

## Patient Simulator Scenario Template v2.0

Instructions: Complete all sections as necessary

### Section I: Scenario Demographics

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Scenario Title:	
Date of Development:	
Target Discipline(s):	
Target Discipline(s) Level(s):	<input type="checkbox"/> Staff / Employee <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Multiple Levels <input type="checkbox"/> Other:

### Section II: Scenario Developers

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

### Section III: Curriculum Integration

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Competencies / Objectives (i.e., CIHC, CBD, ELC, EPA):

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## Section IV: Scenario Script

Practice Setting Vignette (To Read Aloud at Beginning of Case):

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Moulage Notes:

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Required Monitors:

<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:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Required Equipment:

<input type="checkbox"/> Anesthesia Machine	<input type="checkbox"/> Airway Cart	<input type="checkbox"/> IV Pump
<input type="checkbox"/> Anesthesia Drug Cart	<input type="checkbox"/> Ultrasound Machine	<input type="checkbox"/> MH Cart
<input type="checkbox"/> Arrest Cart w/ Defib	<input type="checkbox"/> I/O Set-up	<input type="checkbox"/> Glidescope
<input type="checkbox"/> KingVision	<input type="checkbox"/> Ambu aScope	<input type="checkbox"/> CMAC:
<input type="checkbox"/> McGrath MAC:	<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:

Set-Up (minutes):		Scenario (minutes):		Debriefing (minutes):	
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## Section V: Patient Data

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Patient Profile and History:

Patient Name:

Gender:

Age:

Weight:

Code Status:

Chief Complaint:

History of Presenting Illness:

Past Medical History:

Medications:

Allergies:

Social / Family History:

Other Notes of Interest:

## Section VI: Scenario

First Phase (Baseline):	HR:	Rhythm:	
	BP:	RR:	O <sub>2</sub> SAT:
	Temp:	Eyes/Pupils:	End Tidal CO <sub>2</sub> :
	Other:		Other:
	Current Patient State/Condition (i.e., anxious, irritable):		
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>			

Second Phase:	HR:	Rhythm:	
	BP:	RR:	O <sub>2</sub> SAT:
	Temp:	Eyes/Pupils:	End Tidal CO <sub>2</sub> :
	Other:		Other:
	Current Patient State/Condition (i.e., anxious, irritable):		
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>			

Third Phase:	HR:	Rhythm:			
	BP:	RR:	O <sub>2</sub> SAT:		
	Temp:	Eyes/Pupils:	End Tidal CO <sub>2</sub> :		
	Other:		Other:		
	Current Patient State/Condition (i.e., anxious, irritable):				
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>					

Final Phase:	HR:	Rhythm:			
	BP:	RR:	O <sub>2</sub> SAT:		
	Temp:	Eyes/Pupils:	End Tidal CO <sub>2</sub> :		
	Other:		Other:		
	Current Patient State/Condition (i.e., anxious, irritable):				
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

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General Debriefing Plan:

<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> With Video	<input type="checkbox"/> Without Video
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Competencies / Objectives:

Sample Questions for Debriefing:

Key Moments:

Other Notes:

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