

**Name of Institution – Department**

**Scenario Development and Implementation Tracking Form**

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| --- | --- |
| Scenario Name/Number |  |
| Needs Assessment Completed | Formal: Chart reviews, critical events analysis (RCAs) e.g. falls, wound infections, late intubations or transfers to ICU. Failure to meet EBP standards e.g. pediatric codes. Low exam scores.  Informal: Reports from clinical facility regarding new grads, upper level undergrads instructor’s comments about lower level students, faculty recognitions of lack of clinical skills. Identification of coursework where simulation would be beneficial such as communication between team members, prioritizing care, or seldom seen clinical situations such as PP hemorrhage. |
| Intended Group of Staff (Department) or Course |  |
| Draft Author |  |
| Faculty Content Expert |  |
| Date Developed |  |
| Date Approved by Department/Curriculum Committee |  |

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**ST: Sim Team F: Faculty/Content Expert/Department Expert CC: Education Committee/Curriculum Committee**

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| --- | --- | --- | --- |
| **Action Item** | **Who** | **Date** | **Comments** |
| Learning Objectives identified | F/ST |  |  |
| Draft to faculty for review | ST |  |  |
| Draft to Pharmacy if appropriate | ST |  |  |
| Faculty/Pharmacy review completed | F |  |  |
| Review Alignment with National Standards (Best Practice), Hospital Policies and Procedures, Core Competencies, Program Objectives, QSEN standards, NCLEX content. Select as appropriate. | F/ST |  |  |
| Simulation methodology. Include manikin type | F/ST |  |  |
| Case Summary | F |  |  |
| Learner Roles specified.  Confederate Role with script | F |  |  |
| MD orders/Labs/Other data | F |  |  |
| Specialized equipment needed e.g. crash cart. | F/ST |  |  |
| Staging Bin completed | ST |  |  |
| Arm band | ST |  |
| Allergy band | ST |  |
| Labels | ST |  |
| Medications | ST |  |
| IV’s | ST |  |
| EHR completed | ST |  |
| Patient care supplies available | ST |  |
| Props available | ST |  |
| Validation/Trial run | ST |  |  |
| Prebriefing requirement | F |  |  |
| Debriefing Guidelines | F |  |  |
| Pilot Run  Faculty Expert viewed  Name: | ST |  |  |
| F |  |
| Approved for implementation in care facility or for addition to curriculum | CC |  |  |
| Added to schedule | ST/F |  |  |
| Scenario evaluation/survey. | F |  |  |