



Essential Simulation Course

Jacob Easton

Change in Patient Condition



JACOB EASTON

*S/p MVA with emergency tracheostomy, patient requires airway suctioning,
additional focus on resolution of conflict and unprofessional behavior*

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Avkin, Inc.

103 S. James Street

Wilmington, Delaware 19804

(302) 562-2110

info@avkin.com

SCENARIO RECORDKEEPING

Simulation Name:		Jacob Easton	
Name & Title of Designer:	<ul style="list-style-type: none"> • Amy Cowperthwait, RN, MSN, BC-ACNS, CHSE, CEO- Avkin • Megan Weldon, CHSE, Director of Education, Avkin • Kim Anderson, BPS, NRP, CHSE, Simulation Education Specialist-Avkin 	Reviewers:	<ul style="list-style-type: none"> • Katie Parris, MS, BSN, RN, CHSE • Hannah Schroeder, MSN-Ed, CNE, CHSE, PCCN-K
Date Designed: (Preparation)	6/8/2020	Level of Complexity or Participant Experience:	Novice
Date Evidence Last Reviewed:	Date:	Approval / Reviewed by Simulation Coordinator:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Name:
Updates / Revisions:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Target Audience (Role):	RN
		Target Audience (Dept):	Medical/Surgical Other
Subjects / Topics / Skills Covered:	<ul style="list-style-type: none"> • Professionalism • Communication • Tracheostomy Care/Suctioning 	Addresses Top 10 Nursing Errors:	<input type="checkbox"/> Medication errors <input type="checkbox"/> Identifying fall safety concerns <input checked="" type="checkbox"/> Failure to rescue <input type="checkbox"/> Managing lines and tubes <input checked="" type="checkbox"/> Professionalism in challenging situations <input type="checkbox"/> Monitoring a patient during administration of blood products <input type="checkbox"/> Prioritization <input type="checkbox"/> Infection control <input type="checkbox"/> Interprofessional communication / reporting <input checked="" type="checkbox"/> Difficult conversations with patients
Select QSEN Competencies Addressed:	<input checked="" type="checkbox"/> Patient-Centered Care <input checked="" type="checkbox"/> Teamwork & Collaboration <input checked="" type="checkbox"/> Evidence-Based Practice <input type="checkbox"/> Quality Improvement <input checked="" type="checkbox"/> Safety <input type="checkbox"/> Informatics	Select Patient Safety Curriculum Domains Addressed:	<i>Foundational Domains</i> <input type="checkbox"/> Error Science <input type="checkbox"/> System Science <input checked="" type="checkbox"/> Human Factors <input type="checkbox"/> Technology <i>Linking Domains</i> <input type="checkbox"/> Teamwork & Communication <input type="checkbox"/> Leadership & Leading Change <i>Aspirational Domains</i> <input type="checkbox"/> Culture of Safety <input type="checkbox"/> Patient Oriented Safe Care
Expected Pre-brief Time (minutes): 5	Expected Simulation Time (minutes) 15	Expected Debrief Time (minutes): 35	Expected Total Time (minutes): 55

MESSAGE FROM AMY COWPERTHWAIT

It has been widely reported that the transition from learning to competent and confident clinical practice is a challenge for healthcare providers. This compilation of simulations was developed to specifically target the top 10 errors made by new nurses in clinical practice:

- Medication errors
- Identifying fall safety concerns
- Failure to rescue
- Managing lines and tubes
- Professionalism in challenging situations
- Monitoring a patient during blood products administration
- Prioritization
- Infection control
- Interprofessional communication/reporting
- Difficult conversations with patients

Each of these simulations were crafted to include simulated participants (SP) and the Avkin wearable technology line in order to duplicate the clinical setting so closely that learners are fully immersed from the start. This simulation package was developed to forge a new, safer frontier for education and training of nurses and other healthcare providers as they transition to bedside practice.

The simulations are broken into 4 sections for each of the participant groups:

- Section 1: Learner information – provides information that would be available in the Electronic Health Record (EHR) such as patient chart, active orders, lab, and radiology reports.
- Section 2: Facilitator-set up notes, simulated medication labels, patient armband, objectives (Affective (A), Cognitive (C), Psychomotor (P)), SBAR for starting the scenario, scenario progression sheet as well as pre-brief and debrief notes.
- Section 3: SP educator – Included in this section are SP character descriptions, training videos, dry run and dress rehearsal best practice suggestions, set up notes, and SP preparatory assignments.
- Section 4: SP – contains all items needed to learn the character and participate in the simulation to provide rich, human interaction with the provider.

These simulations were developed by our Certified Healthcare Simulation Educators with deep character profiles imagined by our simulated participant expert and have been reviewed and edited by the following leaders in simulation: Alaina Herrington, DNP, RN, CHSE-A, CNOR, Katie Parris, MS, BSN, RN, CHSE, and Hannah Schroeder, MSN-Ed, RN, CNE, CHSE, PCCN-K to provide highly specific outcomes and results demanded by your fellow educators. Our experts in simulation and simulated participants are available through consultation services to expand programs, support existing programs, and provide a unique perspective on the use of technology to enhance the use of Simulated Participants.

The design of this innovative simulation program is also outlined in the following concept map. In the event you are new to simulation, resources are provided below to get you started.

SIMULATION RESOURCES

[ASPE Standards of Best Practice](#)

[Evaluating Healthcare Simulation - Freely available instruments developed to evaluate simulation-based education](#)

[Establishing a Safe Container for Learning in Simulation](#)

[Free Clinical Simulation Online training from George Washington University](#)

[INACSL Repository of Instruments Used in Simulation Research](#)

[INACSL Standards of Best Practice: Simulation Debriefing](#)

[NLN Simulation Innovation and Resource Center \(SIRC\) Tools and Tips](#)

[Patient Safety Curriculum](#)

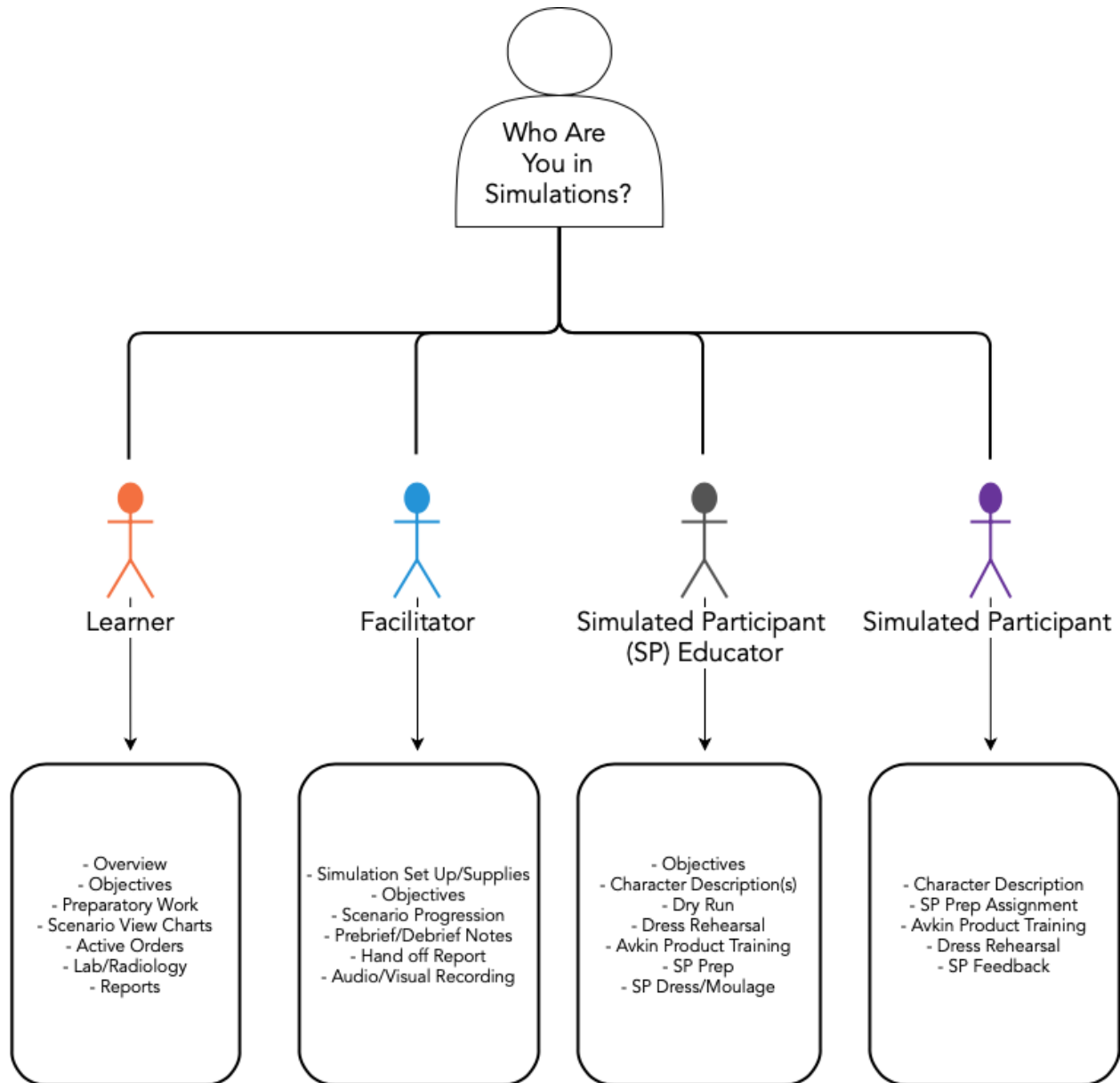
[OSEN Institute Definitions and Pre-Licensure KSAS](#)

[Simulation Evaluation Tool - Modified](#)

[Society for Simulation in Healthcare - Healthcare Simulationist Code of Ethics](#)

[Society for Simulation in Healthcare- Healthcare Simulation Dictionary](#)

Nurse Residency Essential Simulation Course



*Colors on the concept map correspond to tabs on the following pages.

= Learner

= Facilitator

= Simulated Participant (SP) Educator

= Simulated Participant

SECTION 1 LEARNER INFORMATION

SCENARIO OVERVIEW

Learners will receive a shift change report at the beginning of the scenario. When available, information below should be provided as part of a simulated Electronic Health Record (EHR).

PATIENT HISTORY

Electronic Health Record				
Name: Jacob Easton			Support/Family: Hannah Reese	
Age: 24	DOB: 12/28/XXXX	Gender: M	Height: TBD	Weight: TBD
Admit Diagnosis: Multi-system trauma				
Presenting Complaint: Compound left femur fracture and blunt tracheal injury following a motor vehicle collision (MVC).				
History of Present Illness: Injuries sustained in a motor vehicle collision (MVC). He was treated in the Emergency Department (ED) and taken to surgery for an emergency tracheostomy and open-reduction and internal fixation (ORIF) of the left femur. Postoperatively, transferred to the Surgical Intensive Care Unit (SICU) for overnight observation and then to the Medical-Surgical floor. It is now post-op day two (POD #2).				
HR: 72		BP: 116/72	RR: 16	O2 Sat: 95% room air
Temp: 99.0°F		BGL: 82 mg/dL		GCS: 15
<p>Assessment:</p> <p>Pain: Pain in left knee (4/10) and left upper arm (2/10) with movement.</p> <p>General Behavior/Communication: Pleasant and cooperative, anxious about discharge.</p> <p>Cardiovascular: Normal sinus rhythm.</p> <p>Respiratory: Lung sounds clear.</p> <p>GI: Bowel sounds hypoactive, present x 4 quadrants.</p> <p>GU: Urinary catheter draining approximately 70 mL per hour. To be discontinued this morning.</p> <p>Extremities: Wiggles toes freely. Normal sensation bilateral upper and lower extremities.</p> <p>Skin: Warm and dry. Bruising to arm and knee secondary to MVC.</p> <p>Neurological: Alert, awake and oriented to person, place, time, and situation. No neurological deficits.</p> <p>Labs: CBC daily and vancomycin peak and trough with each administration.</p> <p>IVs: 0.9% Sodium Chloride at 125 mL/hour via 20g PIV in the right forearm.</p>				
Allergies: None			Immunization Status: UTD	
Primary Care Provider: Khan			Religion: Christian- Non-Denominational	

LAB RESULTS

TEST	RESULT			REFERENCE RANGE
	POD #0	POD #1	POD #2	
<i>CBC:</i>	POD #0	POD #1	POD #2	
RBC	5.0	4.5	4.6	4.32-5.72
Hgb	13.5	12.2	12.5	13.5-17.5
Hct	40.5	36.6	37.8	38.8-50.0
WBC	6.0	10.5	15.2	3.5-10.5
PLT	420	400	410	150-450
<i>CHEMISTRY:</i>	POD #0	POD #1	POD #2	
Albumin	4.7	4.8	4.7	3.4-5.4 g/dL
Alkaline phosphatase	115	120	118	44-147 IU/L
ALT	22	20	22	7-40 IU/L
AST	20	18	20	10-34 IU/L
BUN	15	14	13	6-20 mg/dL
Calcium	8.9	9.0	9.1	8.5-10.2 mg/dL
Chloride	97	99	98	96-106 mEq/L
Co ₂	26	28	27	23-29 mEq/L
Creatinine	0.9	1.1	1.0	0.6-1.3 mg/dL
Glucose	78	88	84	70-100 mg/dL
Potassium	4.0	4.2	4.5	3.7-5.2 mEq/L
Sodium	138	140	145	135-145 mEq/L
Total Bilirubin	0.9	1.1	1.0	0.3-1.9 mg/dL
Total Protein	7.0	7.5	7.4	6.0-8.3 g/dL
eGFR:	116	115	114	> 90 mL/min/1.73m ²

