

| STORYLINE NAME | OVERVIEW | DESCRIPTION | DISCIPLINE | LEVEL | CONFEDERATE ACTORS OR VIDEO | AUGMENTED REALITY | IPE |
|----------------------------|---|---|---------------------|---------------|---|---|--|
| SIMULATIONS | | | | | | | |
| Atypical Chest Pain Female | 47 yo female presents to ED with abdominal pain, fatigue, nausea. | Initial pain and cardiac assessment; obtain accurate vitals | Nursing | 1 Simulation | none | S4 heart sound | Orders from provider |
| Atypical Chest Pain Female | 47 yo female presents to ED with abdominal pain, fatigue, nausea. | STEMI protocol orders received including reviewing labs and administering Nitroglycerin PO/ titrate IV and Heparin IV with math calculation | Nursing | 2 Simulation | none | S4 heart sound, IV, site, ECG results | Orders from provider |
| Atypical Chest Pain Female | 47 yo female presents to ED with abdominal pain, fatigue, nausea. | Assess female patient with atypical chest pain who just presented to ED; recognize need to implement ED STEMI protocol including obtaining and interpreting ECG; starting IV, interpreting labs and titrating administering Nitroglycerin PO/IV and Heparin IV with math calculation. New orders received from cardiologist to prepare to cardiac cath with recognition that renal protection required. | Nursing | 3 Simulation | none | S4 heart sound, IV, ECG with STEMI, CXR, informed consent | Orders from provider; SBAR to cardiac cath RN |
| Atypical Chest Pain Female | 47 yo female presents to ED with abdominal pain, fatigue, nausea. | Perform post-cardiac care and monitor for complications; respond to decreased perfusion of leg appropriately | Nursing | 4 Simulation | none | S4 heart sound, IV, ECG with PVCs, CXR, leg with decreased perfusion | Orders from provider |
| Typical Chest Pain | 69 year old African American male with chest pain | Patient walks into clinic with chest pain; no provider available; students must decide whether to call 911 and if patient should take his own Nitro; optional for patient to become hypotensive or unresponsive while waiting for ambulance | Nursing | 1 Simulation | paramedic | | SBAR handoff to paramedics |
| Typical Chest Pain | 69 year old African American male with chest pain | Patient in ED; implement nonSTEMI orders including titrating Nitro IV and implementing pre-op orders for CABG | Nursing | 2 Simulation | none | ECG nonSTEMI, informed consent | Orders from cardiologist |
| Typical Chest Pain | 69 year old African American male with chest pain | Patient just arrived in ED; implement chest pain protocol including obtaining ECG and starting IVs; implement pre-op orders for CABG including titrating IV Nitroglycerin and managing patient who becomes hypotensive | Nursing | 3 Simulation | none | ECG nonSTEMI, CXR, informed consent | Orders from cardiologist |
| Typical Chest Pain | 69 year old African American male with chest pain | Implement post-op orders for CABG; monitor for complications and notice worsening afib; administer IV Diltiazem requiring math calculation; optional: lead student through synchronized cardioversion | Nursing | 4 Simulation | None | ECG with afib; CXR | Orders from cardiologist |
| Typical Chest Pain | 69 year old African American male with chest pain | Patient walks into clinic with chest pain; no provider available; students must decide whether to call 911 and if patient should take his own Nitro; notify family member maintaining HIPAA; optional for patient to become hypotensive or unresponsive while waiting for ambulance | MA | 2 Simulation | Paramedic; family member via phone | Protocol for chest pain | SBAR handoff to paramedics |
| Pediatric Pain Management | 7 year old female patient who presented to ER with abdominal pain post-MVA | Assess abdomen with seat belt sign; assess pain by using FACES scale and interviewing parent; obtain accurate VS; decide about prn pain medication | Nursing | 1A Simulation | Actor: parent | Abdomen, FACES scale, CT result | |
| Pediatric Pain Management | 7 year old female patient who presented to ER with abdominal pain post-MVA | Assess abdomen with seat belt sign; assess pain by using FACES scale and interviewing parent; obtain accurate VS; decide about prn pain medication | Nursing | 1B Simulation | Video family member | Abdomen, FACES scale, CT result | |
| Pediatric Pain Management | 7 year old female patient who presented to ER with abdominal pain post-MVA | Assess abdomen with seat belt sign; assess pain by using FACES scale and interviewing parent; decide about prn pain medication while awaiting CT results; Intervene appropriately when parent becomes verbally abusive; administer ondansetron for nausea | Nursing | 2A Simulation | Actor: parent | Abdomen, FACES scale, CT result | Notify MD of nausea; notify social worker |
| Pediatric Pain Management | 7 year old female patient who presented to ER with abdominal pain post-MVA | Assess abdomen with seat belt sign; assess pain by using FACES scale and interviewing parent; decide about prn pain medication while awaiting CT results; educate parent and child about booster seat use | Nursing | 2B Simulation | Video family member | Abdomen, FACES scale, CT result | Notify MD of nausea; notify social worker |
| Pediatric Pain Management | 7 year old female patient who presented to ER with abdominal pain post-MVA | Patient arrives post-small bowel repair on PCA; assess using sedation scale; administer IV Gentamycin and Diphenhydramine; provide therapeutic communication to parent | Nursing | 3A Simulation | Actor: parent | Abdomen, FACES Scale, PCA protocol; Sedation scale; CT results | |
| Pediatric Pain Management | 7 year old female patient who presented to ER with abdominal pain post-MVA | Post-op care for small bowel repair; PCA management; assess using sedation scale; administer IV Gentamycin and Diphenhydramine; provide therapeutic communication to parent | Nursing | 3B Simulation | Video family member | Abdomen, FACES Scale, PCA protocol; Sedation scale; CT results | |
