CURRICULUM SUBMISSION

*PART TWO – Session*

v 4.1

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# Title Page

**Session Title:**

**Submission Date:**

Please indicate the type of session by checking the appropriate box:

|  |  |
| --- | --- |
| [ ]  | Case Scenario |
| [ ]  | Skills (Procedure) Station |
| [ ]  | Small Group Discussion |
| [ ]  | Computer-Based Learning |
| [ ]  | Simulation Enhanced Didactic |

Original Session Date:

Version:

Revision Date:
Notes:

**Curriculum Title:**

|  |  |
| --- | --- |
| **Primary Author:** | **Secondary Author** |
| Name:  | Name:  |
| Institution:  | Institution:  |
| Street:  | Street:  |
| City/State/Zip:  | City/State/Zip:  |
| Phone:  | Phone:  |
| Email:  | Email: |
| Affiliation 1:  | Affiliation 1:  |
| Affiliation 2:  | Affiliation 2:  |
| Affiliation Other: | Affiliation Other:  |

# Session Snapshot

## Learners

First column of check boxes is for **T**arget Learners, those scheduled to participate; the second column is for **P**otential Beneficiaries, those not initially specified but who could benefit from the program.
Please check all that apply:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **T** | **P** |  | **T** | **P** |  |
| [ ]  | [ ]  | Advanced Practice Nurses | [ ]  | [ ]  | Nursing Students (Graduate) |
| [ ]  | [ ]  | Allied Health Students | [ ]  | [ ]  | Other Allied Health |
| [ ]  | [ ]  | Assistive Personnel (PCT/CNA/MOA) | [ ]  | [ ]  | Pharmacists |
| [ ]  | [ ]  | EMS | [ ]  | [ ]  | PT/OT/ST |
| [ ]  | [ ]  | EMS Students | [ ]  | [ ]  | Physicians in Practice |
| [ ]  | [ ]  | Fellows | [ ]  | [ ]  | Registered Nurses |
| [ ]  | [ ]  | Life Flight | [ ]  | [ ]  | Residents |
| [ ]  | [ ]  | Medical Students | [ ]  | [ ]  | Respiratory Therapists |
| [ ]  | [ ]  | Nursing Students (Undergrad) | [ ]  | [ ]  | Other:  |

**Intended Learner Groups:**

**Pre-Learning to be completed before session (if any):**

## Objectives

Following participation in this session, learners will be able to:

|  |
| --- |
| Learning Objectives-What learners should be able to do/know after the session is complete, includes debriefingPlease list each learning objective under the correct category below.Recommended format: *Learners will be able to…* |
| A. Knowledge |
| B. Skills- Technical |
| C. Skills- Behavioral |
| D. Attitude |

## Session Description:

# Session Equipment

Please indicate all equipment required for this educational session. This includes any medical or educational supplies or equipment. \*Subject to availability\*

## Manikin

|  |  |
| --- | --- |
| **Adult** | **Peds** |
| [ ]  | Laerdal SimMan | [ ]  | MegaCode Kid |
| [ ]  | SimMan Essential | [ ]  | SimJunior |
| [ ]  | SimMan 3G | [ ]  | SimBaby |
| [ ]  | SimMom | [ ]  | SimNewB |
| [ ]  | Auto-Delivery System for SimMom | [ ]  | Nursing Anne |
| [ ]  | [ ] MegaCode Kelly | [ ]  | Premature Anne |
| [ ]  | [ ] SimManALS |  |

## Equipment

|  |
| --- |
| **Jump Equipment (Check All That Apply)** |
| [ ]  | Pediatric Crash Cart | [ ]  | Adult Patient Bed |
| [ ]  | Adult Crash Cart | [ ]  | Isolette |
| [ ]  | Neonatal Crash Cart | [ ]  | Giraffe Bed/Infant Warmer |
| [ ]  | Lifepak 20 | [ ]  | Pediatric Crib |
| [ ]  | Alaris Smart Pump with brain

