<u>Ground rules/safety/consent:</u>

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 presenting to your ED. 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 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 video review.

Any questions?

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

Format for day

This session will take place in your ED resuscitation bay, using your equipment and simulated medications. You will participate in four simulations over 2.5 hours and each simulation case will have three components:

1. **Pre-brief:**
   a. The brief scenario "lead-in" will provide a patient sign-out to orient your team to the patient's chief complaint and presentation.
   b. We will give you one minute to organize your team and then remove the cover from the simulator and announce that the patient has arrived and that you should begin to provide care.

2. **Simulated care:**
   a. A parent actor will be present in the room to provide you with additional information if you request it. (other individuals in room are not involved)
   b. A facilitator will provide more information when needed.
   c. You CAN USE cognitive aids, code books, 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 he will breathe, have a heartbeat, cry, vomit, and moan; we expect you to respond to his auditory and visual cues as well as information on the patient monitor.
   e. Don 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. Additionally this means calculating the doses of medications and fluids and actually pushing them into the IV line

3. **Post-simulation de-brief:**
   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 with a real patient.

Any questions?
Now turn over to _____ for orientation to simulator

<u>Orientation to Simulators</u>

- Simbaby **(PUT SIMBABY IN HEALTHY BABY MODE)**
  - You will hear vocal sounds of crying, vomiting, moaning, and speaking. (make sounds of crying, stridor, cough).

  - He has a fontanelle that can be palpated and be flat or bulge.

  - The simulator lacks some realism related to the texture of his skin and can not display changes in perfusion or rashes. He has eyes with pupils that **do not** constrict or dilate.

  - For these findings **please announce you are checking the pupils** and the facilitator will provide this data. Information related to these components of the exam will be provided to the team if requested or needed for the specific case.

  - He has a neck that will respond to positioning repositioning if obstructed. Jaw thrust and chin lift maneuvers will also aid in airway positioning.

  - His tongue can pharynx can swell leading to airway obstruction.

  - He can be intubated with an appropriately sized endotracheal tube. His vocal cords can spasm. His chest will rise and fall with breathing and he will show increased work of breathing through retractions.

  - Heart and lung sounds are audible only over the areas were the speakers lie under the chest wall- show where speakers are. These sounds will change to represent pathological processes such as wheezing, ronchi, or heart murmurs. **(ASK THEM TO LISTEN TO THE HEART AND LUNGS).**

  - Chest compressions and bag valve mask should be performed with attention the patients size and are measured for appropriate volume by the simulator

  - His stomach can distend and has bowel sounds.

  - He has palpable pulses in the antecubital and radial aspects of his left arm and the bilateral femoral regions, superior to the anatomical location. **(ASK THEM TO FEEL THE PULSES)**

  - He does not have muscle tone. He can have a seizure **(DEMONSTRATE SEIZURE ACTIVITY).**

  - SHOW Megacode Kid **(PUT SIMBABY IN HEALTHY BABY MODE)**
    Review no pulses but will have breath sounds and heart sounds
    Same Plan for IV Placement!

Orientation to Simulators

- EQUIPMENT:

  - Please hook monitors to the patient when you want to obtain vital signs **(SHOW ATTACHMENT OF MONITORS and have data come up).** You can press the screen to obtain a blood pressure **(SHOW THIS).**

  - Supplies: As Marcie stated please use your supplies. Please locate the item on your unit. If you can't find an item you need on your unit please state that you are calling central supply. We will provide the item.

  - When you would like to place an IV please gather the appropriate equipment and announce the location you plan to inert the IV. You can request multiple IVs. Please consider using an IO if you are not successful in obtaining IV access).

  - The facilitator will provide you with an IV hook up that you can stick to the baby if you are successful in obtaining IV access.

  - Fluid and medication should be infused and medications pushed when access is obtained. Draw up actual volumes of medications as you would in a real patient. (**SHOW HOW IV ACCESS WILL WORK and PUSH MEDS)**

  d. The medications are provided in these containers. Please note that they are in alphabetical order. We encourage you to verbalize your orders and use closed loop communication during the cases. If you are looking for a medication not in the container please announce that you are ordering from pharmacy and we will provide.

  - Other procedures:

    - IO Placement
    - Cardioversion or defibrillation can be performed with a real machine using the pads **(DEMONSTRATE THE PAD PLACEMENT)**
    - Obtaining EKG- hook up leads as you would in real life

  - Additional resources may be requested such as consults, x-ray, or labs if requested by the team to the FACILITATOR. The facilitator will provide a response to your request in the form of an image or print out of labs or state that the service has been requested.

Any questions?