

Firelands Regional Medical Center

School of Nursing

Student Developed Simulation Scenarios

Directions: Students will be required to develop a scenario on a chosen topic related to the Maternal Child Nursing content taught throughout the semester. Faculty will be implementing the student developed scenarios on the day of the scheduled simulation. Students will be expected to perform a scenario in the simulation center that was developed by one of their classmates on the day of the simulation. Students will sign up to be in a group of 3-4 to develop a simulation scenario on the assigned topics. Please only include skills in the scenario that students have been taught in the curriculum already.

The scenario should be roughly 15 minutes in length. Students should use the attached storyboard and patient chart to develop their scenario. The group will need to submit the completed storyboard by **October 27, 2025 by start of class** via the Student Developed Scenarios dropbox. You are required to wear your student uniform the day of the simulation. A group meeting to discuss how to write the scenario will be with your assigned faculty at the beginning of the semester on **September 8, 2025**. The first page of the Student Developed Scenario document will be due at the beginning of class in the Student Developed Scenarios Dropbox on **October 6, 2025**. The faculty will review the first page of the document and then contact you for a mid-semester checkpoint to discuss the progress of the scenario and answer any questions the group may have for the simulation. You should not proceed with completing the remainder of the document until contacted by your assigned faculty and given approval to continue onto the next step. Each group will be required to attend a facilitator meeting on **November 10, 2025** with either Kelly or Monica. This meeting will be to discuss the expectations and execution of your scenarios for the day of simulation. See the schedule for the time assigned to your group for both required meetings.

Students will vote on the best Student Developed Scenario and the chosen team will receive a prize.

During the debriefing process students will be expected to provide constructive feedback to their fellow students. Please be kind and considerate. Remember this is constructive feedback and not criticism. All students are expected to actively participate in the group debriefing.

The activity requirements and grading rubric are below. To be satisfactory for this experience you will need to score at least 77%. For any student not attending the day of simulation, credit will not be granted for the simulation time and will follow the Student Accountability Flow Sheet. This experience is worth 4 hours of simulation. Remember any missed simulation time needs to be made up hour for hour.

	Student Developed Simulation Scenario Rubric	Points	Total
1	In your group, develop a simulation scenario related to the assigned topic.	7	
2	Develop 2 questions to ask in debriefing related to your developed scenario. Questions should be specific and not simply what did you do well and how could you improve.	7	
3	Develop 2 questions NCLEX style questions with rationale related to the content in your developed scenario.	7	
4	Be creative and highlight the essential information to know about the assigned topic on the storyboard.	8	
5	Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm throughout the group process.	8	
6	Complete initial meeting with assigned faculty on September 8, 2025 .	10	
7	Page 1 of the document to Dropbox by 0800 on October 6, 2025 and have mid-semester checkpoint with	10	

	faculty.		
8	Completed Storyboard submitted to the Student Develop Simulation Scenarios Dropbox on Edvance360 by October 27, 2025 at start of class.	10	
9	Complete facilitator meeting on November 10, 2025.	10	
10	Actively participates throughout the entire process (Development/day of simulation) including being present on the day of the Student Developed Scenarios November 18, 2025.	23	
	Total	100	

Schedule for Meetings on September 8, 2025

Time	Group	Faculty
1215-1245	Gestational Diabetes	Monica
	Pneumonia	Rachel
	Traumatic Brain Injury	Brian
	Newborn Hyperbilirubinemia	Kelly
1245-1315	Preeclampsia	Monica
	Sickle Cell Anemia	Brian
	Newborn Hypoglycemia	Kelly
	Communicable Disease	Rachel
1315-1345	Uncomplicated Delivery	Monica
	Glomerulonephritis	Brian

Schedule for Meetings on November 10, 2025

Time	Group	Faculty
1245-1300	Gestational Diabetes	Monica
	Pneumonia	Kelly
1300-1315	Preeclampsia	Monica
	Traumatic Brain Injury	Kelly
1315-1330	Uncomplicated Delivery	Monica
	Sickle Cell Anemia	Kelly
1330-1345	Newborn Hyperbilirubinemia	Monica
	Glomerulonephritis	Kelly
1345-1400	Newborn Hypoglycemia	Monica
	Communicable Disease	Kelly

