal:
  - Arms:
  - Legs:
  - Back:
- Current Interventions:

**Laboratory, Radiology, and Other Relevant Studies: Labs:**

Created By: Scott R. Winfield       The Ohio State University College of Medicine       CSEAC       2014
**Simulation Sequence**

**You may insert rows and columns to each chart to add parameters by right clicking within boxes**

1. *Initial Baseline*

Vital signs:

<table>
<thead>
<tr>
<th>HR</th>
<th>BP</th>
<th>SPO2</th>
<th>RR</th>
<th>ETCO2</th>
<th>CVP</th>
<th>PAP</th>
<th>CO</th>
<th>Temp</th>
</tr>
</thead>
</table>

Sounds/Auscultations:

Patient Responses:

EKG:

Appearance/PE:

Further details:

Operator details:

Learner Objectives and Interventions:

Transition Cue:

Go to state:

2. *State Name*

Vital signs:

<table>
<thead>
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<th>HR</th>
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Sounds/Auscultations:

Patient Responses:

EKG:

Appearance/PE:

Further details:

Operator details:

Learner Objectives and Interventions:

Transition Cue:

Go to state:
**3. State Name**

Vital signs:

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<th>PAP</th>
<th>CO</th>
<th>Temp</th>
</tr>
</thead>
</table>

Sounds/Auscultations:
Patient Responses:
EKG:
Appearance/PE:
Further details:
Operator details:
Learner Objectives and Interventions:

**Transition Cue:**
Go to state:

**4. State Name**

Vital signs:

<table>
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<th>CVP</th>
<th>PAP</th>
<th>CO</th>
<th>Temp</th>
</tr>
</thead>
</table>

Sounds/Auscultations:
Patient Responses:
EKG:
Appearance/PE:
Further details:
Operator details:
Learner Objectives and Interventions:

**Transition Cue:**
Go to state:

**5. State Name**

Vital signs:

<table>
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Sounds/Auscultations:
Patient Responses:
EKG:
Appearance/PE:
Further details:
Operator details:
Learner Objectives and Interventions:
**Technician/Patient Notes**

*(Information for sim tech and facilitator about patient)*

**General Information (SBAR):**
- LOC:
- Name:
- Age:
- Birth Date:
- Weight:
- Height:
**Patient History:**
- History of Present Illness:
- Allergies:
- Medications:
- Past Medical / Surgical History:
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**Symptoms:**
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**Review of Systems**
- CNS:
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- Pulmonary:
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- Renal:
- Psychiatric:

**Physical Exam:**
- Head:
- Chest:
- Abdominal:
- Legs:
- Arms:
- Back:

**Current Interventions:**

**Laboratory, Radiology, and Other Relevant Studies: Labs:**
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<th>HEAD:</th>
<th>LEGS/FEET:</th>
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<tbody>
<tr>
<td>CHEST:</td>
<td>ARMS/HANDS:</td>
</tr>
<tr>
<td>ABDOMEN</td>
<td>PELVIC:</td>
</tr>
<tr>
<td>BACK:</td>
<td>OTHER:</td>
</tr>
</tbody>
</table>
** This sheet to be filled out by Simulationist after simulator programming.
****Other parameter or conditions can be added to the center blocks by sizing the main object. The transition/event/cue box will grow with the entered text as needed. Use the MS office insert shapes lines and arrows to add any needed connectors.
Instructions and Definitions:

Synopsis of scenario: This is the who, what, and when of the simulation. Included should be information about the patient or conditions, how the simulation progresses, and learning objectives. After reading this the instructor/facilitator should have a good idea on how the scenario runs and what is going to happen when. This section should also include how the scenario presents (ie. You are called to room ## or in E.R. ) and this is what is known.

Learning objectives: List each specific result or action to be achieved. This also includes learning goals of the simulation. The objectives should also reflect items that you are assessing or evaluating. Objectives can include competencies that should be demonstrated throughout the scenario or at individual states of the scenario. The ACGME competencies are a good source to identify help objectives and categorize them. The competencies are: patient care, medical knowledge, practiced based learning, interpersonal/communication, professionalism and system based practices.

Scenario Intro: This is what the learner or participant reads to get them started or engaged in simulation. Should provide minimal circumstance, patient assessment, and setting info. Ideally this section should also include a pre-brief discussing the overall objectives of simulation (specific to the scenario or general), familiarization to their environment, and disclosures. This can be given or read to each participant and/or group.

Facilitator and curricular information: This provides didactic and formal information for the facilitator to teach or enforce before, during, and after the scenario. This might be information supporting the learning objectives, items to debrief, or evidence based research supporting the scenario/simulation. It is always good to include the scenario flow and end points. Examples: AHA guidelines for Vfib include compressions, airway, and breathing algorithm along with defibrillation. Current quality initiatives or procedures are… The current guidelines for sepsis treatment are….. The calculation for an epi drip is…. Proper treatment for this patient is…. etc.

Educational learning model: These questions help define how each participant is learning the material or objectives for the scenario. If the learner or participant is complete a prerequisite like an online module, test, or reading material prior to attending the course. Should there be learning materials provided like a power point or documentation prior, during, or after the simulation. What learning method is preferred: facilitator is in room instructing as simulation progresses (instructional), learners experience on their own (experiential), all didactic, competency based (Ex. ACLS mega code). The debrief model can be as simple as plus/delta or any other model desired to facilitate feedback and confidence. Outcomes and research lets us know if the simulation is being evaluated by formative or summative methods or a part of a research project.

****all research projects when published or presented must include the acknowledgement of the CSEAC center’s use for simulation and those individuals included in the development. IRB must be kept on file in CSEAC dept.

Preparation: Things needed to get the simulation or task training ready to go and supplied. The more details the better. Included should be supplies, medical equipment, and AV items.

*****CNTRL Key and Click Here Back To Document*****
Instructions and Definitions (2):

Learner Information: This is the patient information you would want the learner/participant to have during the simulation. It may include more information that suggested in this form or less if you don’t want the learner to know or not applicable. This can be any format not just the suggested. Example would be only providing demographic info and nothing else so the learner/participant solicits the info. Use a custom pneumonic ex. SBAR

Simulation Sequence: This is the layout of the simulation program. How the simulator is doing and reacts to actions or interventions. Each “state” is a defined set of parameters, information, and objectives. Defines hemodynamics the user will see or need. The items below the hemodynamic table define items happening in this state with these hemodynamics.

Patient response: alertness, scripted responses, and movement

EKG: rhythm or condition (sinus, 3rd degree block, vfib)

Appearance/PE: How does the simulator look and/or bodily functions (pink, blue lips, start bleeding wound)

Further details: environment changes, scripted lines for confederates or extras. Do this or that

Operator details: notes to the person running the simulator. Ex. Close eyes when IV started. Start bleeding.

Learner objectives and interventions: What should the learner/participant be doing in this state. This can be one of your objectives or just a list of tasks or interventions to be completed based on the situation. Ex. Start IV, begin compressions, follow AHA guidelines for Asystole, or Call for help.

Transition Cue and Go to State: This is how you get from one state to another. Usually this is an intervention, time in state, or per instructor/facilitators direction. The transition is the action to move on or to another state; Go to state tells the simulation operator which pre-programmed state to go when the action or question is given. Not all scenarios have to go in order, sometimes you can go between states or have a couple of transitions or states to go between. Think of this as a if-then statement: If Epi is given (transition) then go to Recovery state.

*** It is not required but try to limit general scenarios to no more than 6 states

Technician/patient notes: This is the details of the patient for the simulation operator and facilitator so they can answer questions or give results when needed or prompted. Learner does not see this info.

Moulage Sheet: Graphic representation and list of items needed to be made up to provide suspension of disbelief to the learner/participant. This includes makeup, wounds, conditions, and medical interventions (IV, nasal cannula, chest tube, etc)
**Scenario Algorithm:** This is a graphic representation for the simulator operator and facilitator of the written scenario flow and transitions based on the scenario sequence and scenario synopsis. Included are parameters, hemodynamics, transition events, cues, events, and flow arrows to show the options for each scenario state. Each state must have only one set of parameters but can have many transition/event/cue options. If a state does not have any associated directional arrows or transition/events/cues it indicates conditions that can be executed at any point within the scenario and does not change the flow but does change parameters and/or conditions. ***** This portion of the form is usually completed by the simulationist after all scenarios and programming is completed. Below are the definitions for each symbol and graphic on the form.

↓ The single directional arrow indicates that the scenario flow goes from the current state or condition to the next based on the associated learner action, event, or cue in the box. Your transition is where the originating point of the arrow begins to where the terminating point indicates. The arrow can be routed in many fashions to achieve ease of understanding. (** if -then statement, if this happens then do this)**

\ The bi-directional arrow indicates that the scenario flow can go from the current state or condition to the next and/or back to the current if conditions equate based on the associated learner action, event, or cue in the box. This enables you to represent the action of moving from one state to another then return to the original or previous if conditions are met in the associated transition box it is pointing towards. The originating and terminating points depend on which state you are in at the time. The arrow can be routed in many fashions to achieve ease of understanding. (** go-to and return-to statement**