



Guidelines for scenario development

Conceptual Framework

Simulation is defined as all activities that reproduce reality and clinic environments, and it has the role of building a virtual reality to develop decision-making, critical thinking and technical skills using role-play, the use of mannequins, simulated actors and interactive videos (Jeffries, 2005).

The concept model adopted is the Nursing Education Simulation Framework (NESF) developed by Jeffries in 2005, as a model for simulation (Figure 1). This model shall apply for all types of

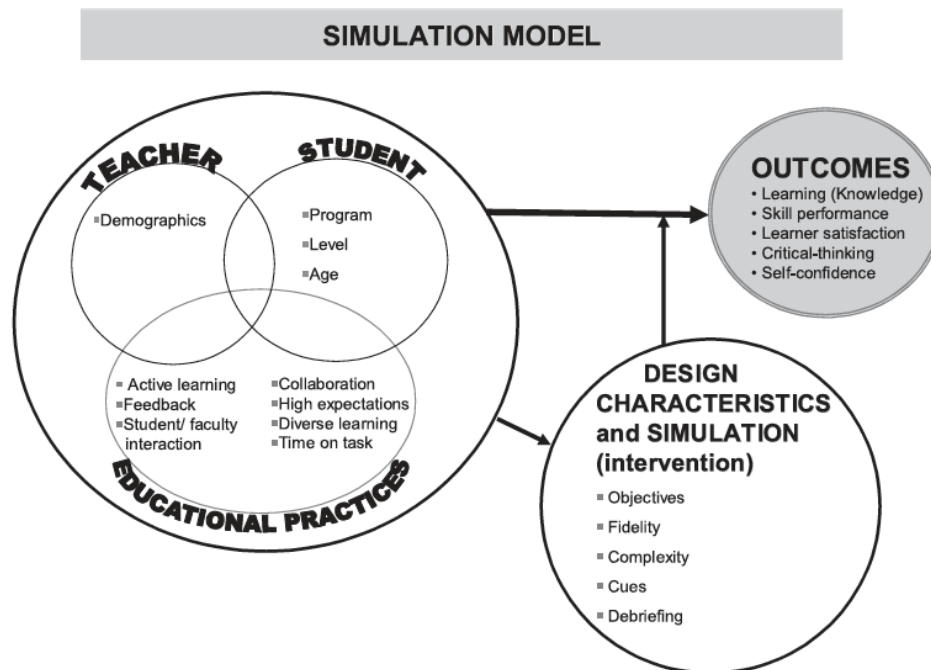


Figure 1. Jeffries Simulation Model (2005).

simulation, both simulation with low and high “fidelity”, understood as the playing realism.

In the literature it is reported that simulation is an effective and efficient method to provide students the foundations and the cognitive instruments to develop Critical Thinking with safety and without harming patients (Ironside, 2009).

The contents to build a simulated scenario have to reproduce the real situation that students already experienced or that they may experience. For this reason, we' have decided to collect the significant



learning experiences from students through the LERT tool, to produce the learning materials (scenarios and video-recorded simulations) (SLIPPS Project).

The chosen methodology is role-playing, because it allows to project oneself in a possible future scenario.

In role-playing, participants play the role of someone else, that is to say, a different role from their own one. Spontaneity in playing a part is the characteristic that makes role-playing successful. Therefore, usually, nobody tells participants what they have to do or to say during the simulations. Facilitators give information about roles and characters; participants decide both the dialogues and the activities on their own during simulations (Clark, 2008). If students take part and prepare to role-play, they can develop their knowledge, in addition to experience different situations that create doubts on the one hand, and provide answers on the other. This enables to participate either as an actor or to observe another role-playing (Chan, 2012). Furthermore, participation in a scenario played in a different language from one's own language, allows to improve language skills (Lee, 2015).

Guidelines for scenario development

- Overview must include the following elements:

1. briefly describe the situation you want to reproduce
2. define the objectives that the student should achieve (*student outcomes*);
3. detail the timing, specifying the duration of each phase (refer to the situation we want to reproduce and to the number of actors involved in the simulation);
4. define the roles of all the participants involved (the educator, in a non-rater situation, should have the role of a facilitator).

- General information, must include the following elements:

5. Inclusion / Exclusion criteria for actors: the actors must be chosen to take into consideration the role that they will play (year, of course, acquired knowledge);
6. Responsibilities of the actors: roles and activities;
7. Instructions: they include general information about the simulation needed by the actors before the simulation begins to "drop" into the situation;

- Simulation Design must consist of the following elements:

8. Objectives: clearly defined and must be used as a guide for defining learning objectives.

SLIPPS Simulation Scenario Materials: Scenario 1 Medication by SLIPPS Project Team is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License.

Based on a work at <https://www.slipps.eu/>.





9. Realism: authentic and close to reality, must include all the information and details necessary to construct the setting.
10. Complexity: depending on the simulated scenario.
11. Signals: they include all the real messages that guide the actor/student in the interpretation of the simulated reality and the progression of the activities (i.e. signs and symptoms of the patient, environmental signals).
12. *Debriefing*.

References

1. Ironside PM, Jeffrie PR & Martin A (2009). *Fostering patient safety competencies using multiple-patient simulation experiences*. Nursing Outlook 57(6):332-337
2. Jeffries PR (2005). *A framework for designing, implementing, and evaluating simulations used as teaching strategies in nursing*. Nursing Education Perspectives 26(2):96-103
3. Munroe B, Buckley T, Curtis K & Morris R (2016). *Designing and implementing full immersion simulation as a research tool*. Australasian Emergency Nursing Journal 19:90-105
4. Reese CE, Jeffries PR & Engum SA (2010). *Learning together: using simulation to develop nursing and medical students collaboration*. Nursing Education Perspectives 31(1):33-37
5. Clark CC (2008) *Classroom Skills for Nurse Educators*. Jones and Bartlett Publishers, Inc, USA.
6. Chan, ZCY (2012) *Role-playing in the problem-based learning class*. Nurse Education in Practice, 12(1):21-27.
7. Lee SI (2015) *Revisit Role-Playing Activities in Foreign Language Teaching and Learning: Remodeling Learners' Cultural Identity?* Electronic Journal of Foreign Language Teaching 12(1):346-359.

These guidelines were written by the SLIPPS team at Genoa University

