MASTER SIMULATION DESIGN TEMPLATE

TITLE OF SIMULATION EVENT:

PERFORM A NEEDS ASSESSMENT

- Information Gathering
- Simulation Event and Scenario Tracking
- Operations Information
- General Participant Information
- Participant Motivations
- Articulating the Gap and Learning Need
- Resources and Supporting Evidence
- Anticipating Barriers and Mitigating Risk

EDUCATIONAL PLANNING

- Purpose of the Experience and Intended Outcomes
- Theory to Underpin Learning
- Construct Learning Objectives

FORMAT OF THE SIMULATION

- Simulation Modality
- Simulation Typology
- Organizational and Educational Considerations and Needs Appraisal

ENHANCE FIDELITY FOR MAXIMUM REALISM

- Environmental and Physical
- Psychological
- Conceptual

DESIGN THE CLINICAL SIMULATION EVENT - BUILD CONTEXT

- Timing and Event Flow
- Clinical Case Synopsis and Scenario (Case)

FACILITATIVE APPROACH (Facilitator/Facilitation)

- Facilitator Preparation
- Safe Learning Spaces

PARTICIPANT PREPARATION AND PREBRIEFING

- Learners (Scripted Prebriefing)
- Actors

DEBRIEFING

- Structured, Theory/Model-Based Approach)

EVALUATION

- Learners
- Facilitator
- Simulation Event (Scenario)
- Facility and Support Team

TEST AND VERIFICATION OF THE DESIGN

- Dry Run and Ensure Soundness of the Design

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MASTER SIMULATION DESIGN TEMPLATE

Simulation-based education (SBE) is a complex and detailed educational process that entails deliberate planning, implementation, and evaluative processes. To create positive outcomes, instructional designers of simulation should use best educational and simulation practices to meet focused learning objectives and meet learner needs.

The INACSL Standards of Best Practice: Simulation^{SM} - Simulation Design (INACSL Standards Committee, 2016) lists eleven critical design criterion for effective simulation design. The design criterion is listed as follows (Note that for this Master Simulation Design Template, some criterion are combined or collapsed to facilitate a sequential design process):

Criterion 1 - Perform a needs assessment to provide the foundational evidence of the need for a well-designed simulation-based experience.

Criterion 2 - Construct measurable objectives.

Criterion 3 - Structure the format of a simulation based on the purpose, theory, and modality for the simulation-based experience.

Criterion 5 - Use various types of fidelity to create the required perception of realism.

Criterion 4 - Design a scenario or case to provide the context for the simulation-based experience.

Criterion 6 - Maintain a facilitative approach that is participant-centered and driven by the objectives, participant's knowledge or level of experience, and the expected outcomes.

Criterion 10 - Provide preparation materials and resources to promote participants' ability to meet identified objectives and achieve expected outcomes of the simulation-based experience.

Criterion 7 - Begin simulation-based experiences with a prebriefing.

Criterion 8 - Follow simulation-based experiences with a debriefing and/or feedback session.

Criterion 9 - Include an evaluation of the participant(s), facilitator(s), the simulation-based experience, the facility, and the support team.

Criterion 11 - Pilot test simulation-based experiences prior to full implementation.

This simulation scenario design template is intended to guide you through a sequential approach to simulation design based on the INACSL Simulation Design standard (INACSL Standards Committee, 2016), with the exception that Step 1 (needs assessment and gap analysis) should always be the initial step. The remaining steps can be developed concurrently.

MASTER SIMULATION DESIGN TEMPLATE

SCENARIO TITLE:

1. NEEDS ASSESSMENT – INFORMATION GATHERING (INACSL STANDARDS COMMITTEE, 2016 SIMULATION DESIGN, CRITERION 1, P.S6)

1A - NEEDS ASSESSMENT – INFORMATION GATHERING

SCENARIO DETAILS

Program Name/Curriculum Placement:

Course Year, Name, & Course Number (if applicable):

Authorship and Co-Author Credits:

SCENARIO SOURCE

- ☐ Original Scenario - In-house
- ☐ Authored by other – used with permission
- ☐ Authored by other – adapted with permission
- ☐ Adapted from other original
- ☐ Pre-configured vendor product

EVENT FREQUENCY

- ☐ One time only
- ☐ Short-term, one semester only
- ☐ Short-term series offering: weekly, bi-weekly, monthly
- ☐ Curriculum integration, permanently offered each semester

NOTES:

EVENT LOGISTICS

- ☐ Has program approval been obtained for curriculum integration (as appropriate to your environment)?
- ☐ What is the funding source/ budget allocation?
- ☐ Budget code allocation:
- ☐ Are there registration/material fees?
- ☐ Is this learning activity part of a research study?
- ☐ Is there advertising or marketing required for this event? (Email, posters, banners, cards?)
- ☐ Is this a vendor-sponsored event?

MASTER SIMULATION DESIGN TEMPLATE

1B - NEEDS ASSESSMENT - SIMULATION EVENT & SCENARIO TRACKING RECORD

DATE FIRST CREATED:
SIMULATION-BASED DESIGN APPROVAL TRACKING
NAME OF APPROVER:
NAME OF APPROVER:

DATE REVISED:
NAME OF APPROVER:
NAME OF APPROVER:
SUMMARY OF CHANGES:
DATE REVISED:
NAME OF APPROVER:
NAME OF APPROVER:
SUMMARY OF CHANGES:
DATE REVISED:
NAME OF APPROVER:
NAME OF APPROVER:
SUMMARY OF CHANGES:
DATE REVISED:
NAME OF APPROVER:
NAME OF APPROVER:
SUMMARY OF CHANGES:

MASTER SIMULATION DESIGN TEMPLATE

1C - NEEDS ASSESSMENT - OPERATIONS INFORMATION

BOOKING PEOPLE FOR THE EVENT

Staffing Requirements (number of individuals needed and purpose)

- ☐ **Simulation Director:**
- ☐ **Simulation Educator(s):**
- ☐ **Simulation Technologist(s):**
- ☐ **Moulage Artist(s):**
- ☐ **Assistant(s) (Set up/Take down):**
- ☐ **Additional Facilitators/Educators:**
- ☐ **Others:**

KEY CONTACTS FOR SCENARIO VALIDATION: (include email, telephone)

Simulation Lead Educator:

Other Program/Course Lead:

Clinical/Theory Content Expert(s):

○ Internal ◉ External

VALIDATION AND ASSESSMENT

Content Validation (dd/mm/yr):

Method of Content Validation:

Assessment Tool: (Validity and Reliability)

EQUIPMENT AND SPACE BOOKING

Video taping:	Yes ○	No ◉
Video storage:	Yes ○	No ◉
Video access and permissions:	Yes ○	No ◉
Pre-defined video annotations:	Yes ○	No ◉
Deletion Date: **Video deletion:**	Yes ○	No ◉
Simulator or SP set up or Moulage:	Yes ○	No ◉
Scenario or Simulator programming:	Yes ○	No ◉
AV/IT Integrated Recording System:	Yes ○	No ◉

ROOM SCHEDULING

Room Type and Number of Rooms Needed for the Event:

- ☐ Sim Room(s):
- ☐ Basic Skills Lab(s):
- ☐ Prebriefing/Debriefing:
- ☐ Computer Lab(s):
- ☐ Classroom/Lecture:
- ☐ Conference Room(s):
- ☐ Simulated Patient Area:
- ☐ Participant Waiting Area:
- ☐ **Dry Run Room Booking:**
- ☐ **Additional Rooms** - student prep/documentation, etc.:
- ☐ **Simulation Staging** -set up and take down requirements:
- ☐ **Special Room Set Up Instructions** -room reconfiguration, tables, chairs,white boards, flip charts, etc.:

OPERATIONS NOTES:

MASTER SIMULATION DESIGN TEMPLATE

1D - NEEDS ASSESSMENT – GENERAL PARTICIPANT INFORMATION (TYPE AND FOCUS OF CLINICAL PRACTICE)

Participant: If applicable, list participants' level of study and year of study.

- ☐ Undergraduate
- ☐ Graduate
- ☐ Post-Licensure/Continuing Education
- ☐ Faculty Development
- ☐ Other Stakeholder Group(s)

Participant Numbers

- ☐ Total Number of Participants:
- ☐ Anticipated Group Size per Event (e.g.,3 participants/simulation):
- ☐ Anticipated Number of Groups (total):

Nursing Program Types

- ☐ Baccalaureate
- ☐ Diploma or Associate Degree (ADN)
- ☐ Licensed Practical Nurse (LPN)
- ☐ Nursing Aide (NA)
- ☐ Personal Care Attendant (PCA)
- ☐ Graduate (e.g., DNP, Nurse Practitioner, Clinical Nurse Specialist, Midwife, PhD, etc.
- ☐ Practicing Nurse:

0-2 years ◯ 3-5 years ◯ > 5 years ◯

Nursing Practice Area of Focus (for this event):

- ☐ Nursing Fundamentals
- ☐ Medical
- ☐ Surgical
- ☐ Pediatrics
- ☐ Geriatrics
- ☐ Maternal-Child
- ☐ Mental Health
- ☐ Community Health
- ☐ Public Health
- ☐ NICU ☐ CCU ☐ ICU ☐ PICU
- ☐ Other (list):

Interprofessional Partners:

Medicine

(Select discipline(s) and list course name & #, and number of participants from each):

- ☐ General Practice
- ☐ General Surgery
- ☐ Cardiology
- ☐ Emergency Medicine
- ☐ Gastroenterology
- ☐ Pediatrics
- ☐ Obstetrics
- ☐ Psychiatry
- ☐ Other (list here):

Other Health Disciplines and Allied Health

(Select discipline(s) and list course name and number of participants from each):

- ☐ Physiotherapist
- ☐ Occupational Therapist
- ☐ Paramedic
- ☐ Respiratory Therapist
- ☐ Emergency Medical Technician
- ☐ Pharmacist
- ☐ Social Worker
- ☐ Medical-Laboratory Assistant
- ☐ Ultrasonongrapher
- ☐ Other (list)

MASTER SIMULATION DESIGN TEMPLATE

1E - NEEDS ASSESSMENT – PARTICIPANT NEEDS AND MOTIVATIONS (Accreditation Council for Graduate Medical Education [ACGME], 2011)

Pre-Assessment Data: Building on Prior Knowledge, Skills, and Attitudes

- What is the participants' current level of knowledge in this area?
  - List any pertinent prior skills testing results and clinical performance expectations that are applicable to this event (e.g., Based on prior learning of {…} the learner should be able to accomplish the following {…}).
- Plan for preferred learning styles or individual barriers to learning.

Participant Motivations: Group/Team Specific Information

- Do the participants know each other? What are learner demographics?
- Describe the participants' motivations for learning: (e.g., enhanced team performance, improvement on previous performance,building on prior learning for mastery, impact on healthcare, quality of patient care, improving healthcare systems, patient safety, improving outcomes such as healthcare metrics for morbidity, sentinel events, gain new knowledge, learn new procedures, learn new protocol, meet regulatory standards, meet organizational/educational goals, educational success, research participation, etc.)

MASTER SIMULATION DESIGN TEMPLATE

1F – NEEDS ASSESSMENT – ARTICULATING THE GAP AND IDENTIFYING THE LEARNING NEED
Specify the educational or professional practice gap(s) that drive the need for this learning activity. The "Gap" is defined as the difference between the current state of knowledge, skills, and attitudes/motivations and the desired or ideal level of competence, clinical practice, or patient care outcomes (ACGME, 2011).
Note: the gap must be relevant to the target audience. Describe how this simulation will link to organizational or program strategic goals.

Current state of KSA: Describe CURRENT knowledge, skills, competence, practice, and clinical or patient outcomes. How do current practices differ from best practices? What is the source of your information?	**What is at the root cause of the gap(s)?** Describe deficits in knowledge, skill, attitudes and other factors or causes below.
	Knowledge
Desired or Ideal State of KSA: Describe TARGET knowledge, competence, performance, clinical/patient outcomes. Note the source of your information? (Track this in section 1D).	**Skills**
Linking to Desired Outcomes: Describe **below** how the ideal state is linked to course, program, or graduate outcomes? Indicate the use of any specific curriculum mapping tools and attach them as needed.	**Attitudes**
Simulation event is linked to: **Ideal State Linked to Outcomes:** ☐ Master Course Syllabus ☐ Program Outcomes ☐ Graduate Outcomes ☐ Accreditation Standards ☐ Best Practice Standards ☐ Other:	

MASTER SIMULATION DESIGN TEMPLATE

1G - NEEDS ASSESSMENT – KEY RESOURCES AND SUPPORTING EVIDENCE FOR CHANGE
List all sources* used to support the need for closing the performance gap identified in 1C above (ACGME, 2011).Check all that apply (minimum of three recommended).

- ☐ Planning committee meeting notes
- ☐ Planning committee or other faculty communications
- ☐ Expert observation
- ☐ INACSL Standards of Best Practice Simulation℠
- ☐ SSH Accreditation Standards
- ☐ SSH Simulation Credentialing Criteria
- ☐ Standards - Other:
- ☐ Evaluation data/ Participant suggestions from previous learning, survey responses, etc.
- ☐ Stakeholder surveys or feedback (educators/participants/clinicians, stakeholders)
- ☐ Survey data (other)
- ☐ Peer-reviewed scientific/clinical publication
- ☐ Experiential component requirement
- ☐ Substitute for traditional clinical time
- ☐ Peer-review systematic review or meta-analysis
- ☐ Demonstrate need to improve quality of care – errors, patient safety issues
- ☐ Documented lack of readiness – anecdotal or reported
- ☐ Clinical best practice guidelines/protocols
- ☐ Organizational analysis (e.g., SWOT or SOAR analysis data)
- ☐ Root cause analysis
- ☐ Epidemiological data
- ☐ Public health data; aggregate data
- ☐ Exam performance analysis: pre/post tests
- ☐ Quality improvement guidelines/standards (QSEN, CPSI, etc.)
- ☐ Government mandates/legislation
- ☐ Health region protocol
- ☐ Expert input and validation (identify credentials and qualifications)
- ☐ Need to standardize learning and competency development across the curriculum
- ☐ Other:

*Cite on Reference Page (p. 37). Retain or attach a copy of all supporting documents or post to LMS, shared drive, etc.

