

# SIPTEC Simulation Scenario Template

Note: Standard simulation terminology definitions can be accessed at <https://www.ssih.org/dictionary>.

## Section I. Demographics

Section I.	Demographics
<b>Scenario Title</b>	Professional Behaviors and Communication for Clinical Education
<b>Brief Scenario Description</b> (1-2 sentences)	Summative Assessment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Students will complete the simulation at the beginning of the semester following their intraprofessional education experience. Students will demonstrate professional behaviors in their interaction with a patient and a clinical instructor/supervisor.
<b>Target Learning Group(s)</b> (discipline(s)/IPE, academic level)	IPE Scenario <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> OT <input type="checkbox"/> Nursing <input type="checkbox"/> Medicine <input type="checkbox"/> Other: Academic Level(s): 2 <sup>nd</sup> year DPT students
<b>Course/Content Area</b>	<input type="checkbox"/> Cardiovascular <input type="checkbox"/> Pulmonary <input checked="" type="checkbox"/> Orthopedics <input type="checkbox"/> Other: <input type="checkbox"/> Neurology <input type="checkbox"/> Oncology <input type="checkbox"/> Pediatrics
<b>Scenario Setting</b>	<input type="checkbox"/> <b>Inpatient</b> <i>Complete section IV. A</i> <input type="checkbox"/> Acute Care <input type="checkbox"/> Intensive Care Unit <input type="checkbox"/> Emergency Department <input type="checkbox"/> Acute Rehabilitation <input type="checkbox"/> Sub-Acute Rehabilitation <input type="checkbox"/> Skilled Nursing/Long-term Care <input type="checkbox"/> Other: <input checked="" type="checkbox"/> <b>Outpatient</b> <i>Complete section IV. B</i> <input type="checkbox"/> <b>Other</b> <i>Complete section IV. C</i> <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Sports <input type="checkbox"/> Other:
<b>Realism/Fidelity</b> (Select most important dimension(s)):	<input checked="" type="checkbox"/> Conceptual/Psychological (i.e., the degree of perceived realism, including psychological factors such as emotions, beliefs, and self-awareness of participants in simulation scenarios ( <i>Healthcare Simulation Dictionary, 2<sup>nd</sup> ed.</i> )) <input type="checkbox"/> Physical

	<p>(i.e., the degree to which the simulation looks, sounds, and feels like the actual task (<i>Healthcare Simulation Dictionary, 2<sup>nd</sup> ed.</i>))</p> <p><input type="checkbox"/> Environmental</p> <p>(i.e., the degree to which the simulated environment (manikin, room, tools, equipment, moulage, and sensory props) replicated reality and appearance of the real environment (<i>Healthcare Simulation Dictionary, 2<sup>nd</sup> ed.</i>))</p>
<b>Keywords</b>	Affective, Communication, Intraprofessional, professional behaviors
<b>Estimated Time Frame for Single Simulated Encounter</b> (Excluding prebrief and debrief)	10 minutes
<b>Suggested Patient/Learner Ratio</b>	1:1

## Section II. Curricular Information/Learning Objectives

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<b>Educational Rationale</b> (Broad educational goal, purpose; why this simulation-based learning is important)		Students have just completed a 6 month cooperative education experience where they have worked as a clinical aide/tech. The semester following this experience is the semester that includes the course Professional Seminar which is their preparatory course for their first clinical experience. The educational goal is to create a scenario that will require students to use their affective behaviors to interact with the patient and the CI/Supervisor. Students will also use their basic skills in following a pre-determined therapeutic exercise program. Students will reflect on their affective skills and their knowledge base in an effort to bridge their roles as cooperative education students to their roles as clinical students.																																																															
<b>Learning Objectives</b> Provide 2-4 learning objectives for this event. Please ensure these goals are: <ul style="list-style-type: none"> <li>• SMART: specific, measurable, action-oriented, realistic, and within a time frame.</li> <li>• Considerate of the level of the learner</li> <li>• Aligned with the overall program outcomes</li> <li>• IPE scenarios must include learning objectives inclusive of all participating professional disciplines.</li> </ul> Consider the following action verbs when constructing learning objectives:		<table border="1"> <thead> <tr> <th>Domain</th> <th colspan="2">Pre-Learning*</th> <th colspan="4">Simulation Level</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Knowledge</td> <td>Remember</td> <td>Understand</td> <td>Apply</td> <td>Distinguish</td> <td>Access</td> <td>Generate</td> </tr> <tr> <td>Recognize</td> <td>Interpret</td> <td>Use</td> <td>Organize</td> <td>Summarize</td> <td>Plan</td> </tr> <tr> <td>Identify</td> <td>Explain</td> <td>Solve</td> <td>Select</td> <td>Initiate</td> <td>Prioritize</td> </tr> <tr> <td rowspan="3">Psychomotor Skills</td> <td>Hear</td> <td>Adjust</td> <td>Copy</td> <td>Adjust</td> <td>Adapt</td> <td>Design</td> </tr> <tr> <td>Touch</td> <td>Locate</td> <td>Discover</td> <td>Build</td> <td>Develop</td> <td>Construct</td> </tr> <tr> <td>See</td> <td>Prepare</td> <td>Inject</td> <td>Mix</td> <td>Change</td> <td>Create</td> </tr> <tr> <td rowspan="2">Affective</td> <td>Accept</td> <td>Cooperate</td> <td>Explains</td> <td>Invites</td> <td>Defends</td> <td>Qualify</td> </tr> <tr> <td>Reply</td> <td>Obey</td> <td>Completes</td> <td>Proposes</td> <td>Generalizes</td> <td>Influence</td> </tr> </tbody> </table> <p><i>*Most of the time, objectives that fall in the pre-learning columns can be accomplished in didactic or case-based activities outside of simulation.</i></p>						Domain	Pre-Learning*		Simulation Level				Knowledge	Remember	Understand	Apply	Distinguish	Access	Generate	Recognize	Interpret	Use	Organize	Summarize	Plan	Identify	Explain	Solve	Select	Initiate	Prioritize	Psychomotor Skills	Hear	Adjust	Copy	Adjust	Adapt	Design	Touch	Locate	Discover	Build	Develop	Construct	See	Prepare	Inject	Mix	Change	Create	Affective	Accept	Cooperate	Explains	Invites	Defends	Qualify	Reply	Obey	Completes	Proposes	Generalizes	Influence
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Psychomotor Skills	Hear	Adjust	Copy	Adjust	Adapt	Design																																																											
	Touch	Locate	Discover	Build	Develop	Construct																																																											
	See	Prepare	Inject	Mix	Change	Create																																																											
Affective	Accept	Cooperate	Explains	Invites	Defends	Qualify																																																											
	Reply	Obey	Completes	Proposes	Generalizes	Influence																																																											
<b>Objective 1</b>	Following this activity, learners will be able to: Complete an effective handoff of a patient from the supervising PT in the name of patient care																																																																
<ul style="list-style-type: none"> <li>• Observable actions: Provide a list of steps or actions that may be observed during a simulation to indicate that the learners have met this objective.               <ul style="list-style-type: none"> <li>○ Student introduces themselves to the patient</li> <li>○ Student communicates with the CI/supervisors to ascertain their plans for the completion of the patient’s exercise program</li> <li>○ Student checks patient chart for any precautions and for documentation of exercises completed already today and previously</li> </ul> </li> </ul>																																																																	
<b>Objective 2</b>	Following this activity, learners will be able to: Identify the impact of poor time management on patient care.																																																																