IMAGING REPORT FROM ED ARRIVAL	
History	MVC - Trauma Alert In ED
Chest X-Ray	
Findings	No abnormality noted
Chest CT	
Findings	70% Tracheal collapse with cervical emphysema
Left Leg X-Ray	
Findings	Mid-shaft femur fracture, left leg
Head CT	
Findings	No tumor or lesions noted; no abscess or hydrocephalus noted. Skull appears to be intact with no bleeding noted; sinus cavities clear with no signs of disease. Impression: No abnormalities noted

ACTIVE ORDERS & MAR

- Admit: Dr. Khan
- Full code
- Medications:
 - Docusate sodium 100 mg PO every morning
 - IV 0.9% NS 125 mL/h
 - Cefazolin 500 mg IVPB every 6 hours
 - Ondansetron hydrochloride 4 mg IV push every 4 hours as needed for nausea
 - Pantoprazole 40 mg IVP daily
 - Enoxaparin Sodium injection 40mg SUBCUTANEOUSLY every 12 hours
 - Diphenhydramine hydrochloride 25 mg IV push every 6 hours prn pruritus
 - Morphine sulfate PCA: 1 mg/mL concentration. Loading bolus dose = 2 mg; Patient controlled dose = 1 mL; Lockout interval = 8 minutes; Continuous dose = 2mg/hour; 4-hour limit = 24 mg
- Nursing:
 - Leg immobilizer and Non-weight bearing left leg
 - Sequential compression devices while in bed
 - Discontinue indwelling catheter on POD #2
 - Notify HCP for HR >140 or < 60, SPB <100 or >180, Temp. >100.4
 - I & O every 4 hours notify HCP if urine output <240 mL/8 hours
 - If respiratory rate less than or equal to 8 breaths per minute or difficult to arouse, stop PCA infusion and administer Naloxone 0.04mg IV push every two minutes until ventilation adequate and notify HCP immediately
- Lab:
 - CBC, CMP in AM on POD #2 (results noted in section below)
- Respiratory:
 - Incentive spirometry every hour while awake with T-piece to tracheostomy
 - Oxygen 3 L via trach collar NPO
 - Tracheostomy care every shift and PRN
- Consult:
 - PT Consult- Crutch training
 - SLP- Swallow eval

OT Consult- New tracheostomy

SECTION 2 FACILITATOR INFORMATION

LEVEL OF HEALTHCARE LEARNER(S)

Beginning Post Licensure - Transitioning from academic to clinical practice, passed licensure exam, within first 6 months of professional practice/residency. Consider use in cases of returning to the workforce or following alteration to normal practice.

Scenario progression:

Oxygen saturations will be dropping and not rebounding with coughing. The patient will require suctioning of tracheostomy to return saturations to acceptable range. Jacob is also complaining of increased pain. He overhears an angry overbearing provider speaking disparagingly in the hallway. The provider says Jacob deserves what happened to him because (he/she assumes) Jacob was under the influence. The provider bases this assumption on the fact that Jacob is still "in pain" even though he has a PCA. Learners should address the lack of professionalism Jacob overheard by diffusing the situation and carry out the provider's orders.

PATIENT SAFETY DOMAINS¹

Human Factors

Human cognition

Teamwork & Communication

Handoffs and gaps

Team behavior

Delegation

Culture of Safety

Professionalism and ethics

Patient Oriented Safe Care

Relationship centered communication

Engaging patients and families as team members

¹ Patient Safety Movement (2020, December 9). Actionable Patient Safety Solutions (APSS). <https://patientsafetymovement.org/clinical/patient-safety-curriculum-2/>

SIMULATION SET-UP / AVKIN PRODUCTS / NEEDED EQUIPMENT / SUPPLIES / PROPS

Needed equipment	Learner supplies	Presentation of the patient
Avstick	Stethoscope	Patient wearing hospital gown
Avtrach w/ simulated mucus	Professional Dress	Appliances, etc.: <ul style="list-style-type: none"> ● Immobilizer on Left leg ● Sequential compression device ● Urinal/Bedpan ● Crutches
Avkin App (coarse crackles upper lobes, faint crackles-bases)		Moulage: Bruising and abrasions on neck and chest consistent with MVC
Tracheostomy care kit Tracheostomy suction kit Suction source Oxygen Trach collar with oxygen mask/tubing		Patient in bed or on a stretcher non-verbal communication- anxiety. IV placed in Avstick (unless skills to be included in sim)
Dry erase board/markers or pen/notepad for communication		
Simulated medications (below)		
Simulated BP Cuff		
Pulse Ox (simulated)		
IV pump with multiple channels		
EHR		

SIMULATION OBJECTIVES FOR HEALTHCARE LEARNERS(S)

Objectives not shared with learners:

1. (A) Responds within 10-15 minutes to the patient's change in respiratory condition.
2. (A) Appropriately discerns patient care priorities given patient assignment and recognizes need for additional support.
3. (C) Recognizes inconsistencies / discrepancies in hand off report and asks appropriate follow-up questions.
4. (C) Identifies and considers available resources (staff &/or equipment) to assist in decision making.
5. (P) Performs a thorough and efficient physical assessment and necessary interventions using evidence-based techniques following infection prevention standards.
6. (P) Responds to patient safety concerns in a professional and timely manner.

Objectives shared with learners:

1. (A) Responds empathetically to patient concerns and clearly communicates the plan of care.
2. (C) Synthesizes verbal hand off report and assessment findings to prioritize patient care, determine appropriate interventions, follow-up conversations, and delegation opportunities.
3. (P) Demonstrates ability to effectively communicate with the patient and care providers while advocating for the patient.

PRE-BRIEFING INFORMATION / SBAR REPORT

PRE-BRIEFING POINTS

1. Conduct the pre-brief orientation WITHOUT the simulated participants (SPs) in the room.
2. Inform learners that they will be interacting with a simulated participant.
3. Inform learners how much time they have for the interaction & objectives.
4. Inform learners that the facilitator will call the simulation when all of the objectives have been met or the time has run out (they should not stop the simulation until they are notified the simulation is completed).
5. Inform learners of "Safe Container" (if offered) and provide guidelines including a fiction contract and learner confidentiality agreement.
6. Provide "safe word" for SP and learner within simulation participation guidelines for organization.
7. Provide Hand Off report (this can be done bedside but be sure SPs are aware that the hand off report is a part of the simulation).

