

USF College of Nursing Simulation Template-Undergraduate

Scenario Overview

Scenario Title:

Scenario Summary:

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Scenario Overview

Scenario Summary (continuation)

Education & Simulation Theory/Framework:

Evaluation of Learner:

Evaluation Tool of Simulation:

Facilitation:

Designers (Simulation and Content):

Pilot Test:

Validation and Peer Review:

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Identifying Information**Scenario File:**

Discipline: _____
Course: _____
Briefing Time: _____
Simulation Time: _____
Simulation Location: _____
Student Level: _____
Fidelity/Modality: _____
Debriefing Time: _____
Debriefing Technique: _____
Debriefing Location: _____

Brief Description of Client

Admission Date: _____	Today's Date: _____
Name: _____	Age: _____
Gender: _____	Date of Birth: _____
Race: _____	Major Support: _____
Weight: _____	Height: _____
Religion: _____	
Phone: _____	
Allergies: _____	
Immunizations: _____	
Attending Physician/Team: _____	

Past Medical History**Primary Medical Diagnosis:**

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History of Present Illness:

Past Surgical History

Social History

Participant Requirements

Psychomotor Skills Required Prior to Simulation:

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Participant Requirements**Cognitive Activities Required Prior to Simulation:**

(i.e.): independent reading (R), video review (V), computer simulations (CS), lecture (L)

Scenario and Program Objectives**Simulation Learning Objectives**

1)

2)

3)

4)

5)

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6)

7)

Simulation Specific Objectives

1)

2)

3)

4)

5)

6)

7)

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Link to Program/Curriculum Specific Objectives and Outcomes

1)

2)

3)

4)

5)

6)

7)

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NCLEX-RN Test Plan Categories and Subcategories (2016)

Safe and Effective Care Environment Management of Care	Physiological Integrity Basic Care and Comfort
___ Advance Directives	___ Assistive Devices
___ Advocacy	___ Elimination
___ Assignment, Delegation & Supervision	___ Mobility/Immobility
___ Case Management	___ Non-Pharmacological Comfort Interventions
___ Clients Rights	___ Nutrition and Oral Hydration
___ Collaboration of Interdisciplinary Team	___ Personal Hygiene
___ Concepts of Management	___ Rest and Sleep
___ Confidentiality/Information Security	___ Recognize complementary Therapy and Identify Potential Complications (ie: aromatherapy, acupressure, supplements)
___ Continuity of Care	
___ Establishing Priorities	
___ Ethical Practice	
___ Informed Consent	
___ Information Technology	
___ Legal Rights and Responsibilities	
___ Performance and Improvement (QI)	
___ Referrals	

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Health Promotion and Maintenance	Reduction of Risk Potential
<ul style="list-style-type: none"> <input type="checkbox"/> Aging Process <input type="checkbox"/> Ante/Intra/ Postpartum and Newborn Care <input type="checkbox"/> Developmental Stages and Transitions <input type="checkbox"/> Health Promotion/Disease Prevention <input type="checkbox"/> Health Screening <input type="checkbox"/> High Risk Behaviors <input type="checkbox"/> Lifestyle Choices <input type="checkbox"/> Self-Care <input type="checkbox"/> Techniques of Physical Assessment 	<ul style="list-style-type: none"> <input type="checkbox"/> Changes/Abnormalities in Vital Signs <input type="checkbox"/> Diagnostic Tests <input type="checkbox"/> Lab Values <input type="checkbox"/> Potential for Alterations in Body Systems <input type="checkbox"/> Potential for Complications of Diagnostic Tests/Treatments Procedures <input type="checkbox"/> Potential for Complications from Surgical Process and Health Alterations <input type="checkbox"/> Systems Specific Assessments <input type="checkbox"/> Therapeutic Procedures <input type="checkbox"/> Changes/Abnormalities in Vital Signs
Safety and Injection Control	Pharmacological and Parenteral Therapies
<ul style="list-style-type: none"> <input type="checkbox"/> Accident/Error/Injury Prevention <input type="checkbox"/> Emergency Response Plan <input type="checkbox"/> Ergonomic Principles <input type="checkbox"/> Handling hazardous and infections materials <input type="checkbox"/> Home Safety <input type="checkbox"/> Reporting of Incident/Event/Irregular Occurrence/Variance <input type="checkbox"/> Safe Use of Equipment <input type="checkbox"/> Security Plan <input type="checkbox"/> Use of Restraints/Safety Devices 	<ul style="list-style-type: none"> <input type="checkbox"/> Adverse Effects/Contraindications/Side Effects/Interactions <input type="checkbox"/> Blood and Blood Products Elimination <input type="checkbox"/> Central Venous Access Devices <input type="checkbox"/> Dosage Calculations <input type="checkbox"/> Expected Effects/Outcomes <input type="checkbox"/> Medication Administration <input type="checkbox"/> Parenteral/Intravenous Therapies <input type="checkbox"/> Pharmacological Pain Management <input type="checkbox"/> Total Parenteral Nutrition <input type="checkbox"/> Handle and Maintain Medication In A Safe And Controlled Environment

