Setting Up the Simulation Exercise Area

All items can be modified or adapted to each facility's setting and resources (e.g., low-fidelity simulation can be done in a conference room).

Simulation design questions to ask
- Has a gap analysis been completed to identify a gap or practice that a simulation scenario can address?
- What are the learning goals and objectives? How can the scenario be designed to ensure achievement of objectives?
- Should the scenario be conducted in a simulation space or is in-situ (at the bedside) more appropriate to achieve the goals and objectives?
- Is the space conducive to the type of simulation selected?
    - Can the space accommodate high-fidelity simulation vs. low-fidelity simulation?
- What is the context for the simulation experience and are there subject matter experts available to collaborate on an appropriate scenario?
- How many facilitators are available? Who will lead participants and who will manage information and technologies?
- How many participants will be involved with the simulation experience?
    - How many will be actual participants in the scenario and how many will be observing?
    - Are these numbers appropriate to achieve the identified learning goals and objectives?
- What are the simulation experience levels of participants?
- Are handouts needed? Will a debriefing guide be utilized?
- What are the settings – ED, ICU, med-surg floor, other? Will there be a transfer to another level of care?
- What are the time constraints of the participants?
- What is the timeframe for the scenario? How much time will be allotted for each essential section: pre-brief, scenario and debrief? (The recommendation is to plan equal time for the scenario to unfold and the debrief)
- How will follow-up with participants occur following the debrief to help retention of the new-found learning?

Technical elements to consider
- Does the simulation experience have the appropriate amount of fidelity to achieve the desired goals and objectives?
- Are there adequate staff, supplies and equipment to create a realistic patient care environment? See suggested list on next page.
- How will updated patient information (labs, x-ray results, etc.) get to participants?
- Will participants "do" everything (start IVs, infuse fluids, etc.) or will it be verbalized and "pretend doing"?
- How will roles be assigned (bedside RN, triage RN, charge RN, medical provider, etc.)?
- Will participants perform charting? Will charting during the scenario add to the experience?
    - If yes, how (paper or computer)? Is there a "chart" set up for the patient? If charting in the EHR, is there a computer available?
- If using live actors, have the actors been trained on their role? Who will do the training and script the actors' roles to ensure participants can achieve the intended goals and objectives?

Basic supplies
- Bed or gurney for manikin or standardized patient (live actor)
- Manikin set up with prompts for assessments and changes of condition (if high-fidelity manikin available)
- Monitoring equipment* – bedside cardiac monitor display (HR, BP, RR, SpO2), vital sign tower, BP cuff, pulse oximeter
- Stethoscope
- IV start kits, IV pump and tubing, IV bags/mock fluids – full for use in the scenario
  - Instruct learners to verbalize when hanging each fluid or IV bag
- Mock antibiotics and various medications as required by scenario
- Lab collection supplies – lactate, CBC, chemistry panel, blood cultures, etc.
- Other assorted tubes/lines – indwelling urinary catheter, central line, arterial line, oxygen tubing, ventilator, NG tube, suction, etc.
- Phones to "call" providers, other necessary members of the interdisciplinary team (include phone listing of extensions)
- Written protocol or order set and sepsis screening tool and checklist
- Patient report the participants will receive to begin the scenario
- Standardized patients and/or confederates – live staff/volunteers who help set the stage for the scenario, play various parts – i.e., provider, family, ancillary staff, etc.

* This equipment can be mimicked by posting signs with changing vitals or using PowerPoint slides on a computer monitor that can be changed with a remote.

References
- The INACSL Standards Committee (2016, December). INACSL Standards of Best Practice: Simulation [SM]: Simulation Design. Clinical Simulation in Nursing, Volume 12, S5-S12. https://doi.org/10.1016/j.ecns.2016.09.005