HAND-OFF REPORTS

Situation:

Jacob Easton is a 24-year-old male, status post tracheostomy and open-reduction internal fixation of the left femur resulting from injuries sustained in a motor vehicle collision (MVC). Postoperatively, Jacob was transferred to the Surgical Intensive Care Unit (SICU) for overnight observation and then to the Medical-Surgical floor. It is now post-op day two (POD #2). He has been repeatedly asking for more pain medication. Labs were drawn an hour before shift change.

Background:

Jacob sustained a compound left femur fracture and blunt tracheal injury in an MVC two days ago when he fell asleep at the wheel and hit a tree while driving home late from work. He was admitted via the Emergency Department (ED) and taken to surgery for a collapsed trachea requiring emergency tracheostomy and open-reduction and internal fixation (ORIF) of the left femur. His medical and surgical history is unremarkable; he has no known drug allergies and was in good physical health prior to the MVC.

Jacob owns and operates a coffee shop and lives in an apartment. He has a very close relationship with his parents, who are currently on a Greek Island Cruise and trying to get home. His girlfriend of 3 years, Hannah, is 5 months pregnant and has remained at his bedside keeping his parents informed and appearing overwhelmed and emotional.

Assessment:

Vital signs: (3 hours ago) BP 120/74, HR 68, RR 16, T 100.6°F, SPO₂ 95% on 3 liters oxygen per trach collar.

Pain: Effective pain management with morphine patient-controlled analgesia (PCA), when used as indicated.

General Behavior/Communication: Appears frustrated and scared. Very hesitant with care and reacts to any issues in anger. He often opens his mouth to speak but cannot. He will use the whiteboard or pen and paper to communicate.

Cardiovascular: Normal sinus rhythm.

Respiratory: Lung sounds diminished with faint crackles in the bases. Occasional coarseness noted in the upper lobes and congested cough at times, both of which clear with trach suctioning.

GI: Bowel sounds present x 4 quadrants. NG discontinued last evening. NPO.

GU: Urinary catheter draining approximately 70 mL per hour. To be discontinued this morning.

Extremities: Wiggles toes freely. Normal sensation bilateral lower extremities. Immobilizer on left leg.

Skin: Warm and dry. Facial, neck, and chest bruising noted. Surgical dressing dry and intact to left thigh.

Neurological: Alert, awake and oriented to person, place, time, and situation. No neurological deficits.

Labs: CBC and CMP this AM.

IVs: 0.9% Sodium Chloride at 125 mL/hour via 20g PIV in right forearm.

Recommendations and Active Orders:

Implement active orders and monitor patient status.

FLOW OF SIMULATION

Scenario Progression				
Phase ID & Patient Presentation	SP interaction/ Cues	Expected Actions and Progression		Notes
Pre-brief (see below) 0-5 minutes	***SP should not be in the room if pre-brief is conducted in the patient room			Learners should not see SP prior to start of the simulation
1. Initial interaction: 5-10 minutes	<ul style="list-style-type: none"> Restless, hurt/angry appearance in response to overheard conversation at med cart. Begin to exhibit signs of dyspnea (restless, anxious, rapid shallow respirations); tachypnea, pulse ox begins dropping. 	<p>Correct Action:</p> <ul style="list-style-type: none"> Learner prepares meds for the patient before entry. Learner enters and addresses unprofessional conversation. Initial assessment. 	<p>Incorrect Action:</p> <ul style="list-style-type: none"> Not recognizing patient overheard conversation. 	<p><i>Interaction notes:</i> A facilitator or other SP will engage the learner as meds are prepared by saying loudly enough for the Patient SP to hear, "Pain exceeds the PCA, huh? I guess that's a problem when you bang yourself up driving under the influence in the first place. I get so sick of seeing these people here. Why do the good ones die?"</p>
2. Initial Assessment: HR: 76 BP: 124/72 RR: 14-18 SpO2: 92% T: 100.6°F ECG: Sinus Rhythm 10-20 minutes	<ul style="list-style-type: none"> Indicates need for suctioning with mild dyspnea; low pulse ox, tachypnea, coarse breath sounds, coughing, desperate facial expressions (wide eyed, panicked). The patient indicates need for suctioning with physical gestures. If needed, communicates the need in writing. 	<p>Correct Action:</p> <ul style="list-style-type: none"> Administer medications, reeducate on PCA. Perform focused assessment. Identify diminishment and faint crackles at bases with coarseness in upper lobes and cough, initiate suctioning. 	<p>Incorrect Action:</p> <ul style="list-style-type: none"> Not using 5 Rights of medication administration. Does not perform suction properly or at all. 	
3. Debrief and SP Feedback (see below) 20-55 minutes	<ul style="list-style-type: none"> SP preparing notes for debriefing Feedback provided (3-5 minutes) Available for questions 			Debriefing and SP Feedback (See below)

SIMULATION TIMELINE

Timeframe	Simulation Activity	SP Interaction/ Cues
0-5 min	Pre-briefing Notes: See Below	
5-10 min	Learners prep medications for the patient before entry. Learners enter and address unprofessional conversation, reeducate on PCA	Pt is restless, has a hurt/angry appearance in response to overheard conversation at med cart.
10-20 min	Perform assessment and identification of diminishment and faint crackles at bases with coarseness in upper lobes and cough, initiate suctioning	Pt indicates need for suctioning and signs of mild dyspnea.
20-55 min	Debriefing & SP Feedback (See below)	SP Preparing notes for debriefing Feedback provided (3 -5minutes) Available for questions

1. Introduction

- a. Take the next 30 minutes to debrief the simulation activity.
- b. Discuss what happened in a summary-type format
 - i. Discuss learners' thoughts/feelings
 - ii. Analyze what learnings from previous simulations/ clinical experiences were integrated into this simulation
 - iii. Explore what went well and look at what might be done differently and why
 - iv. Discuss what learners' thoughts were at various points during the simulation in relation to the objectives
 - v. Talk about how learners may apply what they have learned today to the clinical setting.
- c. Please remember that anything shared here is to remain confidential to ensure psychological safety for everyone.

2. Defuse / De-role

- a. What learnings from previous simulations/clinical experiences were integrated into this simulation? Were they successful?
- b. What do learners think went well? Unpack more.
- c. What might be done differently, given a second chance? Why?
- d. Was there anything in the simulation that learners felt they were not prepared to address with the patient?

3. Discovery

- a. Obtain feedback from SP.
- b. Ask SPs to resolve any undiscussed questions or concerns mentioned during defuse/ de-role.
- c. Slowly analyze simulation and summarize the case (engage the SPs in dialogue when appropriate).
 - i. Assessment findings (subjective and objective)
 - ii. Level of concern for this patient?
 - iii. Review the objectives & ask for feedback regarding attainment
 - iv. How will they document their findings/ interaction?
- d. Any remaining questions/concerns not discussed?
- e. Consider a concept map

4. Deepening

- a. What communication strategies or interventions are helpful going forward?
- b. Share one key take-away.
- c. Summarize the key learning points (focus on objectives and feedback).

