SimBuilderGPT Getting Started Packet

Best Prompts & Strategies for Disaster and Emergency Preparedness Simulations

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What SimBuilderGPT Does Best

SimBuilderGPT is designed to rapidly generate detailed, facilitator-ready medical simulation scenarios. It works especially well for:

- Mass casualty incidents (MCI)
- Disaster medicine exercises
- Hospital surge events
- EMS and prehospital operations
- Interfacility coordination
- Incident command training
- Hazmat and CBRNE events
- Emergency department crises
- Critical care surge
- Pediatric disaster scenarios
- Rural and austere medicine
- Communication and teamwork simulations

It can create:

- Full simulation cases
- Progressive scenario stages
- Facilitator guides
- Debriefing guides
- Learning point summaries
- Embedded simulation cues
- Teamwork and communication challenges

The 4 Core Inputs You Should Always Provide

SimBuilderGPT performs best when you clearly specify:

Required Element	Example
Patient Age	"45-year-old male"
Medical Problem	"Blast injury with hemorrhagic shock"
Critical Learner Actions	"MARCH assessment, tourniquet placement, activate MTP"
Scenario Length	"20-minute scenario"

Formula for Strong Disaster Simulation Prompts

Use this structure:

Create a simulation scenario for:
[Learner group] managing **[event/disaster]** in **[setting]** involving **[patient/problem]**.
Focus on **[critical actions/objectives]**.
Scenario length: **[time]**.
Include **[special requests]**.

High-Quality Prompt Examples

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1. Emergency Department Mass Casualty Incident

Prompt

Create a 30-minute simulation for emergency medicine residents and ED nurses managing a mass casualty incident after a structural collapse.
Include 3 simultaneous patients with varying acuity.
Focus on triage, resource allocation, communication failures, and hemorrhage control.
Include disaster command integration and delayed radiology availability.

Why This Works

- Identifies learners
- Defines operational environment
- Specifies system challenges
- Requests realistic constraints

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2. EMS Active Shooter Response

Prompt

Create a 20-minute prehospital simulation involving EMS response to an active shooter incident in a shopping mall.
Use a 16-year-old patient with penetrating chest trauma as the primary patient.
Focus on scene safety, warm-zone care, hemorrhage control, rapid evacuation, and communication with law enforcement.

Strong Features

- Operational realism
- Tactical medicine concepts
- Interagency coordination
- Time-sensitive care

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3. Hospital Evacuation Scenario

Prompt

Create a simulation for hospital leadership and inpatient staff involving partial hospital evacuation after a flooding event.
Focus on patient prioritization, communication, resource scarcity, transport coordination, and deteriorating infrastructure.
Scenario length: 45 minutes.

Strong Features

- System-level disaster operations
- Nonclinical leadership training
- Infrastructure failure integration

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4. Hazmat / Chemical Exposure Incident

Prompt

Create a simulation scenario involving multiple patients exposed to an organophosphate agent after an industrial spill.
Learners are ED staff and EMS personnel.
Focus on PPE selection, decontamination, toxidrome recognition, antidote administration, and contamination control.
Include one critically ill pediatric patient.

Strong Features

- Hazard-specific medicine
- Cross-disciplinary training
- Pediatric complexity

Add Realism with These Enhancers

You can dramatically improve scenario quality by adding modifiers.

Environmental Challenges

Add phrases like:

- “Include communication failures”
- “Cell phones intermittently fail”
- “Weather delays transport”
- “Limited blood products available”
- “Power outage occurs midway”
- “Electronic medical record downtime”

Teamwork Challenges

Ask for:

- Role confusion
- Difficult consultants
- Family interference
- Conflicting triage priorities
- Language barriers
- Emotional staff reactions

Example:

Include one distressed family member interfering with care and one consultant resistant to accepting transfer.

Disaster Operations Features

Request:

- START triage
- Incident Command System (ICS)
- HICS integration
- Resource scarcity
- Crisis standards of care
- Surge capacity decisions

Example:

Incorporate hospital incident command activation and resource scarcity requiring altered standards of care.

Best Practices for Disaster Simulations

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1. Focus on Systems, Not Just Medicine

Disaster simulations are strongest when they test:

- Communication
- Coordination
- Prioritization
- Resource management
- Leadership
- Situational awareness

Instead of:

“Treat septic shock”

Try:

“Manage septic shock during ICU surge conditions with limited ventilators.”