	<ul style="list-style-type: none"> <li>● Observable actions: Provide a list of steps or actions that may be observed during a simulation to indicate that the learners have met this objective. <ul style="list-style-type: none"> <li>○ Student responds without defensiveness to feedback from CI/supervisor about being late and the impact on patient care</li> <li>○ Student acknowledges the impact on patient care that occurred because of their late arrival</li> <li>○ Student discusses plans for assuring they won't be late in future patient treatments</li> </ul> </li> </ul>
<b>Objective 3</b>	Following this activity, learners will be able to: Accept feedback appropriately in the moment when faced with unprofessional behaviors by the clinical instructor/supervisor
	<ul style="list-style-type: none"> <li>● Observable actions: Provide a list of steps or actions that may be observed during a simulation to indicate that the learners have met this objective. <ul style="list-style-type: none"> <li>○ Student accepts feedback from the CI/Supervisor without defensiveness and communicates with appropriate tone of voice</li> </ul> </li> </ul>
Other:	

<b>Objective 4</b>	Following this activity, learners will be able to: Qualify behaviors that may be deemed as unprofessional
	<ul style="list-style-type: none"> <li>● Observable actions: Provide a list of steps or actions that may be observed during a simulation to indicate that the learners have met this objective. <ul style="list-style-type: none"> <li>○ Students will reflect on professional behaviors they witnessed on the part of the CI/Supervisor. Students will reflect on their responses to the CI/Supervisor and how they were effective or ineffective. Students will reflect on plans for communication with their CI while on clinical placements and management of difficult feedback</li> </ul> </li> </ul>
Other: This objective is related to their debrief and the topics that we will lead them through on the debrief.	

## Section III. Prebrief/Orientation/Preparatory Information

Section III.	Prebrief/Orientation/Preparatory Information
<p>Prebriefing serves as an opportunity to establish a safe learning environment and provide preparatory information related to the simulation-based learning experience. Provide a list of key information to be provided to learners prior to the simulation experience, including, but not limited to related didactic content, learning objectives, activity logistics, simulation fiction contract, confidentiality, orientation to the simulation environment and related equipment, and assessment.</p> <p>An example of a prebrief checklist is located at <a href="https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/sirc/pre-briefing-elements.pdf?sfvrsn=726a60d_0">https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/sirc/pre-briefing-elements.pdf?sfvrsn=726a60d_0</a>. Please use this section to provide an outline of items necessary to be covered in the prebrief for this scenario.</p>	
<p><b>Specific Logistical Information for Prebrief</b></p>	<p><input type="checkbox"/> See attached information</p> <p>Student should arrive at least 10 minutes prior to the start time listed on the lab schedule. Make sure all students have a surgical mask donned, and hands are sanitized (we will have masks and sanitizer on a cart).</p> <p><b>Reminders for students before the sim begins:</b></p> <ul style="list-style-type: none"> <li>• This is not a graded experience.</li> <li>• After the simulation ends, you'll go through a debriefing with either a faculty or staff member. This experience is strictly confidential, we ask that you not discuss any details of the simulation, the debriefing, or the immediate academic context of this simulation with anyone once you leave here today.</li> <li>• Once you enter the lab, we ask that you suspend any disbelief and assume everything that occurs is part of an actual patient care experience until you hear the phrase "the simulation is over". Finally, in case of an emergency you can use the code phrase "THIS IS NOT A SIMULATION" in order to stop the sim.</li> </ul> <p><b>Goals/Objectives of Sim:</b></p> <p>The purpose of this simulation is to display professional behaviors as outlined by the PT Department's Professional Behavior Policy. Students should demonstrate professionalism at all times when communicating with the patient and their supervising PT.</p> <p><b>Case Information:</b></p> <p>You are a PT co-op student who has been working for 2 months in an outpatient orthopedic practice. You are running 10 minutes late for a patient named Margie's treatment (30 min. appt) because your last patient was chatty, and the treatment time ran over. Your supervisor, Chris, had scheduled you to start with Margie while he began with another patient. Chris does not know that your last patient ran over time.</p>

Margie had a total knee replacement 4 weeks ago and this is the first time you are working with her. Chris has Margie's chart, and his next patient is waiting.

Your goal is to take over Margie's treatment from Chris so that Chris can start working with his next patient.

Any questions?

