

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 GROUP¹: nurses

ESTIMATED SCENARIO DURATION: 14 minutes

SCENARIO SUMMARY²:

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
- To 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

¹ Skill level and number of participants

² Scenario key words

PARTICIPANTS' ROLE

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

EQUIPMENT LIST⁴

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)
- Positioning⁵
- Accessories⁶:

³ Control of dummy setting / Debriefing/ Dummy voice/ Facilitator/ Disruptive element/ external stakeholder (phone speaker)

⁴ Prefer Check-list for quick check-up

⁵ Half sit-up, lying down

⁶ Presence of oxygen, of a drip tube, already scoped...

ENVIRONMENT PREPARATION⁷:

PREPARATION OF ADDITIONAL EXAMINATIONS⁸:

PREPARATION OF STUDENTS/LEARNERS⁹:

- 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.
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BRIEFING

TIME: break A

SITUATION¹⁰:

See brief history

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

DOCUMENTS¹¹:

Nurse file and Medical file on paper (brief)

PATIENT DATA¹²

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	

⁷ Raised bed rails, presence of patients belongings, tissues, needed information received (Displayed thermometer, glycaemia...)

⁸ If foreseen in the scenario, prepare additional examinations to display (chest radiograph, blood test...)

⁹ Preliminary analysis of documents if needed

¹⁰ Location where the scenario takes place, information before entering the simulation room

¹¹ Document handed during the briefing/ care record, biological results, written **transmissions** ...

¹² Care record layout or if not necessary to the scenario, voice memo for the trainer

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 set No 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	<ul style="list-style-type: none"> - 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:

¹³ Quoted sources, bibliography

REALISM:

USED PROTOCOLS:

PROTOCOLS TO IMPLEMENT: