

Scenario-Based Training in Healthcare: Tips, Tricks, and Scenarios You Can Use Today

Use the scenarios and tips in this guide to help your healthcare students develop technical and soft skills.



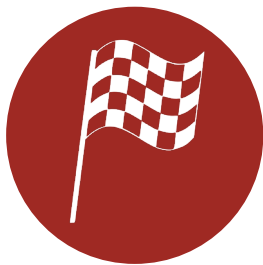
Scenario-Based Training in Healthcare: Tips, Tricks, and Scenarios You Can Use Today



Scenario-based training is important for healthcare students as it helps them bridge the gap between theory and practice. It also helps improve vital soft skills, such as critical thinking and self-confidence.¹ We created this guide to help healthcare instructors implement scenario-based training into their classroom. Use these scenarios and tips to get started with scenario-based training or improve the scenarios you're already using in your classroom.

Information is also provided on how Realityworks' own programs and resources can complement your health science courses. Our products combine hands-on learning experiences with curriculum, student assessments, and other supporting materials. Learn more about our health science products by visiting realityworks.com/product-category/health-science.

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**Health Science
Teaching
Resources from
Realityworks**

For additional lesson plans, free classroom guides, and more visit www.realityworks.com/resources/classroom-ideas

¹Hussein Ahmed, Hanaa. "Adopting scenario based learning in Critical Care Nursing Education: Students' achievement and feedback." *American Journal of Nursing Research*, vol. 7, no. 4, 4 June 2019, pp. 581–588, <https://doi.org/10.12691/ajnr-7-4-20>.

Getting Started with Scenario-Based Training

Getting started with scenarios can seem like a daunting task. You likely have many questions as you begin crafting your scenarios. Here are some answers to frequent questions health science educators have as they brainstorm ideas.

What Elements Should I Include in My Scenarios?

Context

Every good scenario needs the right amount of context. Context adds the details the students need to understand the scenario. Providing the right amount of context in scenario-based training is a balancing act. If you don't have enough, students won't understand what is being asked of them. If you have too much, students will get lost in the details.

To ensure your scenario has the right amount of context, ask one of your fellow teachers to work through your scenario and provide feedback.

Decision-Making Points and Clear Learning Outcomes

It's important that the scenario requires the students to make decisions. Without this piece, the scenario is ineffective, and students will lose interest. Clear learning outcomes are also needed to keep your class/students moving in the right direction and ensure your scenario aligns with the goals of your program.

When Should I Use Scenarios?

You should use scenario-based training after foundational knowledge is established. Students need a basic understanding of your scenario topic before they can fully understand its context.

Scenarios are best used when you want to test your students' decision-making skills. They give students practice verbalizing why they make certain choices and allow you to reinforce the right decisions as well as redirect when needed.



What Types of Scenarios Should I Use?

There are two types of scenarios your students should be exposed to before putting their skills to the test in the real world. The first is the rare instances that they won't likely come across in a clinical setting, such as a code situation that requires a student to perform CPR. This ensures that students will be prepared when they come across these situations in real life.

The second type of scenario your students should work through is the critical, high-frequency situations that all students must master, such as administering medications. This prepares students for situations they need significant practice with as they will likely encounter them often in their careers.

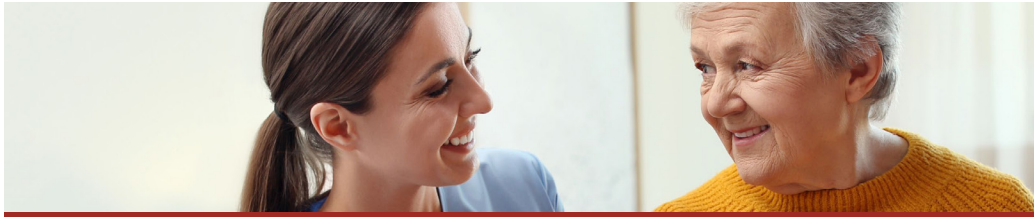
10 Tips and Tricks for Creating Scenarios

Good scenarios are relevant and engaging. Keep scenarios short to allow for debriefing and discussion afterwards.