| Pediatric Pain Management | 7 year old female patient who presented to ER with abdominal pain post-MVA | Post-op care for small bowel repair; PCA management; assess using sedation scale; patient becomes not responsive with respiratory depression; naloxone administered; ABGs interpreted; Fentanyl IV administered for pain; therapeutic communication with parent during crisis | Nursing | 4 Simulation | Actor: parent | Abdomen, FACES Scale, PCA protocol; Sedation scale; CT results | Notify MD |
| End of Life | 35 year old female with end stage lung cancer whose mother called 911 when she had decreased LOC and respiratory difficulty | Full assessment on arrival to ED including common EOL concerns: pain, dyspnea, GI, skin breakdown, advanced directives | Nursing | 1 | Video mom; can be followed by actor mom | Pressure ulcer; advance directives document | Orders from hospitalist |
| End of Life | 35 year old female with end stage lung cancer whose mother called 911 when she had decreased LOC and respiratory difficulty | Full assessment on arrival to ED including common EOL concerns: pain, dyspnea, GI, skin breakdown, advanced directives. Manage pain with IV hydromorphone. Interpret ABG results. Provide patient education re: Advanced Directives using video and document; provide therapeutic communication | Nursing | 2 | Video mom; can be followed by actor mom | Pressure ulcer; advanced directives document and patient video | Orders from hospice nurse; Respiratory therapy consult |
| End of Life | 35 year old female with end stage lung cancer who is actively dying | Actively dying patient has hospice care initiated. Pain is adequately managed using Morphine PO in anticipation of going home, but becomes not verbally responsive with air hunger. Therapeutic communication with mom | Nursing | 3 | Video mom; can be followed by actor mom | Pressure ulcer; advanced directive document; Critical care pain observation tool | Hospice nurse; Respiratory therapy consult |
| End of Life | 35 year old female with end stage lung cancer who is actively dying | Patient dies as student enters room requiring therapeutic communication with grieving mother and implementation of death management protocol with possible notification of Medical Examiner and initiation of organ/tissue donation protocol | Nursing | 4 | Video mom; can be followed by actor mom | Death management protocol; organ/tissue donation protocol | Hospice nurse; Respiratory therapy consult |
| End of Life | 35 year old female with end stage lung cancer whose mother called 911 when she had decreased LOC and respiratory difficulty | Perform "Scene Size up" in patient's home based on National Registry EMT Psychomotor Exam | EMT-P | 1 | Video mom | DNR bracelet, completed advanced directives document | |
| End of Life | 35 year old female with end stage lung cancer whose mother called 911 when she had decreased LOC and respiratory difficulty | Perform "Scene Size up" in patient's home and "Primary Survey" based on National Registry EMT Psychomotor Exam | EMT-P | 2 | Video mom | DNR bracelet, completed advanced directives document | |
| End of Life | 35 year old female with end stage lung cancer whose mother called 911 when she had decreased LOC and respiratory difficulty | Perform "Scene Size up" in patient's home, "Primary Survey" and "Secondary Assessment" based on National Registry EMT Psychomotor Exam | EMT-P | 3 | Video mom | DNR bracelet, completed advanced directives document | |
| End of Life | 35 year old female with end stage lung cancer whose mother called 911 when she had decreased LOC and respiratory difficulty | Perform "Scene Size up" in patient's home, "Primary Survey" and "Secondary Assessment" based on National Registry EMT Psychomotor Exam. Upon reassessment, student discovers patient has died and must respond appropriately while interacting therapeutically with grieving mother. | EMT-P | 4 | Video mom | DNR bracelet, completed advanced directives document | |
| Wound Management | 67 year old patient admitted for treatment of nonhealing ankle wound who develops foul smelling diarrhea | Patient newly admitted with gruff personality. Perform assessment including wound assessment and administer insulin subq based on glucose lab result | Nursing | 1 | | Ulcer; | |
| Wound Management | 67 year old patient admitted for treatment of nonhealing ankle wound who develops foul smelling diarrhea | Patient newly admitted with gruff personality. Perform assessment including wound assessment. Review lab results and institute isolation precautions. Administer IV Vancomycin | Nursing | 2 | | Ulcer; IV site | |
| Wound Management | 67 year old patient admitted for treatment of nonhealing ankle wound who develops foul smelling diarrhea | Patient newly admitted with gruff personality. Review lab results and respond appropriately to critical peak value for Vancomycin. | Nursing | 3 | | Ulcer; | |
| Wound Management | 67 year old patient admitted for treatment of nonhealing ankle wound who develops foul smelling diarrhea | Patient treated with IV Vancomycin develops fluid overload related to renal failure. Students interpret ABGs and address respiratory status while preparing to transfer to ICU | Nursing | 4 | | Ulcer; | SBAR handoff report to ICU RN |
| Wound Management | 67 year old patient admitted for treatment of nonhealing ankle wound who develops foul smelling diarrhea | Patient treated with IV Vancomycin develops fluid overload related to renal failure. Students draw ABGs, interpret ABG and CXR results and administer BiPAP | Respiratory Therapy | 3 | | Ulcer; CXR; lung sounds | SBAR to team |
| Wound Management | 67 year old patient admitted for treatment of nonhealing ankle wound who develops foul smelling diarrhea | Patient treated with IV Vancomycin develops fluid overload related to renal failure. Students draw ABGs, interpret ABG and CXR results and administer BiPAP. When not effective, assist with intubation and management of mechanical ventilation | Respiratory Therapy | 4 | | Ulcer; lung sounds | SBAR to team |
