|  |  |  |  |
| --- | --- | --- | --- |
| **SbCST Facilitator Guide** | | | |
| **OVERVIEW**  **Date**:  **Phase/Specialty:**  **Scenario:** | **SIMULATION CENTER STAFF**  **Facilitator:**  **Simulation Technician:** | | |
| |  |  |  | | --- | --- | --- | | **SCHEDULE** | **Approximate Start Time** | **Timeframe** | | **Scenario Pre-Brief** |  |  | | **Scenario Time** |  |  | | **Move to Classroom** |  |  | | **Debrief** |  |  | |  | | | | **PARTICIPANT ROLES** | **EMBEDDED PARTICIPANTS** | |
| **OBSERVERS** | |
| **SCENARIO OUTLINE** | **PATIENT BACKGROUND** | | |
| **EQUIPMENT/SUPPLIES** | | **OPTIONAL SYSTEM REPS** |
| **VITAL SIGNS & PATIENT STATUS**   |  |  | | --- | --- | |  |  | |
| **Floor Map of Clinical Area** | | | |
| **SIMULATION PROCESS TESTING GOALS & NOTES**   |  |  | | --- | --- | | **Overall Design** | **Resource accessibility/workflow efficiency** | | **Patient Safety** | **Patient and Family Experience** | | **Infection Control** |  |   **SCENARIO**   |  |  |  | | --- | --- | --- | | **STEP-BY-STEP PROCESS** | **PROCESS BEING TESTED** | **OBSERVATION NOTES** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | |

Appendix C: Facilitator Guide