# The Decompensating Pediatric Inpatient Simulation Series INSTRUCTOR'S GUIDE

#### **CONTENTS:**

- 1. Instructor's Guide
- 2. Scenario 1 Patient Information, Detailed simulation scenario with guided debriefing questions, Simulation experience evaluations.
- 3. Scenario 2 Patient Information, Detailed simulation scenario with guided debriefing questions, Simulation experience evaluations.
- 4. Scenario 3 Patient Information, Detailed simulation scenario with guided debriefing questions, Simulation experience evaluations.
- 5. Laerdal SimBaby and SimMan Programmed Simulations for use with compatible equipment.

## **BACKGROUND AND PURPOSE:**

In July of 2009, Children's National Medical Center (CNMC) Hospitalist and Emergency Department (ED) educators collaborated to create and implement unique simulation scenarios for trainees rotating on the Pediatric Hospitalist teams. The goal of this educational intervention is to teach and allow rehearsal of an approach to the unstable patient.

Monthly, a team of up to eight pediatric and family practice residents and medical students on each team are presented with the scenario of a decompensating inpatient. Trainees use this high-fidelity, low-risk, confidential environment to apply targeted clinical reasoning and their initial assessment and management strategies to core clinical problems.

In order to accommodate the time constraints imposed by busy inpatient service responsibilities, guided debriefing questions were created for the Hospitalist and ED faculty/fellow facilitators. These questions lead the trainees through exploration of the appropriate components of initial assessment and management, differential diagnosis of easily reversible and more complex etiologies, team leadership and collaboration, provider hand-offs and nurse-provider communication, and utilization of hospital resources.

### **IMPACT:**

Within six months of implementation, the monthly simulation scenario series logged greater than 85 learner encounters at CNMC with uniformly positive evaluations indicating that learners subjectively feel that their competence in the assessment and management of unstable inpatients is improving. As trainees become even more proficient at timely recognition of sick patients and appropriate initial management, education, patient care, and safety outcomes are expected to benefit. In addition, the simulation environment provides the opportunity to assess learners' competency with specific skills if rubrics for evaluation are created and applied to similar scenarios.

## **FACILITATOR INSTRUCTIONS:**

No specific facilitator training is required. However, the following guide may be helpful for the novice facilitator.

These simulation resources may be used with or without the SimBaby and SimMan programs provided.

- 1. Briefly **orient** participants:
  - Establish **safe learning environment**. This is the place to test your management style and potentially make mistakes in a safe environment.
  - Ensure confidentiality.
  - **Clarify roles**: Interns run scenario with senior as support. Facilitator not generally involved in scenario but can provide additional information/ play the role of parent or staff as needed.
  - Ask to suspend reality. These are situations which could really occur during this rotation. Although this is a plastic mannequin, treat it as you would a real patient to get the most out of the experience.
  - **Set expectations** for involvement in debriefing. After 7-10 minutes within the scenario, will return to table for group to reflect on your actions.
  - Introduce to code cart, code book, and other available resources.
  - **Review capabilities** of simulation center or equipment used.
- 2. Provide the **Patient Information** sheet to the participants.
- 3. **During the simulation** the facilitator's role can range from frequent guiding questions to support novice participants to silent observer for experts.
  - If participants are **stalled**, consider redirecting through a guiding question regarding re-assessment or pausing the simulation to direct participants towards differential diagnosis or needed history. Consider whether being stalled without redirection could be itself be instructive.
  - **Remind** of the capabilities of equipment.
  - Provide additional information if asked.
  - Document observations for later discussion.
  - **Stop simulation** if not complete prior to end of allotted time in order to ensure adequate time for debriefing.
- 4. You may utilize multiple methods to guide the debriefing/ reflection.
  - Goals of debriefing:

To encourage reflection on actions

To focus on learning objectives

To address skills, clinical reasoning, and emotions

Methods:

**Open ended questions** may be general or aimed at specific learning objectives.

**Present** observations and **inquire** about rationale. **Plus/ Delta:** The facilitator presents the patient's changes and participants' actions or a video of the simulation. Participants then choose positive actions for plus column and actions they would change in delta column. The facilitator then chooses where to focus. This method works better when more time is allotted.

5. Don't forget to distribute and collect **evaluations** to help guide changes for future sessions.