- 1 Define intended outcomes.** Students need to understand their role, be able to communicate, and use critical thinking skills. If key steps are missed, you might need to stop the scenario for adjustments. You want problem-solving skills to happen at the right time.
- 2 Make a critical action checklist.** Make a list of key scenario components so students understand the critical actions that are needed for the scenario.
- 3 Define the details.** Determine when the scenario will start, formulate key points, and assign roles. Decide at what point the scenario will end. Collect all hands-on equipment and supplies for scenarios, include best practices information, and make it as realistic as possible.
- 4 Build case narratives.** Be sure to use real-life scenarios or even past student examples as it will help facilitate real, memorable experiences.
- 5 Keep instructor notes.** Maintain a list of tips you want to remember for next time. Noteworthy items can include suggestions for students in the room or thoughts on what to do differently for struggling versus advanced students.
- 6 Make a debriefing plan.** Ask your students for input on what went well, what opportunities were present, and what could be better. Ask them to consider what they would do differently next time and what the most meaningful takeaway was for them.
- 7 Test platforms for virtual settings.** One example is [Mural](#) for visual whiteboard collaboration, effective for brainstorming/mapping, and conversation in real time. Another option is [Poll Everywhere](#), great for icebreaker activities and adding video clips to enhance the scenario discussion.
- 8 Consider using mixed media.** Scenarios don't always have to be a written case study or high-fidelity simulation. If you're introducing a patient case, you can record first-person audio of the patient to make it more real to the students and get them more engaged in the activity. Bring even more life to the hypothetical patient by providing a photograph of them to go along with their voice recording.
- 9 Be patient.** Some scenarios will be a homerun, some will flop, and most will fall somewhere in the middle. That's why you must constantly evaluate your scenarios and look for areas of improvement. Be patient with your students as well. If scenario-based training is new to them, it may take a few tries for it to feel less awkward.
- 10 You don't have to do it all yourself.** You can talk to local industry professionals, students, and colleagues to help you create your scenarios.

Free, Ready-to-Use Scenarios



In-Depth Patient Scenario: Dressing and Grooming

Scenario Roles

This scenario is designed to simulate the roles of both nursing assistant and patient. If time allows, the scenario may be repeated, and the roles may be reversed for optimal learning.

Assign two students to the following roles:

- Patient
- Nursing assistant

Scenario Setup

The setting is a long-term care facility. Ensure that there is a sink and/or hand sanitizer by the entrance to patient's room. The patient should be sitting prior to and after dressing and grooming. Place a gait/transfer belt in the room. Dressing and grooming supplies should be in the room.



Patient Description

Name: Mr. or Mrs. Kelly Dutton (title based on preferred gender of student in patient role)

Age: 89

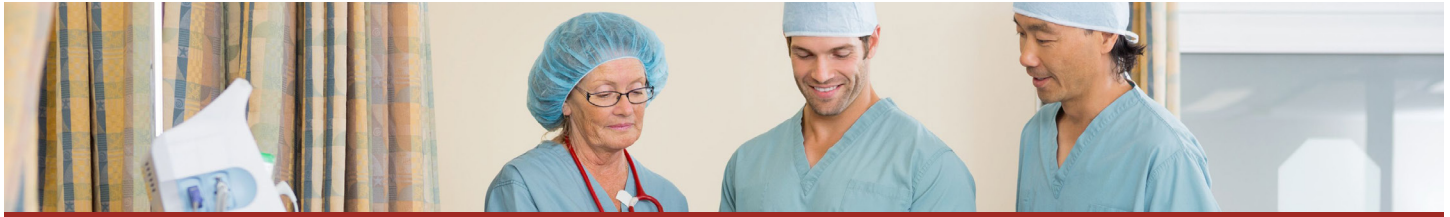
History of Present Illness: Mr./Mrs. Kelly Dutton is a long-term care resident who has impaired hearing and peripheral neuropathy. They are a one assist.

Scenario Events and Expected Actions

State	Event	Expected Actions of Patient	Expected Actions of Nursing Assistant
One	Introduction	• Acknowledges nursing assistant • States identifiers	• Knocks, washes hands • Identifies self • Explains purpose for presence • Identifies patient
Two	Dressing	• Follows nursing assistant's prompts • Attempts to dress self with assistance	• Obtains gait/transfer belt • Prompts and assists to don shirt and pants around ankles • Ensures proper footwear (assists with donning of shoes if applicable) • Places gait/transfer belt on patient • Uses gait belt to stand patient • Prompts and assists to don patients • Removes gait/transfer belt on patient
Three	Grooming	• Follows nursing assistant's prompts • Attempts to groom self with assistance	• Provides and sets up grooming supplies • Prompts and assists grooming • Cleans up grooming supplies
Four	Closing	• May thank nursing assistant	• Asks if anything else is needed before leaving • Leaves patient safe (call light, rails, etc.) • Washes hands before leaving

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Free, Ready-to-Use Scenarios



In-Depth Patient Scenario: Palpitations

Manikin:

Low-Fidelity Adult

Environment:

Internal Medicine Clinic

Estimated Run Time:

25 minutes

Objectives

- Describe the medical workup for palpitations
- Describe and perform the correct technique for applying a wearable cardiac monitor

Equipment

- Stethoscope
- Blood pressure cuff
- Thermometer (oral or temporal)
- Scale
- Pulse oximeter with fingertip sensor
- Wearable cardiac monitor

Patient Profile

Name: Adam S.

Age: 54 years

Gender: Male

Weight: 70.5 kg (155 lbs)

Past Medical History: Hypertension, hyperlipidemia

Surgical History: None

Social History: Nonsmoker, does not drink alcohol

Allergies: None

Medications: Hydrochlorothiazide, atorvastatin

Roles

- Primary nurse (nurse/EMS/provider)
- Primary assistant (nurse/tech/CNA)
- Provider (provider or facilitator)
- Patient voice (facilitator)

Pre-Brief Questions

- What is the correct technique for applying a wearable cardiac monitor?
- What are features of worrisome or dangerous palpitations?

At-The-Door Brief

You are asked to room Adam, a 54-year-old male, presenting to your internal medicine clinic for palpitations. Evaluate the patient, collect a full set of vital signs, and give a report to the provider

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Scenarios
from our
**Medical
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Free, Ready-to-Use Scenarios

In-Depth Patient Scenario: Palpitations

Simulation – Initial State

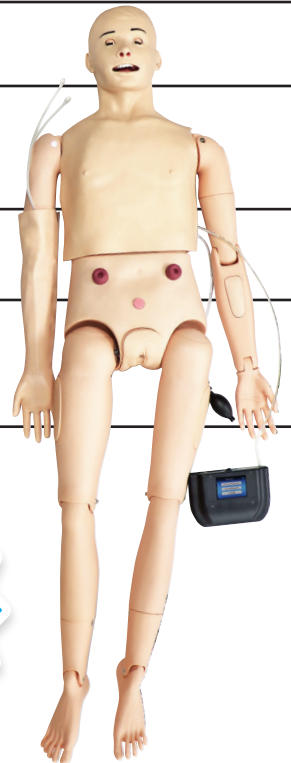
Presentation	Adam is seated comfortably in the exam room. He tells you that for the past two months, he has been experiencing palpitations. He has an episode every 2-3 days, during which he feels his heart is beating rapidly. These episodes last for a few minutes and resolve without intervention. He feels a general sense of malaise when they occur but does not develop chest pain, lightheadedness, or shortness of breath. He has never lost consciousness. Vital signs: HR 155 BP 115/80 RR 16 Temp 37.1°C (98.7°F) SpO2 96% on room air
Expected Actions	• Obtain a full set of vital signs • Obtain a history and give a report to the provider
Prompts and Cues	• Patient: "It comes on suddenly and feels like my heart is beating out of my chest. I feel bad, but I don't pass out."

Simulation – Continuation

Presentation	The provider evaluates the patient and tells you that the exam was normal, which is common in patients who have intermittent palpitations. The provider asks you to apply a wearable cardiac monitor, which the patient can be discharged with to try to capture an episode of palpitations and establish a diagnosis.
Expected Actions	• Correctly apply a wearable cardiac monitor
Prompts and Cues	• None

Simulation – Conclusion

Presentation	After the participants apply the monitor, they are asked to counsel the patient regarding worrying features of palpitations, which should prompt a more urgent evaluation.
Expected Actions	• Counsel the patient regarding the characteristics of dangerous palpitations
Prompts and Cues	• Provider: "If he has palpitations that do not resolve and make him short of breath or give him chest pain, or especially if he passes out or loses consciousness, he should go to the Emergency Department."



Add realism
to scenarios
with our
**Adult Nursing
Manikin**

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Free, Ready-to-Use Scenarios



In-Depth Patient Scenario: Pediatric Ear Infection

Manikin:

Low-Fidelity Pediatric

Environment:

Pediatrics Clinic

Estimated Run Time:

20 minutes

Objectives

- Recognize the signs and symptoms of otitis media
- Describe and perform the correct technique for otoscopic visualization of the tympanic membrane

Equipment

- Stethoscope (pediatric size)
- Blood pressure cuff (pediatric size)
- Thermometer (oral or temporal)
- Scale
- Pulse oximeter with fingertip sensor
- Otoscope with pediatric speculum

Patient Profile

Name: Kirkland Z.

Age: 3 years

Gender: Male

Weight: 13.2 kg (29 lbs)

Past Medical History: None

Surgical History: None

Social History: Lives at home with his mother, Tilly

Allergies: None

Medications: None

Roles

- Primary nurse (nurse/EMS/provider)
- Primary assistant (nurse/MA/tech)
- Tilly, the patient's mother (facilitator)
- Provider (provider or facilitator)

Pre-Brief Questions

- What are the typical signs and symptoms of a pediatric ear infection?
- What are the differences between an external ear and middle ear infection?
- What would you expect an otitis media, or middle ear infection, to look like on otoscopy?

At-The-Door Brief

You are rooming Kirkland, a 3-year-old male. His mother, Tilly, brought him to the clinic because of ear pain. Room the patient, obtain vital signs and a history, and provide a report.

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Add realism to scenarios with our **Pediatric Nursing Manikin**

Free, Ready-to-Use Scenarios

In-Depth Patient Scenario: Pediatric Ear Infection

Simulation – Initial State

Presentation	Kirkland is in his mother's arms, resting comfortably. Tilly explains that Kirkland has been complaining of left ear pain since yesterday. Last week, he had a cough and nasal congestion, though those have since resolved. Kirkland also had his first swim lesson two days ago. Vital signs: HR 108 BP 94/58 RR 26 Temp 37.3°C (99.1°F) SpO2 97% on room air
Expected Actions	• Collect a full set of vital signs with correct technique • Give a report to the provider
Prompts and Cues	• None

