

Step 2 - IMMERSIVE SIMULATION TEMPLATE

Once you have completed your Step One meeting with ZIEL Educator, please complete blue shaded areas as best you can and **submit at least one week prior to your scheduled Step Two meeting.**

If you are planning more than one scenario, each scenario will need a separate planning template.

This template ensures that all the necessary preparations and equipment are ready for your simulation. Planning is always a work in progress, and we will work on completing the rest of the details together during/after the meeting. Please reach out to our team with any questions and send the completed form to simulation@kumc.edu.

SECTION ONE: CONFIRMED COURSE LOGISTICS

ZIEL Title	
Course Title (for participants)	
Course Director (primary contact)	
ZIEL Educator	
Number Technicians required	
Targeted Learners	Discipline: Training Level:
Number of Learners (total and group size)	Total to be trained: Number/session:
Duration of session	
Description of Session Structure (number of cases, scenarios, learner rotations)	

SECTION TWO: DEMOGRAPHICS/LOGISTICS (completed by ZIEL Educator)

Clinical Setting/Room Type				
Number of Debriefing Rooms (conference rooms)	Specify capacity requirement:			
Number of Classrooms (20+ capacity)	Specify capacity requirement:			
Embedded Simulation Persons	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	
Standardized Patients	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	
Patient Voice	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	
Video Recording	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	
	<input type="checkbox"/>	<input type="checkbox"/>	Retain video for _____ (months)	
Video Streaming	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	
Record Debriefing	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	
Video use in debriefing	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	
Course Data Sheet	<input type="checkbox"/>	Generic	<input type="checkbox"/>	Prepopulated <input type="checkbox"/> none
CNE/CME Credit?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Post Event Survey	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research survey
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	generic ZIEL survey
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Branch:

			Instructors to list:
	Specify report dates: Mid-stream Report: Click or tap to enter a date. Post-event Report: Click or tap to enter a date.		
	Survey Support: Number of iPads: Location of iPads:		

SECTION THREE: PATIENT DATA and MANIKIN SETUP (completed by Instructor and verified in Step Two meeting)			
Patient Data			
Were TUKHS records consulted to build the simulated case?		No	Yes – Provide timeframe: _____
Patient Name			
Patient Gender			
Patient Age			
Patient Date of Birth			
Patient Weight			
Patient MRN <i>(must match EHR/ Omnicell/ nameband)</i>			
Code Status			
Primary DX/Problem			
Past Medical History			
Home Medications			
Allergies			
Lab Data – presented during case <i>Provide links to files for display if applicable</i>		No	Yes
Radiology Data – presented during case <i>Provide links to files for display if applicable</i>		No	Yes
EKG Data – presented during case		No	Yes
Integrate EHR		No	Yes
	EHR Computer setup <i>(e.g. opened, logged on, in room)</i>		
	Patient HAR # <i>(generated by EHR)</i>		
	Patient CSN # <i>(generated by EHR)</i>		
Use of paper chart		No	Yes
Omniceil Cabinet <i>(cabinet will be set up per hospital policy – med orders are required for any medications not on override list)</i>		No	Yes
In-room handouts/cognitive aids <i>Provide links to files for display if applicable</i>		No	Yes

Manikin(s) and Accessories on Manikin							
Manikin(s)		Manikin Type (options)		Manikin Skin Tone (Not all manikins are available in every skin tone. Only use if crucial to simulation learning objectives.)		Pt ID band(s)	
	Adult						Name Band (match MRN / data above)
	Birth Adult						Allergy
	5-year old	Manikin Sex					Fall Risk
	1-year-old		Male		Light Skin		Other:
	Newborn		Female		Medium Skin		Other:
	Other:		Other:		Dark Skin		Other:
Attire		Wigs/Props		IV Access		Moulage/Wounds/Dressings	
	Hospital Gown		Blonde Wig		None		Moulage:
	Male Clothes		Brunette Wig		Saline Lock		Wounds:
	Female Clothes		Gray Wig		Peripheral IV		Dressings:
	Yellow (Fall Risk) socks		Glasses		Ability for learner to start IV		Surgical drain:
	Other:		Other:		Other:		Other:
			Other:		Other:		Other:
Bed		Patient Position		Oxygen on Manikin at Sim Start		Other Manikin Information	
	ICU Bed		Sitting up in bed		None		Foley catheter
	Med Surg Bed		Lying flat in bed		On at ___L/min		Other:
	ED Gurney Bed		Other		Nasal Cannula		Other:
	Birthing Bed				NRB Mask		Other:
	Crib				Other:		Other:
	Other:						

SECTION FOUR: MEDICAL EQUIPMENT, ROOM SETUP AND MEDICATIONS								
Medical Equipment and Room Setup Supplies								
Monitor(s)			Monitor Display					
	None			Leads placed by learners during sim (monitor loaded but vitals blank)				
	Simulated Computer Monitor			Leads on at beginning of sim (monitor loaded and running)				
	Layout		Show VS data -					
	Alarm settings		@ start	when placed		@ start	when placed	
	Clinical Wall Mounted Monitor				Primary ECG (Waveform)			Secondary ECG
	Clinical Portable Monitor				NIBP			ABP
	Defibrillator				Pulse			CO2
	Other:				SPO2			Other:
	Other:				RR			Other:
					TPERI (peripheral temp)			Other:

