UC DAVIS HEALTH

Center for Simulation and Education Enhancement
Phone: 916-734-4708
Fax: 916-734-4711
Operating Hours: M-F, 8 a.m.-5 p.m.

SCENARIO TEMPLATE

Course Title	
Instructor	
Date/Time	
Length (mins)	
Station(1 of ?)	

Objectives

1.

2.

3.

4.

5.

Scenario: Include the setting, initial cc, vitals, PE and PMH, and a brief statement for the learner.

(e.g., Clinic setting, 64 -year-old male, complaint of chest pain for 2 hours, 164/92, 94, 22, 99.0, PE: pale, cool, diaphoretic, tachypnea, edema to lower extremities. PMH: Angina, HTN, DM.)

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Equipment/Personnel: Simulationist, required mannequins(s)/trainer(s), and disposable supplies.

Time (mins)	**Scenario Flow**	**Actions by Learner**	**Reactions by Mannequin/Simulationist**
0 -	Initial Assessment		
	Change/Transitions		
	Change/Transitions		
	Change/Transitions		
	Stabilization/End of Scenario		

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Notes