TTUHSC Simulation Scenario Validation Planning Meeting Template

Purpose: This worksheet will guide our discussion at the upcoming simulation planning meeting. Please begin reflecting on each topic and/or jot down notes where appropriate to bring up in discussion. **You do not need to complete every section in detail.** We will collaborate to finalize details with the simulation team. You can expect members of the following specialties to attend your session based on your activity's needs:

1) Simulation Educator: This team member is responsible for the overarching activity evaluation process and will drive the meeting towards completing final documents to ensure a successful pilot and/or event. The Simulation Educator represents the TTUHSC Simulation Program Division of Data Strategy, Program Evaluation, and Accreditation. Working through this process is required for our Society for Simulation in Healthcare Accreditation in Teaching/Learning and Assessment.

2) One or more members of the TTUHSC Simulation Program Education Division including Certified Healthcare Simulation Educators; Certified Healthcare Simulation Operations Specialists; Simulation Technicians. This group will ensure your activity is in alignment with the **Healthcare Simulation Standards of Best Practice**™ and coordinate event logistics. Based on the site(s)/locations(s) of your activity, there may be multiple team members present. Don't worry! This is all to ensure consistent operations and experiences at one or more campuses, if applicable.

3) One or more members of the TTUHSC Simulation Program Standardized Patient Division. This team will ensure your event has appropriate training materials planned for standardized patients. If your event is an assessment and/or your SPs are involved in evaluating learner performance, we will discuss needs for standardization, evaluation materials, SP finding cards, and needs for SP training to prepare for interrater reliability training prior to your event. This will ensure your event is following **Association of SP Educators (ASPE) Standards of Best Practice**.

4) One or more members from the TTUHSC Simulation Program Information Technology Division. This team will join occasionally to ensure adherence to assessment standards to ensure consistent experiences from an information technology approach. They may have questions about your schedule, timing of events, etc.

5) You! You are the content expert that likely has the story that informed the development of this into an immersive learning experience and/or assessment.

TTUHSC Simulation Program Mission: Advance healthcare education through high-impact simulation.

TTUHSC Simulation Program Purpose: Provide safe, immersive simulation experiences that advance clinical and communication skills.

1. **Confirm**
   We will confirm the space, learner number, case names, dates, and overall information to file the case accurately for easy retrieval in the future. We will discuss the supply list, scenario outline, and SP training notes (if applicable) provided in Box. There may be a need to update these documents after the meeting.

2. **Content Experts**
   Plan to discuss who all was involved in writing the case. Did you consult with simulationists? Was AI (ChatGPT) involved?

3. **Needs Assessment**
   Supporting data (if any) as to why you developed *this* case. We do not need an answer to all of these. However, if you have supporting data, please send it in advance. Otherwise, we will discuss during the meeting.

   - Were there root cause analysis and/or SWOT analysis documents?
   - Did you perform a gap analysis?
   - Is there a change in practices?
   - Do learners have limited opportunities to encounter this experience in clinical and/or a desire to standardize a clinical experience?
   - Have you based this on any outcome data or is it observational data from the practice setting?
   - Are there specific learning objectives and/or competencies tied to your course that informed the need to develop this case?

4. **Scenario Objectives and Outcomes:**
   - We will discuss the overarching goal of the simulation. What does a successful case look like to you and what goals are you aiming to meet? Is it procedural, decision-making, or communication-based?
   - Review your objectives and ensure they are in a SMART format (Specific, Measurable, Attainable, Reasonable, Timeline)
   - Recommendations for a successful simulation include 3-5 objectives that will be communicated to the student in advance and on the day of the activity. Objectives should be in alignment with the outcomes you desire the student to achieve.

5. **Fidelity**
   Our team will walk you through the fidelity of the event. We will have questions about the flow of the event and what a successful (and/or unsuccessful) encounter looks like. What should the room setup look like? We will talk about the goal of **keeping learners immersed with minimal interruption (if any) from the facilitator.** Here are some basic definitions:

Physical Fidelity: Recreates the environment and tools. The degree to which the physical environment, equipment, manikins, and other props **resemble the real clinical setting.**

- It includes visual, tactile, and auditory realism such as moulage, authentic monitors, and the correct layout of clinical setting and hospital room.

- It helps learners practice with the same tools and surroundings they will use in practice.

Psychological Fidelity: Engages the mind and emotions. The degree to which the simulation environment and design engage learners psychologically and emotionally, so they *perceive the scenario as real*.

- It includes how believable the scenario feels, the realism of interactions with standardized patients, and how effectively prebriefing and facilitation promote learner engagement.
- High psychological fidelity helps learners **suspend disbelief**, making learners respond as they would in actual clinical practice. This can happen in low and high-technology settings and your role in **prebrief** with the fiction contract will speak to this.

Conceptual Fidelity: Ensures clinical logic and realism. The extent to which the **clinical content, scenario logic, and patient responses** accurately reflect real-world practice and evidence-based guidelines.

- This ensures that interventions produce appropriate and predictable changes. Addtionally, conceptual fidelity ensures that case flow makes clinical sense.
- It focuses on the **internal consistency** of the scenario and alignment with real patient physiology, rather than appearance alone.

We will spend a lot of time on this and it may require more than one meeting with follow-up on both sides to ensure a successful pilot and event.

6. **Preparation and Briefing (Prebrief)**
   A solid prebrief is essential for a high-impact and high-quality simulation. The following items demonstrate the minimum requirements to adhere to the Healthcare Simulation Standard of Best Practice: Preparation and Briefing. We will discuss each of the following **required** elements in the meeting and can provide a template to use on the day of the event. Once these requirements are met, feel free to adapt and add your own personality to the prebrief.
   i. Learner preparation materials: We will discuss what materials you are sending to learners ahead of time to set them up for success in the simulation.
   ii. Fiction Contract and Ground Rules/Safeguards
   iii. Clear statement of expectations and objectives
   iv. Confidentiality statement/Recording of the event
   v. Learner roles and an overview of the clinical event (this is often scripted in the format of an SBAR) and should be prepared in advance for each case.
   vi. Type of evaluation
   vii. Orientation to the environment/manikin/equipment
   viii. Logistics of the event
   ix. Psychological Safety and The Basic Assumption®

7. **Debriefing**
   Debriefing is where the learning happens (or where it doesn't if psychological safety is violated). It's not rapid-fire questioning—there is a science and art to this. In this portion of the meeting, we will discuss whether you have had formal training in an evidence-based method of debriefing. If not, we will provide you with guiding frameworks for debriefing, ensure you have some reflective questions planned, and discuss debriefing training plans. For reference, here is the Healthcare Simulation Standard of Best Practice: The Debriefing Process

    i. Your prebrief, facilitation, and debrief may be scored by a simulation educator according to the Debriefing Assessment for Simulation in Healthcare (DASH). This will be discussed in the meeting. This is an opportunity for continuous improvement in prebriefing and debriefing methods.

    ii. Summative evaluations (OSCE) do not always require debrief and may only incorporate feedback. We can discuss the difference between the two in this meeting, as well.

8. Evidence Review

We will need a list of references, clinical guidelines/evidence-based practice that support this case. These should be updated regularly. Additionally, if AI was used to assist in the scenario, this should be incorporated into the reference list.

9. Evaluation Plan

- **Learner Evaluation**
  - **i.** If this is an evaluated performance (formative/mock, summative, or high stakes) we will discuss all that is required on our end for a successful simulation evaluation.
  - **ii.** Please be prepared to send final checklists/instruments used for the simulation as we have to retain these on file.
  - **iii.** We will discuss your approach to interrater reliability, policy and procedure within each School on interrater reliability, and discuss our approach when SPs are incorporated into grading.

- **Simulation Program**
  - **i.** We will discuss surveys that will be distributed after the event (Learner, Faculty, Simulation Program, Standardized Patient) that are essential for accreditation and quality improvement purposes.

10. Pilot

We will set a date to pilot the event and run through the activity to recognize gaps for execution purposes. This is not the day to change the case, rather ensure the way it is set up will be executed properly. We will treat this like the day of the learning event. Standardized Patients will be involved and trained for the pilot, if applicable. This is required for our accreditation processes.

11. Post-Event Follow-up

We will discuss a time to meet and review all post event materials including surveys and commit to a plan to update the case based on feedback with notes.

Here are a few quick tables that indicate overarching goals of this process.

1. Scenario Design & Alignment Guidelines

Item	Criteria
Goal/Objective	Clear, concise instructional goal stated and aligned with learner needs.
Objectives	Objectives are written in SMART format (Specific, Measurable, Achievable, Relevant, Time-bound)

Item	Criteria
Fidelity	Scenario appropriately matches expected realism (Physical/ environmental, psychological, and conceptual fidelity).
Needs Assessment	Scenario developed in response to a clear needs analysis identifying a **learning gap or patient safety issue.**

2. Scenario Implementation & Flow

Item	Criteria
Patient & Case Details	Comprehensive patient profile (name, age, sex, weight, social history, backstory).
Initial Presentation	Clear initial vital signs, physical exam findings, and baseline simulator settings.
Progression & Triggers	Logical flow including patient condition changes based on timely or untimely interventions. Some simulations require preprograming with the Simulation Operations Team.
Supplemental Materials	Inclusion of realistic documents (labs, imaging, provider notes, identification bands) when relevant.
Equipment & Medications	Complete list of supplies; medication dosages (marked not for human consumption) and evidence-based.
Simulator Setup	Clear instructions on manikin, moulage, clothing, and environmental props.

3. Pre briefing & Orientation

Item	Criteria
Pre briefing Script	Written script to orient learners, explain expectations, confidentiality, fiction contract, and psychological safety.
Preparatory Materials	Information that helps set learners up for success and delivered to learners in advance of the simulation.

4. Debriefing Plan (GAS Model)

Item	Criteria
Debriefing Model	Debriefing clearly structured using the GAS framework (Gather, Analyze, Summarize). We will discuss this framework in the planning or follow-up meetings.
Gather/Reaction Phase	Includes at least 2–4 open questions prompting learners to describe what happened and reflect.
Analyze Phase	Includes at least 2–4 questions that explore clinical reasoning, teamwork, communication, and performance gaps.
Summarize Phase	Includes at least 2–3 questions that prompt learners to identify key takeaways and applications to practice.

Item	Criteria
Facilitator Guide	Debriefing guide includes anticipated learner responses and key teaching points. (Refer to check list above)

5. Evaluation & Outcomes

Item	Criteria
Assessment Tools	Checklist, critical actions list, or other measurable tools provided to evaluate learner performance. NOT A TEST.
Alignment	Assessment tools directly align with learning objectives.
Feedback & Reflection	Structured plan for feedback to learners and collection of learner self-reflection.
Outcome Measures	Plan for evaluating scenario effectiveness (e.g., debriefing, surveys, or skills assessments). Statement of no impact on grades.