

CEAL Simulation Center Template for Simulation

This template is designed to assist in the development of simulation cases. The information requested below is for purposes of achieving educational and training objectives, as outlined by the Center for Experiential & Applied Learning (CEAL) at Wake Forest Baptist Health.

Section 1. Simulation Case Information

SIMULATION CASE TITLE:

AUTHORS:

PATIENT NAME:

PATIENT AGE:

CHIEF COMPLAINT:

BRIEF NARRATIVE
DESCRIPTION OF CASE:
Include the presenting patient chief complaint and overall learner goals for this case

PRIMARY LEARNING
OBJECTIVES:
What should the learners gain in terms of knowledge and skill from this case? Use action verbs and Bloom's Taxonomy as a guide

CRITICAL ACTIONS:
List steps the participants should take to successfully manage the simulated patient. These should be listed as concrete actions that are distinct from the overall learning objectives of the case.

LEARNER PREPARATION: <i>What information should the learners be given prior to initiation of the case?</i>	
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INITIAL PRESENTATION

INITIAL VITAL SIGNS			
OVERALL APPEARANCE <i>What do learners see when they first enter the room?</i>			
ACTORS AND ROLES IN THE ROOM AT CASE START <i>Who is present at the beginning and what is their role? Who may play them?</i>			
HPI <i>Please specify what info here and below must be asked versus what is volunteered by patient or other participants</i>			
PAST MEDICAL / SURGICAL HISTORY	MEDICATIONS	ALLERGIES	FAMILY HISTORY
PHYSICAL EXAMINATION			
GENERAL			
HEENT			
NECK			
LUNGS			
CARDIOVASCULAR			
ABDOMEN			
NEUROLOGICAL			
SKIN			
GU			
PSYCHIATRIC			

INSTRUCTOR NOTES - CHANGES AND CASE BRANCH POINTS

This section should be a list with detailed description of each step than may happen during the case. If medications are given, what is the response? Do changes occur at certain time points? Should the nurse or other participant prompt the learners at given points? Should new actors or participants enter, and when? Are there specific things the patient will say or do at given times?

INTERVENTION / TIME POINT	CHANGE IN CASE	ADDITIONAL INFORMATION

<p>IDEAL SCENARIO FLOW <i>Provide a detailed narrative description of the way this case should flow if participants perform in the ideal fashion.</i></p>	<p><i>Example:</i> The learners enter the room to find a patient in respiratory distress. They immediately place the patient on bedside monitors and recognize that the patient is hypoxic and hypotensive. Supplemental oxygen is provided, and an IV fluid bolus is ordered...</p>
<p>ANTICIPATED MANAGEMENT MISTAKES <i>Provide a list of case management errors or difficulties that are commonly encountered when using this simulation scenario.</i></p>	<p><i>Example:</i> <u>Failure to recognize the need for intubation:</u> Some of our learners do not immediately recognize that the patient required airway management, leading to delay in diagnosis.</p>

Section 2. Equipment & Supplementary Documents

Room Type: <i>Describe the setting for the case – ED, OR, L&D, Patient room, etc.</i>	
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Comments

MANIKIN NEEDS: <i>What type of manikin(s)/ simulator(s) is/are needed for this scenario? If you are not sure, indicate that.</i>	<input type="checkbox"/> Adult High-Fidelity Manikin <input type="checkbox"/> Child High-Fidelity Manikin <input type="checkbox"/> Infant High-Fidelity Manikin <input type="checkbox"/> Newborn High-Fidelity Manikin <input type="checkbox"/> Preemie High-Fidelity Manikin <input type="checkbox"/> Maternal Delivery Adult High-Fidelity Manikin <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown
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MONITORS REQUIRED

	On at Start	Available if Asked for
<input type="checkbox"/> Non-Invasive BP Cuff		
<input type="checkbox"/> Arterial Line		
<input type="checkbox"/> EKG		
<input type="checkbox"/> Pulse Oximeter		
<input type="checkbox"/> CVP		
<input type="checkbox"/> PA Catheter		
<input type="checkbox"/> Temperature Probe		
<input type="checkbox"/> Capnograph		
<input type="checkbox"/> ICP		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

OTHER EQUIPMENT / SUPPLIES:

Use Codes: I = Initial (should be set up at start of simulation)

R = In room and ready for use

A = Available if needed and asked for (not in room)

Code		Code		Code	
	IV Hep Lock/Saline Lock		Intubated		Anesthesia Machine
	IV Pumps		Adult Advanced Airway Equipment (Intubation, etc...)		Nerve Stimulator
	IV at KVO		Pediatric Advanced Airway Equipment (Intubation, etc...)		Ultrasound Specify probe needed:
	Arterial line in place		BLS Airway Equipment (BVM, Nasal Cannula, NRB, etc...)		Dental Chair
	Central Line Access		Chest Tube with Pleur-Evac		Hospital Bed
	Femoral Line Access		Bronchoscope		Other:
	Defibrillator		Monitor		Other:
	Code Cart Adult		12 Lead EKG Monitor		Other:
	Code Cart Pediatric		Echo Machine and Probe (TTE or TEE)		Other:
	CPR Auto Compression Device (Lifestat)		Ventricularostomy with Bolt in place		Other:

MEDICATION REQUIRED:

What simulated medications will be needed for this case?

Emergency Medication Tray (contains the following medications): Ca. Chloride, Epinephrine 1:10000, Epinephrine 1:1000, Versed, Ativan, Atropine, Amniodarone, Lidocaine, Rocuronium, Succinylcholine, Etomidate, Heparin, Sublingual Nitro, IV Lasix, IV Lopressor, Plavix, Solumedrol, ASA, Benadryl

Additional Medications:

IV Drips:

SUPPLEMENTARY DOCUMENTS

Please send an electronic copy at least 2 weeks prior to your scheduled event.

- CXR
- 12 Lead EKG
- Echo
- ABG
- Lab Results
- Paper Chart
- Physical Assessment
- Handout
- Other: