**AUDIOVISUAL DIGITAL RECORDING CONSENT**

I am hereby informed that there is continuous audiovisual digital recording today in the

ImPACTS program. I consent to a continuous audiovisual digital recording while I am in the simulated environment. I understand that, unless authorized by me, I will not be specifically identified and that the recordings will be shown only for educational, research, or administration purposes. No commercial use of the audiovisual recordings will be made without my written permission.

RELEASE FOR STILL PHOTOGRAPHS AND VIDEOTAPES

I authorize faculty and administrators of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to publicly show still photographs (slides or prints) and/or videotapes depicting me during simulation today. I understand that, unless otherwise approved by me, I will not be specifically identified, and that the photographs will be shown only for educational, research, or administration purposes. No commercial use of the photographs (slides or prints) and or videotapes will be made without my written permission.

I have read all the above and agree to the terms under audiovisual digital recording.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**ImPACTS Orientation Sheet**

Ground rules/safety/consent:

Welcome! In this session, you and a team of your peers will serve as the first-line providers in caring for a series of four acutely ill patients within your transport team. The session will last approximately 2.5 hours in duration. This session is an opportunity for us to practice patient care, teamwork, and communication in a safe and supportive environment using simulated patients.

In the introduction, we will discuss the ground rules, the format of the session and orient you to the simulator.

I would like to introduce our ImPACTS team:

1. Project/research

a. The information sheet will explain the purpose of the study, what you will be asked to do, and the potential risks and benefits. You should ask questions before deciding whether you wish to participate, or at any time during the course of the study.

b. If you feel uncomfortable and would like to stop participating at any time during the course of the session please let me know.

2. Safe environment

a. Basic assumption: we believe that as a participant you are intelligent, well trained, want to do your best, and want to improve.

b. Cardinal rule of simulation: What happens in sim stays in sim. Please do not discuss the performance of your peers or these cases outside of this session.

c. Let us know if you need a bathroom or water.

3. Videotaping

a. You will be videotaped during this session. These videos will be used for research purposes and not for work-related evaluations. They will be secured in a safe location and will not be shared outside of this research project. Please sign the attached form if you agree to the video review.

Any questions?

I am going to turn things over to \_\_\_\_\_\_\_\_ to orient you to the format for the day.

**Format of the Simulation day**

This first session will take place in your ED resuscitation bay, using your equipment and simulated medications. You will participate in three simulations over 2.5 hours:

1. First scenario (ED room)

a. The first scenario will occur in the ED room where you will be arriving to pick up a critically ill pediatric patient.

b. You may work with the available staff or bedside providers in the ED during this case as needed, however, your team will primarily be responsible for this patient.

2. Second and Third Scenarios (Transport vehicle)

a. You will receive an initial phone report of a potential transport. Following that, you will be at the referral ED to transport the patient to the designated children’s hospital. A bedside RN embedded participant will be available to provide you with the patient report. You will then be taken to the transport vehicle to start the simulation.

b. A facilitator will provide more information when needed.

c. You CAN USE cognitive aids, codebooks, internet for information.

d. The simulator has limitations- do your best to “suspend disbelief” and act as you would with a real patient and family. The mannequin looks like a plastic doll, which it is, but it will breathe, have a heartbeat, cry, and moan; we expect you to respond to his auditory and visual cues as well as information on the patient monitor.

e. \_\_\_ will orient you to the simulator and medications prior to starting.

f. The initial vital signs will be displayed on the patient monitor AFTER you attach leads and monitors to the patient.

g. These values will change over time just like with a real patient and your team should watch them monitor for status changes.

h. If you want to perform an intervention, such as provide oxygen or place an IV line, you need to do it- not just say it.

i. This means taking the equipment out of the code cart and working together as a team to care for the patient. The equipment should be obtained from your work environment. If you can’t find a piece of equipment please state what you are looking for and we can provide it.

j. This includes calculating the doses of medications and fluids and actually pushing them into the IV line.

3. **Post-simulation debrief:**

a. After each simulation we will guide your group through reflection on performance or debriefing.

b. This is an opportunity to reflect on performance and hone your pediatric knowledge and skills. Please ask questions and explain your thoughts.

c. Consider this as a rehearsal to prepare you for future experiences that you may encounter. If you are going to make a mistake, it is better to do it here with the simulator than with a real patient.

Any questions?

Now turn it over to \_\_\_\_\_\_\_ for orientation to simulator



**Individual Members Demographics/Post-Sim Surveys**

Please scan the QR code with the camera on your phone and answer a few short questions.

Thank you!

