



## Establishing the Learning Environment for Simulation

- **Introductions**
- **Overview and the learning objectives for the session**
- **Duration of the session and how it will run:** This simulation session will take approximately 1 hour. We will start with a pre-briefing where we will cover the logistics of the simulation, the objectives, familiarisation with the manikin, our expectations from you and your expectations from us. We will then run the simulation after giving you a brief introduction to the scenario. Once the simulation is completed we will spend at least 20 minutes discussing and debriefing to identify any learning points. The simulation will / will not be video recorded.
- **Establishing confidentiality:** In order to respect the confidentiality of participants, we ask that you do not identify colleagues by name during any discussions that you may have after the training. In addition, please do not discuss the contents of the scenarios - we many need to re-use them! "What goes on tour stays on tour!"
- **Is there an assessment element?**
- **The simulator and environment - in person or narrative**

### The SimMan Essential manikin ('Ned')

- He has a full set of pulses and breathes spontaneously. He has breath, heart and abdominal sounds and blinks his eyes. He may even speak to you if you are nice.
- If you need clarification on those aspects of the patient that cannot be simulated (e.g. patient colour, capillary refill, sweating etc.) or are unclear, ask. You will receive guidance from the facilitator or 'helper' when appropriate (see below).
- If the manikin has a central line or peripheral cannula, these can be used as normal. They are hooked up to a drainage system.
- If you want to give drugs and fluids, you must actually draw them up and give them. In addition, you must say the name and dose of the drugs or fluid out loud for them to work.

### The bed space

- Real equipment will be used (including the defibrillator, which is live), however, equipment may be in opened packets and drugs may be out of date.
- The defibrillator has special leads which attach to connectors on the manikin's chest.
- The phone in the bedspace should be used to summon help, arrange investigations and therapies. There is a speed dial labelled 'Sim Switch'. Please use this number – the 'operator' will help you with your requests.

### General Rules

- Things will happen in real time.
- There may be a 'helper' nurse or doctor in the scenario. This person knows the scenario and can help you to find out things about the patient that cannot be simulated. They might tell you, for example, that the patient is having a fit, or has turned blue. They will always tell you the truth and will not try to mislead you.



- Initiative is encouraged (i.e. you don't have to wait to be asked to do something – this is team training, not doctor training). If you see something going wrong, say so!
- Watch the monitor as you would in real life – things will change!
- The patient will adjust according to the decisions and actions that are made
- **Expectations from the participants:** All candidates are to act in their normal role (nurse, doctor) and at their normal level of seniority (e.g. the first year resident will not suddenly be able to perform a difficult intubation).
- **About the debrief:** Debriefing is the most important aspect of simulation and we hope that you can engage with us in reflecting on the scenario. We can then continue to evolve our knowledge, skills and professionalism in order to improve patient care. The forum is open to all so please feel free to speak up and say something, we just ask that all comments are respectful of others.
- **Reality check:** We have done everything possible to try and make the scenario as realistic as possible, but appreciate that the situation is not entirely the same as real life and that you may act differently to how you would act normally. We ask that you engage as best as you can with the simulation to try and get the best out of it.
- **Logistics:** Location of sim and debrief, location of bathrooms, to identify anyone that may need to leave early and facilitate this.
- **Alleviating anxiety:** We appreciate that all participants are intelligent and committed colleagues but that undertaking simulation can be a stressful and daunting experience. This is a safe learning environment for all and any mistakes that occur are embraced so that we can learn from them in a non-threatening, non-critical environment with the benefit that our learning occurs without harm to patients.
- **Any questions?**