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Qty: | [ ]  | 1 | [ ]  | 2 | [ ]  | 3 | [ ]  | 4 | [ ]  | 5 |

 | [ ]  | Gurney/Stretcher |
| [ ]  | Alaris PCA Pump

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qty: | [ ]  | 1 | [ ]  | 2 |

 | [ ]  | Exam Room Chair |
| [ ]  | Alaris Smart Pump Module

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Qty: | [ ]  | 1 | [ ]  | 2 | [ ]  | 3 | [ ]  | 4 |  |  |

 | [ ]  | ALSi |
| [ ]  | Portable Headwalls

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qty: | [ ]  | 1 | [ ]  | 2 |

 |  |

## Task Trainers

|  |
| --- |
| **Trainers & Equipment** |
| [ ]  | Trauma Man | [ ]  | Trauma Child |
| [ ]  | Harvey Heart | [ ]  | Peds IO Trainer |
| [ ]  | Arterial Stick Arm | [ ]  | Peds IV Arm |
|  | [ ]  | Light Skin  | [ ]  | Dark Skin | [ ]  | IV Torso |
| [ ]  | Paracentesis Trainer | [ ]  | Adult Male IV Arm |
| [ ]  | Thoracentesis Trainer | [ ]  | Adult Female IV Arm |
| [ ]  | Infant Intubation Head | [ ]  | Trach/Chest Tube Manikin |
| [ ]  | Child Intubation Head | [ ]  | CVC Trainer (head, neck ,torso) |
| [ ]  | Adult Intubation Head | [ ]  | Central Line Man with Head |
| [ ]  | Adult Intubation Head- Restricted Airway | [ ]  | Lumbar Puncture Baby (Simulab) |
| [ ]  | Baby STap | [ ]  | CVC Trainer (femoral) |
| [ ]  | Nita Newborn | [ ]  | Cath/Anal Trainer |
| [ ]  | Male Cath Trainer | [ ]  | Female Cath Trainer |
| [ ]  | Simbionix Laparoscopic Trainer | [ ]  | Simbionix Surgical Trainer |
| [ ]  | Chester Chest | [ ]  | FLS Trainer |
| [ ]  | EKG Machine | [ ]  | GI Bronch Trainer |
| [ ]  | Cric Simulator | [ ]  | Mama Natalie |
| [ ]  | Central Line Man | [ ]  | Adult Lumbar Puncture (epidural trainer) |
| [ ]  | Trauma Man Surgical Abdomen | [ ]  | Newborn Annie |
| [ ]  | Adult CPR Chest | [ ]  | Child CPR Chest |
| [ ]  | Baby CPR Trainer | [ ]  | AED Trainer |

## Additional Items

|  |
| --- |
| **Non-Medical Equipment** |
| **Item** | **Quantity (enter number)** |
| [ ]  | Table(s) | # |
| [ ]  | Chair(s) | # |
| [ ]  | Flip Chart(s) | # |
| [ ]  | Whiteboard(s) | # |
| [ ]  | Projector Screen | # |
| [ ]  | Overhead Projector | # |
| [ ]  | SmartBoard |
| [ ]  | CISCO Phone/Confederate in ear audio |
| **AV Needs** |
| [ ]  | Live Video Streaming to room within Jump |
| [ ]  | Delayed video playback with Debrief Room |
| [ ]  | Multimedia displayed on monitor in Simulation Unit |
|  | Simulation Recordings*Note: If you wish to retain video, Jump requires that consents are obtained from all learners and participants recorded\**Please note that Jump is only able to provide video storage for up to 2 weeks.Please plan to provide a storage option if you need long term storage. |
|  | *\* Video Recording Consent:* |
| [ ]  | **You will collect consents** permitting retention of simulation footage for each learner or participant. |
| [ ]  | You would like **Jump to provide consent forms** and assist in collecting them. |

## Other Practice Materials

|  |  |  |
| --- | --- | --- |
| [ ]  | Food Grade Materials | Please Describe:  |
| [ ]  | Cadaveric Materials | Please Describe:  |

**Note:** The above lists include equipment available from Jump.

If any other items are needed for this session, please list them below and note the source.

If you would like Jump to provide disposable supplies, please provide Peoplesoft number and allow two weeks for delivery.