MASTER SIMULATION DESIGN TEMPLATE

1H - NEEDS ASSESSMENT – ANTICIPATING BARRIERS AND RISK MITIGATION STRATEGIES

Barriers to designing and implementing simulation-based learning come from a variety of sources including those from systems within or outside an organization and those that stem from clinical practice (ACGME, 2011).

What, if any CLINICAL PRACTICE barriers do you foresee in planning for this activity? (For example, a theory- practice gap between what will be learned in the simulation and current clinical practice, care provider resistance to new clinical practices or interventions being learned in simulation, misconceptions about what is being learned, lack of knowledge, or skill gaps in current clinical practice settings, etc.).	**Briefly explain how you plan to addresses clinical practice barriers:**
	To address this clinical practice challenge, I will need to:
What, if any EDUCATIONAL barriers you foresee encountering in planning for this activity? (For example, resistance to simulation pedagogy by other educators, differing views/perspectives related to the content of the simulation, the costs of activity, budget approvals, facilitator preparedness and compliance, student preparedness and capacity for simulation, scheduling, technology, SP training and costs, attaining levels of fidelity, etc.).	**Briefly explain how you plan to address educational barriers:**
	To address this educational practice challenge, I will need to:

MASTER SIMULATION DESIGN TEMPLATE

2. EDUCATIONAL PLANNING (INACSL STANDARDS COMMITTEE, 2016, SIMULATION DESIGN, CRITERION 2, P. S6)

2A: STATING THE PURPOSE OF THE EXPERIENCE – Write a global (broad) statement that briefly states the intended purpose and intended learning outcomes for this activity based on the gap(s) identified above (1-2 sentences per gap about what you want to achieve).

- List the **Big Ideas** or **Key Concepts** you want the participant to learn about.
- This statement will drive the scenario design

2B: THEORY TO UNDERPIN LEARNING IN SIMULATION Briefly list and describe the theory or theories that underpin this learning event (e.g., NLN/Jeffries Simulation Theory, Kolb, etc.)

MASTER SIMULATION DESIGN TEMPLATE

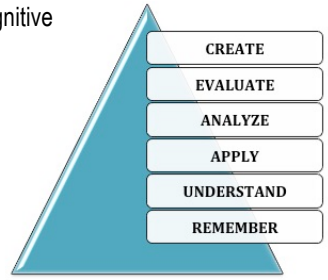
2C: PLANNING FOR LEARNING – Constructing the Learning Objectives (Key Information)

Based on the gaps/needs identified above, what are the learning objectives for this activity?

- ✓ **S**pecific – targets a specific area for improvement (K, S, A) with a singular focus
- ✓ **M**easurable – quantifiable and tied to an indicator of progress or performance (learning is observed and measured)
- ✓ **A**ttainable (Action-oriented) – uses action verb that will demonstrate specific change, doable based on knowledge, skill, and available resources
- ✓ **R**elevant (Realistic)– at the appropriate level of learning and skill level
- ✓ **T**ime- Limited– a specific and reasonable time frame in which learning should be achieved (e.g., 30 minutes

DIMENSIONS OF KNOWLEDGE - (Center for Excellence in Learning and Teaching (CELT), 2011). ☐ Factual ☐ Conceptual ☐ Procedural ☐ Meta-cognitive

DOMAINS OF LEARNING – What type of learning do you anticipate within each domain? Check all that apply below then write individual objectives on next pages.



Cognitive Domain (Knowledge) Bloom, 1956; Anderson and Krathwohl, 2002, CELT, 2011)

- ☐ **Remember –** retrieve relevant knowledge from long-term memory (write, recognize, recall, identify, list, label, name, state, define)
- ☐ **Understand –** able to comprehend and construct meaning (explain, summarize, paraphrase, describe, illustrate, predict, clarify)
- ☐ **Apply –** able to carry out, select, transfer, and use data with little direction (use, provide, carry out, compute, solve, demonstrate, apply, deconstruct)
- ☐ **Analyze –** able to break information into parts and determine how parts relate and their purpose (select, differentiate, integrate, judge, analyze, categorize, compare, contrast)
- ☐ **Evaluate –** able to make judgments based on criteria/standards (check, determine, judge, reflect)
- ☐ **Create –** able to construct and organize elements into new patterns/structures (generate, assemble, create, design)

Psychomotor Domain **(Skill)** (Dave, 1975

- ☐ **Imitation –** observe and copy another's actions (copy, follow, mimic, repeat, replicate, reproduce, trace, observe, ask, participate, answer, tell)
- ☐ **Manipulation –** perform certain actions by memory (act, build, execute, perform, complete, demonstrate, replicate, share, breakdown, assemble)
- ☐ **Precision –** refining, becoming more exact and precise (calibrate, demonstrate with precision, master, arrange, choose, conduct, construct, design, integrate, organize, perform)
- ☐ **Articulation –** coordinated and able to adapt, with harmony and consistency (adapt, construct, combine, create, customize, modify, formulate, conduct, perform, organize)
- ☐ **Naturalization –** mastery, second nature, little thinking required (compose, develop, create, initiate, make, design, invent, manage)

Affective Domain **(Attitudes, Values, Motivations) (**Bloom, 1956; Anderson & Krathwohl, 2001, Clark, 2010)

- ☐ **Receive –** able and willing, aware, attentive (acknowledge, listen, accept, ask)
- ☐ **Respond –** actively attends to, and participates or responds (comply, follow, volunteer, commend, answer, discuss, conform, aid, help, present)
- ☐ **Value –** attaches worth or value, behaviors range from acceptance to commitment (appreciate, support, cherish, initiate, invite, share, respect, treasure, debate, join)
- ☐ **Organizes -** able to organize and prioritize values and resolve internal conflicts (compare, relate, discuss, theorize, formulate, examine, balance, relate, synthesize)
- ☐ **Internalizes** – enacts value system consistently (acts, discriminate, display, influences, revise, avoid, resists, resolve, manage, reconcile, modify, serve, solve, verifies)

MASTER SIMULATION DESIGN TEMPLATE

Learning Need - 1 (Briefly describe the need and gap this event will fill)	**Learning Objective - 1** Write learning objective and select learning domain and list learning outcome by domain:	**Outcome Level Addressed - 1** (check all that apply): This learning objective primarily targets a change in the following area(s):
The need this learning objective will fill is:	*As a result of participating in this activity, learners should be able to:*	*Target Practice Improvement Level (1):* ☐ Learner Competence ☐ Clinical Performance Improvements ☐ Patient Outcomes Improvements *Learning Domain (1):* ☐ Knowledge ☐ Psychomotor ☐ Affective

Criteria and Performance Indicators for Learning Objective 1

List specific *Criteria for Competent Performance and Indicators* to which participants' performance will be compared: (e.g., practice standards, protocol, best practice guidelines, guidelines for tools, current evidence, etc.). The criterion allows you to determine whether or not the participant has met the objective.

