**Pre-brief**

|  |  |
| --- | --- |
| Basic Assumption | “We believe that everyone participating in simulation activities are intelligent, capable, cares about doing their best and wants to improve.” |
| Pre-briefing Guidelines | Discuss the detail and expectations of the simulation-based activity.  Provide participants an orientation to the simulation environment, modality of delivery and equipment to be used.  Provide clear descriptions of assigned roles, the process to contact others as needed, and modes of communication during the simulation.  Review code of conduct and confidentiality.  Provide time for participants to prepare.  Fiction Contract   * “We know that simulation is not real, but we are going to engage and treat it as real. Facilitators have created a scenario which we believe is as realistic as possible. We request that you suspend your disbelief and engage in the scenario as if it were real” |

**Section 1: Case Summary**

|  |  |
| --- | --- |
| **S****cenario Title:** |  |
| Keywords: |  |
| Brief Description of Case: |  |

|  |  |
| --- | --- |
| **Goals and Objectives** | |
| Educational Goal: |  |
| Objectives:  (Medical and CRM) |  |
| EPAs Assessed: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learners, Setting and Personnel** | | | | | |
| Target Learners: | Junior Learners | | Senior Learners | | Staff |
| Physicians | Nurses | | Paramedics | Inter-Professional |
| Other Learners: | | | | |
| Location: | Sim Bay | | Simulation Centre | | In Situ |
| Recommended Number of Facilitators: | Instructors: | | | | |
| Simulation Specialist: | | | | |

|  |  |
| --- | --- |
| **Scenario Development** | |
| Date of Development: |  |
| Scenario Developer(s): |  |
| Affiliations/Institutions(s): |  |
| Contact E-mail: |  |
| Last Revision Date & Name: |  |

**Section 2A: Initial Patient Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Patient Chart** | | | | | | | |
| Patient Name: | | | | | Age: | Gender: | Weight: |
| Presenting complaint: | | | | | | | |
| Temp: | HR: | | BP: | | RR: | O2Sat: | FiO2: |
| Cap glucose: | | ETCO2: | | | GCS: (E V M) | | |
| Triage note: | | | | | | | |
| Allergies: | | | | | | | |
| Past Medical History: | | | | Current Medications: | | | |

**Section 2B: Extra Patient Information**

|  |  |
| --- | --- |
| **A. Further History** | |
| *Include any relevant history not included in triage note above. What information* ***will only be given to learners*** *if they ask? Who will provide this information (simulator’s voice, sim actors, SP, etc.)?* | |
| **B. Physical Exam** | |
| *List any pertinent positive and negative findings* | |
| Cardio: | Neuro: |
| Resp: | Head & Neck: |
| Abdo: | MSK/Skin: |
| Other: | |

**Section 3: Technical Requirements/Room Vision**

|  |
| --- |
| **A. Patient** |
| Simulator *(specify type)* |
| Standardized Patient |
| Task Trainer |
| Hybrid |
| **B. Special Equipment Required** | |
|  | |
| **C. Required Medications** | |
|  | |
| **D. Moulage** | |
|  | |
| **E. Monitors at Case Onset** | | |
| Patient on monitor with vitals displayed  Patient not yet on monitor | | |
| **F. Patient Reactions and Exam** | | |
| *Include any relevant physical exam findings that require simulator programming or cues from patient*  *(e.g. – abnormal breath sounds, moaning when RUQ palpated, etc.) May be helpful to frame in ABCDE format.* | | |

**Section 4: Sim Actor and Standardized Patients**

|  |  |
| --- | --- |
| **Sim Actor and Standardized Patient Roles and Scripts** | |
| *Role* | *Description of role, expected behavior, and key moments to intervene/prompt learners. Include any script required (including conveying patient information if patient is unable)* |
|  |  |
|  |  |

**Section 5: Scenario Progression**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scenario States, Modifiers and Triggers** | | | | |
| Patient State/Vitals | Patient Status | Learner Actions, Modifiers & Triggers to Move to Next State | | Facilitator Notes |
| **1. Baseline State**  Rhythm:  HR:  BP:  RR:  O2SAT: %  Temp: oC  ETCO2: | *Is the patient alert? In distress? Seizing? What symptoms do they currently have?*  GCS: | Expected Learner Actions | Modifiers  *Changes to patient condition based on learner action*  -  -  Triggers  *For progression to next state*  -  - |  |
| **2.**  Rhythm:  HR:  BP:  RR:  O2SAT: %  Temp: oC  ETCO2: | GCS: | Expected Learner Actions | Modifiers  -  -  -  Triggers  -  - |  |
| **3.**  Rhythm:  HR:  BP:  RR:  O2SAT: %  Temp: oC  ETCO2:  Patient State/Vitals | GCS:  Patient State | Expected Learner Actions            Learner Actions, Modifiers & Triggers to Move to Next State | Modifiers  -  -  -  Triggers  -  - | Facilitator Notes |
| **4.**  Rhythm:  HR:  BP:  RR:  O2SAT: %  Temp: oC  ETCO2: | GCS: | Expected Learner Actions | Modifiers  -  -  -  Triggers  -  - |  |

**Appendix A: Laboratory Results**

|  |  |
| --- | --- |
| CBC  WBC  Hgb  Plt  Lytes  Na  K  Cl  HCO3  AG  Urea  Cr  Glucose  Extended Lytes  Ca  Mg  PO4  Albumin  TSH  VBG  pH  pCO2  pO2  HCO3  Lactate | Cardiac/Coags  Trop  D-dimer  INR  aPTT  Biliary  AST  ALT  GGT  ALP  Bili  Lipase  Tox  EtOH  ASA  Tylenol  Dig level  Osmols  Other  B-HCG |

**Appendix B: ECGs, X-rays, Ultrasounds and Pictures**

|  |
| --- |
| *Paste in any auxiliary files required for running the session. Don’t forget to include their source so you can find them later!* |

**Appendix C: Facilitator Cheat Sheet & Debriefing Tips**

|  |
| --- |
| *Include key errors to watch for and common challenges with the case. List issues expected to be part of the debriefing discussion. Supplemental information regarding any relevant pathophysiology, guidelines, or management information that may be reviewed during debriefing should be provided for facilitators to have as a reference.*  Debriefing Guideline Examples  Feedback:  Include all participants to express their reactions to the simulation by asking open ended questions.  Maintain a safe learning and evaluation environment to encourage open discussion by listening with interest.  Debriefing:  Use open ended, non-judgmental statements; start with what, why, or how to promote deeper discussions allowing participants to make sense of the events and any concerns.  Consider any emotional impact of the simulation  Address any fixation errors that might have occurred that played a role in actions taken or that were feelings driven.  Try to relate the simulation to a real-life situation.  Consider starting the debrief by calling on someone who was not the leader.  Guided Reflection:  This phase signals the end of the debriefing and is used to summarize lessons learned from the debrief into take home points and principles to improve practice.  <https://www.nursingsimulation.org/article/S1876-1399(21)00098-0/fulltext>  <https://debrief2learn.org/pearls-debriefing-tool/>  <https://www.healthysimulation.com/18288/pre-briefing/>  <https://harvardmedsim.org/wpcontent/uploads/2017/01/DASH.handbook.2010.Final.Rev.2.pdf?utm_source=US-DASH-webpage&utm_medium=cta&utm_id=US-DASH&utm_content=rv> |

**References**

|  |
| --- |
| 1.  2.  3. |