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | SOURCE | PEOPLESOFT NUMBER | QUANTITY  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# Session Environment

## Simulation Venues

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Anatomical Skills Lab | [ ]  | Virtual ICU |
|  | [ ]  | Select if displaying on Stryker monitors |  | Virtual OR/Trauma Bay |
| [ ]  | Virtual Reality (Surgical Skills) Lab |  | [ ]  | Select if displaying on Stryker monitors |
| [ ]  | Skills Lab | [ ]  | Virtual Patient Unit |
| [ ]  | Regional Transport Center | [ ]  | Workstation & Med Room |
| [ ]  | Studio Apartment |  |  |

## Debriefing Venues

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Briefing Theater | [ ]  | Debriefing Room |

## Conference Center

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Auditorium | [ ]  | Lecture Hall |
| [ ]  | Board Room | [ ]  | Pre-Function Space |
| [ ]  | Conference Room |  |  |

|  |  |  |
| --- | --- | --- |
| [ ]  | In-Situ (list clinical space): |  |
| [ ]  | Off-Site (please describe): |  |

## Room and Materials Setup

Please the setup for the room and materials:

# Scenario Setup

## Documents Included

|  |  |
| --- | --- |
| [ ]  | Scenario Setup Form |
| [ ]  | Patient Background (for manikin patients) |
| [ ]  | Standardized Participant(s) |
| [ ]  | Other: Click here to enter text. |
| [ ]  | **N/A** – this session does not include case scenarios |

# Patient Information

**CC: PMHx: Weight: Allergies:**

**Clinical Setting**:

|  |  |  |  |
| --- | --- | --- | --- |
| **STATE NAME** | **VITAL SIGNS**  | **EXAM/ADDL MANIKIN INFO** | **ACTIONS DESIRED** |
|  | Temp:HR:BP: RR:SpO2: |  |  |
| **TRANSITIONS**:  |
|  | HR:BP: RR:SPO2: |  |  |
| **TRANSITIONS**:  |
|  | HR:BP: RR:SPO2: |  |  |
| **TRANSITIONS**:  |
|  | HR:BP: RR:SPO2: |  |  |

**Moulage:**

**Multimedia:**

**Monitor Setup:**

## Patient Background Info

CC:

HPI:

PMH:

Wt:

ALL:

Fam Hx:

Soc Hx:

ROS:

## Physical Exam (Sim findings in bold):

VS: Per **monitor**

Gen:

HEENT:

Neck:

CV:

Lungs:

Abd:

Skin:

Extremities:

Rectal:

Neuro:

# Standardized Participant

**Please complete and upload one script for each role needed**

|  |  |  |
| --- | --- | --- |
| Role: | Gender: | Age: |
| Role: | Gender: | Age: |
| Role: | Gender: | Age: |
| Role: | Gender: | Age: |
| Role: | Gender: | Age: |

Scripts available to download on the [Jump Curriculum Portal](https://team.osfhealthcare.org/sites/osfhealthcare/Training/Jump/Curriculum%20Submission%20Documents/Forms/AllItems.aspx)

Scroll to bottom of page, column **Curriculum Development Resources**

Look for Standardized Patient Scripting documents

1. STANDARDIZED PARTICIPANT ROLE- Patient
2. STANDARDIZED PARTICIPANT ROLE- Family Member

# Learners’ Session Handouts

Copy any session-specific information for learners in this section.

For relevant supporting documents uploaded to the curriculum library, list filenames with brief descriptions of the content here:

# Session Assessment

Attach or copy assessment tool in this section.

# Session Specific References/Sources

Copy any session-specific information for instructors in this section. Suggested information is included in the outline below. Relevant supporting documents uploaded to the curriculum library should be listed here including filenames with descriptions .

1. **Case Notes:**
	1. Stimuli Provided:
2. **Debriefing Plan**
	1. Method of debriefing:
* GAP framework
	1. Debriefing materials:
* Assessment checklist
* Clinical Pearls Handout
	1. Questions to facilitate the debriefing:
		1. ?
1. **Resources and References**