| Pediatric Asthma | Patrick Armstrong is a 16-year-old patient who presents to a clinic for a routine follow up visit for asthma. | EMR forms are consistent with information usually provided in a clinic setting. He is in stable condition, but in the "yellow zone" on the Asthma Action Plan. Students should perform a focused respiratory assessment using QR codes to simulate various anatomical locations, gather focused subjective data, and document their findings. | Nursing | 1 | | Lung sounds in accurate anatomical locations; Asthma Protocol; Asthma Action Plan; Image of peak flow meter | |
| Pediatric Asthma | Patrick Armstrong is a 16-year-old patient who presents to a clinic for a visit for asthma. | His asthma worsened after being exposed to a cat at a friend's house, so he called for a same day appointment. He is in stable condition but in the "yellow zone" on the Asthma Action Plan. | Nursing | 2 | | Lung sounds in accurate anatomical locations; videos of correct and incorrect use of peak flow meter; videos of correct and incorrect use of inhalers; Asthma Severity Protocol; Asthma Action Plan; Patient Education Handouts | |
| Pediatric Asthma | Patrick Armstrong is a 16-year-old patient experiencing an asthma exacerbation. | He attempted to drive himself to the ED, but called 911 when the symptoms worsened. This scenario contains IPE components in that paramedic provides the handoff report to the Nursing student in the ED as the scenario begins, and a respiratory consult occurs in State 2. | Nursing | 3 | Someone can role play the provider; Someone can role play Respiratory Therapy | Lung sounds in accurate anatomical locations; Asthma Severity Protocol; Asthma Action Plan; Patient Education Handouts | SBAR to provider; SBAR to RT |

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| Pediatric Asthma | Patrick Armstrong is a 16-year-old male patient with known asthma. | He called 911 while experiencing an asthma exacerbation that was worsening when he was trying to drive to the Emergency Department. In the Emergency Department, his condition deteriorated and he did not respond to medical treatment, so he was intubated and placed on mechanical ventilation. Students are entering the situation 30 minutes after he was intubated and placed on a ventilator. | Nursing | 4 | Video of father; Someone can role play the father; video of RT report; someone can role play the ICU RN | Lung sounds in accurate anatomical locations; video of ventilator alarming; Patient Education Handouts | RT report |
| Pediatric Asthma | 16-year-old patient who presents to a clinic for a routine follow-up visit for asthma | Collect routine pediatric visit data; Review the patient's Asthma Action Plan, document using the Vitals tab and Growth Chart, and perform some coaching regarding the Asthma Action Plan and Patient Education Handouts. | MA | 1 | none | Asthma Protocol; Asthma Action Plan | |
| Pediatric Asthma | 16-year-old patient who presents to a clinic for a routine follow-up visit for asthma | Collect routine pediatric visit data; Obtain a peak flow reading and evaluate the patient's accuracy in using his Albuterol Inhaler. Videos are provided to allow the student to evaluate if the patient is performing these techniques properly or not. Communicate results to provider; receive new orders; review the patient's new Asthma Action Plan and perform some coaching regarding the Asthma Action Plan and other patient handouts provided. | MA | 2 | Someone can role play provider. | Asthma Protocol; Asthma Action Plan; Patient videos using Peak Flow Meter and Inhaler; Patient Education handouts | Someone can role play provider. |
| Pediatric Asthma | 16-year-old patient who presents to the clinic experiencing a moderate exacerbation of his asthma | Collect patient data and review the Asthma Protocol. Obtain a peak flow reading to determine the severity of the asthma attack. Administer a nebulizer treatment and repeat the peak flow reading. Discuss findings with the provider and receive new orders. Use the patient education handouts provided to coach the patient about improved asthma self-management. | MA | 3 | Someone can role play provider. | Asthma Protocol; Asthma Action Plan; Patient videos using Peak Flow Meter and Inhaler; Patient Education handouts | Someone can role play provider. |
| Pediatric Asthma | 16-year-old patient who presents to the clinic experiencing a severe exacerbation of his asthma | Utilize the Asthma Protocol; recognize that respiratory arrest is imminent, and call 911. May attempt to perform a peak flow reading but patient is too short of breath to do so. Administer a nebulizer treatment per protocol while waiting for the ambulance to arrive. When paramedics arrive, students provide an SBAR report to the paramedics. | MA | 4 | Role play arriving paramedic. | Asthma Protocol; Asthma Action Plan; Patient videos using Peak Flow Meter and Inhaler; Patient Education handouts | Someone can roleplay arriving EMT/P |
| Pediatric Asthma | 16-year-old male patient who presents to the emergency department with a moderate exacerbation of his known asthma | Assess the patient and evaluate his performance of Peak Flow and FEV1 procedures both before and after the administration of a DuoNeb nebulizer treatment. The scenario allows the facilitator to choose from correct and incorrect video demonstrations of both Peak Flow and FEV1 procedures based on the directions the student(s) gives to the patient. At the conclusion of the simulation, the student(s) will discuss findings with the provider. | Respiratory Therapy | 1 | Someone can role play the provider | Lung sounds in accurate anatomical locations; Patient videos using Peak Flow Meter and Inhaler; Patient Education handouts | Someone can role play the provider |
| Pediatric Asthma | 16-year-old male patient who presents to the emergency department with a moderate exacerbation of his known asthma. He was evaluated and received two nebulizer treatments 20 minutes apart. Both Peak Flow and FEV1 readings improved and are near normal. The provider wants to discharge him home with a dose-pack of prednisone, an albuterol MDI, an Advair DPI, a new peak flow meter, and an updated Asthma Action Plan | Students will assess the patient and provide education on Peak Flow, MDI administration, and DPI administration. They will evaluate the effectiveness of the teaching by watching included videos. The scenario concludes after students develop an Asthma Action Plan with the patient. | Respiratory Therapy | 2 | | Lung sounds in accurate anatomical locations; Patient videos using Peak Flow Meter, MDI and DPI; Patient Education handouts | |
