

Scenario Validation

Date & Time: _____ Scenario Title/Ref #: _____

Location/Room: _____ Validated by: _____

Note: For any item rated as “no,” please include an explanation and provide suggestions for meeting the validation criterion.

	Learning and/or Performance Objectives	Yes	No
1	Relevant to specified course competencies		
2	Clearly defined and linked to at least one performance measurement tool		
3	Achievable without “pretending” (physical, conceptual, & psychological fidelity)		
	Evidence-Based Practice/Clinical Judgment	Yes	No
4	Majority of references for practice guidelines within past 5 years		
5	Scenario presents credible prototypical events and context related to patient care situation		
6	Combination of setting features, documents, and patient simulator settings/responses provide appropriate and sufficient information to support accurate clinical judgment		
7	Patient information is unbiased and culturally appropriate		
	Operational Efficiency/Safety	Yes	No
8	Patient simulator programming functions as planned		
9	Setting equipment and/or props operate without distracting from intended scenario events		
10	Participant responsibilities are clearly defined		
11	Adequate time is allocated for completion of participant assignment(s) and scenario events		
12	Setting is consistent with safety, infection control, and privacy/security standards		
13	Simulation equipment is used cost-effectively and does not exceed the fidelity needed to demonstrate performance objectives (for example, a human patient simulator is not used when a task trainer could be used to perform an isolated skill).		

Please include suggestions for improving the scenario to better meet validation criteria: