

Clinical Simulation Center: Simulation Design

Megan Ivy, MSN, RN, CMSRN

Objectives

- Review the Simulation Planning Checklist utilized for the logistics of planning for a simulation.
- Review the Simulation Blueprint utilized for designing simulation scenarios.
- Provide examples of the Simulation Blueprint for reference.

KCNHP Clinical Simulation Center Checklist

- Simulation Planning Checklist
 - Planning
 - Preparation
 - Formal Requests and Scheduling

First Steps-Planning	
	☐ Once you have determined the need to adopt simulation-based experience(s) (SBE) in your course, request a meeting with the Clinical Simulation Center (CSC) staff, Clinical Simulations Coordinator and Nursing Simulation Educator to discuss SBE options. <i>During this meeting, simulation modalities, resource availability, and simulation facilitators will be discussed, and your course will be established in SimCapture®.</i> (Criterion 1, 2) ☐ The first and most important step for developing an SBE is to establish what your objectives and goals are. <i>What do you want students to demonstrate and learn during this experience?</i> (Criterion 3) ☐ Based on your objectives you can select a pre-designed scenario from the Laerdal Scenario Cloud, or you can begin working with CSC staff to design a custom simulation. <i>Both options will be developed using the USI Simulation Blueprint by CSC staff.</i> (Criterion 5) ☐ Depending on the complexity of your SBE design you may be asked to review the LLEAP Sim Design made by CSC staff.
Preparation	
	☐ Conduct a pilot test of the simulation before full implementation. <i>Following the pilot test, you will be asked to do a final review of the simulation blueprint, LLEAP sim design, and other supporting documents.</i> (Criterion 11) ☐ Once the SBE design is finalized CSC staff will upload all documents to your SimCapture® course curriculum scenario. <i>Consider your SimCapture® course the principal source for all up-to-date SBE documentation. The course and all documents are copied forward each semester.</i>
Formal Requests and Scheduling	
	☐ All requests and scheduling for SBE simulations, activities, and supplies go through SimCapture®. <i>As per the CSC Policies and Procedures Manual "Priority of Use - The CSC does not function under a 'First Come First Serve' policy. This does not mean last-minute requests are encouraged but that the schedule is organized per what works best with all program schedules."</i> ☐ At the close of each semester meet with CSC staff to review SimCapture® requests and plan for the upcoming semester. Once the SBE event is booked please provide your schedule with group breakdowns for CSC staff at least one week in advance of the event.

First Steps-Planning

- Determine the need for SBE
- Request a meeting with CSC staff
- Establish objectives
- Select a design, or create your own
- Review Laerdal LLEAP Design (if necessary)

First Steps-Planning	
	☐ Once you have determined the need to adopt simulation-based experience(s) (SBE) in your course, request a meeting with the Clinical Simulation Center (CSC) staff, Clinical Simulations Coordinator and Nursing Simulation Educator to discuss SBE options. <i>During this meeting, simulation modalities, resource availability, and simulation facilitators will be discussed, and your course will be established in SimCapture®.</i> (Criterion 1, 2) ☐ The first and most important step for developing an SBE is to establish what your objectives and goals are. <i>What do you want students to demonstrate and learn during this experience?</i> (Criterion 3) ☐ Based on your objectives you can select a pre-designed scenario from the Laerdal Scenario Cloud, or you can begin working with CSC staff to design a custom simulation. <i>Both options will be developed using the USI Simulation Blueprint by CSC staff.</i> (Criterion 5) ☐ Depending on the complexity of your SBE design you may be asked to review the LLEAP Sim Design made by CSC staff.

Resource Availability

- Number of facilitators
 - Based on experience, 2 personnel per control room
 - Recommended 2-3 per control room
- Supplies used during scenario
- Time allotted for prebrief, the simulation, and debrief
 - Do not forget to add about 5 minutes between each group for resetting the room

Preparation

- Conduct pilot test
- Final review prior to implementing
- Documents uploaded to SimCapture®

Preparation	
	☐ Conduct a pilot test of the simulation before full implementation. <i>Following the pilot test, you will be asked to do a final review of the simulation blueprint, LLEAP sim design, and other supporting documents.</i> (Criterion 11) ☐ Once the SBE design is finalized CSC staff will upload all documents to your SimCapture® course curriculum scenario. <i>Consider your SimCapture® course the principal source for all up-to-date SBE documentation. The course and all documents are copied forward each semester.</i>

Formal Requests and Scheduling

- SimCapture®
- NOT a “First Come First Serve” basis
- Schedule SimCapture® requests at the end of the semester
- Send the group breakdowns to CSC staff.

