

Scenario Learner Group And Title:

(eg: Year 5 MBChB AIP Module, Acute Severe Asthma)

Example: Year 5 MBChB AIP - Sepsis

				Creation Date			
Author & Author Centre	•			Review Date Suggest 1 yr t guidelines etc			
Learner Group(s) Scenario Designed For	Maybe multiple eg 5 th Yr MBChB, FY1 and FY2						
Expected Duration of Scenario	Usually 20 mins	Usually 20 mins, max 30 mins					
Expected Duration of Debrief	Should be 2 x sc	enario du	ıration				
Clinical Learning Objectives Based on the curriculum requirements	Ability toInitiation	 Usually 3-4 points, as bullet points eg Ability to recognise and diagnose the acutely unwell septic patient Initiation of ABC management Management related to the surviving sepsis campaign 					
CRM / Non-technical Learning Objectives Maybe individual or multiple factors	 Situational Awareness Decision making Teamwork Leadership Communication 						
Key Simulation Delivery Resource Ie who is the patient?	☐ Actor ☐ Role Playing Faculty Member ☐ Simulation Manikin ☐ Other						
Brief Narrative Overview To enable faculty to understand scenario plan May involve a second event	Example: 63 year old gentleman usually fit and well except for Type II Diabetes with spreading cellulitis of his left thigh for 24 hours. Clinical evidence of necrotising fasciitis on presentation Stabilises if managed appropriately Second event: If delayed or inappropriate management, develops AF and becomes clinically unstable Once resuscitated taken to theatre for debridement						
Keywords (Max 4)	Example: sepsis Necrotising fasciitis Acute AF						



Setting How you want to set up the simulation environment	Examples: GP surgery treatment room Ward area Operating Theatre
Learner Briefing The summary faculty are going to give the candidate before they start the scenario	 You are the general surgery FY 1 on call; the next patient to see on your evening take is a 63 year old man He has been sent to the hospital by his GP due to a painful left leg which has been getting worse for 24 hours
Plant Role and Briefing The information to give the faculty member who is in the simulation area	Example: You are a helpful nurse but will only do things when asked to. If the candidates are struggling, suggest phoning for help or contacting a senior Ask if there are any guidelines for dealing with this scenario if not mentioned by candidate
Guidance for Telephone Advice The information to give the faculty member who is taking any phone calls from the scenario	Example: If senior colleague is called, asks for clinical signs and treatment so far. Suggests sounds septic and have sepsis 6 guidelines been followed. Ask for results of ECG Ask for what the candidate feels is the working diagnosis and management plan



Other Required Information

Any other information relevant to scenario planning and execution

Example: Check candidates are safe to use the defibrillator prior to the scenario

Patient Description	Name	John Williams				
Select patient name and details and ensure	Age	63				
compatible with wrist bands, notes etc	Gender	Male Caucasian				
	Weight	72 kgs				
	Height	1.75 m				
History of Presenting Complaint What information the "patient" will give the candidates when asked about the present complaint	Became swollen and	th skin laceration whilst gardening 36 hours previously and painful 24 hours ago rea around the initial wound and beginning to feel unwell with sweating, rigors and				



Patient Information

Past Medical History

Medications

Social History

Smoking/Drinking

Allergies

etc

Example:

ation CVS – No symptoms

RS - No symptoms

Type II Diabetes on diet control

No other PMH No medication No allergies

Lives independently with wife. Retired school teacher

Non-smoker. Drinks occasional alcohol

Initial presentation Overview

Expected Scenario progression

What you anticipate the candidates to do and how the patient will respond to the treatment etc

Example:

- Recognition of septic patient
- Initiation of O2 delivery via non-rebreathe mask.
- Cannula with bloods and BM
- Fluid resuscitation
- Blood cultures and antibiotics
- Mark out cellulitis
- Call general/plastic surgeons
- Catheterise patient ECG
- ABG mixed metabolic and respiratory acidosis with raised lactate
- Stabilise patient and transfer to theatre
- Recognise and treat acute AF if second event occurs due to inadequate treatment



If correct treatment initiated, The following should occur The outcome of the patient if correct management is initiated	 Example: Responds to resuscitation with improved blood pressure, heart rate and lactate level AF treated with fluids, amiodarone or digoxin +/- norepinephrine and heart rate settles
If no / incorrect treatment initiated, the following should occur What will happen if the patient/ situation deteriorates Suggested 'Rescue' Strategies if Required	 Example: Deterioration into septic shock – decreased Sats, hypotension, tachycardia, decreased consciousness with decreased urine output Rescue: Ongoing Sepsis – Registrar phones and asks for history and says the patient may be septic. Suggests following the sepsis six pathway AF – Registrar phones and calls for review update and asks for 12 lead ECG and asks about rhythm on ECG



Initial presentation (Physiology ar	nd Monitor) Settings	based on manik	in paramete	rs or "pa	tient" presen	tation eg role j	olayer	
Eye status		Pupils	Pupils			Airway			
Vocal sounds	Throat sounds				Breathing pattern				
Air entry R		R				Heart sounds			
L Seizures			L Bowel Sounds			IV Access			
	Scenar	io Trend (use in com	bination with so	enario progi	ession s	ection)			
	HR	Rhythm/other	thm/other BP RR			Sats	Temp	AVPU	
Baseline settings at start	95	SR	100/60	18		95%	39	A	
Trend - 5 mins parameters at 5 mins unless treated	115	SR	90/50	22		93%	39.8	A	
Treatment initiated Parameter changes in response to treatment	100	SR	110/50	18		97%	39.8	A	
Treatment not initiated Deterioration if not treated	128	SR	78/40 24			90%	39.8	V	
Second event obs Planned second event if inadequate treatment	160	AF	60/40	28		86%	39.8	V	



Treatment initiated Parameter changes in response to treatment	120	AF / SR over time	90/50	26	90%	39.8	V
Treatment not initiated Deterioration if not treated	165	AF	50/30	20	80%	39.8	P



Debriefing Points Suggested Debriefing Model Example: 3D model with Advocacy Inquiry technique

Clinical Debriefing Points (Clinical Learning Objectives) Based on the curriculum requirements

- 1) Utilizing Sepsis Bundles
- 2) Management of acute onset AF
- 3) Management of necrotizing fasciitis

CRM / Non-Technical Learning Objectives(s)

- 1) Situational Awareness recognition of sepsis, AF and necrotizing fasciitis
- 1) Decision making deciding to use the sepsis bundle; recognition primed, option selection, rule based, creative basis
- 2) Teamwork sharing mental models, team followership
- 3) Leadership delegating tasks
- 4) Communication –using SBARD to convey clinical information



Supporting Materials Required (Attach as Required)

Blood Results / Arterial Blood Gases / Venous Blood Gases / ECG etc:

Example:

Blood results – FBC, U & Es, clotting - raised WCC, slightly raised urea and creatinine, CRP 120 ABG – metabolic acidosis with respiratory compensation. Lactate 4.2 mmol/l

ECG – Sinus Tachycardia ECG – AF HR 120

Imaging / Plain X-ray / CT / MRI etc:

Example:

CXR - Normal

Appropriate National Clinical Guidelines / References:

Nice Guideline NG51 - Sepsis: recognition, diagnosis and early management

Surviving Sepsis Campaign bundle - www.survivingsepsis.org

Trust sepsis care bundle

Trust Antibiotic Guidelines – sepsis due to necrotizing fasciitis

SBAR handover sheet



Faculty Equipment Checklists Tick which are required and annotate additional							
Personal							
PPE - (gloves, hat, gown, mask, goggles etc)	Tendon hammer	TEDS TEDS					
Stethoscope	BNF						
Pen torch	BM machine						
Diagnostics							
ECG Monitor / Defibrillator / Pacer	Medical records	Lab Reports					
BP cuff	12 lead ECG	FBC Clotting					
Sp02 Probe	□ CXR	U & Es LFTs					
Thermometer	Abdo Xray	Glucose Amylase					
Referral letter	□ uss	□ ABG □					
Drug chart	CT report						



Therapy Devices							
Method of 02 delivery	Urinary Catheter	IV giving set	□ PVC				
Crash Trolley	Syringes etc	Suction	□ cvc				
Arterial Line							
	Medications						
Antibiotics	Atropine	Epinephrine	Calcium				
☐ Salbutamol	Ipratropium	☐ GTN	Morphine Morphine				
Dalteparin	Pantoprazole	Furosemide	Amiodarone				
Adenosine	Digoxin	Aspirin					
Fluids							
☐ Crystalloid	Glucose	Blood	Albumin				
Colloid							