Note: Add more as required; however, generally no more than 3-4 learning objectives is realistic and attainable.

MASTER SIMULATION DESIGN TEMPLATE

Learning Need - 2 (Briefly describe the need and gap this event will fill)	**Learning Objective - 2** Write learning objective and select learning domain and list learning outcome by domain:	**Outcome Level Addressed - 2** (check all that apply): This learning objective primarily targets a change in the following area(s):
The need this learning objective will fill is:	*As a result of participating in this activity, learners should be able to:*	*Target Practice Improvement Level (2):* ☐ Learner Competence ☐ Clinical Performance Improvements ☐ Patient Outcomes Improvements *Learning Domain (2):* ☐ Knowledge ☐ Psychomotor ☐ Affective

Criteria and Performance Indicators for Learning Objective 2

List specific *Criteria for Competent Performance and Indicators* to which participants' performance will be compared: (e.g., practice standards, protocol, best practice guidelines, guidelines for tools, current evidence, etc.). The criterion allows you to determine whether or not the participant has met the objective.

Note: Add more as required; however, generally no more than 3-4 learning objectives is realistic and attainable

MASTER SIMULATION DESIGN TEMPLATE

Learning Need 3 (Briefly describe the need and gap this event will fill)	**Learning Objective 3** Write learning objective and select learning domain and list learning outcome by domain:	**Outcome Level Addressed - 3** (check all that apply): This learning objective primarily targets a change in the following area(s):
The need this learning objective will fill is:	*As a result of participating in this activity, learners should be able to:*	*Target Practice Improvement Level (3):* ☐ Learner Competence ☐ Clinical Performance Improvements ☐ Patient Outcomes Improvements *Learning Domain (3):* ☐ Knowledge ☐ Psychomotor ☐ Affective

Criteria and Performance Indicators for Learning Objective 3

List specific *Criteria for Competent Performance and Indicators* to which participants' performance will be compared: (e.g., practice standards, protocol, best practice guidelines, guidelines for tools, current evidence, etc.). The criterion allows you to determine whether or not the participant has met the objective.

Add more as required; however, generally no more than 3-4 learning objectives is realistic and attainable.

MASTER SIMULATION DESIGN TEMPLATE

3. STRUCTURE THE FORMAT OF THE SIMULATION

3A - SIMULATION MODALITY AND SIMULATION TYPOLOGY SELECTION

(INACSL STANDARDS COMMITTEE 2016, SIMULATION DESIGN, CRITERION 3, P S6-7)

Simulation Modality (the platform used to deliver the simulation)

- ☐ Simulated Clinical Immersion (also High-Context, Immersive or Full Mission Simulation)
- ☐ Computer-Based Virtual Simulation (e.g., Second Life®, virtual reality, 3D augmented reality)
- ☐ Procedural Simulation (psychomotor skill focus)
- ☐ Boot camp Simulation (multiple skills review)
- ☐ Classroom Simulation (delivered in classroom)
- ☐ Tele-Sim or Broadcast Sim (synchronous delivery)
- ☐ Mobile Simulation or Distributed (take sim on the road, scalable pop-up)
- ☐ In Situ Simulation (occurs on site in actual professional practice)
- ☐ Peri Situ Simulation (occurs in close proximity to actual practice location, e.g., should be at patient's bedside and is in the hospital, but not at actual bedside)
  - ◯ Scheduled Planned ◯ Unscheduled Impromptu
- ☐ Other:

Simulation Typology (the tool used to achieve the simulation modality)

People

- ☐ Simulated or Standardized Patients
- ☐ Embedded Participant/Actor (also referred to as Confederate, Scenario Guide)
- ☐ Role Player (informally pretending to be another)
- ☐ Human Cadaver or Human Tissue
- ☐ Plastinates

Mannequins

- ☐ Low-Level / Fidelity
- ☐ Static Mannequin Mid-Level / Fidelity
- ☐ Simulator Computerized, Full-Body Human
- ☐ Simulator Other:

Partial Task-Trainers

- ☐ Airway Trainer
- ☐ IV Initiation Trainer
- ☐ Central Line Care Trainer
- ☐ NG Trainer
- ☐ Other:

Virtual Trainers – Virtual Workbenches and Haptic Devices

- ☐ Virtual Workbench (e.g., I.V. Trainer, Endoscopy Trainer)
- ☐ Avatar (e.g., In Second Life®)
- ☐ Other:

- ☐ **Hybrid Simulation** (explain the specific modalities and/or typologies being combined)

MASTER SIMULATION DESIGN TEMPLATE

3B: PLANNING LEARNING – ORGANIZATIONAL AND EDUCATIONAL CONSIDERTATIONS & NEEDS APPRAISAL

(CHECK ALL THAT APPLY)

ORGANIZATIONAL AND PROGRAM CONSIDERATIONS

This simulation-learning event adheres to (check all that apply, then add comments).

- ☐ **Policies and Protocols** for Program or Curriculum Development (e.g., Simulation Education Standards Committee approval).
- ☐ **Funding** and **Budget Approval** – plan for responsible and equitable use of funds.
- ☐ **Sustainable Practices** in Education – costs, resources, and implementation plan are **doable & repeatable.**
- ☐ **Total Quality Improvement** – implements TQI in operations and teaching/ learning to measure improvement.
- ☐ **Research Ethics Approval** – as appropriate, manages the use and storage of participant data – including video or performance records.
- ☐ **Participant Data Storage, Utilization, and Deletion Plan** – plans ahead, considers confidentiality of participants.
- ☐ **Disclosures/Disclaimers** – Share ethical considerations with the simulation with participants such as the potential for strong emotional reactions.
- ☐ **Permissions** – obtains consent for image/video/personal information usage in accordance with institutional protocol.
- ☐ Other:

Notes:

EDUCATIONAL AND ETHICAL CONSIDERATIONS

This simulation-learning event adheres to (check all that apply, then add comments).