PATIENT NAME BAND & MEDICATION LABELS

<p>0.9% Sodium Chloride</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Diphenhydramine Hydrochloride 50mg/5mL</p> <p>Not for Human Use</p> <p>Simulation Only</p>
<p>Cefazolin 500mg/50 mL</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Ondansetron Hydrochloride 2mg/mL</p> <p>Not for Human Use</p> <p>Simulation Only</p>
<p>Morphine Sulfate 1mg/mL</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Naloxone 1mg/mL</p> <p>Not for Human Use</p> <p>Simulation Only</p>
<p>Enoxaparin Sodium 40 mg/0.4 mL</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Docusate Sodium 100mg</p> <p>Not for Human Use</p> <p>Simulation Only</p>
<p>Pantoprazole 40mg/10mL</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Piperacillin/Tazobactam 45.g/50mL</p> <p>Not for Human Use</p> <p>Simulation Only</p>
<p>Cefepime 1g/50mL</p> <p>Not for Human Use</p> <p>Simulation Only</p>	

Easton, Jacob

12/28/XXXX Age: 24 MRN: 12345678
Dr. Khan Hospitalized days: 2

SECTION 3 SIMULATED PARTICIPANT EDUCATOR INFORMATION

SIMULATION OBJECTIVES FOR HEALTHCARE LEARNER(S)

Objectives not shared with learners:

1. (A) Responds within 10-15 minutes to the patient's change in respiratory condition.
2. (A) Appropriately discerns patient care priorities given patient assignment and recognizes need for additional support.
3. (C) Recognizes inconsistencies / discrepancies in hand off report and asks appropriate follow-up questions.
4. (C) Identifies and considers available resources (staff &/or equipment) to assist in decision making.
5. (P) Performs a thorough and efficient physical assessment and necessary interventions using evidence-based techniques following infection prevention standards.
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Objectives shared with learners:

1. (A) Responds empathetically to patient concerns and clearly communicates a plan of care.
2. (C) Synthesizes verbal hand off report and assessment findings to prioritize patient care, determine appropriate interventions, follow-up conversations, and delegation opportunities.
3. (P) Demonstrates ability to effectively communicate with the patient and care providers while advocating for the patient.

CHARACTER DESCRIPTION (PATIENT)

Simulated Patient Name: Jacob Easton

Age: 24

Birthday: 12/28/XXXX

Profession: Business Owner

Current Emotional State: Frustrated and overwhelmed

Environment/setting/location: Med-Surg

Background and Guidelines:

Jacob has always had a close relationship with his parents. He has felt well supported and lucky to have both his parents. He is an only child, and it has always just been him and his parents. Jacob attended private schools his entire life and has been in travel hockey and soccer leagues since middle school. He is still very active and enjoys playing soccer and running. Jacob attended and graduated from the same school as his father. His dad has always encouraged him to be a lawyer, but Jacob has never wanted to go into that profession.

Last year after his college graduation Jacob decided to collaborate with his best friend and start a coffee shop. He has always had an entrepreneurial spirit and is excited about the opportunity to start something new. He enjoys going to work every day and the different challenges that come. Luckily, Jacob is 24 and still under his parent's health insurance. Jacob and his dad recently have had a lot of tension about Jacob not using his degree (that his dad paid for) just for him to start an unrelated business that could fail. Jacob is very confident that the coffee shop will be a success, but it needs time. He does feel some interterm oil like he is letting his father down by not following his degree.

Jacob recently received some life changing news that his girlfriend Hannah is pregnant. They have been dating since college and planned on getting married in a few years. Jacob has been completely thrown by this information. He does not feel ready to be a dad and feels a bit like he is ending his party lifestyle to now raise a child. Recently they started decorating a room in their apartment which has gotten him more excited about being a father and what he can teach his children. During this tense time with his father Hannah has been a huge support and it has really strengthened their relationship. Hannah supports Jacobs dreams of owning this coffee shop.

Jacob was working late and, on his way, home he got into an accident. Jacob does not have a memory of the accident and just woke up in the hospital.

Jacob had to receive an emergency trach due to a damaged windpipe. This is the second day after surgery, and he has not had time to really understand or process how big of a change this is going to be. He spent the first night in the Surgical Intensive Care Unit (SICU) and transferred out to the Medical-Surgical floor yesterday.

Health:

Was in good physical health until the MVC and now has many bruises, a broken leg that required surgery, and a tracheostomy.

Family:

Jacob is an only child and very close to his parents. Recently he has been having stress with his dad and things have been a bit tense. His parents were on vacation and are still trying to get home. His girlfriend of 3 years, Hannah, is 5 months pregnant.

Housing:

Hannah and Jacob live in a two-bedroom apartment.

Social History:

Smokes weed occasionally, drinks alcohol a few times a week, mostly beer.

Academic:

Graduated 2 years ago with 4-year prelaw degree.

Interaction Guidelines:

Jacob will be glaring and visibly upset toward the nurses when they come in to talk. He will show obvious discomfort and a feeling that he is not comfortable in this “new” body. Not remembering to push his pain pump button, Jacob asks for more pain meds due to his leg and overall discomfort. He then overhears a conversation in the hall between providers referencing his request for pain meds insinuating he must be an addict and that he deserved and likely caused the MVC. He is also experiencing shortness of breath and his trach needs to be suctioned. Jacob will use a whiteboard or pen and paper to angrily communicate. When people are having a hard time understanding he begins to get frustrated and roll his eyes or display anger in his face. When people can understand him, he gets very excited. Jacob often opens his mouth to speak but is unable to and it is obvious in his face that he has frustration when he remembers he is unable to talk. Hannah is often speaking over Jacob in an effort to help since he cannot speak. In this effort to guess what he is thinking Hannah is often wrong and this frustrates Jacob. Explaining suctioning scares Jacob and he will show concern and fear on his face. After suctioning if his carina is hit, he will show respiratory distress and ask if its normal for him to cough like that. If the nurse goes to do a second pass after the first, Jacob will need time to recover from loss of oxygen. Jacob should not become an obstacle to the nurse suctioning, but he does need reassurance before proceeding.



[Tracheostomy Patient and Family Interviews](#)

CHARACTER DESCRIPTION (GIRLFRIEND)

Name: Hannah Reese

Age: 23

Birth Date: 3/9/XXXX

Overall Emotional State: Confused and emotional. A lot of tears and a lot of questions.

