***COMMON STRUCTURE FOR HIGH FIDELITY SIMULATION SCENARIO***

SCENARIO TITLE

**Ventricular fibrillation in a medicine/surgery service**

SCENARIO OVERVIEW

DUMMY TYPE:

HEALTHCARE SERVICE: medicine/surgery

TARGET GROUP[[1]](#footnote-1): nurses

ESTIMATED SCENARIO DURATION: 14 minutes

SCENARIO SUMMARY[[2]](#footnote-2):

Taking care of a patient with sub-obstruction in VT in a medicine/surgery service in a single room.

EDUCATIONAL OBJECTIVES

GENERAL OBJECTIVES:

* To identify an emergency and priority situation
* To manage the unexpected
* To develop multidisciplinary communication
* To find one’s place in a work team in an emergency situation
* To analyse leadership
* Top show professionalism

SCENARIO-SPECIFIC OBJECTIVES:

* To analyse a VF situation (unconsciousness) - > via ABCDE
* To identify a defibrillation need + CPR + ventilation
* To anticipate intubation (is this a priority?)
* To describe adequately the situation on the phone or verbally (with intern) to call the doctor
* To make relevant gestures depending on the situation

PARTICIPANTS’ ROLE

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT | Nursing students with caregivers -> can be used by the latter |  |  |
| PROFESSIONAL | Two nurses |  |  |
| TRAINERS[[3]](#footnote-3) | Doctor who takes the call or intern who moves (ideally) -> produce the alarm message |  |  |

EQUIPMENT LIST[[4]](#footnote-4)

To prepare the simulator.

Scope next to the bed, unplugged.

To set the dummy in supine decubitus, head at a 30° angle

Perfused catheter with two litre perfusion/24hours

Set NG tube

Medicines and solutes: 1l glucose 5% / 24h + 1l sustained release

Documents: one medical file and one nurse file

Environment: a single room with normal cares

SCENARIO PREPARATION

SIMULATION TYPE:

DUMMY TYPE:

SIMULATOR PREPARATION:

 - Setting: corresponding to initial state (cf. table)

 - Positioning[[5]](#footnote-5)

 - Accessories[[6]](#footnote-6):

ENVIRONMENT PREPARATION[[7]](#footnote-7):

PREPARATION OF ADDITIONAL EXAMINATIONS[[8]](#footnote-8):

PREPARATION OF STUDENTS/LEARNERS[[9]](#footnote-9):

* Signature of the chart during the first session, prior explanations.
* Dress code and organisation
* Explanations in the beginning of the day, discovery of the laboratory, material and possibilities of the dummy
* Security rules
* Instructions for confidentiality rule
* Principle of formative evaluation
* certificate of attendance
* Presentation of the general principles of the activity.

BRIEFING

TIME: break A

SITUATION[[10]](#footnote-10):

See brief history

Single room in medical/surgery service at Notre-Dame in Waremme

DOCUMENTS[[11]](#footnote-11):

Nurse file and Medical file on paper (brief)

PATIENT DATA[[12]](#footnote-12)

Surname: Helemaux Age: 71

Name: Jeanne Weight: 80kg

Date of birth: 18/03/1946 Height: 1.64

Allergies: penicillin Gender: F

Medical history: HTN, type 2 diabete

Surgeries: appendectomy

Ob/gyn: G2 P2

Personal treatment: Emconcor Mitis – Metformin 800 mg

FRAMES OF REFERENCE / EXPERTS RECOMMENDATIONS[[13]](#footnote-13)

DEBRIEFING IDEAS

Encourage students to use ERC protocols and the ABCDE approach of a patient in a critical situation.

SCENARIO PROGRESS

|  |
| --- |
|  |
| **Monitor setting** | **Patient dummy** | **Students’ interventions****(what we would like to see…)** | **Messages** |
| **Beginning time of scenario:** |
| **Time 1** | Dummy in supine decubitus, NG tube setNo plugged monitoring | The first nurse arrives in the room to administer morning treatment. |  |
| **Time 2** |   | The nurse notes HD parameters.Monitoring to set and VF curve.Recovery position when leaving the room to call for help because alone.She calls for help, her colleague and/or the nursing intern. |  |
| **Time 3** | Same | * Recognising the VF
* CPR
* Call internal reanimation (cannot come)
* Leadership-> distribution and management of tasks
* Calling nursing intern for specific task (such as call)
* Use of AED
* BLS protocol
 |  |
| **End time of scenario:** |

SCENARIO EVALUATION

POSITIVE ASPECTS:

TO IMPROVE:

REALISM:

USED PROTOCOLS:

PROTOCOLS TO IMPLEMENT:

1. Skill level and number of participants [↑](#footnote-ref-1)
2. Scenario key words [↑](#footnote-ref-2)
3. Control of dummy setting / Debriefing/ Dummy voice/ Facilitator/ Disruptive element/ external stakeholder (phone speaker) [↑](#footnote-ref-3)
4. Prefer Check-list for quick check-up [↑](#footnote-ref-4)
5. Half sit-up, lying down [↑](#footnote-ref-5)
6. Presence of oxygen, of a drip tube, already scoped… [↑](#footnote-ref-6)
7. Raised bed rails, presence of patients belongings, tissues, needed information received

 (Displayed thermometer, glycaemia…) [↑](#footnote-ref-7)
8. If foreseen in the scenario, prepare additional examinations to display (chest radiograph, blood test…) [↑](#footnote-ref-8)
9. Preliminary analysis of documents if needed [↑](#footnote-ref-9)
10. Location where the scenario takes place, information before entering the simulation room [↑](#footnote-ref-10)
11. Document handed during the briefing/ care record, biological results, written transmissions … [↑](#footnote-ref-11)
12. Care record layout or if not necessary to the scenario, voice memo for the trainer [↑](#footnote-ref-12)
13. Quoted sources, bibliography [↑](#footnote-ref-13)