



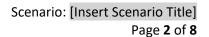


**Expected learner outcomes:** 

Operator notes/prompts:

# **Immersive Simulation Development Template**

Scenario Title:									
Scenario Author(s)	:								
Author(s) email:									
Citations:									
Nanda Assassanta	_								
Needs Assessment									_
Learning Objective	s:								
Learner Group(s):									_
Scenario Summary	for Facilitat	or:							
	,								
<b>Pre-learning Activi</b>	ties:								
			Scenario	Progressi	on				
				Progressi	on			Sounds	
		Scena	rio Start			Free	1	Sounds	
HR Rhythm	ВР			Pain Pain	on Temp	Eyes	Lung	Sounds Heart	Bowel
	ВР	Scena	rio Start			Eyes	Lung		
		Scena	rio Start			Eyes	Lung		





State 1								Sounds		
HR	Rhythm	BP	RR	O2 Sat	Pain	Temp	Eyes	Lung	Heart	Bowel
Patient V	Patient Vocalizations:									
•										
Expected	l learner out	comes:								
•										
Operator notes/prompts:										
•	•									

State 2								Sounds		
HR	Rhythm	BP	RR	O2 Sat	Pain	Temp	Eyes	Lung	Heart	Bowel
Patient Vocalizations:										
•										
Expected	l learner out	comes:								
•	•									
Operator notes/prompts:										
•										

State 3									Sounds		
HR	Rhythm	BP	RR	O2 Sat	Pain	Temp	Eyes	Lung	Heart	Bowel	
Patient Vocalizations:											
•											
Expected learner outcomes:											
Operator notes/prompts:											

Scenario End								Sounds		
HR	Rhythm	BP	RR	O2 Sat	Pain	Temp	Eyes	Lung	Heart	Bowel
Patient Vocalizations:										
Expected learner outcomes:										



Page **3** of **8** 



**Operator notes/prompts:** 

•	
	Patient Demographics
	Fatient Demographics
Patient Name:	
Patient Age:	
Patient Gender:	
Notes:	
	Patient Setup
Circulater/a) to use (if applicable).	
Simulator(s) to use (if applicable):	
Clothing (gown, street clothes):	
distance (Beauty Street Street).	
Body Props:	
Body Position:	
IV Access:	
Moulage/Wounds:	
Dunasings	
Dressings:	
Wigs:	
wigs.	
Arm Band:	
Notes:	
	Environment Setup
	Environment Setup
Scenario Setting:	
Bed Type:	
Props:	
Notes:	

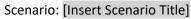






# **Equipment and Supplies Needs**

Equipment:				
Equipment.				
Supplies:				
Notes:				
	Medication	Needs for Scena	rio	
Medication Na	me	Dose	Form	Quantity
ivicalitation ita		2030	(pill, premixed, etc.)	Quantity
Natas				
Notes:				
		_		
	Audio/	Video Needs		
Video Streaming:				
Video Recording:				
Documents Needed for				
Scenario (x-ray, EKG, etc.):				
Notes:				
	Patient	Monitor Setup		
Heart Rate:				
NIBP:				
Respiratory Rate: Arterial Line:				
Oxygen Saturation:				

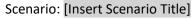


Page **5** of **8** 



Mother:

TOURO UNIVERSITY NEVADA						
End Tidal CO2:						
Temperature:						
12-Lead:						
	Scripts					
Patient Script (for manikin use	۵۱۰					
Patient Script (for manikin use	=J.					
Standardized Patient Scrip	ot (Information, Cues, etc.):					
Meds:						
Allowing						
Allergies: Reaction:						
PMH:						
PSH:						
Vaccines:						
Vaccine or						
Diet:						
Caffeine:						
<u>Carrente</u> .						
Exercise:						
Ownerland						
Smoke:						
Alcohol:						
Drug:						
Occupation:						
Sex:						
Marital:						
<u>martar</u> .						
Recent Travel:						
<u>Living Situation:</u>						
Family Hx:						



Page 6 of 8

TOURO UNIVERSITY NEVADA	rage <b>o</b> or <b>o</b>
• Father:	
Positive For:	
Denies:	
Embedded Simulation Participant Script (Information, Cues, etc.):	
Eamily Mambar Script (Information Cues etc.)	
Family Member Script (Information, Cues, etc.):	
Patient Report	
Patient Report (to be read to students prior to scenario start):	

## **Prebriefing**

## **Prebrief Notes:**

MICHAEL TANG

REGIONAL CENTER FOR CLINICAL SIMULATION

# **Prebrief Checklist:**

• Introductions

Welcome to the Michael Tang Center for Clinical Simulation at Touro University Nevada.

• Purpose of the Simulation

Improve Patient Safety while Developing Teamwork

Video Release (If Needed)

N/A



#### Confidentiality (If Needed)

Please do not discuss this case with any peers outside of your group for today's session.

## • Basic Assumption

"We believe that everyone participating in activities at Touro University Nevada is intelligent, capable, cares about doing their best, and wants to improve."

#### Psychological Safety

We expect you to make mistakes today, this is a safe non-judgmental space to help you learn and grow in your decision-making process and rationales to choices, this will help us bridge knowledge gaps and guide our feedback.

## • Interacting with the Simulated Environment

Assess your patient as you would a live patient, physically exam your patient. The simulated manikin will answer your verbal questions, he also has lung sounds, heart tones, and etc. There will be a simulated RN to assist with medications and other orders, you will not need to locate any supplies inside the room, the monitor will display your vital signs.

#### Fiction Contract

The educator is responsible for creating a scenario that is as real as possible within the limitations of the simulated environment. The learners are responsible for fully engaging in the simulation and acting as if everything is real.

## Debriefing

You will be attending a debriefing following today's simulation where you will discuss your feelings as well as what went well, what we could improve, and what we can take away from today. During the debriefing you will be given an opportunity to discuss your differential diagnosis and what findings from the encounter were pertinent to rule those diagnosis in or out. You will also be discussing teamwork between varying professions

Manikin and Room Orientation (If Needed)

N/A

## **Debriefing**

#### **Debriefing Notes:**

#### Plus/Delta

We use the plus/delta debriefing. We will talk about what went well and what we can improve on.

## Adjectives to describe how you were feeling before/during/after the simulation event.

• If you had to describe how you felt before, during and after this encounter, what terms would you use? (Anxious, nervous, excited, etc..)

Today you saw (), Let's discuss what differentials we were able to determine.

Insert case scenario notes here

What went well? (Plus)





• What do you feel your group did well? How do you feel your communication was with the patient and each other? What worked during this case?

#### Now let's discuss what we can improve. (Delta)

- This isn't what you did wrong, it may be something you would improve on.
- What are some areas we could improve on?

## Finally let's talk about what we can take from today's simulation into the field/practice.

• What can you use from today's encounter for when you start your rotations?

## **Debriefing Closure**

- Are there any further questions you have about today's case that we may not have talked about?
- Feel free to reach out to any faculty if any further questions arise.
- We have evaluations on the table, we please ask that each of you fill one out and add to the completed/done stack.
- Please make sure to leave any sim center supplies on the table and once you are done with the evaluation, you are free to go.

We also please ask that you refrain from talking about the case in the hallways and to other classmates until the end of the day once ALL students have finished their encounters.

#### **Scenario Notes**

Additional Scenario Notes:	