Environment/setting/location: Medical-Surgical Nursing Unit, at Jacob's bedside.

Background and Guidelines:

Hannah has been dating Jacob for 3 years. Recently Jacob has had a strained relationship with his family. Hannah has felt like she really needs to fill in the gaps and support him. She wants to get married and with this accident it feels like their plans are starting to crumble.

Health:

5 months pregnant.

Family:

Both of Hannah's parents live in the next state over, about 5 hours away. Hannah may reference them in the simulation and say they are praying for Jacob and are on their way. Hannah is very close to Jacob's family as well and is feeling slightly overwhelmed with Jacob's parents not being there yet, not to mention their questions as well as her own and trying to listen to what the healthcare providers are trying to say.

Interaction Guidelines:

Hannah feels overwhelmed and tired. She is doing her best just to be there and remember as much as she can. She wishes his parents were here to help with answering questions because she doesn't know a lot of the answers. Jacob is still under his family's insurance. Hannah is worried her stress is not good for the baby, so she is trying to be calm. Hannah will answer for Jacob or look to him to try to speak for him, she is doing her best but gets frazzled if he gets upset. The whole situation is hard and the two of them feel in over their heads with all of these quick changes.

DRY RUN

- ✓ Should be completed the first time a simulation is done in a facility, or any time major changes are made to simulation (i.e., changing a sim from Manikin sim to an SP sim).
- ✓ Be sure to complete during a quiet (or quieter) time in the simulation center if possible.
- ✓ If the SP is not a subject matter expert, schedule a meeting between SP Educator and Subject Matter Expert the day prior to the dry run to be sure there is understanding.

DRESS REHEARSAL

- ✓ Dress rehearsal should be scheduled in advance of the first scheduled simulation. Provide SPs with the expected duration of the dress rehearsal and specific dates/times.
- ✓ If possible, have all SPs who will be playing this role attend the same dress rehearsal. A second "best" option is joining remotely by video.
- ✓ SP Educator is lead for dress rehearsal. If this is a new simulation, Subject matter Expert should also be included in the dress rehearsal.
- ✓ Begin with a BRIEF simulation overview (5-10 minutes max) - they should be coming prepared. Include information on bedside hand off report and the safe container, if appropriate. Include an introduction to the Avkin product line if being used in the simulation.
- ✓ Begin the dress rehearsal with bedside hand off report so the SPs can hear what the learners will be told if planned for simulation.
- ✓ Each SP should practice wearing the appropriate Avkin products (if part of the simulation) for dress rehearsal.
- ✓ Dress rehearsal structure should include a round robin where 1 SP starts the dress rehearsal while the other SPs observe from the control room or remain quiet observing from a different vantage point in the room. The dress rehearsal is paused after 5 minutes for coaching notes from the SP educator and / or subject matter expert.
- ✓ The next SP then assumes the role after coaching notes have been given and discussion is complete.
- ✓ The first SP will stay to observe the remaining SPs performance(s) from the control room. The dress rehearsal is completed once all individuals have had an opportunity to play in character, and all have observed each other play the same roles.
- ✓ Review flow of debriefing for simulation.
- ✓ Discuss SP "safe" word to be used by SP to stop simulation
- ✓ Be sure all questions are answered before leaving.
- ✓ Helpful Tip - review simulation hours while all SPs are present and have them "sign off" on their assigned simulations. If there is a conflict with one of the SPs, the others are there to check their availability and resolve the issues immediately.

SIMULATED PARTICIPANT EQUIPMENT / SUPPLIES / MOULAGE / DRESS / AVKIN PRODUCTS / PROPS

Moulage: Facial bruises and surgical dressing to left thigh. Many bruises on neck and chest.

Dress: SPs should bring their personal tank top and shorts. Institution to supply the hospital gown.

Prop: Dry erase board/markers or pen and notepad.

Avkin Products:

Avtrach - Wearable chest overlay with tracheostomy. Simulated mucus is injected into the Avtrach before the simulation for later suctioning. A vibration in the left strap will tell SP when too much pressure has been applied to the faceplate. SPs response should be a gagging with some coughing. Right strap vibration indicates the suction catheter has been inserted too deeply hitting the carina. Real patients describe this feeling as extremely uncomfortable, like a hot poker to the chest. SPs response is violent coughs that force them out of laying position.

Avstick - Wearable IV Sleeve. It has several layers of protection in it so SP will not get stuck with the needle. Be sure the learners are looking for a "vein on the Avstick. SPs can look away as they are getting ready to place the intravenous line and a vibration will tell when the needle has penetrated the skin so SPs can react the way they have been taught in dress rehearsal to the actual insertion of the IV.



[Avtrach SP Education](#)



[Avstick SP Education](#)

SIMULATED PATIENT PREPARATORY INFORMATION / ASSIGNMENT

Memorize Character Description

View any videos or documents provided for background

Patient dress rehearsal

FLOW OF SIMULATION

Scenario Progression				
Phase ID & Patient Presentation	SP interaction/ Cues	Expected Actions and Progression		Notes
Pre-brief (see below) 0-5 minutes	***SP should not be in the room if pre-brief is conducted in the patient room			Learners should not see SP prior to start of the simulation
1. Initial interaction: 5-10 minutes	<ul style="list-style-type: none"> Restless, hurt/angry appearance in response to overheard conversation at med cart. Begins to exhibit signs of dyspnea (restless, anxious, rapid shallow respirations); tachypnea, pulse ox begins dropping. 	Correct Action: <ul style="list-style-type: none"> Learner prepares meds for the patient before entry. Learner enters and addresses unprofessional conversation. Initial assessment. 	Incorrect Action: <ul style="list-style-type: none"> Not recognizing patient overheard conversation. 	<i>Interaction notes:</i> A facilitator or other SP will engage the learner as meds are prepared by saying loudly enough for the Patient SP to hear, "Pain exceeds the PCA, huh? I guess that's a problem when you bang yourself up driving under the influence in the first place. I get so sick of seeing these people here. Why do the good ones die?"
2. Initial Assessment: HR: 76 BP: 124/72 RR: 14-18 SpO2: 92% T: 100.6°F ECG: Sinus Rhythm 10-20 minutes	<ul style="list-style-type: none"> Indicates need for suctioning with mild dyspnea; low pulse ox, tachypnea, coarse breath sounds, coughing, desperate facial expressions (wide eyed, panicked). The patient indicates need for suctioning with physical gestures. If needed, communicate the need in writing. 	Correct Action: <ul style="list-style-type: none"> Administer medications, reeducate on PCA. Perform focused assessment. Identify diminishment and faint crackles at bases with coarseness in upper lobes and cough, initiate suctioning. 	Incorrect Action: <ul style="list-style-type: none"> Not using 5 Rights of medication administration. Does not perform suction properly or at all. 	
3. Debrief and SP Feedback (see below) 20-55 minutes	<ul style="list-style-type: none"> SP preparing notes for debriefing Feedback provided (3-5 minutes) Available for questions 			Debriefing and SP Feedback (See below)

SECTION 4 SIMULATED PARTICIPANT INFORMATION

SIMULATION OBJECTIVES FOR HEALTHCARE LEARNER(S)

Objectives not shared with learners:

1. (A) Responds within 10-15 minutes to the patient's change in respiratory condition.
2. (A) Appropriately discerns patient care priorities given patient assignment and recognizes need for additional support.
3. (C) Recognizes inconsistencies / discrepancies in hand off report and asks appropriate follow-up questions.
4. (C) Identifies and considers available resources (staff &/or equipment) to assist in decision making.
5. (P) Performs a thorough and efficient physical assessment and necessary interventions using evidence-based techniques following infection prevention standards.
6. (P) Responds to patient safety concerns in a professional and timely manner.