## Section IV. Scenario Set Up Materials: Equipment and Supporting Objects

Section IV.	Scenario Set Up Materials: Equipment and Supporting Objects
<p><b>What type of manikin(s)/patient(s) is/are needed for this scenario?</b> (Select all that apply)</p>	<p> <input type="checkbox"/> Adult Manikin  <input type="checkbox"/> Child Manikin              <input type="checkbox"/> Infant Manikin              <input type="checkbox"/> Newborn Manikin              <input type="checkbox"/> Premie Manikin  <input type="checkbox"/> Maternal Delivery Adult Manikin  <input type="checkbox"/> Task Trainer:  <input checked="" type="checkbox"/> Simulated Patient  <input type="checkbox"/> Other:                 </p>
<p><b>Manikin(s)/patient(s) set up considerations:</b></p>	<p> <input checked="" type="checkbox"/> Gender: Any   <input checked="" type="checkbox"/> Age: 65   <input type="checkbox"/> Race:           <input type="checkbox"/> Voice:  <input checked="" type="checkbox"/> Attire/Clothing: Comfortable  <input type="checkbox"/> Moulage:  <input type="checkbox"/> Position of manikin(s)/patient(s): On plinthe in treatment room  <input type="checkbox"/> Other:  <input type="checkbox"/> See attachment for set-up images                 </p>

## Section IV. A. Inpatient Setting

Section IV. A		Inpatient							
Use the code below for each item selected:									
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)									
P = Attached to patient									
Monitors									
Code	<input type="checkbox"/> Capnograph (CO2 in the bloodstream monitor)	Code	<input type="checkbox"/> Electrocardiogram (EKG, ECG) <input type="checkbox"/> Telemetry (# of Leads):	Code	<input type="checkbox"/> Extracorporeal Membrane Oxygenation (ECMO)	Code	<input type="checkbox"/> Hemedex (Blood Perfusion Monitor, BPM)	Code	<input type="checkbox"/> Intracranial Pressure (ICP) Monitor
Code	<input type="checkbox"/> Noninvasive Blood Pressure (NIBP) Monitoring	Code	<input type="checkbox"/> Patient Bedside Monitor	Code	<input type="checkbox"/> Pulse Oximeter (Saturation monitor)	Code	<input type="checkbox"/> Ventilator	Code	<input type="checkbox"/> Vital Sign Monitor (e.g., Dynamap)
Code	<input type="checkbox"/> Other:								
Lines									
Code	<input type="checkbox"/> Arterial Line	Code	<input type="checkbox"/> Central Venous Pressure	Code	<input type="checkbox"/> Intravenous (IV) Pole <input type="checkbox"/> Intravenous Lines (with fluid bags):	Code	<input type="checkbox"/> Percutaneously Inserted Central Catheter (PICC) Line	Code	<input type="checkbox"/> Other:
Feeding									
Code	<input type="checkbox"/> Nasogastric (NG) Tube	Code	<input type="checkbox"/> Percutaneous Endoscopic Gastrostomy (PEG) Tube	Code	<input type="checkbox"/> Other:				
Airway									
Code	<input type="checkbox"/> Continuous Positive Airway Pressure (CPAP)	Code	<input type="checkbox"/> Endotracheal (ET) Tube	Code	<input type="checkbox"/> Face Mask <input type="checkbox"/> Non-Rebreather Mask <input type="checkbox"/> Bag Valve Mask	Code	<input type="checkbox"/> Nasal Canula	Code	<input type="checkbox"/> Suction Catheter (e.g., Yankauer) <input type="checkbox"/> Collection unit
Code	<input type="checkbox"/> Supplemental Oxygen:	Code	<input type="checkbox"/> Tracheostomy Tube <input type="checkbox"/> Cuffed <input type="checkbox"/> Uncuffed:	Code	<input type="checkbox"/> Other:				
Other Patient Equipment									
Code	<input type="checkbox"/> Chest Tube with Collecting Unit	Code	<input type="checkbox"/> External Ventricular Drain (EVD)	Code	<input type="checkbox"/> Indwelling Foley Catheter	Code	<input type="checkbox"/> Sequential Compression Devices (SCD)	Code	<input type="checkbox"/> Temporary Pacemaker
Code	<input type="checkbox"/> Wound Vacuum-Assisted Closure (VAC)	Code	<input type="checkbox"/> Other:						



Durable Medical Equipment									
<b>Code</b>	<input type="checkbox"/> Assistive devices <input type="checkbox"/> Walker <input type="checkbox"/> Standard <input type="checkbox"/> Rolling <input type="checkbox"/> Other: <input type="checkbox"/> Crutches <input type="checkbox"/> Type: <input type="checkbox"/> Cane <input type="checkbox"/> Type: <input type="checkbox"/> Other:	<b>Code</b>	<input type="checkbox"/> Bath Chair	<b>Code</b>	<input type="checkbox"/> Bed <input type="checkbox"/> Hospital <input type="checkbox"/> Special: <input type="checkbox"/> Crib <input type="checkbox"/> Incubator	<b>Code</b>	<input type="checkbox"/> Bedside Commode	<b>Code</b>	<input type="checkbox"/> Patient Lift Specify:
<b>Code</b>	<input type="checkbox"/> Portable Oxygen:	<b>Code</b>	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Type:	<b>Code</b>	<input type="checkbox"/> Other:				
Additional Room Equipment									
<b>Code</b>	<input type="checkbox"/> Bedside Chair / Recliner	<b>Code</b>	<input type="checkbox"/> Code Cart	<b>Code</b>	<input type="checkbox"/> Garbage Receptacle	<b>Code</b>	<input type="checkbox"/> Overbed Table	<b>Code</b>	<input type="checkbox"/> Sharps Dispenser
	<input type="checkbox"/> Other:								
Patient ID Band(s)									
<b>Code</b>	<input type="checkbox"/> Name:	<b>Code</b>	<input type="checkbox"/> Code Status:	<b>Code</b>	<input type="checkbox"/> DOB:	<b>Code</b>	<input type="checkbox"/> Fall Risk:	<b>Code</b>	<input type="checkbox"/> Allergies:
<b>Code</b>	<input type="checkbox"/> Simulated ID Number:	<b>Code</b>	<input type="checkbox"/> Other:						
Miscellaneous Items									
<b>Code</b>	<input type="checkbox"/> Cervical Collar	<b>Code</b>	<input type="checkbox"/> Gait Belt	<b>Code</b>	<input type="checkbox"/> Gloves	<b>Code</b>	<input type="checkbox"/> Gowns	<b>Code</b>	<input type="checkbox"/> Manual Blood Pressure Cuff
<b>Code</b>	<input type="checkbox"/> Masks	<b>Code</b>	<input type="checkbox"/> Ophthalmoscope	<b>Code</b>	<input type="checkbox"/> Otoscope	<b>Code</b>	<input type="checkbox"/> Restraints:	<b>Code</b>	<input type="checkbox"/> Splints:
<b>Code</b>	<input type="checkbox"/> Thermometer	<b>Code</b>	<input type="checkbox"/> Thoracic Lumbar Sacral Orthotic (TLSO)	<b>Code</b>	<input type="checkbox"/> Timer/Stopwatch	<b>Code</b>	<input type="checkbox"/> Other:		
Comments:									