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N488 End of Life - Group 1, 9:45 AM – 10:30 AM CSC POST ACUTE-89 Leadership in Care Delivery - Kelly Pruden - NURS488 401 - SECOND SUMMER 2026	
N488 End of Life - Group 2, 10:30 AM – 11:15 AM CSC POST ACUTE-89 Leadership in Care Delivery - Kelly Pruden - NURS488 401 - SECOND SUMMER 2026	
N488 End of Life - Group 3, 11:15 AM – 12:00 PM CSC POST ACUTE-89 Leadership in Care Delivery - Kelly Pruden - NURS488 401 - SECOND SUMMER 2026	

Simulation Blueprint

- Simulation Blueprint
 - Insert the main objective into the title
 - EX: Nasogastric Insertion, Postpartum Hemorrhage, etc.
 - Patient's name
- Brief description of patient

Gastrointestinal Simulation Blueprint

Valerie Jones (GI Sim)

Date of Simulation: 02/13/2026, 02/18/2026, 02/19/2026, 04/17/2026, 04/21/2026, 04/27/2026
Discipline: Nursing
Expected Simulation Run Time: 20 min
Locations Reserved: 80, 84, prebrief/debrief

Today's Date: 02/11/2026
Student Level: Junior S2
Guided Reflection Time: 40-45 min
Location for Reflection: Debrief room

Brief Description of Patient			
N A S H P S H	Name: Valerie Jones	Date of Birth: 01/01/19XX	Age: 78 Code: Full Code
	Allergies: None	Provider: Dr. Roberts	Racial Group: Caucasian
	Sex Assigned at Birth: Female	Sexual Orientation: Hetero	Marital Status: Widow
	Height: 62 in.	Weight: 157lbs	Language: English
	Primary Medical Diagnosis: Acute abdominal pain		
S S	Past Medical History: Osteoarthritis in bilateral knees and hips; previous hospital admission for birth of daughter; no other hospital admissions noted.		
	Surgeries/Procedures & Dates: None		
	Social History: Lives alone in a first-floor apartment. Sees daughter every few days. She goes to church regularly, is retired, and sees her friends once a week socially.		
H	History of Present Illness: Mrs. Jones claims to be healthy except for osteoarthritis in bilateral knees and hips. Her primary care physician started her on Ibuprofen 800mg TID, which has helped relieve some of the joint pain. Mrs. Jones' daughter found her on the floor in her home and called an ambulance. Upon arrival to the emergency room, Mrs. Jones is moaning and says her abdomen hurts.		

Provider Orders

- These can be either printed and laminated, or available on the patient monitor.
- New orders can be sent to the monitor during the scenario

Name: Josephine Morrow	DOB: 02/23/19XX	Age: 80	Gender: Female	Code Status: Full Code
Allergies: Penicillin	Diagnosis: Chronic venous insufficiency, venous stasis ulcer			Admitting Provider: Dr. Alvin Hernandez
Provider Orders				
Orders	Frequency	Status	Order Date	Provider's Initials
Monitoring				
Activity: Up ad lib	Routine	Active	On admission	AH, MD
Vital Signs: Monitor vital signs daily and PRN	Weekly	Active	On admission	AH, MD
Antiembolism stocking (knee-length) on left lower extremity, elastic bandage on right lower extremity	Routine	Active	On admission	AH, MD
Keep legs elevated	Routine	Active	On admission	AH, MD
Dressing Change: Wet-to-dry dressing; clean/irrigate with 0.9% sodium chloride; wrap in Kerlex	Q3 days	Active	On admission	AH, MD
Diet: Regular with nutritional protein supplement	TID	Active	On admission	AH, MD
Medications				
Aspirin 81mg oral	Daily	Active	On admission	AH, MD
Zinc supplement 1 tablet oral	Daily	Active	On admission	AH, MD
Multivitamin 2 tablets oral	Daily	Active	On admission	AH, MD
Albuterol/ipratropium inhaler 100mcg-20mcg 2 puffs	QID	Active	On admission	AH, MD
Imaging and Labs				
Duplex ultrasound	Once	Completed	On admission	AH, MD
Labs: CBC, BMP, total protein, albumin, prealbumin	Daily	Active	On admission	AH, MD
PRN Orders				
Call orders: HR less than 60/min, greater than 120/min RR less than 10/min, greater than 30/min SpO2 less than 92% Systolic BP less than 90mmHg, greater than 160mmHg Diastolic BP less than 50mmHg, greater than 95mmHg Temperature less than 97 F, greater than 101.3 F	PRN	Active	On admission	AH, MD
Supplemental oxygen to maintain saturation >94%	PRN	Active	On admission	AH, MD
Albuterol/ipratropium inhaler 100mcg-20mcg 2 puffs for wheezing	Up to 2 doses, PRN	Active	On admission	AH, MD
Acetaminophen 325-650mg oral for pain	Q6, PRN	Active	On admission	AH, MD