Objectives shared with learners:

1. (A) Responds empathetically to patient concerns and clearly communicates a plan of care.
2. (C) Synthesizes verbal hand off report and assessment findings to prioritize patient care, determine appropriate interventions, follow-up conversations, and delegation opportunities.
3. (P) Demonstrates ability to effectively communicate with the patient and care providers while advocating for the patient.

LEVEL OF HEALTHCARE LEARNER(S)

Beginning Post Licensure - Transitioning from academic to clinical practice, passed licensure exam, within first 6 months of professional practice/residency. Consider use in cases of returning to the workforce or following alteration to normal practice.

Scenario progression: Oxygen saturations will be dropping and not rebounding with coughing. The patient will require suctioning of tracheostomy to return saturations to acceptable range. Jacob is also complaining of increased pain. He overhears an angry overbearing provider speaking disparagingly in the hallway. The provider says Jacob deserves what happened to him because (he/she assumes) Jacob was under the influence. The provider bases this assumption on the fact that Jacob is still "in pain" even though he has a PCA. Learners should address the lack of professionalism Jacob overheard by diffusing the situation and carry out the provider's orders.

CHARACTER DESCRIPTION (PATIENT)

Simulated Patient Name: Jacob Easton

Age: 24

Birthday: 12/28/XXXX

Profession: Business Owner

Current Emotional State: Frustrated and overwhelmed

Environment/setting/location: Med-Surg

Background and Guidelines:

Jacob has always had a close relationship with his parents. He has felt well supported and lucky to have both his parents. He is an only child, and it has always just been him and his parents. Jacob attended private schools his entire life and has been in travel hockey and soccer leagues since middle school. He is still very active and enjoys playing soccer and running. Jacob attended and graduated from the same school as his father. His dad has always encouraged him to be a lawyer, but Jacob has never wanted to go into that profession.

Last year after his college graduation Jacob decided to collaborate with his best friend and start a coffee shop. He has always had an entrepreneurial spirit and is excited about the opportunity to start something new. He enjoys going to work every day and the different challenges that come. Luckily, Jacob is 24 and still under his parent's health insurance. Jacob and his dad recently have had a lot of tension about Jacob not using his degree (that his dad paid for) just for him to start an unrelated business that could fail. Jacob is very confident that the coffee shop will be a success, but it needs time. He does feel some interterm oil like he is letting his father down by not following his degree.

Jacob recently received some life changing news that his girlfriend Hannah is pregnant. They have been dating since college and planned on getting married in a few years. Jacob has been completely thrown by this information. He does not feel ready to be a dad and feels a bit like he is ending his party lifestyle to now raise a child. Recently they started decorating a room in their apartment which has gotten him more excited about being a father and what he can teach his children. During this tense time with his father Hannah has been a huge support and it has really strengthened their relationship. Hannah supports Jacobs dreams of owning this coffee shop.

Jacob was working late and, on his way, home he got into an accident. Jacob does not have a memory of the accident and just woke up in the hospital.

Jacob had to receive an emergency trach due to a damaged windpipe. This is the second day after surgery, and he has not had time to really understand or process how big of a change this is going to be. He spent the first night in the Surgical Intensive Care Unit (SICU) and transferred out to the Medical-Surgical floor yesterday.

Health:

Was in good physical health until the MVC and now has many bruises, a broken leg that required surgery, and a tracheostomy.

Family:

Jacob is an only child and very close to his parents. Recently he has been having stress with his dad and things have been a bit tense. His parents were on vacation and are still trying to get home. His girlfriend of 3 years, Hannah, is 5 months pregnant.

Housing:

Hannah and Jacob live in a two-bedroom apartment.

Social History:

Smokes weed occasionally, drinks alcohol a few times a week, mostly beer.

Academic:

Graduated 2 years ago with 4-year prelaw degree.

Interaction Guidelines:

Jacob will be glaring and visibly upset toward the nurses when they come in to talk. He will show obvious discomfort and a feeling that he is not comfortable in this “new” body. Not remembering to push his pain pump button, Jacob asks for more pain meds due to his leg and overall discomfort. He then overhears a conversation in the hall between providers referencing his request for pain meds insinuating he must be an addict and that he deserved and likely caused the MVC. He is also experiencing shortness of breath and his trach needs to be suctioned. Jacob will use a whiteboard or pen and paper to angrily communicate. When people are having a hard time understanding he begins to get frustrated and roll his eyes or display anger in his face. When people can understand him, he gets very excited. Jacob often opens his mouth to speak but is unable to and it is obvious in his face that he has frustration when he remembers he is unable to talk. Hannah is often speaking over Jacob in an effort to help since he cannot speak. In this effort to guess what he is thinking Hannah is often wrong and this frustrates Jacob. Explaining suctioning scares Jacob and he will show concern and fear on his face. After suctioning if his carina is hit, he will show respiratory distress and ask if its normal for him to cough like that. If the nurse goes to do a second pass after the first, Jacob will need time to recover from loss of oxygen. Jacob should not become an obstacle to the nurse suctioning, but he does need reassurance before proceeding.



[Tracheostomy Patient and Family Interviews](#)

CHARACTER DESCRIPTION (GIRLFRIEND)

Name: Hannah Reese

Age: 23

Birth Date: 3/9/XXXX

Overall Emotional State: Confused and emotional. A lot of tears and a lot of questions.

Environment/setting/location: Medical-Surgical Nursing Unit, at Jacob's bedside.

Background and Guidelines:

Hannah has been dating Jacob for 3 years. Recently Jacob has had a strained relationship with his family. Hannah has felt like she really needs to fill in the gaps and support him. She wants to get married and with this accident it feels like their plans are starting to crumble.

Health:

5 months pregnant.