## Section IV. B. Outpatient Setting

Section IV. B		Outpatient							
Use the code below for each item selected:									
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)									
P = Attached to patient									
General Physical Therapy Equipment									
<b>Code</b>	<input type="checkbox"/> Adjustable Height Exercise Steps	<b>R</b>	<input type="checkbox"/> Assistive devices <input type="checkbox"/> Walker <input type="checkbox"/> Standard <input type="checkbox"/> Rolling <input type="checkbox"/> Crutches <input type="checkbox"/> Type: <input checked="" type="checkbox"/> Cane <input type="checkbox"/> Type: <input type="checkbox"/> Other:	<b>R</b>	<input type="checkbox"/> Bolsters <input checked="" type="checkbox"/> Wedges <input checked="" type="checkbox"/> Supports: Foam roller/wedge for under knee	<b>R</b>	<input checked="" type="checkbox"/> Chairs:	<b>Code</b>	<input type="checkbox"/> Floor Mat
<b>R</b>	<input checked="" type="checkbox"/> Linens <input type="checkbox"/> Gowns: <input checked="" type="checkbox"/> Towels: <input checked="" type="checkbox"/> Sheets: <input checked="" type="checkbox"/> Pillows: <input checked="" type="checkbox"/> Pillowcases: <input type="checkbox"/> Blankets:	<b>R</b>	<input checked="" type="checkbox"/> Mat Table	<b>Code</b>	<input type="checkbox"/> Mirrors:	<b>Code</b>	<input type="checkbox"/> Mobilization Belts and Devices:	<b>Code</b>	<input type="checkbox"/> Patient Lift Specify:
<b>R</b>	<input checked="" type="checkbox"/> Rolling Stools:	<b>R</b>	<input checked="" type="checkbox"/> Step Stools:	<b>R</b>	<input checked="" type="checkbox"/> Treatment Table <input checked="" type="checkbox"/> Wooden Plinth <input type="checkbox"/> High-Low Adjustable	<b>R</b>	<input checked="" type="checkbox"/> Other: Second wooden Plinth		
Devices for Tests and Measures									
<b>R</b>	<input checked="" type="checkbox"/> Blood Pressure Cuff	<b>Code</b>	<input type="checkbox"/> Force Plate Assessment	<b>R</b>	<input checked="" type="checkbox"/> Goniometers	<b>Code</b>	<input type="checkbox"/> Grip Dynamometer	<b>Code</b>	<input type="checkbox"/> Inclinator
<b>Code</b>	<input type="checkbox"/> Isokinetic Testing	<b>Code</b>	<input type="checkbox"/> Manual Muscle Testing Dynamometer	<b>Code</b>	<input type="checkbox"/> Monofilament Sensation Testing	<b>Code</b>	<input type="checkbox"/> Neurological Testing Instruments	<b>Code</b>	<input type="checkbox"/> Reflex Hammer
<b>Code</b>	<input type="checkbox"/> Scoliometer	<b>Code</b>	<input type="checkbox"/> Sit and Reach Test Box	<b>R</b>	<input checked="" type="checkbox"/> Stethoscope	<b>Code</b>	<input type="checkbox"/> Tape Measurer	<b>Code</b>	<input type="checkbox"/> Thermometer
<b>Code</b>	<input type="checkbox"/> Other:								