MAR

Name:	DOB:	Age:	Gender:	Code Status:
Tony Wallace	09/07/20XX	24	Male	Full Code
Allergies:	Diagnosis:			Admitting Provider:
None	Sickle cell crisis, Pneumonia			Dr. Michael Roberts
Medication Administration Record				
Medication	Dose	Route	Frequency	Last Given
Folic acid	1mg	Oral	Daily 08:00	-
Oxycodone	20mg	Oral	Twice daily 08:00, 20:00	20:00
Hydroxyurea	1,000mg	Oral	Daily 08:00	-
Ceftriaxone	2g/50mL	IV	Daily over 1 hour, 22:00	22:00
Morphine PCA	2mg	PCA	Every 10 minutes, 4-hour limit of 24mg	New syringe at 00:30
PRN Medication	Dose	Route	Frequency	Last Given
Acetaminophen for temperature >100F	650mg	Oral	Every 6 hours PRN	00:30
Ondansetron for nausea and vomiting	4mg	IV	Every 6 hours PRN	-
Continuous	Dose	Route	Frequency	Last Given
0.9% sodium chloride	120mL/hr	IV	Continuous	06:30

- Provides context for learners
 - Are they able to administer a medication?
 - Is the IV rate correct?

Vital Signs

Name: Stacy James	DOB: 12/02/19XX	Age: 32	Gender: Female	Code Status: Full Code
Allergies: None	Diagnosis: Pre-eclampsia without severe features			Admitting Provider: Dr. Kristen Tobin
Vital Signs				
Vital Sign	Admission	30 min ago	30 min ago	Now
BP (mmHg)	148/90	150/90	154/96	156/96
HR (bpm)	90	96	92	94
Temperature (F)	98.2	98.2	98.4	98.4
RR (rpm)	18	16	16	18
SpO2 (%)	100	98	99	98
Oxygen Flow (L/min)	RA	RA	RA	RA

Imaging and Lab Work

Name: William Edwards	DOB: 05/18/19XX	Age: 65	Gender: Male	Code Status: Full Code
Allergies: Codeine	Diagnosis: Stroke-like symptoms			Admitting Provider: Dr. Adil Rashid
Imaging				
Imaging	Time	Impression		
CT scan of head, no contrast	Today	Hypodensity noted in left temporal area, mild cortical swelling and loss of sulcation. No signs of hemorrhage noted. Results reported to Stroke Team Physician.		
Laboratory Work				
CBC w/o diff⁽¹⁾	Admission	Coagulation		Admission
WBC (5-10 x10 ³ /uL)	9.2	Prothrombin time (11-13 sec)		12
RBC (F: 4.2-5.4 x10 ⁴ /uL)	4.6	INR (0.8-1.1)		1.1
Hgb (F: 12-16 g/dL)	14.3	aPTT (25-35 sec)		30
HCT (F: 37-47%)	42	Lipid Profile		Admission
MCV (80-95 fL)	80	Cholesterol (<200mc/dL)		169
MCH (27-31 µg)	29	HDL (<40 mg/L)		30
Platelets (150-400)	208	LDL (<100) mg/L		106*
		Triglycerides (<150 mg/dL)		167*
BMP⁽²⁾	Admission	Miscellaneous		Admission
Na+ (136-145 mEq/L)	138	Troponin I (0-0.04)		0.01
K+ (3.5-5.0 mEq/L)	3.8	HgbA1c (4.0-5.6 %)		6.5*
Chloride (98-106)	101	CK-MB (0 – 4.9)		0.2
Calcium Total (8.6-10.2)	8.9			
BUN (8-20 mg/dL)	20			
Creatinine (0.7-1.3 mg/dL)	1.3			
Glucose (70-99 mg/dL)	99			

Objectives (of simulation)



Simulation Learning Objectives

General Objectives

(Note: The objectives listed below are general in nature and once learners have been exposed to the content, they are expected to maintain competency in these areas. Not every simulation will include all of the objectives listed.)

