

This guide includes a few explanatory points for parts of the template that may require clarification. We also include a few hints and tips that you might find useful. Please note that the template is NOT prescriptive and should be modified as required to fit your scenario needs. This guide refers to version 2.71 of the scenario template. It is strongly recommended that you view some signed off completed scenarios and if possible use one as a basis for creating your own. If you have any queries or comments please email fhft.quest@nhs.net

PAGE ONE

Faculty comments and Necessity

Normal faculty includes at least one clinical facilitator and one Sim Tech. Provide details here of additional faculty for your scenario, specifying whether it is desirable or essential.

It can also be used to note other requirements:

- e.g. standardised patient (actor) or a particular simulator is essential
- e.g. if an in-situ location (such as running it in theatres) is desirable

Last Review

Once complete, for a scenario to be signed off, it requires the approval of both an SME and the QuEST lead for simulation.

Once this has occurred then the scenario will be added to the QuEST library bank of scenarios and also be available for wider NHS use under a Creative Commons license (see icon at top of this page), unless you have a reason to request a specific restriction.

Brief summary

A few lines to explain what this scenario involves, including medical condition, and any relevant grade / complexity of scenario.

Educational rationale

- Why are we running this scenario?
- How relevant is this for your target candidates?

Learning objectives: Nurse

- Specific, Measureable, Achievable, Realistic, Timely objectives
- Typically could include A-E assessment, initial management, escalation, and SBAR

Learning objectives: Doctor

- Specific, Measureable, Achievable, Realistic, Timely objectives
- Typically could include A-E assessment, management, communication, team-working, leadership, etc

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Curriculum mapping

This grid is based upon the Foundation doctor curriculum and can be adapted or replaced with a more relevant curriculum page as required

PAGE ONE

Simulation Scenario			
Title		Version	
Target Audience	FY doctors & student nurses	Run time	10 -15 mins
Authors		Last review	
Faculty comments		Necessity	
Brief Summary			
Educational Rationale			
Learning Objectives: Nurse			
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•			
Learning Objectives: Doctor			
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Template version 2.7

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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

As most simulation takes place in the Simulation suite and not 'in situ', it is important for the candidates to know which clinical area the scenario is set in, and time of day if relevant

This is usually read to the candidate (and larger group observing) and should contain all of the information they would realistically have about the patient in a real setting. If there is no patient paperwork, more background detail may need to be given.

This briefing should not provide so much information that it removes the opportunity to achieve the learning objectives of patient assessment and management.

Candidate briefing: Doctor

Commonly, nurse candidates will be sent in to the scenario first, and will provide an SBAR handover to the doctor candidate. For this reason the doctor briefing is often much shorter than the nurse briefing - in order to practice team-working and communication, as well as providing a greater clinical challenge.

On some occasions (e.g. where the patient is seen in A&E resus) the doctor and nurse candidates may assess the patient together, and the briefings should include similar information, which may simply include information from the paramedic priority phone call.

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Technical set-up

Simulator: Does this scenario work best with a specific type of simulator(s), e.g. mental health scenarios are usually better with a standardised patient (actor) than with a manikin? Can include more than one simulator, e.g. manikin as patient and actor as patient relative.

Initial monitor parameters

These details need to be completed in order to programme the scenario into the manikin. These are settings from the start of the scenario, and any subsequent changes should be detailed on the scenario flow chart.

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Specific equipment / prop requirements

Anything unusual, i.e. not normally in a standard sim suite, needed to run the scenario. If in situ, you will need to list any props that need to be provided e.g. simulated medication if needed to replace real medication, or any equipment that needs to be swapped for real equipment

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Candidate Briefing: Nurse	
Setting	

Candidate Briefing: Doctor	
Setting	

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PAGE FOUR

Technical set-up				
Setting				
Simulator				
Gender		Age		

Initial monitor parameters				
RR	O2 sat	Pulse (HR)	BP	ECG rhythm
Cap Refill Time	Blood glucose	Temp.		

Initial patient set-up				
Airway	Obstruction	Airway adjunct		
Breathing	Chest sounds	O2 supply		
Circulation	Heart sounds	Cannula	BP cuff	Peripheral pulses
Disability	Eyelids	Pupils	AVPU/GCS	
Exposure	Posture	Mouth/nose	Bowel sounds	

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PAGE FIVE

Specific equipment / prop requirements
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Facilitator briefing

This should include any explanatory notes that are helpful for the facilitator when running and debriefing the scenario. Generally this should not include the sequence of events, which should be detailed on the scenario flow chart.

Telephone advice

This section should be used to detail who candidates might phone and information for the faculty member who will be voicing this role. This might include Medical Registrar, Cath lab, GP or a patient relative. Faculty can use this opportunity to tailor the difficulty of the scenario through the amount of information they provide and questions they ask.

How to run with candidates from only one discipline

You may not have multidisciplinary candidates, e.g. all candidates may be doctors. In these circumstances you should explain how the scenario will proceed. Some possible solutions include:

1. Write an alternative briefing with only one discipline involved
2. Candidate playing the role of another discipline
3. Faculty playing the role of another discipline
4. Explanation as to why this scenario is unsuitable in these circumstances

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Patient Briefing

Name

If writing multiple scenarios, it is highly recommended that you use a different patient name for each scenario. These names should be realistic but not real patients, famous people or created for comedy value, as this will detract from the fidelity of the scenario.

Age

Scenarios will not include date of birth as otherwise the patient's age will change over time

What has happened to you?

This section is designed to be read by the person who will be playing / voicing the patient

Non-medical terminology should be used because the actor may be or may not be clinical

When writing this briefing have in mind the likely questions that a candidate will ask the patient in this context.

This page should include all information needed by the patient

Details of what has recently happened to the patient which provide the starting point for the scenario.

How should you role play?

Guidance on how the person playing the patient should act physically and verbally over the course of the scenario, including role-playing symptoms, reaction to examination / medication / treatments / questions

Your background

Relevant medical / surgical / family / social including employment, housing, lifestyle / drug / allergy history and any other details needed by the person playing the patient to answer questions from candidates

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The form is titled "Facilitator Briefing" and contains two main sections. The first section is "Telephone advice" with a list of bullet points: "You will be sitting in the control room for the duration." and "Answer all calls as 'switchboard' in the first instance to allow for realistic delay." The second section is "How to run with candidates from only one discipline". A small "Page 6" label is visible in the bottom right corner.

PAGE SEVEN

The form is titled "Patient Briefing" and contains several sections. The first section is a form with fields for "Setting", "Name", "Age", and "Gender". The second section is "What has happened to you?". The third section is "How you should role-play". The fourth section is "Your background". A small "Page 7" label is visible in the bottom right corner.