- ☐ **Integrates Professional and Educational Standards: (**e.g., INACSL Standards of Best Practice: Simulation℠, Simulation Accreditation Standards (SSH, 2014), Simulation Research Standards (2016), and NCSBN Guidelines (2015).
- ☐ **Theoretical /and or Conceptual Framework**: appropriate use of theory and evidence underpins the learning event, is specific to the purpose of the event, and target participants.
- ☐ **Facilitator Preparedness** – ensures that educators are prepared to facilitate simulation learning.
- ☐ **Embedded Participant Safety** - Ensures ethical and responsible depiction of patients and embedded participants. Does not perpetuate stereotypes, biases, and cultural prejudices and seeks out appropriate experts review patient cases.
- ☐ **Professional Integrity** – commitment to a culture of psychological safety; considers in advance the potential harm that can come to participants (includes learners and embedded actors, simulated patients) and makes a plan to minimize harm and create safe spaces for learning. Plans for consistent expectations for preparation, prebriefing, event support and cues/prompts, and debriefing and ensure fair and standardized experiences for participants.
- ☐ Other

Notes:

MASTER SIMULATION DESIGN TEMPLATE

4. ENHANCE FIDELITY (INACSL STANDARDS COMMITTEE 2016, SIMULATION DESIGN, CRITERION 5, P.S7-8)

The level of realism associated with a particular simulation activity; fidelity can involve a variety of dimensions, including:

(a) Physical factors such as environment, equipment, and related tools; (b) Psychological factors such as emotions, beliefs, and self-awareness of participants; (c) Social factors that can enhance conceptual fidelity, such as, participant and instructor motivation and goals; (d) culture of the group; and (e) degree of openness and trust, as well as participants modes of thinking (INACSL, 2016).

4A - ENVIRONMENTAL AND PHYSICAL FIDELITY

"The degree to which the simulated environment (manikin, room, tools, equipment, moulage, and sensory props) replicates reality and appearance of the real environment" (Lopreiato et al., 2016). The degree to which the simulation looks, sounds, and feels like the actual task.

FUNCTIONAL FIDELITY – the degree to which the equipment functions as it should in real life situations.

Notes on the logistics of room staging/ set up and take down:

Who sets up the room?

Who takes down the room?

SETTING/ ROOM/ ENVIRONMENT	MEDICATIONS AND IV FLUIDS		DIAGNOSTIC RESULTS
☐ ER	☐ IV Fluids Not Required	☐ 50 mL	☐ Laboratory Results
☐ ICU	☐ Normal Saline	☐ 100 mL	☐ X-rays (Images)
☐ Inpatient Room	☐ D5W	☐ 250 mL	☐ 12-Lead ECG/EKG
☐ OR	☐ D10W	☐ 500 mL	☐ MRI
☐ OPD	☐ Ringers Lactate	☐ 1000 mL	☐ Ultrasound
☐ L&D	☐ Other		☐ Other:
☐ Examination Room	☐ Oral Meds (list)		
☐ Other:	☐ IM or SC meds (list)		
	☐ Blood Product (list)		
	☐ IV meds (list)		

MASTER SIMULATION DESIGN TEMPLATE

EXPLANATION OF WHAT THE ENVIRONMENT, PATIENT, AND EQUIPMENT SHOULD LOOK LIKE – INCLUDE PHOTO (S) this title doesn't seem to fit with the lists—do they check the list or explain?

- ☐ Patient Care - Physician Orders
- ☐ Standing Orders
- ☐ Patient Addressograph
- ☐ Blood Bank Number
- ☐ Patient ID Number
- ☐ Admission Form
- ☐ Vital Signs Record
- ☐ Other Flow Records (e.g., Neurovital Signs)
- ☐ MAR – Medication Administration Record
- ☐ Patient Consent Form
- ☐ OR Record/Anesthesia Record
- ☐ Other:

- ☐ Anesthesia/PACU Record
- ☐ Clinic Records
- ☐ School Medical Records
- ☐ Immunization Records
- ☐ Patient History
- ☐ Patient Care Record – Nurses Notes
- ☐ Code Blue Form
- ☐ Labor Record
- ☐ Birth Record
- ☐ Newborn Screening Record
- ☐ Urinalysis
- ☐ Diabetic Record
- ☐ Patient Allergy Record
- ☐ Diagnostics Records

- ☐ 12 Lead ECG/EKG
- ☐ X-ray Images
- ☐ MRI Images
- ☐ Discharge or Transfer Orders
- ☐ Patient Care Provider Signature Form
- ☐ Emergency Room Triage
- ☐ Admission Orders
- ☐ Patient Information Chart Labels
- ☐ Other:

Patient ID Band Information or Other ID like BBN#, etc. (change information below):

Patient Name (Last, First, Initial)

DOB 03OCT1933 Age:72Y F ADM DATE: 12MAR2011
PHN#: 01835106103 AB I 4201-B
PT# 0000001111999 CASE 001 HOSPITAL
PHYSICIAN:
FAMILY PHYSICIAN: CAPITAL, TYLER

ID Band Specifics:

MASTER SIMULATION DESIGN TEMPLATE

EQUIPMENT ATTACHED TO THE MANNEQUIN OR OTHER PERSON

☐ IV Pump:	☐ 02 lpm
☐ IV Gravity:	☐ Vital Signs Monitor w Display
☐ Primary IV Rate in mL/hr :	☐ Mechanical Ventilator
☐ Secondary IV Rate in mL/hr:	☐ Ventilator Settings Noted
☐ PCA Pump:	☐ Cardiac Monitor
☐ Epidural Pump:	☐ Defibrillator
☐ Foley Catheter:	☐ ID Band
☐ Urine Color:	☐ Allergy Band
☐ Urine Volume in Collection Bag:	☐ Blood Bank Number Band

Notes:

DESCRIPTION OF WHAT THE ENVIRONMENT, PATIENT, AND EQUIPMENT SHOULD LOOK LIKE UPON ENTERING THE SIMULATION

Include Photo(s) of the Setup

Include holistic props to enhance psychosocial, cultural, spiritual, or developmental dimensions of the scenario (e.g., stuffed dog for a child, sippy cups, family picture at toys, get well cards, prayer beads, religious articles, etc.)

MASTER SIMULATION DESIGN TEMPLATE

4B - PSYCHOLOGICAL FIDELITY

The extent to which the simulated environment evokes the underlying psychological processes necessary in the real-world setting (Dieckmann et al., 2007), or the degree of perceived realism, including psychological factors such as emotions, beliefs, and self-awareness of participants in simulation scenarios (Dieckmann et al., 2007).

PARTICIPANT AND ACTOR ROLES: Learners must participate within their respective disciplines for all simulation activities.

Participant Roles

- ☐ Primary Nurse
- ☐ Secondary Nurse
- ☐ Clinical Instructor
- ☐ Observer/s
- ☐ Recorder
- ☐ Code Team
- ☐ Counselor
- ☐ Caregiver
- ☐ Spiritual Advisor (Priest, Imam, Shaman, Rabbi, Elder, etc.)
- ☐ Security Officer
- ☐ Family members
- ☐ Other:

Embedded Actor Roles

- ☐ Clinical Instructor
- ☐ Family Member #1
- ☐ Family Member #2

Notes:

Embedded Actor Roles (Cont'd)

- ☐ Physician/Advanced Practice Nurse
- ☐ Respiratory Therapist
- ☐ Anesthesia
- ☐ Pharmacy
- ☐ Lab Assistant/Technician
- ☐ Imaging Technician
- ☐ Social Services
- ☐ Spiritual Advisor
- ☐ Unlicensed Assistive Personnel
- ☐ Code Team
- ☐ Personal Caregiver
- ☐ Legal Council
- ☐ Security Officer
- ☐ Other:

Notes

MASTER SIMULATION DESIGN TEMPLATE

4C - CONCEPTUAL FIDELITY

In healthcare simulation, ensures that all elements of the scenario relate to each other in a realistic way so that the case makes sense as a whole to the learner(s) (*For example: Vital signs are consistent with the diagnosis*). To maximize conceptual fidelity, cases or scenarios should be reviewed by subject matter expert(s)and pilot-tested prior to use with learners (Rudolph et al., 2006, 2007; Dieckmann et al. 2007; Lopreiato et al., 2016).