Student Developed Scenario Schedule
November 18, 2025 0900-1500

Time	Group
0900-0910	Orientation to day
0910-0925	Gestational Diabetes
0925-0940	Pneumonia
0940-1000	Debriefing/Feedback
1000-1015	Preeclampsia
1015-1030	Traumatic Brain Injury
1030-1050	Debrief/Feedback
1050-1130	BREAK
1130-1145	Uncomplicated Delivery
1145-1200	Sickle Cell Anemia
1200-1215	Debrief/Feedback
1215-1230	Newborn Hyperbilirubinemia
1230-1245	Glomerulonephritis
1245-1300	Debrief/Feedback
1300-1320	BREAK
1320-1335	Newborn Hypoglycemia
1335-1350	Communicable Disease
1350-1405	Debrief/Feedback
1405-1500	NCLEX Questions, Scavenger Hunt, Comprehensive Sim Orientation, SDS Winners

Student Developed Simulation Scenario Storyboard	
<p>Identified Problem/Scenario Topic and Related Resources:</p> <p>Uncomplicated vaginal delivery, 38 weeks gestation who is in active labor</p>	<p>Scenario Key Points:</p> <ul style="list-style-type: none"> • Patient is healthy 35-year-old, G4P3, 38 weeks gestation • Progressing to labor and ready to push • Husband is present and anxious, but supportive • Vaginal delivery of healthy infant
<p>Case Summary: 35 years old, G4P3, who is in active labor. Her contractions are 2-3 minutes apart and last 90 seconds. She rates 5/10 pain. She reports that she is feeling a lot of pelvic and rectal pressure and feels a strong desire to push the fetus down and out. She is experiencing some nausea and vomiting. She is becoming irritable and having trouble concentrating. No vaginal bleeding present. She has no significant past medical history; previous pregnancies were vaginal without complications. Fetal heart tones are present. Placenta delivers spontaneously. Estimated blood loss is 200 mL. Her fundus is firm, mid-line and no lacerations</p>	<p>Expected Interventions of Students: (Minimum of 5 required.)</p> <ul style="list-style-type: none"> • Identify patients and verify orders • Call health -care provider • Place fetal monitor on to determine the fetal oxygenation • Perform vaginal examine to make sure she is fully dilated • Provide continuous support and comfort measures to reduce anxiety • Provide mom and dad with frequent updates • After the umbilical cord is clamped and cut, thoroughly dry the baby and place skin-to-skin contact with the mom to promote bonding • • • •
<p>Supplies:</p> <ul style="list-style-type: none"> • Blood pressure cuff, thermometer, and pulse oximetry • External fetal monitor • Blankets, hat for newborn • Sterile gloves 	
<p>Medications: (Include drug name, dosage, route, and concentration for scenario)</p> <ul style="list-style-type: none"> • Oxytocin 40 units in 500 mL LR IV, infuse at 125 mL/hr Post op • Ibuprofen 800 mg PO for postpartum pain • Docusate 100 mg PO BID to prevent straining after pregnancy • 	<p>Support Person: (Only complete if you want a support person)</p> <p>Who is the person to the patient? Husband</p> <p>Questions/Responses for Support Person: “What can I do to help?, Babe you’re doing great! I can see her head! Can we have a minute alone with the baby?”</p>
<p>NCLEX Questions</p> <p>1. Immediately after delivery the nurse’s first action is to:</p> <ol style="list-style-type: none"> a. Apply erythromycin ophthalmic ointment b. Obtain the newborn’s weight and measurements c. Dry the newborn and place on the mother’s chest d. Administer vitamin k injection <p>Answer: C. Dry the newborn and place on the mother’s chest</p> <p>Rationale: Priority is to support thermoregulation and initiate skin-to-skin contact to prevent heat loss and promote bonding</p>	

2. A nurse is assessing a client 2 hours postpartum. The fundus is boggy and displaced to the right. Which nursing intervention is priority?
- Notify the health-care provider
 - Massage the fundus until firm
 - Encourage the client to void
 - Increase oxytocin infusion rate

Answer: C. Encourage the client to void

Rationale: A boggy, right-displaced uterus suggests a distended bladder, which prevents proper uterine contraction and increases risk for postpartum hemorrhage. Priority is to empty the bladder.