| Pediatric Asthma | 16-year-old male patient who was brought to the emergency department today by his friend's dad with a severe exacerbation of his known asthma. | Students are called to the patient room emergently at the beginning of this scenario. Students should complete an RT consult and administer a DuoNeb treatment while the RN starts an IV and administers steroids. He doesn't improve so students should recommend a continuous nebulizer to the provider. This scenario revolves around the management of a patient during an acute exacerbation of asthma, the initiation and management of a continuous albuterol nebulizer, and communication with the interprofessional team. | Respiratory Therapy | 3 | Someone can role play the provider | Lung sounds in accurate anatomical locations; continuous nebulizer protocol included | Someone can role play the provider |
| Pediatric Asthma | 16-year-old male patient who was intubated en route to the emergency department secondary to a severe exacerbation of his known asthma. | Students receive report that the patient received 3 nebulizers from EMS en route and was intubated upon arrival to the ER about 30 minutes ago. While students are performing a ventilator check, labs and imaging result. Students will need to withdraw the ETT 2-3 cm and adjust ventilator settings per the provided protocol. The patient starts to wake, and students must communicate sedation needs with the RN. In addition, an ICU bed opens up, so students will need to provide hand-off report to the ICU RT. This scenario revolves around managing a patient during an acute exacerbation of asthma, managing a mechanical ventilation protocol, and communication with the interprofessional team. | Respiratory Therapy | 4A | Someone can role play the RN and the ICU RT | Lung sounds in accurate anatomical locations; fillable ventilator flowsheet; mechanical ventilation protocol | Someone can role play the RN |
| Pediatric Asthma | 16-year-old male patient who was intubated en route to the emergency department secondary to a severe exacerbation of his known asthma. | Students receive report that the patient received 3 nebulizers from EMS en route and was intubated upon arrival to the ER about 30 minutes ago. While students are performing a ventilator check, labs and imaging result. Students will need to withdraw the ETT 2-3 cm and adjust ventilator setting per the provided protocol. As students are performing these tasks, the patient's dad arrives (as a video on the iPad). Student must provide comfort and explain the situation to the dad. In addition, an ICU bed opens up, so students will need to provide hand-off report to the ICU RT. This scenario revolves around managing a patient during an acute exacerbation of asthma, managing a mechanical ventilation protocol, and communication with both a frantic family member and the ICU RT. | Respiratory Therapy | 4B | Video dad; Someone can role play the RN or provider; Someone can role play the ICU RT | Lung sounds in accurate anatomical locations; fillable ventilator flowsheet; mechanical ventilation protocol | Someone can role play the RN or provider |
| Pediatric Asthma | 16-year-old male patient who was intubated en route to the emergency department secondary to a severe exacerbation of his known asthma. | Students receive report that the patient received 3 nebulizers from EMS en route and was intubated upon arrival to the ER about 30 minutes ago. While students are performing a ventilator check, labs and imaging result. Students will need to withdraw the ETT 2-3 cm and adjust ventilator setting per the provided protocol. As students are performing these tasks, the patient's dad arrives (as a video on the iPad). Student must provide comfort and explain the situation to the dad. In addition, an ICU bed opens up, so students will need to provide hand-off report to the ICU RT. This scenario revolves around managing a patient during an acute exacerbation of asthma, managing a mechanical ventilation protocol, and communication with both a frantic family member and the ICU RT. | Respiratory Therapy | 4C | Someone needed to role play the patient's dad; Someone can role play the RN or provider; Someone can role play the ICU RT | Lung sounds in accurate anatomical locations; fillable ventilator flowsheet; mechanical ventilation protocol | Someone can role play the RN or provider |
| Pediatric Asthma | 16-year-old male patient who was intubated en route to the emergency department secondary to a severe exacerbation of his known asthma. | Students receive report that the patient received 3 nebulizers from EMS en route and was intubated upon arrival to the ER about 30 minutes ago. While students are performing an initial ventilator check, both labs and imaging result. Imaging shows that the patient has a large right-sided pneumothorax and needs a chest tube placed. In addition, the ventilator needs to be adjusted per the provided protocol. After the chest tube is inserted, students will reassess the patient and may perform ABG's. This scenario revolves around managing a patient during an acute exacerbation of asthma, managing a mechanical ventilation protocol, and assisting the provider with the insertion of a chest tube. | Respiratory Therapy | 4D | Someone can role play the provider | Lung sounds in accurate anatomical locations; fillable ventilator flowsheet; mechanical ventilation protocol; image chest tube; video of chest tube system | Someone can role play the provider |
| Pediatric Asthma | Patrick Armstrong is a 16-year-old patient who has known asthma. Today while experiencing an asthma attack, he attempted to drive himself to the hospital. His breathing worsened on the way, so he pulled over and called 911. | Perform "Scene Size up" based on National Registry EMT Psychomotor Exam | EMT-P | 1 | | Video of outdoor scene; Medical assessment form | |