Simulation Scenario Objectives

1. Explain hospice services in compassionate patient friendly language, the patient can understand with the first 5 minutes.
 2. Assess the patient's understanding of her illness and clarify misconceptions within the first 10 minutes.
 3. Provide therapeutic communication and education about goals of hospice within 15 minutes of simulation start – including, but not limited to, comfort/symptom management; quality of life; and emotional responses related to fear, anxiety, denial.
10. Collaborate with other health care team members in a timely, organized, patient-specific manner.

Simulation Scenario Objectives

- 1.
- 2.
- 3.

- Build the scenario out from the objectives
- SMART objectives
Limit to 3 or 4 if possible
DO NOT share these objectives word-for-word with students
- Bloom's Taxonomy

Skills and Resources

Psychomotor Skills Required of Learners Prior to Simulation

- Therapeutic communication
- Assessing vital signs
- Head-to-toe assessment
- Administering medications following the 5 rights

Cognitive Activities Required of Learners Prior to Simulation

- Medical Surgical Nursing Concepts for Interprofessional Collaborative Care 10th edition Volume I
Ignatavicius, Workman, Rebar, and Heimgartner Chapters 36, 37, and 50
- Hematology Lecture
- Upper GI Lecture
- Augmented Learning

Simulation Educator/Facilitator Resources

- The Healthcare Simulation Standards of Best Practice™
 - <https://www.inacsl.org/healthcare-simulation-standards>
- Medical Surgical Nursing Concepts for Interprofessional Collaborative Care 10th edition Volume I
Ignatavicius, Workman, Rebar, and Heimgartner
 - Chapter 36,
 - Chapter 37, and
 - Chapter 50

Prebriefing/Briefing

- Prior to report, participants will need prebriefing/briefing. During this time, faculty/facilitators should:
 - Establish a safe environment for learning,
 - Discuss the fiction contract and confidentiality, and
 - Orient participants to the
 - Simulation environment,
 - Roles,
 - Time allotment, and
 - Objectives.

Equipment and Supplies

Equipment/Supplies

Simulator ☒ Grandma Anne ☒ Middle-Aged Anne (<i>geriatric skin</i>) ☐ MamaAnne ☐ Andrew ☐ 3G ☐ ALS ☐ SimJunior ☐ SimBaby (Toddler) ☐ Paul ☐ Standardized Patient: _____	Medications ☒ Oral medications: <u>Nitroglycerin 0.3mg, Lisinopril 20mg, Robitussin, Metformin XR 500mg</u> ☐ IV medications: _____ ☒ IV Push medications: <u>Solunedrol 60mg, Levaquin 500mg IVP</u> ☐ IM medications: _____ ☒ SC medications: <u>Novolog (vial)</u> ☒ Other: <u>Albuterol 5mg nebulizer</u>
Equipment Attached to Manikin/SP: ☒ Patient ID band ☐ Fall Risk band ☐ Allergy band ☒ Primary IV tubing ☒ IV Fluids: <u>0.9% sodium chloride</u> ☒ Running at: <u>25</u> mL/hr ☐ Secondary IV tubing ☐ Secondary medication: _____ ☐ Running at: _____ mL/hr ☐ Additional IV poles: _____ ☐ PCA pump ☐ Foley Catheter ☐ Simulated Urine ☐ Oxygen ☐ Nasal cannula ☐ Non-rebreather mask ☐ Venturi mask ☐ Bipap mask ☐ Ventilator ☐ Other: _____ ☒ Other: <u>Bible or praying cloth and Rosary, glasses</u>	Equipment Available in Room ☐ Bedpan/urinal ☐ Foley kit/straight catheter kit ☒ Oxygen ☒ Nasal cannula ☐ Non-rebreather ☐ Venturi ☐ Bipap ☒ Other: <u>nebulizer</u> ☒ Incentive spirometer ☐ Fluids NOT connected to patient ☐ IV tubing ☐ Primary ☐ Secondary ☐ Feeding pump ☒ Crash <u>cart</u> ☒ Suction supplies (canister, tubing, yankauer) ☒ Other: <u>Nursing Drug Guidebook; different size needles (have to choose insulin needle); blunt needle for Solunedrol; emesis bag</u>