Debriefing Questions:

- How did teamwork and communication help during the delivery process?
- What interventions promoted safety for mom and baby?

Case Flow (15-20 Minute Simulation Time)

Initiation of Scenario:												
Patient statements:												
Vital Signs	T		HR		RR		BP		SpO2		Pain	BS
Cardiac												
Respiratory												
Neuro												
Skin												
GI												
GU												
Other												
Patient changes during scenario:												
Patient statements:												
Vital Signs	T		HR		RR		BP		SpO2		Pain	BS
Cardiac												
Respiratory												
Neuro												
Skin												
GI												
GU												
Other												
New Patient Orders												
End of Scenario:												
Patient statements:												
Vital Signs	T		HR		RR		BP		SpO2		Pain	BS
Cardiac												
Respiratory												
Neuro												
Skin												
GI												
GU												
Other												

All areas should be addressed with pertinent information. Do not leave any blanks. All underlined areas on supporting documents should be addressed. You can place NAs in any area that does not apply to your scenario.

Patient Report:

Additional information, Medical History:

Patient data:

DOB:

MR#:

Prior medical history:

Allergies:

Social history:

Firelands Regional Medical Center
Sandusky, Ohio
Physician's Orders

NAME: _____	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: _____
ORD PHYS: _____	MR# _____
ATTENDING: _____	DOB: _____
AGE: ___ years old	DATE: XX/XX/XX

Date/Time	
XX/XX/XX	Admit to _____
	Diagnosis: _____
	VS every _____
	Activity: _____
	Diet: _____
	I&O
	IV: _____
	Medications: _____
	Other: _____
	Dr. _____

NAME		DOB: _____ Age: ____
Allergies: _____	Medication Administration Record – Current	Account #: _____
Attending: _____	Medications	Unit: _____ Room #: _____
Wt: _____ kg; Ht: _____ in		ADM IN
BSA: _____		
BMI: _____		

Start	Medication	Time	TODAY XX/XX/XXXX
Stop			

XX/XX/XXXX	Name Route How Often	_____	
XX/XX/XXXX	Trade: _____		
Active Acknowledged	Administer: _____		
	Instructions: _____		

XX/XX/XXXX	Name Route How Often	_____	
XX/XX/XXXX	Trade: _____		
Active Acknowledged	Administer: _____		
	Instructions: _____		

XX/XX/XXXX	Name Route How Often	_____	
XX/XX/XXXX	Trade: _____		
Active Acknowledged	Administer: _____		
	Instructions: _____		

XX/XX/XXXX	Name Route How Often	_____	
XX/XX/XXXX	Trade: _____		
Active Acknowledged	Administer: _____		
	Instructions: _____		

XX/XX/XXXX	Name Route How Often	_____	
XX/XX/XXXX	Trade: _____		
Active Acknowledged	Administer: _____		
	Instructions: _____		

Firelands Regional Medical Center
Sandusky, Ohio
LABORATORY

NAME: _____	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: _____
ORD PHYS: _____	MR# _____
ATTENDING: _____	DOB: _____
AGE: ___ years old	DATE: XX/XX/XX

HGB/HCT	XX/XX/XX Admission	Reference Range
HGB		
HCT		

CMP	XX/XX/XX Admission	Reference Range
Na		
CL		
K		
BUN		
Creatinine		
Blood Glucose		
Blood pH		

URINALYSIS	XX/XX/XX Admission	Reference Range
pH		
Specific Gravity		
Glucose		
Protein		
Blood		
Ketones		
Nitrite		
Leukocyte esterase		
Clarity		
Color		

Firelands Regional Medical Center
Sandusky, Ohio
IMAGING DEPARTMENT

NAME: _____	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: _____
ORD PHYS: _____	MR# _____
ATTENDING: _____	DOB: _____
AGE: ___ years old	DATE: XX/XX/XX

CLINICAL DATA/Reason for Test:

X-ray:

IMPRESSION: