

# SCENARIO VALIDATION CHECKLIST

SCENARIO TITLE: \_\_\_\_\_ VALIDATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SECTION I: SCENARIO OVERVIEW							
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scenario Title, Authors & credentials	<input type="checkbox"/> Yes <input type="checkbox"/> No	Original date Validation level/Revision date	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated time Target group Brief summary of case		
SECTION II: CURRICULAR INTEGRATION							
Learning Objectives							
<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Objectives	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Objectives	<input type="checkbox"/> Yes <input type="checkbox"/> No	Critical Elements	<input type="checkbox"/> Yes <input type="checkbox"/> No	QSEN, TeamSTEPPS Competencies Practice Specialty Competencies
Evidence Base		<input type="checkbox"/> Yes <input type="checkbox"/> No	Citation in APA format				
<input type="checkbox"/>	Clinical Expert Review	Signatures			Comments		
<input type="checkbox"/>	Pharmacology Review						
<input type="checkbox"/>	Simulation Expert Review						
Pre-Scenario Learner Activities							
<input type="checkbox"/> Pre-scenario assignments appropriate for learners at program level <input type="checkbox"/> Learner resources clearly identified prior to simulation <input type="checkbox"/> Knowledge, Skills and Attitude competencies identified							
General Debriefing Plan							
<input type="checkbox"/> Yes <input type="checkbox"/> No	Debriefing method specified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Debriefing guidelines and groundrules available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Suggested debriefing questions		
Scenario Data							
<input type="checkbox"/> Core concepts included		<input type="checkbox"/> Patient Safety <input type="checkbox"/> Leadership/Delegation		<input type="checkbox"/> Communication <input type="checkbox"/> Priority Setting		<input type="checkbox"/> Cultural Diversity <input type="checkbox"/> Patient Teaching	
<input type="checkbox"/> QSEN/IOM competencies included		<input type="checkbox"/> Safety		<input type="checkbox"/> Quality Improvement		<input type="checkbox"/> Teamwork/Collaboration	
<input type="checkbox"/> TeamSTEPPS competencies included		<input type="checkbox"/> Patient Centered Care		<input type="checkbox"/> Communication		<input type="checkbox"/> Informatics	
<input type="checkbox"/> Scenario plausible (realistic)		<input type="checkbox"/> Origin of case scenario		<input type="checkbox"/> Case data appropriate		<input type="checkbox"/> Medications appropriate	
<input type="checkbox"/> Critical Thinking/Decision Making skills required appropriate to level				<input type="checkbox"/> Lab results appropriate		<input type="checkbox"/> Dosages accurate	

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<b>SCENARIO SCRIPT</b>									
CASE SUMMARY - Sufficient data to present overview to those running scenario							Yes	No	
CONTEXTUAL DETAILS - Scenario cues/triggers based on desired outcomes							Yes	No	
<b>SCENARIO CAST - SPECIFICATIONS</b>									
Type of Simulator specified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Learner Roles specified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Confederate (Actor) Roles/Script included	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>PATIENT PROFILE</b>									
Sufficient information for realistic scenario				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:			
<b>SIMULATION TEAM INFORMATION</b>									
BASELINE SIMULATOR STATE DATA COMPLETE									
<input type="checkbox"/> Physical appearance	<input type="checkbox"/> VS Monitor display	IV lines	Non-invasive monitors	Other simulator monitors					
SIGNIFICANT MISSING DATA: (Specify)									
ENVIRONMENT, EQUIPMENT, ESSENTIAL PROPS COMPLETE									
<input type="checkbox"/> Setting specified	<input type="checkbox"/> Confederate placement with triggers identified		<input type="checkbox"/> Essential equipment specified to be available			<input type="checkbox"/> Respiratory therapy equipment/devices specified			
<input type="checkbox"/> Essential props with triggers identified	<input type="checkbox"/> Documentation forms specified with data		<input type="checkbox"/> Medications available with correct/incorrect options if specified			<input type="checkbox"/> IV delivery systems available with correct/incorrect options			
<b>RUNNING THE SCENARIO</b>									
CASE FLOW/TRIGGERS/SCENARIO DEVELOPMENT STATES									
<input type="checkbox"/> Sufficient detail in each case flow section			<input type="checkbox"/> Debriefing points identified			<input type="checkbox"/> Learner Actions clearly identified			
<input type="checkbox"/> Resources available to run the scenario			<input type="checkbox"/> Programming complexity at sim staff level			<input type="checkbox"/> Sufficient detail for non-authors to run scenario			
RECOMMENDATIONS:									
<b>VALIDATION LEVEL</b>				READINESS FOR PILOT TESTING				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Recommendations:									