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<p>Psychosocial Integrity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Behavioral Interventions <input type="checkbox"/> Chemical and Other Dependencies/ Substance Use Disorder <input type="checkbox"/> Coping Mechanisms <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Family Dynamics <input type="checkbox"/> Grief and Loss <input type="checkbox"/> Mental Health Concepts <input type="checkbox"/> Religious and Spiritual Influences On Health <input type="checkbox"/> Sensory/Perceptual Alterations <input type="checkbox"/> Stress Management <input type="checkbox"/> Support Systems <input type="checkbox"/> Therapeutic Communications <input type="checkbox"/> Therapeutic Environment 	<p>Reduction of Risk Potential</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alterations in Body Systems <input type="checkbox"/> Fluid and Electrolyte Imbalances <input type="checkbox"/> Hemodynamics <input type="checkbox"/> Illness Management <input type="checkbox"/> Medical Emergencies <input type="checkbox"/> Pathophysiology <input type="checkbox"/> Unaccepted Responses to Therapies
<p>NCLEX Integrated Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nursing Process <input type="checkbox"/> Caring <input type="checkbox"/> Communication and Documentation <input type="checkbox"/> Teaching and Learning <input type="checkbox"/> Culture and Spirituality 	

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Choose all areas included in the simulation

Roles/Guidelines for Roles

Maximum number of participants per scenario: _____

Minimum number of participants per scenario: _____

- | | |
|---|---|
| <input type="checkbox"/> Primary Nurse | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Secondary Nurse | <input type="checkbox"/> Athletic Trainer |
| <input type="checkbox"/> Charge Nurse | <input type="checkbox"/> Embedded Participant |
| <input type="checkbox"/> Clinical Instructor | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Family Member #1 | <input type="checkbox"/> Medical Student/Resident |
| <input type="checkbox"/> Family Member #2 | <input type="checkbox"/> Clergy |
| <input type="checkbox"/> Observer | <input type="checkbox"/> Unlicensed Assistive |
| <input type="checkbox"/> Physician/Advance Practice Nurse | <input type="checkbox"/> Code Team |
| <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Scrub Tech |
| <input type="checkbox"/> Anesthesia/CRNA | |

Student Information Needed Prior to Scenario:

- Has been oriented to simulator and environment
- Understands guidelines/expectations for scenario
- Has accomplished all pre-simulation requirements
- All participants understand their assigned roles
- Has been given time frame expectations
- Other:

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Report Students will receive before Simulation: May use SBAR template

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Fidelity

choose all that apply to this simulation

Setting/Environment

- | | |
|---|--|
| <input type="checkbox"/> ER | <input type="checkbox"/> Women's Center |
| <input type="checkbox"/> Telemetry/Med Surg | <input type="checkbox"/> Behavioral Health |
| <input type="checkbox"/> Peds | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> ICU | <input type="checkbox"/> Pre-Hospital |
| <input type="checkbox"/> OR/PACU/Endoscopy | <input type="checkbox"/> Other |

Props

Medications and Fluids

- Oral Meds
- IV Fluids
- IVPB
- IV Push
- IM/Subcut/Intradermal
- Other:

