

Simulation Interest Group Scenario Template

- I. Title**
- II. Target Audience:** med students, nurses, paramedics, residents
- III. Learning Objectives or Assessment Objectives**
 - A. Primary - key learning objectives of the scenario, sugg max would be five
 - B. Secondary - detailed technical goals, behavioral goals, didactic points
 - C. Critical actions checklist – a list to ensure the educational /assessment goals are met. This *may* include:
 1. Simple checklist of critical actions (may be created with faculty consensus)
 2. optimal sequence of critical actions (performance in order = higher scores in certain management areas)
 3. Duration to critical actions
 4. Global area ratings such as oral board scores
 5. Behavioral ratings as seen in ACRM
 6. Criterion standards of performance by level of learner
- IV. Environment**
 - A. Lab Set Up – ED, trauma bay, decon room, in lab or in real ED
 - B. Manikin Set Up – type of simulator, moulage, lines needed, drugs needed
 - C. Props – ECGs needed, X-rays, CT scans, EMS equip, decon equipment, special airway equipment (basic airway and code blue cart is assumed)
 - D. Distractors – list here any environmental or background distractors
- V. Actors**
 - A. Roles – paramedic, nurse, consultant
 - B. Who may play them – other residents, other students, actors
 - C. Action Role – what role do they serve in the scenario
- VI. Case Narrative** (describes what the learner will experience)
 - A. Scenario Background Given to Participants (specify if given freely or must be asked for)
 1. Chief complaint, triage note, medic report
 2. Past medical history
 3. Meds and allergies
 4. Family/social history
 - B. Scenario conditions initially
 1. History patient gives
 2. Patients initial exam
 3. Patients physiology
 - C. Scenario branch points
 1. changes in patients condition
 2. responses to treatments

3. usually are several directions scenario can be taken

VII. Instructors Notes (what the instructor must do to create the experience)

- A. tips to keep scenario flowing in lab and via computer
- B. tips to direct actors
- C. scenario programming
 1. Optimal management path
 2. potential complications path(s)
 3. potential errors path(s)
 4. program debugging

VIII. Debriefing Plan

- A. Method of debriefing – individual, group, with/without video, knowledge support items (CDROMs, articles, handouts)
- B. Actual debriefing materials
- C. Rules for the debriefing
- D. Questions to facilitate the debriefing

IX. Pilot Testing and Revisions

- A. Numbers of participants
- B. Performance expectations, anticipated management mistakes
- C. Evaluation form for participants

X. Authors and their affiliations