

ImPACTS Facilitator Guide

Introduction/Orientation	0 to 15 minutes
Sim Foreign Body	15-25 minutes
Debrief FB	25-35 minutes
Sim Sepsis	35-55 minutes
Debrief Sepsis	55-75 minutes
Sim Seizure	75-85 minutes
Debrief Seizure	85-95 minutes
Sim Drowning	95-115 minutes
Debrief Drowning	115-135 minutes
Wrap-up/Feedback to us	135-150 minutes

Names of Participants

Group 1	Group 2

ImPACTS Debriefing Script

Introduction: We will now take 10-20 minutes to reflect on the team's performance.

During this time we will identify strengths, deficiencies, and limits in knowledge and expertise and set learning and improvement goals.

This debriefing will involve three phases:

- 1st **REACTIONS:** to the general performance, this can include feelings or emotions and medical facts
- 2nd **ANALYSIS:** we will discuss the diagnosis management of the case based on the team's performance; this will include identifying gaps in performance and positives.
 - *STEPS: observation + judgment + inquiry*
 - During this time the group can ask questions of the facilitators.
- 3rd **SUMMARY:** we will end with a summary phase that we review our discussion and findings. Each individual will summarize one thing that they learned from the case and will apply in future care of pediatric emergencies.

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

This was is an opportunity for us to practice patient care, in addition to teamwork and communication in a safe and supportive environment using simulated patients.

PHASE 1: REACTIONS

General

How did you feel about taking care of this infant/child?

How was this different from your usual clinical experience?

How do you think the team did in identifying priorities in the care of this patient?

How do you think the team did in managing priorities in the care of this patient?

PHASE 2: ANALYSIS: *observation + judgment + inquiry*

Example questions include:

Assessment

What did the patient's vital signs tell you about the child's clinical status?

What are the challenges to assessing changes in clinical status in infants?

What are some differences in shock assessment between children and adults?

Airway/Breathing Management

What did you think of the status of this patient's airway?

How did you decide that (no intervention/*BVM/oral airway/ET intubation*) would help this patient's clinical condition?

How did you know how much oxygen flow to give?

How did you decide what size bag valve and mask to use?

How did you know that your bag valve mask ventilation was effective?

What made you decide how fast to breathe for this patient using BVM?

How did you decide that endotracheal intubation was necessary?

How confident are you about successfully intubating an infant? When do you decide that you need support from anesthesia? How confident are you that the anesthesiologist, if you called them, would be successful intubating an infant?

How long do you think you would have to wait to get support from anesthesia at the bedside?

Did you obtain a blood gas to help make this decision? Why did/didn't you?

How did you know what size ET tube to use?

How far to place the endotracheal tube?

What were the methods you used to confirm placement? Which method is the most definitive?

What made you decide how fast to breathe for this patient using bag-ET device

Circulation/Medication Management

You did (*describe actions*) regarding obtaining access? How do you decide how to obtain access in an infant?

What are some barriers to obtaining access?

How confident are you about your ability to place (*IV/IO*) in an infant? How do you choose a size? How do you choose a location?

How long do you try to get access before you ask for help?

What happens if you are unable to get access? Whom do you call?

How do you decide what (*fluid/medication*) to give?

When giving medications or fluids: how do you calculate doses for different medications required in taking care of an infant/child?

How do you decide on a weight for use in calculating a dosing if one isn't available?

CPR:

Can you tell me about how you decide to start CPR?

What are some challenges in doing CPR in children?

Escalation

How do you decide when you needed to transport the patient to ICU or other hospital for further management?

How comfortable did you feel managing the patient while awaiting transfer?

How do you decide where to transfer this patient?

How does the team manage the reactions of family members while you are caring for a seriously ill child?

“Drill-Down” questions for use to follow-up possible areas of interest

What hindered/prevented you from ____?

How did that (factor/distraction) affect your ability to ____?

What were you concerned about when ____?

Where did you learn how to ____?

What would have improved your ability to (make a decision/do a procedure/work with a teammate/handle a stressful or difficult situation)?

How did you know that ____?

When did you realize/recognize that ____?

I saw that you (did this). What made you decide to (error of commission)?

What made you decide not to (error of omission)?

What else was going on at the time that made you (error of omission or commission)?

What were your priorities at the point in time when ____?

What were you thinking about when this happened?

What were you planning to do when you saw that ____?

What prevented you from carrying out your plan?

How much time did you think you had before you had to respond to ____?

PHASE 3: Summary:

Review our discussion and findings. Each individual will summarize one thing that they learned from the case and will apply in future care of pediatric emergencies.