4C1. Key Conceptual Relationships

Describe the key relationships between people, events, patient findings, and the environment that will help the participant make sense of this event?

Build your scenario so that "if" and "then" type relationships will form in the learners mind during the simulation. Design, "if" I do this, "then" that should happen relationships. (e.g., **IF** the dressing is blood soaked, **THEN**, the blood pressure will be low and the monitor will read as such, and the patient will appear pale, cool to touch, and sweaty. The lived experience of the learners enmeshes conceptually).

Culture & Diversity to Enhance Conceptual Fidelity (Also coined Sociological Fidelity, Sharma et al., 2011): Manifestations of culture within a scenario form important conceptual connections for learners. Consider how you will realistically bring to life the many facets of culture and diversity that play out within a given situation without perpetuating misconceptions or false expressions of culture. Things to consider include, but are not limited to depicting different types of culture professional culture, societal culture, organizational culture and the relationships that unfold within them. Think of hierarchy or power distance in relationships.

Think about any visible expressions of culture such as spoken language(s), accents, male/female/child voices, family members, culturally relevant props like religious Holy books, prayer beads, or other symbols of religious beliefs; personal appearance like hair, makeup, clothing; internal expressions of culture and diversity that exist beneath the In simulation design for elements of culture and diversity, you must uphold the ethical imperative to portray realistic depictions free of stereotypes, denigration of individuals or groups, or prejudice. This may require the use of disclaimers to explain certain depictions of culture. Seek out an expert in the culture you want to depict.

In this section, you should consider the things you will do to make the experience feel real to the learners. List the key relationships you will need to create between the environment and the equipment, the patient, and the other participants in the scenario to best engage the learner.

MASTER SIMULATION DESIGN TEMPLATE

4C2. Learner Cues

Cues help the scenario to move forward in response to participant actions, including standardization of cues to guide the participant(s). Cues should be linked to performance measures and used to refocus participants when they stray from the intended objectives. Cues can be delivered to participants in a variety of ways, including verbally (e.g., through the patient, provider, or embedded participant), visually (e.g., through changes in vital signs on a monitor), through additional data (e.g., new lab results), and so forth" (INACSL Standards Committee, 2016, Simulation Design, p. S7). List all the cues that will be used in this scenario below. **Consider the following:**

Sensory Cues: the things that should be seen, heard, smelled, or felt in the environment: (hospital bells, ringers, phones, alarms, people, holistic props,the smell of urine, specific odors, smoke etc.):

Data and Reports - List data or information to be displayed on the in-room monitor (before or during the scenario) or that you want to be delivered to the learner (if applicable):

MASTER SIMULATION DESIGN TEMPLATE

4C2. Learner Cues (cont'd)

Prop Cues and Changes - list props and the need for prop changes as the scenario unfolds, including (diagnostic findings, care provider orders, moulage changes, etc.):

Patient Cues - the things that the patient can say or ask the student during the scenario without compromising the learning in the scenario:

Embedded Actor Cues (actors other than the patient) - things they are is allowed to say or do to move the simulation in one direction or another (use if and then statements) If the learner does or says "this"... then, the actor can say "that":

MASTER SIMULATION DESIGN TEMPLATE

5. CLINICAL SIMULATION EVENT PLANNING

Step 5A –TIMING & EVENT FLOW (Mayo Clinic Multidisciplinary Simulation Center, n.d.; Foisy-Doll, Ansell, Werner, & McPherson, 2009; Foisy-Doll, 2008; METI, 2011; NLN, 2012).

List the time frames you anticipate for each phase of the simulation-learning event. (e.g., prebriefing 20 minutes, simulation event 10 minutes, debriefing 30 minutes). Create an event flow map, and then create a staffing schedule.

TIMING OF PHASES: List the time frames you anticipate for each phase of the simulation-learning event. (e.g., prebriefing 20 minutes, simulation event 10 minutes, debriefing 30 minutes below).

PREPARATION PHASE (length of time learners have to prepare in minutes, days, or weeks):

PREBRIEFING PHASE (length in minutes):

SIMULATION EVENT PHASE (length in minutes):

DEBRIEFING PHASE (length in minutes):

TOTAL EVENT TIME (length in minutes or hours, including time between phases):

EVENT FLOW MAP: Create an event flow map for a visual reference of the how the learners will move through various stages of the event. Include learner roles (e.g., active participant, observer), groups (e.g., group 1, 2, 3) and map out the trajectory of the flow. Map out the basics here then attach a copy.

MASTER SIMULATION DESIGN TEMPLATE

Step 5A –TIMING & EVENT FLOW (cont'd)

STAFFING SCHEDULE: Create an event, staffing schedule as required. A matrix table showing timing, groups, and required staffing is helpful. Write down your needs here and attach a copy of the schedule.

MASTER SIMULATION DESIGN TEMPLATE

STEP 5B – CLINICAL SCENARIO OR CASE - Case Synopsis from Two Perspectives

(INACSL Standards Committee, 2016, Simulation design, CRITERION 4, P.S7).

Anticipated Facilitator and Learner Perspectives – Describe what the scenario experience should be like from a facilitator and learner viewpoint, that is to say what you believe the scenario allows the learner to do and learn; what they should be able to identify in this scenario; and what you would expect them to be able to do and uncover/discover? Highlight what the facilitator should expect regarding the big lessons learners should take away after the simulation and be able to apply to practice.

Briefly content from prior learning that will be scaffolded in the scenario here:

STEP 5C – CLINICAL SCENARIO OR CASE - The Situation and Back Story

"Provides a realistic starting point from which the structured activity begins. The full picture of this context may be given verbally to the participants, found in the patient's file or be revealed if requested through adequate inquiry on the part of participants" (INACSL Standards Committee, 2016, Simulation Design, p. S7).