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2. Include Operational Constraints

Real disasters are messy.

Add:

- Delayed imaging
- Incomplete information
- Equipment shortages
- Staffing limitations
- Simultaneous patient arrivals

These make simulations more realistic and educational.

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3. Specify the Learner Audience

Examples:

- EMS crews
- Flight teams
- ED residents
- ICU fellows
- Nursing staff
- Incident command teams
- Community paramedics
- Rural hospitals

The generated case will match the learner level.

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4. Request Progressive Deterioration

Example:

If learners fail to recognize tension pneumothorax within 5 minutes, the patient should deteriorate into PEA arrest.

This creates high-fidelity decision pressure.

Advanced Prompting Techniques

Multi-Patient Simulations

Example:

Create a 40-minute disaster simulation with 5 patients arriving sequentially after a bus rollover. Include one red-tag trauma patient, two yellow-tag patients, one green-tag walking wounded patient, and one deceased patient.

Hybrid Clinical + Operational Exercises

Example:

Combine clinical management of burn patients with hospital surge planning and regional transfer coordination.

Injects and Dynamic Events

Ask for:

- Media inquiries
- Family reunification issues
- Staff illness
- Equipment failures
- Secondary explosions
- Cyberattacks

Example:

Include a secondary explosion 15 minutes into the scenario that overwhelms resources.

Useful Simulation Categories

Category	**Example**
Mass Casualty	Bus crash, explosion, shooting
Natural Disaster	Tornado, earthquake, flood
Infectious Disease	Pandemic surge, isolation breach

Category	Example
Hazmat	Chlorine gas, organophosphates
Pediatric Disaster	School bus rollover
Tactical Medicine	SWAT/EMS integration
Hospital Systems	Evacuation, EMR outage
Rural Medicine	Delayed transport
Critical Infrastructure	Power failure, oxygen shortage
Austere Care	Shelter medicine, field hospitals

How to Improve the Output

After the initial scenario, ask follow-up prompts such as:

- “Add more communication challenges.”
- “Increase the complexity for senior residents.”
- “Convert this into a tabletop exercise.”
- “Make the scenario more appropriate for rural EMS.”
- “Add ethical dilemmas involving scarce resources.”
- “Include pediatric-specific considerations.”
- “Create facilitator confederate scripts.”
- “Add expected triage categories.”
- “Generate a disaster-specific debriefing guide.”
- “Create a one-page learner handout.”

Common Mistakes to Avoid

Weak Prompt	Better Prompt
“Make a trauma sim”	“Create a 20-minute MCI trauma simulation involving blast injuries and resource scarcity.”
“Do a disaster	“Create a hospital evacuation exercise after a generator failure during a

Weak Prompt	Better Prompt
scenario”	hurricane.”
“Mass casualty patient”	“Create a 5-patient MCI with triage and surge management challenges.”

Best Overall Strategy

The highest-quality disaster simulations usually include:

- ✅ Clear learner audience
- ✅ Operational context
- ✅ Resource limitations
- ✅ Communication challenges
- ✅ Time pressure
- ✅ Team coordination
- ✅ Progressive patient changes
- ✅ Decision-making tradeoffs

Example “Gold Standard” Prompt

Create a 30-minute multidisciplinary disaster simulation for emergency medicine residents, nurses, respiratory therapists, and EMS personnel.
The scenario involves a chlorine gas release at a community swimming pool with 6 arriving patients of varying acuity, including 2 pediatric patients.
Focus on decontamination, PPE selection, triage, airway management, interagency communication, and resource allocation.
Include delayed EMS transport, overwhelmed ED capacity, and one contaminated staff member.
Incorporate hospital incident command activation and progressive operational stressors throughout the scenario.

Recommended Workflow

1. Generate the base scenario
2. Ask for:
    - Debriefing guide
    - Learning points
    - Facilitator notes

3. Refine complexity
4. Add operational injects
5. Convert to tabletop or full simulation format if needed

Optional Add-On Requests

You can also ask SimBuilderGPT to generate:

- PEARLS debriefing guides
- Facilitator cue cards
- Triage tags
- EMS radio reports
- Mock EHR notes
- Consultant scripts
- Family member scripts
- Event timelines
- Incident command updates
- Simulation assessment tools
- Critical actions checklists

Final Tip

The more operational details you provide, the more realistic and useful the simulation becomes. Disaster preparedness simulations are strongest when they test systems, communication, and adaptability—not just medical knowledge.