Diagnostics Available

- X-rays (Images)
- 12-Lead EKG
- Echocardiogram _____

Significant Lab and Diagnostic Findings:

Morning labs/Micro:

CBC:

Chemistry:

Echocardiogram:

Radiology:

Other:

Select the Type and Write Number Needed:

- Simulator(____)
- Mannequin(s) (____)
- SP (____)

Male(QTY) (____) Female(QTY) (____)

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Equipment Attached to Mannequin:

- IV Tubing with primary line (_____) fluids running at (____)cc/hr
- Secondary IV line (____) running at (____) cc/hr
- IV Pump
- Foley catheter (____) cc output
- PCA pump running
- IVPB with (____) running at (____) cc/hr
- O₂ Delivery device (_____) flowing at (_____) L/min
- Monitor attached
- ID band
- Other _____

Documentation Forms

- Admit Orders
- Physician Orders
- Flow sheet
- Medication Administration Record
- EMR/EHR Patient _____
- Graphic Record
- Shift Assessment
- Triage Forms
- Code Record
- Anesthesia/PACU Record
- Standing (Protocol) Orders
- Transfer Orders
- Other _____

Equipment Available in Room

- Bedpan/Urinal
- Foley kit
- Straight Cath Kit
- Incentive Spirometry
- Fluids
- IV/Arterial line start kit
- IV tubing
- IVPB Tubing
- IV pump
- Feeding Pump
- Pressure Bag
- O₂ delivery device:
- Crash cart with airway devices and emergency medications
- Defibrillator/Pacer

Recommended Mode for Simulation (i.e. manual, programmed, etc)

Other:

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Physician Orders

Admit Order: _____

Patient Name: _____

MR #: _____ DOB: _____

Initial Orders: _____

Patient Name: _____

MR#: _____ DOB: _____

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

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Stat Orders after Call to HCP:

Patient Name: _____

MR#: _____ DOB: _____

Order Number:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Progression Outline

Timing (Approximate)	Mannequin Actions	Expected Interventions	May Use the Following Cues
First 5 minutes			

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First 5 minutes			
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Next 5-10 minutes			
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Next 5-10 minutes			
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Next 5-10 minutes			
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Final 15-20 minutes			
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Final 15-20 minutes			
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Debriefing/Guided Reflection Questions for this Simulation

Debriefing Technique:

PEARLS _____

DML _____

Debriefing with Good Judgment _____

Socratic Questioning _____

Plus/Delta _____

Debriefing Facilitator: (Name: _____)

Student Debriefing:

1. How did you perceive what happened during the simulation scenario? (Get multiple different perceptions of the event)

2. Did you have the knowledge and skills to meet the objectives for this simulation?

- Was the communication clear?
- Were the roles and responsibilities understood?
- Was situational awareness and a shared mental model maintained?
- Was the workload distribution equitable?
- Was task assistance requested or offered?
- Were errors made or avoided?
- Were all available resources utilized?

3. Were you satisfied with your ability to work through the simulation?

4. What did the team do well?

5. If we were to begin this case again, what would you do differently? What would you improve on?

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Specifics regarding the case:**Debriefing: (Ask at least one from each section)****Aesthetic Questions:**

"I would like each of you to talk to me about the problem(s) _____ was experiencing today.

"What was your main objective during this simulation?"

Personal Questions:

"How did this scenario make you feel?"

"What made you chose the actions/interventions/focus you chose for _____?"

Empirical Questions:

"I would like for each of you to talk with me about the knowledge, skills, attitudes (KSA) and previous experiences that provided you the ability to provide evidence-based care to _____."

Ethical Question:

"Talk to me about how your personal beliefs and values influenced the care provided to _____."

Reflection:

"Will each of you tell me how you knew what to do for a _____ patient with _____ and why?"

If we could re-do this scenario now, what would you change and why?

How will you use this in your professional practice?"

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Program/Curricular Specific Questions:

Debriefing Facilitator to write responses here

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Post Simulation Exercises:

1. _____

2. _____

3. _____

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References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario: *(site, source, author, year and page)*