Modalities									
<b>Code</b>	<input type="checkbox"/> First Aid Kits	<b>Code</b>	<input type="checkbox"/> Hot Packs	<b>Code</b>	<input type="checkbox"/> Ice Packs <input type="checkbox"/> Ice Massage Cups	<b>Code</b>	<input type="checkbox"/> Iontophoresis Unit	<b>Code</b>	<input type="checkbox"/> Multiple Mode Electrical Stimulator (MMES) <input type="checkbox"/> Electrodes
<b>Code</b>	<input type="checkbox"/> Paraffin Bath	<b>Code</b>	<input type="checkbox"/> Soft Tissue Mobilization Cream	<b>Code</b>	<input type="checkbox"/> Traction Unit Specify:	<b>Code</b>	<input type="checkbox"/> Ultrasound Device and Gel	<b>Code</b>	<input type="checkbox"/> Vasopneumatic Compression Device
<b>Code</b>	<input type="checkbox"/> Wound Care Supplies:	<b>Code</b>	<input type="checkbox"/> Other:						
Educational Materials									
<b>Code</b>	<input type="checkbox"/> Anatomical Model:	<b>Code</b>	<input type="checkbox"/> Posters:	<b>Code</b>	<input type="checkbox"/> Other:				
Fitness / Exercise Equipment									
<b>Code</b>	<input type="checkbox"/> Adjustable Height Pulleys	<b>Code</b>	<input type="checkbox"/> Alter-G Anti-Gravity Treadmill	<b>Code</b>	<input type="checkbox"/> Balance Boards	<b>Code</b>	<input type="checkbox"/> Blood Flow Restriction Bands	<b>Code</b>	<input type="checkbox"/> Body Weight Support System
<b>Code</b>	<input type="checkbox"/> Child-Sized Bicycle <input type="checkbox"/> Training Wheels	<b>Code</b>	<input type="checkbox"/> Cube Chairs	<b>R</b>	<input checked="" type="checkbox"/> Cuff Weights:	<b>R</b>	<input checked="" type="checkbox"/> Dumbbells:	<b>Code</b>	<input type="checkbox"/> Medicine Balls:
<b>Code</b>	<input type="checkbox"/> Multi-Purpose, Multi-Joint, Adjustable Resistive Machine	<b>Code</b>	<input type="checkbox"/> Parallel Bars	<b>Code</b>	<input type="checkbox"/> Pilates Reformer	<b>Code</b>	<input type="checkbox"/> Plyometric Equipment	<b>Code</b>	<input type="checkbox"/> Putty
<b>Code</b>	<input type="checkbox"/> Reciprocal Pulley	<b>R</b>	<input checked="" type="checkbox"/> Resistive Tubing/Bands	<b>Code</b>	<input type="checkbox"/> Scooter (2 and 3-Wheeled)	<b>Code</b>	<input type="checkbox"/> Scooter Boards with Handles	<b>Code</b>	<input type="checkbox"/> Supine Shuttle-Style Leg Press Machine
<b>Code</b>	<input type="checkbox"/> Toys:	<b>Code</b>	<input type="checkbox"/> Trampoline	<b>Code</b>	<input type="checkbox"/> Treadmill	<b>Code</b>	<input type="checkbox"/> Tricycle	<b>Code</b>	<input type="checkbox"/> Upper Body Ergometer
<b>Code</b>	<input type="checkbox"/> Upright /Recumbent Bike	<b>Code</b>	<input type="checkbox"/> Various Sports Performance Equipment (e.g., rebounder, agility ladder, specific ball, etc.):	<b>Code</b>	<input type="checkbox"/> Wall Bars	<b>Code</b>	<input type="checkbox"/> Other:		
Miscellaneous Items									
<b>Code</b>	<input type="checkbox"/> Automated External Defibrillator (AED)	<b>R</b>	<input checked="" type="checkbox"/> Gait Belt	<b>Code</b>	<input type="checkbox"/> Narcan	<b>Code</b>	<input type="checkbox"/> Orthotics/Splinting Materials:	<b>Code</b>	<input type="checkbox"/> Taping Supplies
<b>Code</b>	<input type="checkbox"/> Timer/Stopwatch	<b>Code</b>	<input checked="" type="checkbox"/> Other: Chart available						
Comments:									



## Section IV. C. Other Settings

Section IV. C		Other Settings					
Use the code below for each item selected: 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) P = Attached to patient							
Code	Home Setting	Code	School-Based Setting	Code	Sports Setting	Code	Other Setting
	Room/Furniture Setup:		Describe Area / Room Setup:		Specify:		Describe Setup:
			<input type="checkbox"/> Bathroom				
			<input type="checkbox"/> Cafeteria				
	<input type="checkbox"/> Entrance:		<input type="checkbox"/> Classroom	<b>Code</b>	<input type="checkbox"/> Automated External Defibrillator (AED)		
			<input type="checkbox"/> Outdoor Field				
	<input type="checkbox"/> Stairs:		<input type="checkbox"/> Physical Education	<b>Code</b>	<input type="checkbox"/> Narcan		
<b>Code</b>	<input type="checkbox"/> Other:		<input type="checkbox"/> Playground	<b>Code</b>	<input type="checkbox"/> Sport Specific Equipment:		
			<input type="checkbox"/> Other School Environment (e.g., transportation/bus ramp):	<b>Code</b>	<input type="checkbox"/> Other:		
Comments:							

## Section V. Clinical Context

Section V.	Clinical Context
<p><b>Case Summary</b> (for facilitators): Brief summary of case progression and major events</p>	<p>PT student arrives late to outpatient co-op assignment. Their supervisor/CI is unhappy with this as they have another patient that they need to start working with and was counting on their help. The supervisor/CI asks them to take over patient care for the patient they are working with so that they can move onto his next patient. The CI/Supervisor is clearly aggravated and is evident through their tone of voice and abruptness. The student is expected to finish going through the patients exercise program. The patient is very chatty presenting a challenge in staying on task with their therapy. The patient's ride arrives and they have to leave abruptly. At the same time, the CI/Supervisor finishes with their patient. The CI/Supervisor is angry, raises their voice while discussing the student being late, criticizes the student for their ability to keep the patient on task and asks them to explain what happened.</p>
<p><b>Case Stem</b> (for learners): To be provided to learners immediately prior to entering the simulation room</p>	<p>You are a PT co-op student who has been working for 2 months in an outpatient orthopedic practice. You are running 10 minutes late for a patient named Margie's treatment (30 min. appt) because your last patient was chatty, and the treatment time ran over. Your supervisor, Chris, had scheduled you to start with Margie while he began with another patient. Chris does not know that your last patient ran over time.</p>
<p><b>Patient Information</b></p>	<ul style="list-style-type: none"> <li>● Name: Margie Johnson</li> <li>● Age/DOB: 7/20/1957</li> <li>● Gender:</li> <li>● Height:</li> <li>● Weight:</li> <li>● Chief Complaint: Difficulty navigating stairs, curbs and still ambulating with cane following s/p TKA</li> <li>● History of Present Illness/Symptoms: Pt is a 65y/o female with a 10 year history of pain in her right knee. She underwent a Total Knee Arthroscopy (TKA) 4 weeks ago at Husky Medical Center. She was at Husky Medical Center for 48 hours and then D/C'd home with a visiting nurse and home PT for 2 weeks. Margie was referred to outpatient PT by her orthopedic surgeon to address continued strength, ROM and gait impairments.</li> <li>● Primary Medical Diagnosis: s/p Total Knee Arthroscopy</li> <li>● Status/Attentiveness:</li> <li>● Patient Affect/Behavior: You are very friendly and upbeat, and cooperative with the student PT. You are a very talkative patient who can be redirected and refocused on the exercises, but will always return to being talkative.</li> <li>● Past Medical History: s/p right knee menisectomy 10 years ago</li> <li>● Family Medical History:</li> <li>● Social History: You live with your partner of 35 years. You have supportive children in the area. Retired teacher. There are 5 stairs to enter your home with railing on left and one full flight of stairs inside to bedroom. Prior to surgery you were driving independent with all activities of daily living and had stopped</li> </ul>