Patient Armbands



Williams, Maria DOB: 06/18/19XX
Sex: F MRN: 4347287

Setting and Roles

Setting/Environment

- ☐ Emergency Department
- ☒ Medical Surgical Unit
- ☐ Pediatric Unit
- ☐ Maternity Unit
- ☐ Behavioral Health Unit
- ☐ Intensive Care Unit

- ☐ OR/PACU
- ☐ Rehabilitation Unit
- ☐ Home
- ☐ Long-Term Care Facility
- ☐ Outpatient/Clinic
- ☐ Other: _____

Roles

- ☒ Nurse 1; Nurse 3
- ☒ Nurse 2
- ☒ Respiratory Therapy
- ☒ Occupational Therapy
- ☒ Occupational Therapy Assistant
- ☐ Diagnostic Medical Sonography
- ☐ Radiology Technician
- ☐ Observer

- ☐ Charge Nurse
- ☐ Provider
- ☐ Patient Care Technician
- ☐ Family Member
- ☒ Code Team (2 additional nurses on code team)
 - ☒ Medication Nurse
 - ☐ Recorder
 - ☒ CPR Coach/Team Lead
- ☐ Other: _____

SBAR Shift Report

SBAR Shift Report

S

Situation:

Mrs. Valerie Jones is a 78-year-old woman who was found on the floor in her home by her daughter. She was brought to the emergency room this morning by ambulance.

Sit

Background:

Her daughter states that Mrs. Jones is in general good health and has never had any cardiac or pulmonary illnesses. She states that Mrs. Jones is taking Ibuprofen 800mg three times a day for osteoarthritis pain in both hips and knees. The daughter noticed a bottle of aspirin on her mother's kitchen table last week, and suspects that Mrs. Jones took these in addition to the Ibuprofen. There is no other medical history noted.

Back

Assessment:

She is alert and oriented, complaining of abdominal pain and nausea, and appears pale and diaphoretic. We gave her 1mg of IV Morphine sulfate about 30 minutes ago. Her hands and feet are cool to the touch. Her lungs are clear, her heart rate is sinus tachy. Her vital signs are BP 102/74, HR 106, RR 24, and O2 sat of 91% on 2L of oxygen. She was previously on room air. She has a 20 gauge in her right antecubital that is infusing normal saline at 100mL/hr. Labs were drawn on admission and results for these are pending. Mrs. Jones was transferred to our medical-surgical floor this morning. The daughter is at the bedside and is concerned about the status of her mother.

Ass

Re

Recommendation:

My recommendation is to continue monitoring. Watch for the CBC and type and cross we ordered and notify the provider of any concerns.

Scenario Progression Outline

Scenario Progression

Scenario A Progression Outline

Patient Name: Mona A. Johnson

Date of Birth: 10/31/19XX

Patient Name:

Timing (approx.)
0-5 min
Initial State
HR: 112/min
RR: 10/min
BP: 88/62 mmHg
SpO2: 92% NC 2L
Temp: 98.2 F
5-15 minutes
HR:
RR:
BP:
SpO2:
Temp:
15-20 min
HR:
RR:
BP:
SpO2:
Temp:

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-5 min Initial State HR: 112/min RR: 10/min BP: 88/62 mmHg SpO2: 92% NC 2L Temp: 98.2 F	- If students do not introduce themselves, ask who they are. On allergies: "I'm allergic to penicillin" On pain assessment: "It's terrible. Everything hurts." (9)	Learners should begin by: - Wash hands - Introduce self - Identify patient with 2 identifiers - Ask about allergies - Obtain full set of vitals - Assess pain level	Cue: Family 1: "Is the doctor coming?" Family 2: "They need to look at her skin, she seems more yellow this morning."
5-15 minutes	Mona responds to assessment pleasantly, if a little drowsy and confused. She refers questions to her daughter.	Learners are expected to: - Review and verify orders - Move through assessment, making note of anything abnormal while respectfully responding to the family's questions.	Cue: Family 1: "Mom and I talked about it before we came back here, and she wants hospice." Family 2: <i>(very upset)</i> "What are you talking about? I think there are other treatment options we can do." Family 1: "Mom is in pain!" <i>(directed at the nurse)</i>: "Do you think she will get better?" Family 2: <i>(allow nurse to answer)</i> "Well, she won't get better if we don't try any treatment!"
15-20 min	Patient's SATs will decline/deteriorate.	Learners are expected to: Provide patient education on: React as appropriate depending on the scenario.	Cue: Family 1: "I'm trying to honor Mom's wishes and do what's best for her." Family 2: "You're just giving up on her."

Date: MM/DD/YYYY

Following Cues
providing cue:
providing cue:
providing cue:

Checklists Pre/Post-Simulation

Prebriefing Checklist

Welcome and Introduction	
☐	Welcome participants and ensure the environment is conducive to learning. <i>For example: learners and facilitators introduce themselves (Criterion 6a, 6b)</i>
☐	Provide information about food and drink policy, restrooms and drinking fountains, length of scenarios, breaks, agenda (Criterion 4b)
Psychological Safety and Confidentiality	
☐	Discuss psychological safety, the goal is to have an environment where learners feel comfortable expressing their thoughts without fearing negative consequences (Criterion 6a)
☐	The Basic Assumption™: <i>We believe that everyone participating in activities at the Kinney College of Nursing and Health Professions Clinical Simulation Center is intelligent, capable, cares about doing their best, and wants to improve</i> ® (Center for Medical Simulation) (Criterion 6c)
☐	Create mutual respect between all involved parties (participants, facilitators, simulated patients, and/or volunteers) (Criterion 6b, 6e)
☐	Provide information related to the use of any recording equipment (Criterion 5b)
☐	Ensure all participants agree to the confidentiality requirements <i>For example, not sharing details of the case or other learner's actions after the activity</i> (Criterion 4e)
Review Objectives, Prewrite, and Evaluation Methods	
☐	Review learning objectives – Provide information about the simulation's purpose without disclosing specific actions (Criterion 5a)
☐	Review assigned prework with learners (Criterion 2b)
☐	Review the evaluation methods (<i>formative or summative</i>) being used for this experience and notify learners when they can expect to receive the measurement tools (Criterion 5c)
☐	Inform participants about the evaluation process (Criterion 5c)
Orientation to Environment	
☐	Discuss the necessity of a mutual fiction contract and suspension of disbelief. <i>"Despite attempts to create a realistic environment, not all aspects of a simulated experience may be totally realistic, and we are asking you to buy into the scenario"</i> (Criterion 4a, 4f)
☐	Discuss physical safety in the environment. <i>Example, cords, defibrillator, needles, etc.</i> (Criterion 5d)
☐	Orient to environment which may include, manikins, monitors, equipment, trainers, software, whiteboard or virtual environments. <i>Consider a demonstration of a key skill</i> (Criterion 5d, 5f)
☐	Discuss collaboration of embedded simulated participants (Criterion 5d)
☐	Inform learners of plan if there are technical failures (Criterion 5g)
☐	Orient learners to roles and expectations (Criterion 5a)
☐	Ask learners if there are any questions, be accessible and approachable (Criterion 6d, 6e)

CSC Staff

Center for Medical Simulation
Society for Simulation in Healthcare
International Nursing Association for Clinical Simulation and Learning (INASCL)

www.harvardmedicine.org
www.ssh.org
www.nursingsimulation.org

C. Andrews Adapted 2026.4.29

Debriefing Checklist

Debriefing Structure	
☐	Debriefing should take place immediately following the simulation-based experience (SBE) in a separate private space unless integrated at designated points within the scenario (debriefing-on-demand) (Criterion 1)
☐	When multiple SBEs are running simultaneously each learner group should be debriefed separately to ensure privacy. <i>The KCNHP Clinical Simulation Center (CSC) has a dedicated pre-debrief classroom, 075/076.</i> (Criterion 3)
☐	Duration of debriefing is dependent on the knowledge level and experience of the learner(s), the make-up of the learners (individual or team, and variables such as age, gender and race), and the objectives of the SBE. <i>20 to 30 minutes is considered optimal</i> (INASCL)

