| \\xfph-tr.nhs.uk\dept-q\QuEST\Logos & Branding\Frimley Logo\FHFT WHITE (GIF).gif\\xfph-tr.nhs.uk\dept-q\QuEST\Logos & Branding\QuEST with E_white.gif  Simulation Scenario | | | |
| --- | --- | --- | --- |
| Title |  | Version |  |
| **Target Audience** |  | **Run time** | mins |
| **Authors** |  | **Last review** |  |
| **Scenario requirements** |  | **Necessity** |  |

|  |
| --- |
| Brief Summary |
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| Educational Rationale |
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| --- |
| Learning Objectives: Nurse |
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| --- |
| Learning Objectives: Doctor |
|  |

| No | CURRICULUM MAPPING | This scenario |
| --- | --- | --- |
| 1 | Acts professionally | ✓ |
| 2 | Delivers patient-centred care and maintains trust |  |
| 3 | Behaves in accordance with ethical and legal requirements |  |
| 4 | Keeps practice up to date through learning and teaching |  |
| 5 | Demonstrates engagement in career planning |  |
| 6 | Communicates clearly in a variety of settings |  |
| 7 | Works effectively as a team member |  |
| 8 | Demonstrates leadership skills |  |
| 9 | Recognises, assesses and initiates management of the acutely ill patient |  |
| 10 | Recognises, assesses and manages patients with long term conditions |  |
| 11 | Obtains history, performs clinical examination, formulates differential diagnosis and management plan |  |
| 12 | Request relevant investigations and acts upon results |  |
| 13 | Prescribes safely |  |
| 14 | Performs procedures safely |  |
| 15 | Is trained and manages cardiac and respiratory arrest |  |
| 16 | Demonstrates understanding of the principles of health promotion and illness prevention |  |
| 17 | Manages palliative and end of life care |  |
| 18 | Recognises and works within limits of personal competence |  |
| 19 | Makes patient safety a priority in clinical practice |  |
| 20 | Contributes to quality improvement |  |

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| --- | --- |
| Candidate Briefing: Nurse | |
| Setting |  |
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| --- | --- |
| Candidate Briefing: Doctor | |
| Setting |  |
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| --- | --- | --- | --- |
| Technical set-up | | | |
| Setting |  | | |
| Simulator |  | | |
| Age |  | Gender |  |
| Scenario programmed? |  | IT information e.g. PC filepath |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Initial monitor parameters | | | | |
| **RR** | **O2 sats** | **Pulse (HR)** | **BP** | **ECG rhythm** |
|  |  |  |  |  |
| **Cap Refill Time** | **Blood glucose** | **Temp.** |  | **Patient Height & Weight** |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Initial patient set-up | | |
| **Airway** | **Obstruction** | **Airway adjunct** |
|  |  |

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| --- | --- | --- |
| **Breathing** | **Chest sounds** | **O2 supply** |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Circulation** | **Heart sounds** | **Cannula** | **BP cuff** | **Peripheral pulses** |
|  |  |  |  |

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| --- | --- | --- | --- |
| **Disability** | **Eyelids** | **Pupils** | **AVPU/GCS** |
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| --- | --- | --- | --- |
| **Exposure** | **Posture** | **Moulage** | **Bowel sounds** |
|  |  |  |

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| Specific equipment / prop requirements |
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| Comments on facilitating scenario |
| |  | | --- | | **Telephone advice** |  * You will be sitting in the control room for the duration * Answer all calls as “switchboard” in the first instance to allow for realistic delay. |

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| Multi-Disciplinary Comments  *e.g. how to run with candidates from only one discipline* |
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| --- | --- |
| Patient Briefing | |
| Setting |  |
| Name |  |
| Age |  |
| Gender |  |
| What has happened to you? | |
|  | |
| How you should role-play | |
|  | |
| Your background | |
|  | |

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| --- |
| Scenario flowchart |

**INITIAL SETTINGS**

A:

B:

C:

D:

E:

**EXPECTED ACTIONS**

**RESULTS**

**INITIAL ABG** (on room air)

pH

pO2

pCO2

BE

Lact

**CXR**:

**ECG**:

**ABG** (after further deterioration)

pH

pO2

pCO2

BE

Lact

**BLOODS**:

**DETERIORATION**

A:

B:

C:

D:

E:

**EXPECTED ACTIONS**

**FURTHER DETERIORATION**

A:

B:

C:

D:

E:

**EXPECTED OUTCOME**

**HIGH DIFFICULTY**

•

A:

B:

C:

D:

•

**NORMAL DIFFICULTY**

•

**LOW DIFFICULTY**

* Medical Registrar arrives early
* Patient stabilises

**RESOLUTION**

Appropriate treatment prescribed, investigations ordered, events discussed with patient, contemporaneous notes, decisions re: ongoing care

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| References |
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| Scans of clinical paperwork / props |