	<p>regular walking routine due to progressive pain. You are active socially in senior center and caring for grandchildren (ages 6 and 8) 3 days/week afterschool.</p> <ul style="list-style-type: none"> <li>• Home Environment: 5 steps to enter the home with railing on the left, one full flight of stairs inside to the bedroom.</li> <li>• Prior Level of Function: Driving independently, pain during wbing activities which limited amount of time walking, pain with squatting and lifting. Amulated without assistive device. Independent in all ADL's. Unable to do yardwork secondary to pain.</li> <li>• Review of Systems: Unremarkable</li> <li>• Medications (Medicine, Dosage, Reason for Medication): Tylenol prn for pain</li> <li>• Allergies:</li> <li>• Other:</li> </ul>
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### Baseline Presentation

#### Vitals

N/A:


Baseline vitals displayed at start:	<input type="checkbox"/> Yes <input type="checkbox"/> No	HR		BP		RR		Temp.		SpO2	
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### Patient Presentation

Use this section to document how the SP should present physically in response to screening/tests and measures.

Body System/Skill	Involved	Details
Neurological	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Berg Balance Scale=45s, Timed Up and Go=30s, Single Leg Stance (SLS) unable to bear weight for SLS testing, sensation intact, reflexes=2+
Respiratory	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Integumentary	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6" well healed scar along center of right knee over the patella, scar mobility good
Cardiovascular	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Musculoskeletal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Strength: Right: Knee 3+/4-, Hip flex=4+, ext=4- otherwise hip=4 otherwise strength wnl, ROM right knee flex=95 degrees, left=105 degrees, all other LE ROM WFL. Pain 0 at rest, ¾ scale 0-10 during gait
Affect/Behavior/Cognition	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Oriented x 3
Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Functional Ability	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ambulates with a straight cane all surfaces, able to amb 50ft before pain present, some pain going up and down stairs and goes one at a time, unable to squat. Uses a sock aide to put socks on. Has shower chair but independent with chair. Unable to drive.

### Patient Electronic Medical Record (EMR) Data

Labs							
N/A: <input checked="" type="checkbox"/>							
Complete Blood Count (CBC)							
WBC		Platelets		Hgb		Hct	
Basic Metabolic Panel (BMP)							
Glucose		Ca		Na		K	
Bicarb		Cl		BUN		Cr	
PO4		Mg		T3		T4	
TSH							
Liver Function/Hepatic Panel							
Serum Albumin		Serum Prealbumin		Serum Bilirubin		Ammonia (NH3)	
Lipid Panel							
HDL		LDL		Triglycerides		Total Cholesterol	
Bleeding Ratio/Viscosity							
INR		APTT		Prothrombin Time			
Cardiovascular-Specific Labs							
BNP		CK		Troponin			
Tests Included in EMR							
EKG	<input type="checkbox"/> Yes <input type="checkbox"/> No		EEG	<input type="checkbox"/> Yes <input type="checkbox"/> No		X-Rays	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMG	<input type="checkbox"/> Yes <input type="checkbox"/> No		CT	<input type="checkbox"/> Yes <input type="checkbox"/> No		MRI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other							

### Patient/Standardized Patient (SP) Scripting and Cues

#### Brief Case Summary for Patient:

You will be working with Physical therapist when the student PT will walk in late.  
 PT Student is instructed to “take over” with you so the supervisor can then work with another patient who is waiting.  
 PT student will need to figure out what exercises they should be doing with you. If they ask you what you usually do in physical therapy, tell them you haven’t been keeping track.  
 Once the student begins exercises with you, you should be very chatty and not very engaged with exercises, attempting to draw them into a conversation.



If the student PT ignores the lack of focus on exercise, you continue to be chatty, covering many small talk subjects.  
 If student addresses chattiness, you can say, “Oh, I’m sorry. Once I get going, I can’t stop,” but then continue to talk and not focus on exercises.  
 If student addresses the lack of engagement again, then you can start to focus on exercise and follow their instructions.  
 At some point, you can mention that you are not driving so can’t stay late because you are getting a ride.

**Opening Line:**

(What do you want the patient to say at the beginning of the experience?)

Once the student introduces themselves, they may ask the patient which exercises they are doing. The patient should respond by saying “You know what I get confused with all of the exercises, shouldn’t you know what I am doing, they do write it in the chart?”

**Challenge Question(s):**

(Question patient is to ask the learner during the experience + answer to the question)

The challenge question comes from the Clinical Instructor/Supervisor, asking the student why they are late. The student should respond that they are late because they ran late with their last patient.

**Other:**

The student will be interacting with the CI/Supervisor and the patient almost simultaneously.

**Patient/SP Scripting and Cues**

Identify questions the learner may ask during the experience that require a specific answer and provide the answer to the question. For all other questions, the patient can “use their own” information.