| Pediatric Asthma | Patrick Armstrong is a 16-year-old patient who has known asthma. Today while experiencing an asthma attack, he attempted to drive himself to the hospital. His breathing worsened on the way, so he pulled over and called 911. | Perform "Scene Size up" and "Primary Survey" based on National Registry EMT Psychomotor Exam | EMT-P | 2 | | Video of outdoor scene; video of patient | |
| Pediatric Asthma | Patrick Armstrong is a 16-year-old patient who has known asthma. Today while experiencing an asthma attack, he attempted to drive himself to the hospital. His breathing worsened on the way, so he pulled over and called 911. | Perform "Scene Size up," "Primary Survey" and "Secondary Assessment" based on National Registry EMT Psychomotor Exam | EMT | 3 | | Video of outdoor scene; video of patient; Timers used to emphasize 15 minute time limit for transport decision; respiratory distress protocol | |
| Pediatric Asthma | Patrick Armstrong is a 16-year-old patient who has known asthma. Today while experiencing an asthma attack, he attempted to drive himself to the hospital. His breathing worsened on the way, so he pulled over and called 911. | Perform "Scene Size up," "Primary Survey," "Secondary Assessment" and "Re-assessment" based on National Registry EMT Psychomotor Exam. | EMT | 4 | | Video of outdoor scene; video of patient; Timers used to emphasize 15 minute time limit for transport decision; respiratory distress protocol; anatomically correct lung sound "hot spots" | |
| Pediatric Asthma | Patrick Armstrong is a 16-year-old patient who has known asthma. Today while experiencing an asthma attack, he attempted to drive himself to the hospital. His breathing worsened on the way, so he pulled over and called 911. | Perform "Scene Size up," "Primary Survey" and "Secondary Assessment" based on National Registry EMT Advanced Level Psychomotor Exam | Paramedic | 3 | | Video of outdoor scene; video of patient; Timers used to emphasize 15 minute time limit for transport decision; respiratory distress protocol | |

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| Pediatric Asthma | Patrick Armstrong is a 16-year-old patient who has known asthma. Today while experiencing an asthma attack, he attempted to drive himself to the hospital. His breathing worsened on the way, so he pulled over and called 911. | Perform "Scene Size up," "Primary Survey," "Secondary Assessment" and "Re-assessment" based on National Registry EMT Advanced Level Psychomotor Exam. | Paramedic | 4 | | Video of outdoor scene; video of patient; video of patient becoming confused; video of patient becoming unresponsive; Timers used to emphasize 15 minute time limit for transport decision; respiratory distress protocol; anatomically correct lung sound "hot spots" | |
| Heart Failure | Henry Foster is a 62-year-old male patient with a history of chronic heart failure who called 911 when he became increasingly short of breath at home. | Perform "Scene Size up" based on National Registry EMT Psychomotor Exam | EMT-P | 1 | | Video of scene in home; Medical assessment form | |
| Heart Failure | Henry Foster is a 62-year-old male patient with a history of chronic heart failure who called 911 when he became increasingly short of breath at home. | Perform "Scene Size up" and "Primary Survey" based on National Registry EMT Psychomotor Exam | EMT-P | 2 | Video of family member | Video of scene in home; video of patient | |
| Heart Failure | Henry Foster is a 62-year-old male patient with a history of chronic heart failure who called 911 when he became increasingly short of breath at home. | Perform "Scene Size up," "Primary Survey" and "Secondary Assessment" based on National Registry EMT Psychomotor Exam | EMT | 3 | Video of family member | Video of scene in home; video of patient; Timers used to emphasize 15 minute time limit for transport decision; anatomically correct lung sound "hot spots"; respiratory distress protocol | |
| Heart Failure | Henry Foster is a 62-year-old male patient with a history of chronic heart failure who called 911 when he became increasingly short of breath at home. | Perform "Scene Size up," "Primary Survey," "Secondary Assessment" and "Re-assessment" based on National Registry EMT Psychomotor Exam. | EMT | 4 | Video of family member | Video of scene in home; video of patient; Timers used to emphasize 15 minute time limit for transport decision; anatomically correct lung sound "hot spots"; respiratory distress protocol | Report to arriving EMS Unit |
| Heart Failure | Henry Foster is a 62-year-old male patient with a history of chronic heart failure who called 911 when he became increasingly short of breath at home. | Perform "Scene Size up," "Primary Survey" and "Secondary Assessment" based on National Registry EMT Advanced Level Psychomotor Exam | Paramedic | 3 | Video of family member | Video of scene in home; video of patient; Timers used to emphasize 15 minute time limit for transport decision; anatomically correct lung sound "hot spots"; ECG image; respiratory distress protocol | |
| Heart Failure | Henry Foster is a 62-year-old male patient with a history of chronic heart failure who called 911 when he became increasingly short of breath at home. | Perform "Scene Size up," "Primary Survey," "Secondary Assessment" and "Re-assessment" based on National Registry EMT Advanced Level Psychomotor Exam. | Paramedic | 4 | Video of family member; video of family member becoming concerned | Video of scene in home; video of patient; video of patient becoming unresponsive; Timers used to emphasize 15 minute time limit for transport decision; respiratory distress protocol; ECG image; anatomically correct lung sound "hot spots" | |
| Heart Failure | Hector Fernandez is a 62-year-old Hispanic male patient who presents to a clinic for a routine follow-up visit for his heart failure. | Students obtain a patient history and vital signs, perform medication reconciliation and employ elements of therapeutic communication. | MA | 1 | | Enterable medication reconciliation form; Patient Education handouts | |
