



Scenario Template

Section I: Scenario Demographics

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|------------------------|---|--|--|--|--|--|
| Scenario Title: | | | | | | |
| Date of Development: | | | | | | |
| Target Learning Group: | <input type="checkbox"/> Staff / Employee | <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Postgraduate | | | |
| | <input type="checkbox"/> Residents | <input type="checkbox"/> Fellows | <input type="checkbox"/> Multiple Levels | | | |

Section II: Scenario Developers

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|------------------------------|--|
| Scenario Developer(s): | |
| Affiliations/Institution(s): | |

Section III: Curriculum Integration

Educational Goal(s):

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CRM Objective(s):

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Medical Objective(s):

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Reference(s):

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Section IV: Scenario Script

Clinical Vignette (To Read Aloud at Beginning of Case):

Required Monitors

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|---|--|--|
| <input type="checkbox"/> ECG | <input type="checkbox"/> Temperature Probe | <input type="checkbox"/> Central Venous Line |
| <input type="checkbox"/> NIBP Cuff | <input type="checkbox"/> ABP | <input type="checkbox"/> Capnography |
| <input type="checkbox"/> Pulse Oximeter | <input type="checkbox"/> ICP | <input type="checkbox"/> Other: |

Required Equipment

| | | |
|---|--|--|
| <input type="checkbox"/> Airway Cart | <input type="checkbox"/> High Fidelity Simulator | <input type="checkbox"/> IV Bags/Lines |
| <input type="checkbox"/> Crash Cart | <input type="checkbox"/> Torso | <input type="checkbox"/> IV Push Medications |
| <input type="checkbox"/> Anesthesia Drug Cart | <input type="checkbox"/> Task Trainer | <input type="checkbox"/> PO Tabs |
| <input type="checkbox"/> MH Cart | <input type="checkbox"/> KingVision | <input type="checkbox"/> Blood Products |
| <input type="checkbox"/> Anesthesia Machine | <input type="checkbox"/> AMBU aScope | <input type="checkbox"/> IV pump |
| <input type="checkbox"/> Ventilator | <input type="checkbox"/> Glidescope | <input type="checkbox"/> IO Set-up |
| <input type="checkbox"/> Ultrasound Machine | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Approximate Timing

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|-------------------|---------------------|-----------------------|
| Set-Up (minutes): | Scenario (minutes): | Debriefing (minutes): |
|-------------------|---------------------|-----------------------|

Section V: Patient Data and Baseline State

Patient Profile and History

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|---|---|
| Patient Name: | |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Age: Weight: Code Status: |
| Chief Complaint: | |
| History of Presenting Illness: | |
| Past Medical History: | |
| Medications: | |
| Allergies: | |
| Social / Family History: | |
| Review of Systems: | CNS: |
| | HEENT: |
| | CVS: |
| | RESP: |
| | GI: |
| | GU: |
| | MSK: |
| | SKIN: |

Baseline Simulator State and Physical Exam

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|-----------------|----|----|----|----------|
| GCS: | E: | V: | M: | Glucose: |
| General Status: | | | | |
| CNS: | | | | ABDO: |
| HEENT: | | | | GU: |
| CVS: | | | | MSK: |
| RESP: | | | | SKIN: |

Section VI: Scenario Progression

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|---|-------|--------------|---------------------|
| Introduction Phase | HR: | Rhythm: | |
| | BP: | RR: | O ₂ SAT: |
| | Temp: | Eyes/Pupils: | |
| Operator Instructions: <i>For progression to next state</i> | | | |
| Learner Actions: | | | |
| Modifiers: <i>Changes to patient condition based on learner action</i> | | | |
| Other Notes on State: <i>Moulage, etc.</i> | | | |

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|---|-------|--------------|---------------------|
| Second Phase | HR: | Rhythm: | |
| | BP: | RR: | O ₂ SAT: |
| | Temp: | Eyes/Pupils: | |
| Operator Instructions: <i>For progression to next state</i> | | | |
| Learner Actions: | | | |
| Modifiers: <i>Changes to patient condition based on learner action</i> | | | |
| Other Notes on State: <i>Moulage, etc.</i> | | | |

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|---|-------|--------------|---------------------|
| Third Phase | HR: | Rhythm: | |
| | BP: | RR: | O ₂ SAT: |
| | Temp: | Eyes/Pupils: | |
| Operator Instructions: <i>For progression to next state</i> | | | |
| Learner Actions: | | | |
| Modifiers: <i>Changes to patient condition based on learner action</i> | | | |
| Other Notes on State: <i>Moulage, etc.</i> | | | |

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|---|-------|--------------|---------------------|
| Resolution Phase | HR: | Rhythm: | |
| | BP: | RR: | O ₂ SAT: |
| | Temp: | Eyes/Pupils: | |
| Operator Instructions: <i>For progression to next state</i> | | | |
| Learner Actions: | | | |
| Modifiers: <i>Changes to patient condition based on learner action</i> | | | |
| Other Notes on State: <i>Moulage, etc.</i> | | | |

Section VII: Debriefing Guide

General Debriefing Plan

| | | | |
|-------------------------------------|--------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input type="checkbox"/> With Video | <input type="checkbox"/> Without Video |
|-------------------------------------|--------------------------------|-------------------------------------|--|

Objectives

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| Educational Goal(s): | |
| CRM Objective(s): | |
| Medical Objective(s): | |

Sample Questions for Debriefing:

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Key Moments:

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Other Notes:

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*Please send any needed media (images/videos/labs/etc.) attachments with this scenario.