<b>Prompts</b>	<b>Scripted Questions and Corresponding Responses</b>
Patient responses to anticipated interview questions or other triggers:	<p>The CI/Supervisor should respond to the student entering the room by telling them they are late, they are clearly aggravated by this based on tone of voice and then they tell them that they need the student to take over the treatment of the patient they are working with so that they can get to their next patient. Possible script: “Look you need to be on time. This day is packed and now we are going to be running late with our patients. You need to take over with Margie so I can get to my next patient”.</p> <p>The student may ask the patient about their exercise program and the patient should respond with not being sure of the exercises and telling them to look in the chart.</p> <p>If the student asks the CI/Supervisor which exercises they have completed or which they should do, the CI/Supervisor responds by saying “Just look in the chart” and is visibly annoyed by this question.</p>

	<p>If the student directly addressed the patient’s chattiness, the patient responds by saying “Oh I’m sorry once I get talking, I just can’t stop”. Then proceeds to be chatty again. If the student addresses the chattiness again, the patient begins to pay closer attention to the exercises they are doing.</p> <p>When the front desk announces that Margies ride home has arrived, Margie responds by saying “Oh wow, I lost track of time, I have to go because my ride needs to get somewhere else”. The patient proceeds to hop up and grab their cane, saying good bye as they leave the room.</p> <p>Script for CI feedback at the end of the session: “There are a couple of things that I want to talk to you about with respect to Margie’s treatment. First, you were late, so now I am running behind with my other patient because I had to start Margie’s treatment. Second, you took too long with the patient and didn’t keep them engaged with their exercises and they had to leave, so I was not able to complete their program.”</p>
Questions the patient MUST ask:	<p>The CI/Supervisor must ask why the student was late.</p> <p>The CI/Supervisor must ask why they were unable to complete the exercise program in the allotted time with this patient.</p> <p>The CI/Supervisor must ask what the student plans to do to make sure they are on time going forward.</p> <p>The CI/Supervisor must ask what the student plans to do in the future to manage a “chatty” patient.</p>
Questions the patient will ask if given the opportunity:	<p>The patient is chatty and will ask any questions they can to keep the conversation going, examples include: where are you from, why did you go to PT school, what do you want to do after graduation, where do you want to live after graduation. The patient will take the answers and expand on the conversation with the student.</p>
Information that should be shared or withheld by the patient:	<p>The patient shouldn’t disclose that their ride is arriving at a specific time to pick them up.</p>
Patient goals:	<p>To be able to ambulate painfree without an assistive device on all surfaces</p> <p>To be able to drive independently</p> <p>To be able to take care of her grandchildren independently</p> <p>To be able to perform household chores independently and without pain.</p>

Embedded Participant Script(s)		
One row for each embedded participant:		
Role	Name	Script/Notes (consider when and how they will participate in the scenario)
Patient	Margie Jonson	The patient will be on the plinthe when the student enters, working with Chris the CI. The patient will then work with the student the rest of the time until it is announced that her ride is there.
Supervisor/CI	Chris	Chris will be in the room working with the patient who is on the plinthe. When the student enters, the CI moves to the room next door separated by curtains to work with another patient. When Margies ride arrives, that is when Chris will enter the room where the learner is and proceed to give feedback.

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## Section VI. Scenario Facilitation

Section VI.	Scenario Facilitation
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### Scenario States, Trigger Points, and Critical Actions

**Critical actions** are the actions to be taken by learners to meet the learning objectives of the scenario. These are the skills you would like the learners to perform during the simulation experience to meet the learning objectives. These skills may range from performing a comprehensive patient history to complex medical procedures. Based on the complexity of skill to be performed, there may be multiple **observed behaviors or performance measures** associated with the skill. These behaviors should be directly observable or measurable during the experience and may include reflection during the debriefing or following the experience (post-experience surveys or reflections). Performance measures should be evidence-based.

**Patient cues or triggers** should be linked to critical actions and performance measures. They are used to direct learners towards the intended objectives. Cues can be conveyed to learners verbally (responses provided by the patient, provider, or embedded participant), visually (changes in vital signs displayed on a monitor), or through additional data (new lab or imaging results).

There may be multiple **management pathways** for learners to meet the learning objectives associated with the provision of patient care during the simulation scenario. These pathways may vary based on the critical reasoning and performance of the learner. This section allows for “if..., then...” scenario drivers to be added within this column to direct the facilitator to specific phrases within the scenario flow. Also, the complexity of the patient presentation may allow for more than one examination and treatment option that would benefit the patient. The scenario should be developed to accommodate these acceptable variations in practice while maintaining consistency and standardization to increase the scenario repeatability.

Scenario Flow (Approximate Timing)	Patient Status	Action(s): Cue(s), Trigger(s), Response(s)	Expected Critical Action(s)/Intervention(s)/Response(s)	Observed Behavior(s) / Performance Measure(s)	Management Pathway(s)	Objective Number
2min	Patient is on plinth waiting for the student to engage	Role member providing cue: CI Cue: As student enters the sim, CI will tell the student in an aggravated tone that they are late and need to take over their patient	Learners are expected to: Respond without defensiveness, maybe ask if they can discuss later why they were late	Professional response to feedback	If student receives the feedback without defensiveness, CI will move on to their next patient. If student is defensive, CI will give additional feedback about being professional	3

2	Patient is engaged and happy, not complaining	Role member providing cue: Patient Cue: When student comes over, patient says hello and starts being chatty. If the student asks the patient which exercises they have done, the patient responds with “ You know what, I get confused, shouldn’t you know which ones I am doing. I think they are in the chart.	Learners are expected to: Student should try to redirect patient so that they can get an update either from the CI or from the chart. Learners should either look in the chart for updated information or ask the CI about which exercises have been done or need to be done.	In a calm manor the student should let the patient know they need a minute to review the chart and then they can chat	If student responds by redirecting patient and looking in the chart, the patient gives them a minute before chatting again. If the student doesn’t redirect, the patient continues to be chatty. If the student asks the CI, the CI will respond with “Just look in the chart”	1
3	Patient remains chatty, happy and follows some directions	Role member providing cue: Patient Cue: Patient is very chatty and stops doing exercises while talking unless reminded by the student to continue	Learners are expected to: Redirect the patient to continue with exercises.	Student should in a calm demeanor ask the patient to pause the conversation while they complete an exercise.	If the student redirects the patient once, the patient will do an exercise attentively then start chatting again. If they have to ask the patient a second time, the patient will stay focused	1
1	Patient is anxious when they hear the ride is hear and clearly rushed	Role member providing cue: Extra front desk person Cue: Over the speaker announces that the patients ride is there. The patient should tell the student they have to go and immediately	Learners are expected to: Stop treating and assist patient with getting off the plinthe and walking out.	Student is respectful of the fact that the patient has to leave as their ride is waiting for them.	If the student asks the patient to wait, they will say they can’t as their ride has to be somewhere	1, 2