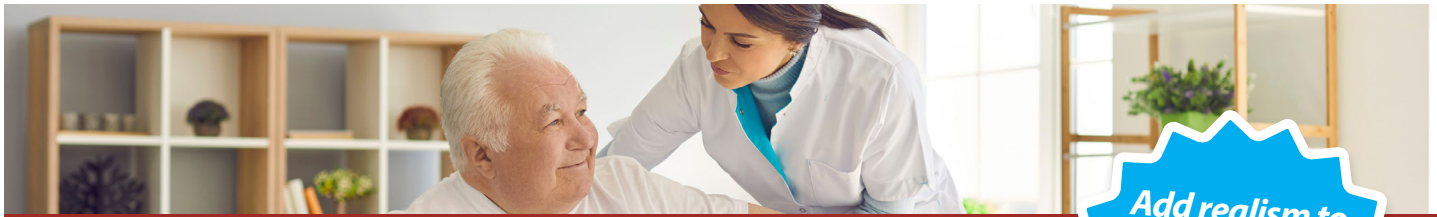
Simulation – Continuation

Presentation	After receiving the report, the provider expresses concern that Kirkland might have an ear infection. He has risk factors for both otitis media, an infection of the middle ear, and otitis externa, an infection of the outer ear. The provider asks the participants to accompany them to examine the patient and instruct Tilly regarding how to help hold Kirkland to avoid movement during the exam.
Expected Actions	• Demonstrate correct technique in the evaluation of the external and middle ear with an otoscope • Instruct the patient's mother on the correct technique for holding Kirkland still, stabilizing his head against Tilly's chest with the affected ear outward
Prompts and Cues	• Provider: "Let's have Tilly help hold Kirkland to keep him comfortable and avoid movement during the exam. We can have her hold Kirkland's head against her chest, with the left ear pointing out towards us."

Simulation – Conclusion

Presentation	The provider notes that the exam findings are consistent with otitis media, or an infection of the middle ear. The provider states, "Kirkland has an acute otitis media. I'm going to go write him a prescription for amoxicillin. Do you mind answering his mother's questions while I'm gone?"
Expected Actions	• Answer Tilly's questions regarding the pathophysiology and management of otitis media
Prompts and Cues	• Patient's mother: "Why is Kirkland being prescribed oral antibiotics instead of ear drops?" • Patient's mother: "Does this have anything to do with his swim lessons? Is this what they call 'swimmer's ear'?"

Free, Ready-to-Use Scenarios



In-Depth Patient Scenario: Geriatric Wound Care

Manikin:

Low-Fidelity Geriatric

Environment:

Skilled Nursing Facility

Estimated Run Time:

25 minutes

Add realism to scenarios with our **Geriatric Skin Conditions Simulation Set**

Objectives

- Understand the principles of long-term wound care and prevention in geriatric patients

Equipment

- Moulage: Chronic sacral wound, can be pre-printed photograph or applied with washable marker
- Gloves
- Clean towels
- Soap
- Absorbent foam dressing



Patient Profile

Name: Ron F.

Gender: Male

Age: 89 years

Weight: 70.5 kg (155 lbs)

Past Medical History: Hypertension, hyperlipidemia, CVA, vascular dementia

Surgical History: Appendectomy, cholecystectomy

Social History: Resident in a skilled nursing facility, visited by grandchildren several times per week

Allergies: None

Medications: Atorvastatin, amlodipine, apixaban

Roles

- Primary nurse (nurse/EMS/provider)
- Primary assistant (nurse/tech/CNA)
- Provider (provider or facilitator)

Pre-Brief Questions

- How do we recognize and stage chronic wounds?
- What is the correct technique for cleaning and dressing a chronic pressure ulcer?

At-The-Door Brief

You are asked to assist with a wound evaluation and dressing change for Ron, an 89-year-old resident of your assisted living facility. Ron is bedbound secondary to motor deficits resulting from a stroke 3 years ago. He is known to have a chronic sacral pressure ulcer.

Evaluate the patient.

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Free, Ready-to-Use Scenarios

In-Depth Patient Scenario: Geriatric Wound Care

Simulation – Initial State

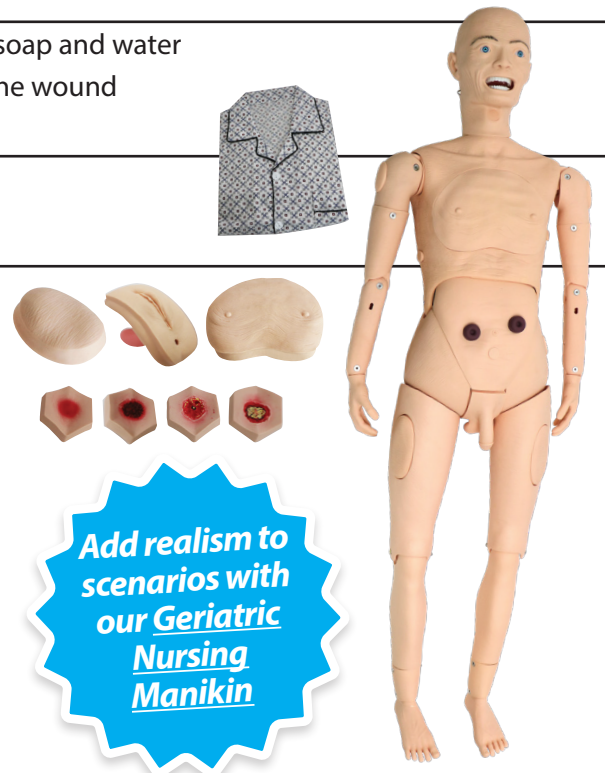
Presentation	Ron is resting in his bed. He has no specific complaints today and notes that it has been some time since his wound dressing was last changed. The participants are asked to assist with a wound check and dressing change. Vital signs: HR 68 BP 135/75 RR 18 Temp 37.1°C (98.7°F) SpO2 96% on room air
Expected Actions	• One participant should assist with rolling the patient to his side while the other takes down the sacral dressing
Prompts and Cues	• None

Simulation – Continuation

Presentation	The participants are asked whether the patient's wound looks infected, and what stage the ulcer is.
Expected Actions	• Verbalize elements of the physical exam important in assessing wound infection • Verbalize pressure ulcer staging criteria
Prompts and Cues	• Facilitator verbalizes that the participants do not see any erythema, drainage, or edema around the wound • Facilitator verbalizes that the pressure ulcer appears to be stage 3, with full thickness erosion of the skin and visible subcutaneous fat

Simulation – Conclusion

Presentation	The participants are asked to clean and apply a new dressing to the patient's pressure ulcer.
Expected Actions	• Gently wash the area surrounding the ulcer with soap and water • Apply an adhesive, absorbent, foam dressing to the wound • Roll the patient back to a comfortable position
Prompts and Cues	• None



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Scenario-based training resources: Use these resources in your classroom to explore benefits and ideas for using scenario-based learning to encourage career exploration and promote skill development.

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HEALTHCARE SOFT SKILLS

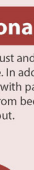
How Do Soft Skills Apply to Healthcare?

Soft skills are reflective of an individual's personality and disposition. They can be applied in a workplace setting to contribute to overall professional success. In an inherently personal field like healthcare, soft skills can carry just as much weight as the technical skills required for the role.¹

Top Healthcare Soft Skills

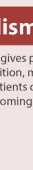
Communication¹

Communication, particularly among patients, nurses, and doctors, is key to improved safety and quality in healthcare facilities. Explaining clearly and concisely what a diagnosis means or which treatment options to consider is crucial and can mean the difference between life and death.



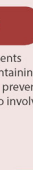
Teamwork²

Healthcare professionals are almost always part of a team, making good teamwork skills vital. Good teamwork skills can increase efficiency and improve staff and patient satisfaction.



Problem Solving³

Healthcare is an everchanging field, making problem solving a frequently used skill for health science professionals. From patient care to staff satisfaction, healthcare workers often face problems that require ingenuity and quick thinking to resolve.



Adaptability¹

Irregular hours are typical in the healthcare field. Being flexible by picking up shifts on short notice and working extra hours adds to team members' dependability, as does the ability to adapt to evolving healthcare environments.



Professionalism⁴

Professionalism inspires trust and gives patients and coworkers confidence. In addition, maintaining professional relationships with patients can prevent healthcare professionals from becoming too involved, reducing emotional burnout.



Compassion⁴

Patients can become overwhelmed in unfamiliar, emotionally stressful environments like hospitals. They might experience anxiety over a pending diagnosis, frustration about their recovery, or anger over unmet needs. Compassion is essential for understanding patients' emotional needs, providing comfort and fostering a therapeutic relationship.



Work Ethic⁵

A strong work ethic is crucial for remaining focused on goals and effectively managing the unpredictable nature of healthcare, where each day presents new challenges.



1. <https://realtyworksinstitute.com/blog/soft-skills-for-healthcare-professionals/>

2. <https://www.researchgate.net/publication/344114141>

3. <https://www.researchgate.net/publication/344114141>

4. <https://www.researchgate.net/publication/344114141>

5. <https://www.researchgate.net/publication/344114141>



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