Supply Carts		Location	O2/Airway		Location	Other Devices		Location
	Nursing Supply Cart			Nasal Cannula			EKG Machine	
	Adult Code Cart			O2 mask			Ultrasound	
	Pediatric Code Cart			High Flow NC			Ventilator	
	Rapid Response			NRB Mask			Glidescope	
	Anesthesia Cart			Ambu Bag / BVM			Other:	
	Intubation Tower			Nebulizer mask			Other:	
	Other:			Suction available			Other:	
	Other:			Other:			Other:	
Standard Hospital Medication Kits			IV Setup		# needed	Pump Profile		
	Intubation Med kit			IV Pump			Critical Care	
	Adult Code Blue Tray			Infusion Module			Med Surg	
	Pediatric Code Blue Tray			PCA Module			Heme Onc	
	NICU Code Blue Tray			Syringe Module			Telemetry	
	Red Emergency box						Other (specify):	
	Blue Emergency box	Infusion at Sim Start: Info Below				Consumable Supplies		
	OR Standard tray	Infusion:		Rate:				
	OR Emergency tray							
	OR LDR tray							
	Malignant Hyperthermia box	PCA Module					Bedside table	
	Anaphylaxis kit	Syringe Module					Observer chairs: (#)	
	Other:	Infusion at Sim Start: Info Below				Bedside chair		
	Other:	Infusion:		Rate:				
	Other:					Other:		

MEDICATION LIST – Instructor to Complete. Reference the ZIEL Formulary for this content and mark if available in formulary or not – [link]							
Where are medications stored during the simulation:							
Qty.	Available In Formulary	Generic Medication Name	Trade Name	Volume	Concentration	Form	Physical Appearance
Examples							
10	Yes	Levofloxacin inj in 5% Dextrose	Levaquin	150mL	750mg/100mL D5W	IV bag	pale yellow liquid in bag
10	Yes	Ceftriaxone Inj	Rocephin	10mL	1g	Vial	white powder in vial

5	Yes	Epinephrine 1:10,000 Inj		10mL	1mg/10mL (0.1mg/ml)	syringe in box	auto-injector syringe in box
Medications at start of simulation							
Medications to have available to deliver during simulation							

SECTION FIVE: EVENT DAY**[insert schedule if needed]**

Instructor, Educator, Technician Huddle - All simulation event team must arrive 15 minutes prior to learner start time.

- Verify setup checklist: manikin, equipment, and supplies are staged as requested.
- Confirm instructor roles and responsibilities:
 - patient voice
 - answering the phone
 - Scenario director
 - Lead debriefer
 - Co-debriefer
 - ESPs
- Simulation progression understood by entire team

Pre-Brief Plan

Time Allotted

Plan (Suggested outline below):

Case Overview for Instructors/Facilitators
<i>Overview of the case to serve as background when preparing for simulation and debriefing. This should include the history of present illness, as well as relevant past medical history etc.</i>
Case Summary in Lay Language:
Information for Patient Voice
<i>Please include information about past history and present illness that the patient should be prepared to provide. Please use layperson language.</i>
Information for Embedded Simulation Persons
<i>Please provide the information the ESP should be prepared to provide to learners if queried. Consider: Recent history, apparent symptoms, physical exam findings that may need to be provided (eg: capillary refill)...</i>
Role: _____ Instruction:
Role: _____ Instruction:
Case Stem for Learners
<i>This is the background information provided about the patient to the learners before they enter the room.</i>

SECTION SIX: CASE PROGRESSION (completed by Instructor and verified in Step Two meeting)

PRESIMULATION – Orientation to the Environment						
Temp	HR	BP	RR	O2%	Eyes	Other
Instructor Actions			Manikin/Response		Patient Voice	
			→			

Minute						
State Descriptor (e.g. onset of respiratory distress)						
Temp	HR	BP	RR	O2%	Eyes	Other
Expected Learner Actions (*Actions to be video tagged)			Manikin/Response		Prompts/Scripts (ESP, patient voice)	
			→			
			→			
			→			
			→			
			→			
Critical action or time to transition to next state:						

Minute						
State Descriptor (e.g. onset of respiratory distress)						
Temp	HR	BP	RR	O2%	Eyes	Other
Expected Learner Actions (*Actions to be video tagged)			Manikin/Response		Prompts/Scripts (ESP, patient voice)	
			→			
			→			
			→			
			→			
			→			

Critical action or time to transition to next state:		

Minute						
State Descriptor (e.g. onset of respiratory distress)						
Temp	HR	BP	RR	O2%	Eyes	Other
Expected Learner Actions (*Actions to be video tagged)			Manikin/Response		Prompts/Scripts (ESP, patient voice)	
			→			
			→			
			→			
			→			
			→			
Critical action or time to transition to next state:						

Minute						
State Descriptor (e.g. onset of respiratory distress)						
Temp	HR	BP	RR	O2%	Eyes	Other
Expected Learner Actions (*Actions to be video tagged)			Manikin/Response		Prompts/Scripts (ESP, patient voice)	
			→			
			→			
			→			
			→			
			→			
Critical action or time to transition to next state:						

Minute						
State Descriptor (e.g. onset of respiratory distress)						
Temp	HR	BP	RR	O2%	Eyes	Other
Expected Learner Actions (*Actions to be video tagged)			Manikin/Response		Prompts/Scripts (ESP, patient voice)	
			→			
			→			
			→			
			→			
			→			
Critical action or time to transition to next state:						

Copy additional blocks to indicate state progression as needed.

ZIEL Tech Setup Details (To be filled out by a ZIEL tech)
Prebrief Room Setup
Debrief Room Setup
Sim Room Setup
Control Room Setup
Medication Room Setup
Quick Reset Information