		get up, grab their cane and start walking out				
2	Patient is gone but CI is slightly aggravated	Role member providing cue: CI/Supervisor Cue: As patient is leaving, CI comes to the room and says good bye to the patient. After the patient is gone, the CI gives feedback to the student about how being late can impact patient care and how they were able to hear that the student struggled with redirecting patient and why this is important. Tone of voice here is slightly aggravated.	Learners are expected to: Respond to feedback without defensiveness, should validate the CI's concerns and suggest ways they can improve on this behavior next time	Student remains professional in their response to getting difficult feedback from the CI	If the student reacts defensively, the CI will call them out on that behavior. CI will calm down if student responds in a professional manner to the feedback.	1,2 3,4

## Section VII. Debriefing/Assessments/References/Attachments

### Section VII.

### Debriefing

**Debriefing Objectives:** Review summary of experience, summarize the case, what were the main issues dealt with?

*“The purpose of this debrief is to \_\_\_\_\_. Everyone’s participation is welcome and encouraged.”*

Overall reaction to experience: *“How did that feel?”*

Share learning objectives with the learners.

Debriefing is a critical part of the simulation learning process; however, it is not standardized how the debrief is to be delivered based on several variables, including but not limited to the debriefer’s(s’) style, level and experience of the learners, and the debriefing strategy. Below are several resources that share best practices on a variety of debriefing models.

Resources for Debriefing:

- Healthcare Simulation Standards of Best Practice: The Debriefing Process
  - [https://www.nursingsimulation.org/article/S1876-1399\(21\)00098-0/fulltext](https://www.nursingsimulation.org/article/S1876-1399(21)00098-0/fulltext)
- Cheng, A., Eppich, W., Epps, C., Kolbe, M., Meguerdchian, M., & Grant, V. (2021). Embracing informed learner self-assessment during debriefing: the art of plus-delta. *Advance in Simulation*, 6 (1):1-9.
- Dreifuerst, K.T. (2015, May). Getting started with debriefing for meaningful learning. *Clinical Simulation in Nursing*, 11(5), 268-275. <http://dx.doi.org/10.1016/j.ecns.2015.01.005>.
- Eppich, W. & Cheng, A. (2015). Promoting excellence and reflective learning in simulation (PEARLS): Development and rationale for a blended approach to health care simulation debriefing. *Simulation in Healthcare*, 10: 106-115.
- Phrampus, P.E., & O’Donnell, J.M. (2013). Debriefing using a structured and supported approach. In *The comprehensive textbook of healthcare simulation* (pp. 73-84). Springer, New York, NY.
- Rudolph, J.W., Simon R., Rivard P., Dufresne, R.L., & Raemer, D.B. (2007). Debriefing with good judgment: Combining rigorous feedback with genuine inquiry. *Anesthesiology Clinics*, 25: 361-376.
- Sawyer, T., Eppich, W., Brett-Fleegler, M., Grant, V., & Cheng, A. (2016). More than one way to debrief: a critical review of healthcare simulation debriefing methods. *Simulation in Healthcare*,
- Zigmont, J.J., Kappus, L.J. & Sudikoff, S.N. (2011). The 3D model of debriefing: Defusing, discovering, and deepening. *Seminars in Perinatology*, 35: 52-58.

### Other Debriefing Scripting (e.g., case talking points, target questions to ask, etc.)

See attachment for debrief script

Preview (topic): “Let’s talk about .”

“I saw/heard/noticed .” “I think .”

“I wonder what your thoughts are about this.” or “I’m curious to know what you were thinking.” or “What led you to make that decision at that point?”

**Potential topics to discuss: (ENTIRE PAGE TO BE USED AS A RESOURCE FOR DEBRIEFERS)**

-Communication (with patient, supervisor)

-Time Management

-Responsibility

-Receiving feedback

-Similar experiences on co-op

- How was your **Communication with your supervising PT**? What went well? What did not go well during your interactions?
  - Consider verbal and nonverbal communication
    - Were reflective statements used?
    - Was the communication style transparent?
    - Was silence used as a tool to process during an uncomfortable situation?
  - PT to patient
    - Was the PT able to control the interaction/redirect the patient to stay focused on their exercises? If so, what tools/strategies were used?
- How was your **communication with the patient**? What went well? What could you have done differently?
  - Consider verbal and nonverbal communication
  - What strategies did you use to try to redirect the patient? Which strategies were most effective?
- Lets talk a bit more about your **non verbal communication** that you were picking up during your interactions. What non-verbals were you seeing from your supervisor? What about from your patient?
  - Body language
    - PT body language
      - Open vs closed
      - Eye contact
      - Getting on eye level with the patient
    - Patient body language
      - What did the patient's body language make you think?
      - How did this inform your communication style?
- Was any **aspect of the communication challenging**? How did you try to work through this challenge during the experience?
- How was your **time management** during your time with the patient? What was the impact of your time management on your goals for the patient?
- How did you handle receiving **constructive feedback** from your CI? What would you do again when receiving this feedback? Could you have done anything differently?
- What did it feel like to interact with the PT and patient?
- Where there any other resources that you could have used in this situation?
- Did anyone have experiences like this one on their co-op? If so, what happened? How was it handled?
- Give an example of a time when you witnessed strong communication between colleagues or between a PT/patient. What made it strong?
- Would anything have been different if you were a clinical student and not a co-op in this scenario? If so, what?

### Assessment/Outcome Measure

See attachment for assessment/outcome measure  
 Name of Assessment(s)/Outcome Measure(s):  
 Professional Behaviors Assessment



### Case References

Include references, guidelines, best practices and/or content experts utilized in developing this scenario.

See attachment for additional reference materials

### Attachments

To insert an attachment:

1. Go to the Insert tab
2. Select Object
3. Select Create from File
4. Select Browse and choose the file you would like to attach