Family:

Both of Hannah's parents live in the next state over, about 5 hours away. Hannah may reference them in the simulation and say they are praying for Jacob and are on their way. Hannah is very close to Jacob's family as well and is feeling slightly overwhelmed with Jacob's parents not being there yet, not to mention their questions as well as her own and trying to listen to what the healthcare providers are trying to say.

Interaction Guidelines:

Hannah feels overwhelmed and tired. She is doing her best just to be there and remember as much as she can. She wishes his parents were here to help with answering questions because she doesn't know a lot of the answers. Jacob is still under his family's insurance. Hannah is worried her stress is not good for the baby, so she is trying to be calm. Hannah will answer for Jacob or look to him to try to speak for him, she is doing her best but gets frazzled if he gets upset. The whole situation is hard and the two of them feel in over their heads with all of these quick changes.

DRESS REHEARSAL

- ✓ Dress rehearsal should be scheduled in advance of the first scheduled simulation. (Identify length of time expected for dress rehearsal.) This will be scheduled one week prior to SPs needing to portray a role.
- ✓ If possible, have all SPs who will be playing this role attend the same dress rehearsal. A second option is joining remotely by video.
- ✓ SP Educator is lead for dress rehearsal. If this is a new simulation, the subject matter expert should also be included in the dress rehearsal.
- ✓ Begin with a BRIEF simulation overview (5-10 minutes max) - SPs should be coming prepared. Include information on bedside hand off report and the safe container, if appropriate. Include an introduction to the Avkin product line.
- ✓ Begin the dress rehearsal with a bedside hand off report if planned for simulation.
- ✓ Each SP should wear the appropriate Avkin products for dress rehearsal.
- ✓ Rundown of structure for dress rehearsal:
 - Brief rundown/ discussion of flow
 - The SPs performing as Jacob and Hannah will get fully dressed and start the dress rehearsal.
 - Additional SPs will observe from the control room or remain quiet observing from a different vantage point in the room.
 - The SP Educator will pause the interaction after about 5 minutes.
 - The SP Educator and/or subject matter expert will give coaching notes so all SPs can apply them. Allow time for clarifying questions.
 - The next SPs are selected for Jacob and Hannah and the other SPs will observe.
 - The first SP will stay to observe the remaining SPs performance(s) from the control room.
 - The dress rehearsal is completed once all individuals have had an opportunity to play in character, and all have observed each other play the same roles.
- ✓ The SP Educator will review the flow of debriefing for this specific simulation.
- ✓ SP Educator must provide a "safe" word to use if the SP feels uncomfortable. This word will stop the simulation.
- ✓ Make sure all questions are answered before leaving the dress rehearsal.
- ✓ Helpful Tip - review simulation hours while all SPs are present and have them initial that they are available for each of their assigned simulations. Then, if there is a conflict with one of the SPs, the others are there to check their availability immediately.

SIMULATED PARTICIPANT EQUIPMENT / SUPPLIES / MOULAGE / DRESS / AVKIN PRODUCTS / PROPS

Moulage: Facial bruises and surgical dressing to left thigh. Many bruises on neck and chest.

Dress: SPs should bring their personal tank top and shorts. Institution to supply the hospital gown.

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[Avtrach SP Education](#)



[Avstick SP Education](#)

SIMULATED PARTICIPANT PREPARATORY INFORMATION / ASSIGNMENT

Memorize character description

View any videos or documents provided for background

Patient dress rehearsal

FLOW OF SIMULATION

Scenario Progression				
Phase ID & Patient Presentation	SP interaction/ Cues	Expected Actions and Progression		Notes
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2. Initial Assessment: HR: 76 BP: 124/72 RR: 14-18 SpO2: 92% T: 100.6°F ECG: Sinus Rhythm 10-20 minutes	<ul style="list-style-type: none"> Indicates need for suctioning with mild dyspnea; low pulse ox, tachypnea, coarse breath sounds, coughing, desperate facial expressions (wide eyed, panicked). The patient indicates need for suctioning with physical gestures. If needed, communicates the need in writing. 	<p>Correct Action:</p> <ul style="list-style-type: none"> Administer medications, reeducate on PCA. Perform focused assessment. Identify diminishment and faint crackles at bases with coarseness in upper lobes and cough, initiate suctioning. 	<p>Incorrect Action:</p> <ul style="list-style-type: none"> Not using 5 Rights of medication administration. Does not perform suction properly or at all. 	
3. Debrief and SP Feedback (see below) 20-55 minutes	<ul style="list-style-type: none"> SP preparing notes for debriefing Feedback provided (3-5 minutes) Available for questions 			Debriefing and SP Feedback (See below)

PRE-BRIEFING NOTES

1. Conduct the pre-brief orientation WITHOUT the simulated participants (SPs) in the room.
2. Inform learners that they will be interacting with a simulated participant.
3. Inform learners how much time they have for the interaction & objectives.
4. Inform learners that the facilitator will call the simulation when all of the objectives have been met or the time has run out (they should not stop the simulation until they are notified the simulation is completed).
5. Inform learners of "Safe Container" (if offered) and provide guidelines including a fiction contract and learner confidentiality agreement.
6. Provide "safe word" for SP and learner within simulation participation guidelines for organization.
7. Provide Hand Off report (this can be done bedside but be sure SPs are aware that the hand off report is a part of the simulation).

1. Introduction

- a. Take the next 30 minutes to debrief the simulation activity.
- b. Discuss what happened in a summary-type format
 - i. Discuss learners' thoughts/feelings
 - ii. Analyze what learnings from previous simulations/ clinical experiences were integrated into this simulation
 - iii. Explore what went well and look at what might be done differently and why
 - iv. Discuss what learners thoughts were at various points during the simulation in relation to the objectives
 - v. Talk about how learners may apply what they have learned today to the clinical setting.
- c. Please remember that anything shared here is to remain confidential to ensure psychological safety for everyone.

2. Defuse/ De-role

- a. What learnings from previous simulations/clinical experiences were integrated into this simulation? Were they successful?
- b. What do learners think went well? Unpack more.
- c. What might be done differently, given a second chance? Why?
- d. Was there anything in the simulation that learners felt they were not prepared to address with the patient?

3. Discovery

- a. Obtain feedback from SP.
- b. Ask SPs to resolve any undiscussed questions or concerns mentioned during defuse/ de-role.
- c. Slowly analyze simulation and summarize the case (engage the SPs in dialogue when appropriate).
 - i. Assessment findings (subjective and objective)
 - ii. Level of concern for this patient?
 - iii. Review the objectives & ask for feedback regarding attainment
 - iv. How will they document their findings/ interaction?
- d. Any remaining questions/concerns not discussed?
- e. Consider a concept map

4. Deepening

- a. What communication strategies or interventions are helpful going forward?
- b. Share one key take-away.
- c. Summarize the key learning points (focus on objectives and feedback).