| Heart Failure | Hector Fernandez is a 62-year-old Hispanic male patient who presents to a clinic for a routine follow-up visit for his heart failure. | He also needs a urinalysis and capillary puncture (blood glucose) at this visit. Students obtain a patient history and vital signs, perform medication reconciliation, obtain a capillary blood glucose, instruct patient on how to supply a clean catch midstream urine sample, and describe how to obtain the results using urinalysis reagent strips. Images of the supplies needed to accomplish these tasks are displayed as the student progresses through the scenario. | MA | 2 | Someone can role play provider. | Enterable medication reconciliation form; Procedure checklists; Patient Education handouts | Someone can role play provider. |
| Heart Failure | Hector Fernandez is a 62-year-old Hispanic male patient who presents to a clinic for a routine follow-up visit for his heart failure. | He also needs a urinalysis, capillary puncture (blood glucose), and ECG at this visit. When students "meet the patient," he complains of "shakiness" and states that he "took his insulin this morning but hasn't had time to eat." Students should then accurately prioritize what task to complete first by prioritizing tasks presented in a multiple-choice question format. | MA | 3 | Someone can role play provider. | Enterable medication reconciliation form; Prioritization questions; Procedure checklists; Patient Education handouts | Someone can role play provider. |
| Heart Failure | Hector Fernandez is a 62-year-old Hispanic male patient who presents to a clinic for a follow-up visit for his heart failure and medication reconciliation. | He also needs a urinalysis, capillary puncture (blood glucose), and an ECG. When students "meet the patient," he is very short of breath and speaking in a few words at a time. Students should recognize his altered respiratory status and demonstrate safety and appropriate emergency procedures. | MA | 4 | Someone can role play provider; Someone can role play the emergency contact; Role play arriving paramedic. | Enterable medication reconciliation form; Prioritization questions; Procedure checklists; Patient Education handouts | SBAR report to the arriving EMT/P |
| Heart Failure | Hector Fernandez is a 62-year-old male patient with chronic stable heart failure. | He was just admitted to the skilled nursing facility from home yesterday for rehabilitation due to increasing weakness that has caused several recent falls. Students will perform an overall assessment including heart, lung, and edema assessments; communicate with Hector therapeutically; and initiate a basic nursing plan of care. | Nursing | 1 | | Lung sounds in accurate anatomical locations; Heart Sounds; Leg Edema image | |
| Heart Failure | Hector Fernandez is a 62-year-old male patient with chronic stable heart failure. | He was just admitted to the skilled nursing facility yesterday from home, due to increasing weakness that has resulted in several recent falls. Abnormal lab results arrive at the start of shift that should be assessed before medications are administered. Students should notify the provider of their concerns. In State 2, new orders are received. | Nursing | 2 | Someone can role play provider. | Lung sounds in accurate anatomical locations; Heart Sounds; Leg Edema image; Patient Education handouts | SBAR to provider. |
| Heart Failure | Hector Fernandez is a 62-year-old male patient with chronic heart failure. | He was admitted to the hospital early today for dehydration, for which he received IV Fluids. Students should recognize that he is demonstrating symptoms of fluid overload and notify the physician. This scenario also simulates an interdisciplinary component, with a video of a Respiratory Therapy report, and a progress note written by the Respiratory Therapist for the students to review. | Nursing | 3 | Video of a family member; video of Respiratory Therapist; Someone can role play the provider | Lung sounds in accurate anatomical locations; Heart Sounds; Leg Edema image; Chest xray and ECG images; Patient Education handouts | SBAR to provider; SBAR to RT |
| Heart Failure | Hector Fernandez is a 62-year-old male patient with chronic heart failure. | He was admitted to the hospital yesterday for dehydration, for which he received IV Fluids, resulting in the development of pulmonary edema. Two hours prior to the start of this shift, the nurse administered STAT IV furosemide. The patient refuses to wear his BIPAP or non-rebreather mask. | Nursing | 4A | Someone can role play members of the Rapid Response team | Lung sounds in accurate anatomical locations; Heart Sounds; Leg Edema image; Chest xray and ECG images; Patient Education handouts | Someone can role play members of the Rapid Response team |
| Heart Failure | Hector Fernandez is a 62-year-old male patient with a history of heart failure, brought into the Emergency Department via EMS. | Students receive a handoff report from paramedics, and begin their focused assessments. In State 2, the students receive report that the patient "godead" and was intubated and placed on mechanical ventilation and the wife is "on her way." When they enter the room, the wife has Hector's advanced directives and states, "he wouldn't want this," and asks that he is removed from the ventilator. State 3 begins with a video of the respiratory therapist removing the patient from the ventilator. This scenario focuses on advanced directives and therapeutic communication with family members during a crisis and end of life care. | Nursing | 4B | Video of the wife; Someone can role play the wife; Someone can role play the provider; video of the Respiratory Therapist | Lung sounds in accurate anatomical locations; Heart Sounds; Leg Edema image; Chest xray and ECG images; Ventilator image; Advance Directives; Patient Death Protocol | Someone can role play the provider |