Evidence Based Method																													
The PEARLS Healthcare Debriefing Tool <table border="1"> <thead> <tr> <th></th> <th>Objective</th> <th>Task</th> <th>Sample Phrases</th> </tr> </thead> <tbody> <tr> <td>1 Setting the Scene</td> <td>Create a safe context for learning</td> <td>State the goal of debriefing, outline the basic assumption</td> <td>"Let's spend 30 minutes debriefing. Our goal is to improve how we work together and care for our patients." "Our team here is intelligent and wants to improve."</td> </tr> <tr> <td>2 Reactions</td> <td>Explore feelings</td> <td>Solicit individual reactions to emotions</td> <td>"How did everyone feel?" "How are you feeling?"</td> </tr> <tr> <td>3 Description</td> <td>Clarify facts</td> <td>Exposing shared understanding of case</td> <td>"Can everyone share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"</td> </tr> <tr> <td>4 Analysis</td> <td>Explore variety of performance domains</td> <td>See knowledge of card for more details</td> <td> Previous Statement (How to introduce new topic) "So this year, I'd like to spend some time talking about [insert topic here] because [insert rationale here]" Mini Summary (Use to summarize discussion of one topic) "That was great discussion. Are there any additional comments related to [insert performance topic here]?" </td> </tr> <tr> <td colspan="4">Any Outstanding Issues/Concerns?</td> </tr> <tr> <td>5 Application/Summary</td> <td>Identify take-aways</td> <td>Learner centered Instructor centered</td> <td> "What are some take-aways from this discussion for our clinical practice?" "What are learning goals for this case next time (based on learning priorities here)?" </td> </tr> </tbody> </table> *Not available: Copyright 2016 by Debriefing Institute. All rights reserved. PEARLS is a registered trademark of Debriefing Institute. All other trademarks are the property of their respective owners.			Objective	Task	Sample Phrases	1 Setting the Scene	Create a safe context for learning	State the goal of debriefing, outline the basic assumption	"Let's spend 30 minutes debriefing. Our goal is to improve how we work together and care for our patients." "Our team here is intelligent and wants to improve."	2 Reactions	Explore feelings	Solicit individual reactions to emotions	"How did everyone feel?" "How are you feeling?"	3 Description	Clarify facts	Exposing shared understanding of case	"Can everyone share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"	4 Analysis	Explore variety of performance domains	See knowledge of card for more details	Previous Statement (How to introduce new topic) "So this year, I'd like to spend some time talking about [insert topic here] because [insert rationale here]" Mini Summary (Use to summarize discussion of one topic) "That was great discussion. Are there any additional comments related to [insert performance topic here]?"	Any Outstanding Issues/Concerns?				5 Application/Summary	Identify take-aways	Learner centered Instructor centered	"What are some take-aways from this discussion for our clinical practice?" "What are learning goals for this case next time (based on learning priorities here)?"
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2 Reactions	Explore feelings	Solicit individual reactions to emotions	"How did everyone feel?" "How are you feeling?"																										
3 Description	Clarify facts	Exposing shared understanding of case	"Can everyone share a short summary of the case?" "What was the working diagnosis? Does everyone agree?"																										
4 Analysis	Explore variety of performance domains	See knowledge of card for more details	Previous Statement (How to introduce new topic) "So this year, I'd like to spend some time talking about [insert topic here] because [insert rationale here]" Mini Summary (Use to summarize discussion of one topic) "That was great discussion. Are there any additional comments related to [insert performance topic here]?"																										
Any Outstanding Issues/Concerns?																													
5 Application/Summary	Identify take-aways	Learner centered Instructor centered	"What are some take-aways from this discussion for our clinical practice?" "What are learning goals for this case next time (based on learning priorities here)?"																										
PEARLS is the recommended evidence-based debriefing framework of the KCNHP (Criterion 4)																													

Exit	
☐	Before dismissal from debriefing, learners must complete the Clinical Simulation Center Effectiveness Tool. Please hand out the copies of the survey provided to your students. Once complete please collect and return to CSC staff (Criterion 1, Operations)

Society for Simulation in Healthcare
International Nursing Association for Clinical Simulation and Learning (INASCL)
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C. Andrews Adapted 2026.4.29

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