Provide a high level description of the case and back story (begin to tell the patient's story and the things leading up to today's events):

MASTER SIMULATION DESIGN TEMPLATE

STEP 5C1. Patient Background Information				
Choose Image and Insert if Desired	**Name**			
	Age		**Gender**	
	Weight		**Height**	
	Nationality		**BMI**	
Other Cultural Considerations Can included, but are not limited race, religion, ethnicity, gender diversity, background, language, props like religious literature, beads, costumes, pictures, etc.)				
Time of Day and Location of Patient Encounter (e.g., clinic, hospital room, town, city, building, etc.)				
Case Stem Describe what is happening today				
Nature of the Encounter (e.g., emergency, first visit, office visit, follow-up visit)				
Surgical History				
Past Medical History				
Regular Medications and Frequency				
Allergies				
Healthcare Provider				

MASTER SIMULATION DESIGN TEMPLATE

5C2. Current Physical Exam Findings	
Neurological: **Respiratory:** **Cardiovascular:** **Gastrointestinal:** **Genitourinary:** **Musculoskeletal:** **Metabolic:**	**Provide Physical Exam Details Here:**

5C3. History of Present Condition	
Last Food or Drink Intake: **Events Leading up to Current State:** **Medications Recently Taken:** **PAIN - PQRSTAAA -** (pain, quality, radiating, severity, timing, alleviate, aggravate): **CSMT Limbs -** (circulation, sensation, movement, temperature): **Family History:** **Psychosocial History:** **Leisure Activities:** **Family Members, Significant Others -** (contacted/present): **Other:**	**History of Present Condition Details Here:**

MASTER SIMULATION DESIGN TEMPLATE

STATE ONE: **Clinical States and Educator Notes**	**Patient Events and Findings** **(Check vitals to appear on monitor)**	**Minimally Expected Learner Behaviors**	**Main Learning Points from Prebriefing Activities, and Debriefing Questions**
State One Title: **Time Frame for this State (min):** **Key Happenings in State 1:** **Start Time:** **Educator Notes and Verbal Tips for this State:** For example, patient voice, operating notes, room prop resetting notes, embedded actors, and specific verbal cues for this State.	☐ **HR:** ☐ **RR:** ☐ **BP:** ☐ **Sp02:** **Patient Assessment Findings:** **Lab and Diagnostic Findings:** **List Sensory Cues the Learner Should Notice (e.g., sights, sounds, smells):**	**Expected Learner Behaviors:**	**List points/questions here:**

State the trigger(s) that will cause advancing to next state or end scenario:

List information and or props to be made available during the simulation:

MASTER SIMULATION DESIGN TEMPLATE

STATE TWO: Clinical States and Educator Notes	Patient Events and Findings (Check vitals to appear on monitor)	Minimally Expected Learner Behaviors	Main Learning Points from Prebriefing Activities and Debriefing Points
State Two **Title:** **Time Frame for this State (min):** **Key Happenings in State 2:** **Start Time:** **Educator Notes and Verbal Tips for this State:** For example, patient voice, operating notes, room prop resetting notes, embedded actors, and specific verbal cues for this State.	☐ **HR:** ☐ **RR:** ☐ **BP:** ☐ **Sp02:** **Patient Assessment Findings:** **Lab and Diagnostic Findings:** **List Sensory Cues the Learner Should Notice (e.g., sights, sounds, smells):**	**Expected Learner Behaviors:**	**List points/questions here:**

List trigger(s) that will cause advancing to next state or end scenario:

List the information and or props to be made available during the simulation:

MASTER SIMULATION DESIGN TEMPLATE

STATE THREE: Clinical States and Educator Notes	Patient Events and Findings (Check vitals to appear on monitor)	Minimally Expected Learner Behaviors	Main Learning Points from Prebriefing Activities and Debriefing Points
State Three Title: **Time Frame for this State (min):** **Key Happenings in State 3:** **Start Time:** **Educator Notes and Verbal Tips for this State:** For example, patient voice, operating notes, room prop resetting notes, embedded actors, and specific verbal cues for this State.	☐ **HR:** ☐ **RR:** ☐ **BP:** ☐ **Sp02:** **Patient Assessment Findings:** **Lab and Diagnostic Findings:** **List Sensory Cues the Learner Should Notice (e.g., sights, sounds, smells):**	**Expected Learner Behaviors:**	**List points/questions here:**

List trigger(s) that will end scenario:

List the information and or props available during the simulation here:

MASTER SIMULATION DESIGN TEMPLATE

6. FACILITATIVE APPROACH (INACSL STANDARDS COMMITTEE 2016, SIMULATION DESIGN, CRITERION 6, P.S6)

Facilitator Preparation – The following guiding questions will help to create a plan for facilitator preparation:

- ☐ Established method of validating and tracking facilitator(s) knowledge, skill, and motivation to build positive team culture and climate that supports risk taking and experimentation without learners fearing reprisal or judgment:
- ☐ Facilitator(s) delivering the scenario demonstrate a proven track record of enacting principles of adult and experiential learning:
- ☐ Facilitator(s) have access to required simulation preparatory materials (learning objective/expected outcomes, readings, scenario, roles, scripts, knowledge of key concepts, fluency in clinical skills for the scenario, etc.):
- ☐ Facilitator(s) are pre-assigned specific roles in the simulation (e.g., embedded actor, patient voice, assessor, etc.):
- ☐ Script writing and/or rehearsal has been planned ahead:
- ☐ Facilitator(s)are well versed in planned prompts and cues:
- ☐ Role(s) and script(s) of simulated patient(s) (or embedded actors) have been reviewed by the facilitator:
- ☐ Computer training required:
- ☐ Facilitator(s) are prepared to deploy a structured prebriefing/debriefing that is grounded in Socratic approaches:
- ☐ Facilitator(s) wish to have a coach/mentor, or co-facilitator:
- ☐ Multiple facilitators are required (e.g., for Interprofessional simulation):
- ☐ Plan for facilitation outcomes measurement:
- ☐ Tools used and at what intervals will you measure:

MASTER SIMULATION DESIGN TEMPLATE

7. PARTICIPANT PREPARATION and PREBRIEFING

(INACSL STANDARDS COMMITTEE 2016, SIM LATION DESI N,CRITERION 7, P.S8, CRITERION 10, P. S8-9)

7A Preparing Embedded Participants and Simulated / Standardized Patients

- ☐ Training sessions booked and prepared for actors? Facilitators?
- ☐ Script rehearsal and training for actors? Dry Run Scheduled?
- ☐ Consents or required permissions signed?
- ☐ Participant Feedback training for actors required?
  - *Purpose of Feedback*: What aspects of the interview should the actor provide feedback on?
  - *Feedback Format*: What is the preferred format for feedback?
  - *Feedback Content:* What information do you want relayed to the learner?
  - *Timing of the Feedback:* When would you like the feedback to be given?
- ☐ Will you need to create schedule with break times and arrival and departure times, arrival location with room number – send in advance to embedded participants/ simulated/standardized patients:
- ☐ Instructions for props, clothing, or moulage:
- ☐ Other:

7-B Participant Preparation Prior to Event Day

- ☐ Are pre-readings expected in advance of simulation (list here or note on reference page):
- ☐ Are role play script(s) for learners (as appropriate to learning objectives) posted (list role(s) here):
- ☐ Are case stem, patient care orders, lab values, diagnostic results, patient chart, prep questions, etc available to learners?:
- ☐ List expectations for psychomotor skills review prior to scenario. Are these communicated/posted?:
- ☐ Are preparatory questions or quiz are created, posted? (list here):
- ☐ Note the location that information has been available to learners (e.g., LMS, email, or other):
- ☐ Have you communicated logistics for the event day to learners? (e.g., recorded shift report, dress code, required equipment, forms for patient research, patient chart or case, etc.):
- ☐ List learner orientation planning needs (e.g., in person/virtual/video room tour list, mannequin orientation script, etc.):
- ☐ Other preparation needs?:

MASTER SIMULATION DESIGN TEMPLATE

7C - Facilitator Scripted Prebriefing for Event Day (also referred to as briefing) Check each item that applies and then write the prebriefing script.