| Heart Failure | Henry Foster is a 62-year-old male patient who presented via ambulance to the emergency department with shortness of breath secondary to end-stage heart failure and COPD. He also has cellulitis in his right lower extremity and multiple other comorbidities. | Students are asked to get his current medication history. During the interview, they learn he is from a local skilled nursing facility. Since he is unable to remember his medications, students must call the skilled nursing facility to obtain an accurate history. Towards the end of the scenario, an order is received for Vancomycin IV. | Pharmacy Technician | 2 | Someone can role play an RN from the skilled nursing facility; Someone can role play the ER RN | Enterable medication reconciliation form; faxed orders; Vancomycin label | Someone can role play an RN from the skilled nursing facility; Someone can role play the ER RN |
| Heart Failure | This patient was admitted to the medical telemetry floor for an exacerbation of his known end-stage congestive heart failure as well as cellulitis in his right lower extremity. He also has obstructive sleep apnea, a history of COPD, and multiple other comorbidities. | He arrives to the unit on a non-rebreather mask. Student receive a phone call from the RN asking for the patient's O2 to be weaned to a high-flow nasal cannula, if possible. The nurse also mentions that the MD wrote orders for a "respiratory therapy consult and to call with recommendations." Students should perform a complete pulmonary exam and take a complete patient history. During history taking, students learn that Hector uses Spiriva and Albuterol inhalers at home and he wears a CPAP at night for OSA. Student must recommend the inhalers and CPAP to the provider using SBAR format. | Respiratory Therapy | 1 | Someone can role play the provider | Vital signs checked for accuracy; Lung sounds in accurate anatomical locations; Leg Edema and Cellulitis images | SBAR to provider |
| Heart Failure | This patient was admitted to the medical telemetry floor for an exacerbation of his known end-stage congestive heart failure as well as cellulitis in his right lower extremity. He also has obstructive sleep apnea, a history of COPD, and multiple other comorbidities. | The student is the night shift therapist and is getting report at 1800. The student learns that the patient will need his home nebulizer done, a CPAP set up, and an ABG drawn per Provider orders. This scenario includes videos of both right and left Modified Allen's test for students to assess. In addition, the result of the ABG's will depend on whether the student drew them on the patient's current O2 or during/after the nebulizer treatment (if done on O2). Students will notify the provider of the ABG results and treatment will be suggested based upon the results. | Respiratory Therapy | 2 | Someone can role play the provider | Lung sounds in accurate anatomical locations; videos of Allen's tests; fillable ventilator flowsheet | SBAR to provider |

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| Heart Failure | Students are called to the Emergency Department to prepare for the arrival of a patient from a local nursing home who is in acute respiratory distress/failure. | They receive report from EMT/Paramedics at the beginning of the scenario. He needs to be placed on the BIPAP immediately and ABG's need to be drawn. After ABG's have resulted, changes are needed to the BIPAP settings. They are trying to avoid intubation. This scenario includes videos of both right and left Modified Allen's test for students to assess prior to ABG puncture. | Respiratory Therapy | 3A | Someone can role play the provider | Lung sounds in accurate anatomical locations; videos of Allen's tests; fillable ventilator flowsheet; BIPAP protocol | Video of report from EMS; SBAR to provider |
| Heart Failure | Students are called to the Emergency Department to prepare for the arrival of a patient from a local nursing home who is in acute respiratory distress/failure. | They receive report from EMT/Paramedics at the beginning of the scenario. He needs to be placed on the BIPAP immediately and ABG's need to be drawn. After ABG's have resulted, a decision is made to intubate the patient. Students will assist with the intubation. This scenario includes videos of both right and left Modified Allen's test for students to assess prior to ABG puncture. | Respiratory Therapy | 3B | Someone can role play the provider | Lung sounds in accurate anatomical locations; videos of Allen's tests; fillable ventilator flowsheet; BIPAP protocol | Video of report from EMS; SBAR to provider |
| Heart Failure | Students are called to the ICU to set a mechanical ventilator for a patient who is being transferred from Emergency Department following an emergent intubation (due to exacerbation of end-stage CHF). | The students set up a ventilator using the information provided and then receive handoff report from another RT. Students perform a patient assessment, ventilator check, and radial ABG's. (This scenario includes videos of both right and left Modified Allen's test for students to assess prior to ABG puncture.) After ABG's have resulted, vent changes are required. | Respiratory Therapy | 4A | Someone can role play the RN; Someone can role play the Respiratory Therapist handing off the patient | Lung sounds in accurate anatomical locations; videos of Allen's tests; fillable ventilator flowsheet; mechanical ventilation protocol | Someone can role play the RN |
| Heart Failure | Students get report on a patient who was recently intubated for exacerbation of end stage CHF. | During report, the RT giving report gets a call from that patient's RN stating some vent changes are needed. After making the vent changes and in the middle of completing a vent check/assessment, the patient's family member (and Medical Power of Attorney) arrives. He/She states that Hector would not want to be on machines. Time Elapses – the students will remove the patient from life support with the family member at bedside. | Respiratory Therapy | 4B | Someone can role play a family member (wife); Someone can role play the RN | Lung sounds in accurate anatomical locations; fillable ventilator flowsheet; ECG and Chest xray images; mechanical ventilation protocol; ventilator bundle protocol; Advances Directives; Death Management Protocol | Someone can role play the RN |
| Heart Failure | Students get report on a patient who was recently intubated for exacerbation of end stage CHF. | During report, the RT giving report gets a call from that patient's RN stating some vent changes are needed. After making the vent changes and in the middle of completing a vent check/assessment, the patient's family member (and Medical Power of Attorney) arrives. He/She states that Hector would not want to be on machines. Time Elapses – the students will remove the patient from life support with the family member at bedside. | Respiratory Therapy | 4C | Video of wife; Someone can role play the RN | Lung sounds in accurate anatomical locations; fillable ventilator flowsheet; ECG and Chest xray images; mechanical ventilation protocol; ventilator bundle protocol; Advances Directives; Death Management Protocol | Someone can role play the RN |

CASE STUDY

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| Wound Management | 67 year old patient admitted for treatment of nonhealing ankle wound who develops foul smelling diarrhea | Discuss care of patient newly admitted with ulcer and gruff personality. Analyze characteristics of ulcer and appropriate management. Review lab results and institute appropriate isolation precautions for Cdiff. Discuss how to administer IVB Vancomycin | Nursing | 3 | | Ulcer; | |
| Heart Failure | Henry Foster is a 62-year-old male patient who was just discharged from the hospital following an exacerbation end-stage heart failure and COPD. He also has cellulitis in his right lower extremity and multiple other comorbidities. | At the beginning of this case study, he presents a copy of his insurance card and discharge prescription orders to a retail pharmacy to be filled. Students must correctly gather these prescriptions from the shelves of the ARISE Virtual Pharmacy. Once completed, they see a video of the patient who is shocked and angry at the cost of these medications. Students must choose how to respond. | Pharmacy Technician | 1A | Video of patient; someone can role play the pharmacist | Virtual retail pharmacy with "hot spot" shelves for selecting the correct medications | Someone can role play the pharmacist |
| Heart Failure | Paul Foster is the grandson of Henry Foster. Henry was visiting his grandson from out of town when he had an exacerbation of end-stage heart failure and COPD. Henry was discharged from the hospital a few hours ago. | At the beginning of this case study, Paul presents a copy of Henry's insurance card and discharge prescription orders to a retail pharmacy to be filled. Students must correctly gather these prescriptions from the shelves of the ARISE Virtual Pharmacy. Once completed, they see a video of the Paul who is shocked and angry at the cost of these medications. Students must choose how to respond. | Pharmacy Technician | 1B | Video of patient; someone can role play the pharmacist | Virtual retail pharmacy with "hot spot" shelves for selecting the correct medications | Someone can role play the pharmacist |

Therapeutic Communication: Serious Games

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| Therapeutic Communication: Cultural differences | Provide discharge teaching to a non-English speaking patient with her daughter at bedside | Select appropriate therapeutic communication responses regarding patient concerns | Nursing | 1 Game | none | Patient verbal responses | |
| Therapeutic Communication: Dementia | Encourage a patient with moderate to severe dementia with a poor appetite to eat | Select appropriate therapeutic communication responses regarding patient concerns | Nursing | 1 Game | none | Patient verbal responses | |
| Therapeutic Communication: Domestic violence | Communicate therapeutically with a female patient in the ED experiencing domestic violence and advocate for her safety | Select appropriate therapeutic communication responses regarding patient concerns | Nursing | 1 Game | none | Patient verbal responses | |
| Therapeutic Communication: End of Life | Communicate therapeutically with the mother of a patient who is actively dying | Select appropriate therapeutic communication responses regarding patient concerns | Nursing | 1 Game | none | Patient verbal responses | |
| Therapeutic Communication: Loss of Independence | Communicate therapeutically with a patient newly admitted to a long term care facility and is upset about leaving her home | Select appropriate therapeutic communication responses regarding patient concerns | Nursing | 1 Game | none | Patient verbal responses | |
| Therapeutic Communication: Pediatric Separation Anxiety | Communicate therapeutically with a 7 year old patient who recently underwent surgery who is missing her family in the hospital | Select appropriate therapeutic communication responses regarding patient concerns | Nursing | 1 Game | none | Patient verbal responses | |
| Therapeutic Communication: Schizophrenia | Communicate therapeutically with a 41 year old patient experiencing acute symptoms of schizophrenia | Select appropriate therapeutic communication responses regarding patient concerns | Nursing | 1 Game | none | Patient verbal responses | |
| Therapeutic Communication: Sexual orientation | Communicate therapeutically with an adolescent male in a clinic with questions about his sexuality who doesn't want his parents to know | Select appropriate therapeutic communication responses regarding patient concerns | Nursing | 1 Game | none | Patient verbal responses | |
| Therapeutic Communication: Spinal Cord Injury | Communicate therapeutically with a 28 year old patient paralyzed from the waist down after a skiing accident 11 months ago, whose progress has plateaued. | Select appropriate therapeutic communication responses regarding patient concerns | Nursing | 1 Game | none | Patient verbal responses | |
| Therapeutic Communication: Substance Use | Communicate therapeutically with a 20 year old new mom with a history of drug and alcohol abuse who had planned on giving her baby up for adoption and now is having second thoughts. | Select appropriate therapeutic communication responses regarding patient concerns | Nursing | 1 Game | none | Patient verbal responses | |