



### Welcome!

Welcome to our Simulation Newsletter!

This month, we continue going through the steps of a simulation. We'll talk about scenario creation this

month.

You have your goals — now how are they turned into a scenario? What parts of the scenario are directly affected by your

goals? Hint: the answer is "all of them".

Please send us your feedback! *Our contact information is in the top left corner of the second page.*

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### Creation

Two quick definitions before we start. For us, a scenario is the script for the simulation. It's what we expect to have happen and how the manikin will respond to participants' actions. A simulation is the running of a scenario.

The link between the goals for your simulation and the creation of the scenario is very strong. The goals drive everything about the scenario.

When you define your

goals well, you're also defining the scenario. "Treat a stroke" is very generic. In contrast, "Perform a rapid stroke assessment", "Know how to call a Stroke Alert", and "Begin initial interventions for a stroke" help you know what stroke you want to build. The above three would lead to building a standard stroke patient with slurred speech and a one-sided facial droop.

As another example, "Recognize a posterior

stroke" now gives a different presentation by the patient (unstable on their feet and vertigo with sudden onset).

Yet another example, "Recognize a large-vessel occlusion stroke" would add patient symptoms such as aphasia and one-sided neglect.

Your goals strongly affect how the patient in the scenario will present and react to the participants.

### More Effects of Goals on Creation

Your goals also affect other aspects of the scenario creation. For instance, the scenario for "Recognize and treat sepsis" for a group of newly hired RNs Clinician I's would be different than for an experienced inter-professional group of physicians, nurses, pharmacists, and respiratory therapists. It would be fair and appropriate for the inter-professional group's patient to be sicker and harder to treat.

However, if the goal were to "Recognize and treat sepsis in a new treatment area," the patient might not be as sick, as the goal is not clinical care as much as familiarization with the new area.

This leads to the concept of a pathway. Your participants have to be able to have a path through the scenario to get to the goals you want them to achieve. For newer providers, there-

fore, the scenario might be simpler with more obvious signs of illness. For more experienced providers, the scenario might be more difficult with fewer hints and with extra distracting information. In either case, though, there has to be enough information for the participants to get where you want them to be.

### Steps of a Simulation:

- Goals
- Creation
- Preparation
- Running the Simulation
  - Briefing
  - Run
  - Debriefing
- Reset
- Assessment

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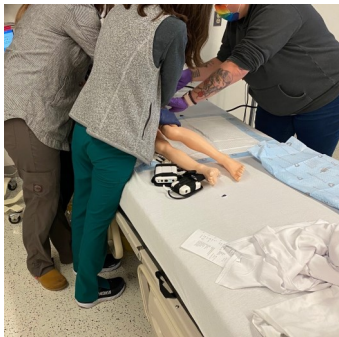
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A PICU simulation cleaning a vented patient who stoolled (and then deteriorates). Notice the actual report sheet on the bed — they practice with their real materials.



A trauma patient being logrolled and taken off the backboard. This is our New HAL manikin, who can push vital signs into an actual patient monitor. Notice all the monitoring equipment on him.

## Time to Make the Details!

The goals gives us the structure of the scenario and roughly how it will go. Now we need to work on the details, which we use for two things: reasonability in your area and conceptual fidelity.

Is this patient reasonable for your area? Does the patient sound like a patient the participants have had before? Do they have a reasonable presentation and background? A patient who does not sound like one of your patients will impede the ability of the participants to immerse into the simulation.

Does the patient's progression in the scenario make sense? This is conceptual fidelity. A patient in a sepsis scenario whose blood pressure is rising before interventions won't make sense the participants. The trauma patient whose vital signs are improving after interventions but who is becoming more altered will confuse the participants.

There's a fine line to walk here — sometimes patients do unusual things. We need to remember to use the details to help make that pathway we discussed on the previous page. We don't want to push them away from the goals we set.

## The Details Make the Case

Let's go more into detail about the details. Everything in the scenario can help your participants find the pathway you want them to find — or not. If you have a trauma patient with a head bleed, make their vitals signs start showing Cushing's Triad. If you have a septic patient, in addition to having their blood pressure decrease, make it have a widening pulse pressure as can happen in sepsis. If the scenario is for a pediatric non-accidental trauma, make the bruises be of different ages to give them the hint.

Participants can pick up on even the smallest details — unfortunately, they seem to do that especially when it leads them away from your intended path. Watch everything in your scenario creation. Make sure it all is consistent with your goals.

Sometimes, an aspect of a scenario can go two ways — a low blood pressure could be because of hypovolemic or cardiogenic shock — and that's fine, and long as the overall picture leads to what you want.

## Journal Article Spotlight

We've had a hard time finding a journal article that talks about the nuts and bolts of making a scenario. Most articles say some version of "a scenario was created" without discussing how that was done, so we do not have an article this month.

## Revisions

Once we've talked and made the goals for the simulation, we will ask for an idea for the scenario. We'll build the scenario and then send it to you for revisions. Does the scenario we built match your goals for the simulation? Is it an appropriate level of difficulty for your participants? Does it sound like a patient in your area (we frequently need help with this)?

We'll send the scenario back and forth as much as we need until we are satisfied, but usually we need just one round of revisions.