Consider all of the following areas when creating the prebriefing script: **ATTACH A COPY OF YOUR SCRIPT*

- ☐ Creates an open, positive**, safe container** for learning (e.g., students will actively discuss, ask questions, or add comments, and openly participate, adopts stance of genuine curiosity and respect) (Rudolph, Simon, & Raemer, 2015)
- ☐ Communicates team approach to learning (responsible to prepare, has the right to speak and be heard, responsibility to listen, respectful)
- ☐ Reviews **case stem** and **patient background** at the start of the prebriefing session
- ☐ Makes a clear **statement purpose** of the simulated clinical event (e.g., learning objectives stated from Section 3)
- ☐ Highlights **new terms and concepts** from past learning that apply to scenario (e.g., lists key concepts on white board/flip chart)
- ☐ Explains the **relationship between today's events** and other aspects of the course
- ☐ Validates learner preparedness and readiness – completed expected preparation, patient research, care plan, concept map, appropriately dressed, etc.
- ☐ Provides information on **assessment** (formative vs. summative, including rubrics or checklists to be used without disclosing critical performance indicators)
- ☐ Establishes and enacts an **honor code** to stress the importance of **confidentiality** for all participants and of the scenario
- ☐ Establishes and reinforces the need for following the established **rules of engagement** (e.g., mutual respect, giving and receiving feedback, sharing insights to improve team learning)
- ☐ Overviews **logistics** (e.g., event schedule and flow, timing, group size, role assignment if applicable, active participant vs. active observer, etc.).
- ☐ Explains video use and obtains permissions as required
- ☐ Engages in **fiction contract** explaining the dimensions of the scenario that lack realism (what is real, what is not) (Rudolph et al., 2006, 2007). This facilitates fidelity modulation, which is the ability for learners to move between what is real in the scenario and what is not.
- ☐ Gives students the **opportunity to voice concerns** and questions are clarified prior to the simulation event (e.g., students familiar with roles if role playing, equipment, etc.)
- ☐ Provides a **tour of the room and key equipment** such as, telephones, monitors, medication, supplies, etc. (uses a room tour checklist so as not to forget key things)
- ☐ Provides **orientation to simulator features** relevant to this simulation
- ☐ Obtains all appropriate **permissions** (media or ethics consent)
- ☐ Provides **patient report on current status prior to start of scenario**
- ☐ Provides needed **patient chart** or other key documents
- ☐ Other:

Notes:

Simulations differ so you will need to create a prebriefing script for each simulation to standardized student preparation just prior to running the simulation.

MASTER SIMULATION DESIGN TEMPLATE

8. DEBRIEFING PLAN WITH WRITTEN GUIDED REFLECTION QUESTIONS

(INACSL STANDARDS COMMITTEE 2016, SIMULATION DESIGN CRITERION 8, P.S8)

☐ Structured debriefing approach and time frames identified. For a blended approach, check all that apply.

- ☐ GAS (Gather, Analyze, Summarize) (O'Donnell et al., 2009).
- ☐ 3 Phases of Debriefing (Reaction/Understanding/Summary) (Fanning & Gaba, 2007)
- ☐ Plus Delta Gamma (Decker & Anderson, 2013)
- ☐ PEARLS (Eppich & Cheng, 2015)
- ☐ FACE – Feedback for Clinical Education (Onello, Rudolph, & Simon, 2015)
- ☐ Debriefing with Good Judgment (Rudolph et al., 2006; 2007)
- ☐ Debriefing for Meaningful Learning (Dreifuerst, 2010)
- ☐ Other:

☐ Co-facilitation arranged if required.

☐ Pre-written debriefing guide to support novice facilitators using Socratic approaches and guided reflection questioning to promote achieving learning objectives. (Attach completed list or include them in section 4C).

☐ Other:

Notes:

MASTER SIMULATION DESIGN TEMPLATE

9. EVALUATION (INACSL STANDARDS COMMITTEE 2016, SIMULATION DESIGN, CRITERION 9, P.S8-9)

9A Type of Evaluation

- ☐ Formative Evaluation/Assessment (simulation for learning purposes, no grade assigned, aim is for purposeful and ongoing developmental support)
- ☐ Summative Evaluation (summation of learning determination; aim is for purposeful outcomes measurement or grade is assigned related to performance
- ☐ High Stakes Evaluation (results can stop or suspend a participant's progression in a program or discipline)

9B Evaluation Strategies, Frequency, Focus, and Tool Validation

Evaluation Strategies:

- ☐ Performance Assessment Checklist or Rubric
- ☐ Expert Observation (e.g., Facilitator Assessment, OSCE)
- ☐ Group Discussion
- ☐ Direct Feedback
- ☐ Pre/Post Tests
- ☐ Focus Group
- ☐ Other:

Frequency of Evaluation:

How often will outcomes be measured?

- ☐ Repeat Sim Required
- ☐ Skills Check Off Only
- ☐ Other:

Notes:

Evaluation Focus:

- ☐ Scenario Design Evaluation
- ☐ Student Satisfaction Survey
- ☐ Student Self-Rating Performance Survey
- ☐ Evaluation/Assessment of Facilitator
- ☐ Program Evaluation
- ☐ Selected Assessment Tools (attach a copy)

Evaluation Tools/Instruments:

- ☐ Tool Validation ☐ Tested for Validity ☐ Tested for Reliability (e.g., Inter-rater Reliability for OSCEs or Observation)
- ☐ *Is consultation required prior to selecting or creating assessment tools?

Write the name of the assessment tool you are planning to use here and note validity and reliability status:

MASTER SIMULATION DESIGN TEMPLATE

FINAL STEP – TEST OF THE DESIGN AND SIMULATION VERIFICATION

(INACSL STANDARDS COMMITTEE 2016, SIMULATION DESIGN, CRITERION 11, P.S9)

	Notes:
STEP 1 - Needs Assessment - completed	
STEP 2 - Measurable Objectives -clearly constructed and outcomes articulated	
STEP 3 - Format of Simulation – simulation modality and simulation typology selection is appropriate	
STEP 4 – Enhanced Fidelity – designed for maximum and relevant fidelity	
STEP 5 - Clinical Scenario or Case – there is sufficient detail to build context	
STEP 6 - Facilitative Approach – the facilitators are prepared	
STEP 7 - Participant Preparation and Prebriefing – learners have sufficient information and direction to prepare	
STEP 8 – Debriefing – a plan is set and questions are ready	
STEP 9 – Evaluation – plans for various types of evaluation are set	
STEP 10 – Test of Design - the simulation has been tested, fine tuned, and is ready for deployment	
REQUESTOR'S SIGNATURE: **APPROVER'S SIGNATURE:** **DATE:**	

MASTER SIMULATION DESIGN TEMPLATE

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