


SCENARIO	GOOD PRACTICE: EMERGENCY/Primary Health Care		Teacher template		 <p>Scenario 4 Emergency Assessment by SLIPPS Project Team is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Based on a work at https://www.slipps.eu/. Permissions beyond the scope of this license may be available at https://www.slipps.eu/.</p>
Target group	Advanced nursing and paramedic students: last semester and medical students OR Multiprofessional team from HCO		Large group	Small group	
				max 10	
Theme	EMERGENCY/Primary Health Care ---→ Good practice. How to prevent hazard? IDEA IS, THAT STUDENTS FIND A WAY TO PREVENT HAZARD.				
Expected learning outcomes	<p>Technical learning outcomes:</p> <ol style="list-style-type: none"> 1. The students are able to do systematic examination of patient: primary assessment (A,B,C) and advanced patient assessment (A,B,C,D,E) 2. The students are able to evaluate status of the patient and make working diagnosis and start right treatment. <p>Non-technical learning outcome:</p> <ol style="list-style-type: none"> 1. The students are able to communicate effectively (use of ISBAR (Identify, Situation, Background, Assessment, Recommendation), repeat back, give clear instructions) with team and patient. 				
Based on	Teaching / Instruction		Literature		
	This simulation is a part of studies: Patient safety in Nursing Care Emergency Nursing Care		Standards of Best Practice: Simulation INACSL Standards of Best Practice: Simulation SM Simulation Design INACSL Standards Committee. Clinical simulation in nursing 2016. Ministry of Social Affairs and Health. Patient and client safety strategy. 2017. CRM key points. Rall & Gaba in Miller, Anesthesia, 6 th Edition. 2005 Variation and adaptation: learning from success in patient safety-oriented simulation training. Dieckmann et all. 2017		
Time frame	Briefing:	15 min:	Simulaton:	Recommended time for this is 15 – 20 min	Debriefing: max 45 min

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		<ul style="list-style-type: none"> describe the structure of simulation to get familiar with simulator, environment, medical devices 				
Participants	Student roles:		Teacher roles:		Any other roles:	
	participants: three nursing students: 1. triage, 2. nurse I, 3. nurse II observers/peer learners: 6 Standardised patient: one of students		Facilitator/Defriever: the leader of simulation and doctor (=teacher) Co-debriefer: programs vital functions to patient monitor..		Technical personnel who control simulation programming: is available, if there occurs any technical problems	
Practical preparations	Tasks/to-do-list:		Preparation of simulator / patient and environment:		Available equipment:	
	<ul style="list-style-type: none"> Before simulation Order rooms/ facilitators Order technical and / or technical assistance from the skills center / facilitators Inform the students about the scenario well ahead of time/ facilitators → student-guideline Prepare the simulator and room/ facilitators and technical personnel -Make sure that the students are familiar with the simulator/ facilitators -Clean up after completion of scenario/ participants, facilitators, technical personnel 		The preparations that must be made for simulator and room to be realistic in relation to the scenario: environment: A&E and equipment Supported documents: patient files, lab results, x-rays, electrocardiograms Makeup to standardised patient		A&E equipment Supported documents: patient files, lab results, x-rays, electrocardiograms Suitable clothes for participants, standardized patient and doctor	
Case	Situation, when scenario begins: A patient arrives in the first aid room at primary health care unit during morning shift and tells the nurses about a sensation in their chest and their poor condition. The patient is not in any pain. The patient has been advised to come to primary care`s first aid room by the primary health care centre, where the patient had previously been waiting to see a doctor. The patient had not been examined in the primary health care center. He was just made to sit and wait for a doctor. The patient has a history of alcohol abuse and a week-long bender had ended just last night.					
Briefing	Participants		Peer learners/ observers			
	The preparation takes place in a simulation room together with the facilitators. It is important that the players have familiarized themselves with the simulator before the simulation starts		The observers will sit in their own room and look at the simulation that is transmitted digitally. Facilitator controls sound and image transfer. It is important that it is emphasized			

	<p>The participants are briefed in: (it could be also before this phase)</p> <ul style="list-style-type: none"> - case and learning outcomes - equipment - estimated duration - debriefing - distribution of roles - any audio / image transfer <p>When recording audio / video, the participants must give permission with signature</p>	<p>to the observers that it is not allowed to tape or record the sequence</p>	
<p>During the simulation</p>	<p>FACILITATORS ROLES</p> <p>1. Facilitator/Debriefeer: the leader of simulation</p> <p>2. Co-debriefer: doctor (=teacher): A doctor does not dare to make a decision to start thrombolysis.</p> <p>Technical personnel who control simulation programming: programs vital functions to patient monitor: expected physiological changes:</p> <p>Breathing: Airway: open Rate of breathing: 20/ min, shortness of breath Breath sound: clear, symmetric Work of breathing: normal Oxygen saturation: 97%</p> <p>Circulation: Rate of hearth beat: 112 / min Blood pressure: 170/105 Periphery: palm cool EKG: ST elevation</p> <p>Other: GCS= Glasqow coma scale 15</p> <p>B-gluc: 7,0 VAS, visual analog scale (pain) 0 Weight / lenth: n. 63 kg /n. 165cm Temperature: 37 ° C</p>		

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OPERATOR ROLE Here you can remove this heading if there is no operator in this scenario			
Expected observations and actions from the participants:		Response Operator:	Current input for dialogue:
introduce themselves to patient identify patient ABC ABCDE + treatment contact doctor ISBAR		Response Operator: Here is presented the role the operator should play in relation to the participants' progress Here you will also find current programming of simulator(manikin) → look at During the simulation	Current input for dialogue: Prompts: ISBAR (Identify, Situation, Background, Assessment, Recommendation) Primary assessment: ABC (Airway, Breathing, Circulation) Advanced patient assessment: ABCDE (Airway, Breathing, Circulation, Disability, Expose)
STANDARDISED PATIENT:			
Expected observations and actions from the participants		Response standardized patient:	Current input for dialogue:
<p>Treatment: for example</p> <ol style="list-style-type: none"> 1. ABCDE 2. EKG 3. Oxygen 4. Iv-line: hydration 5. Moving patient to central hospital 6. Thrombolysis 7. Soothing/calming. Telling patient, what you are doing. 		Arrives in the first aid room at primary health care unit during morning shift and tells the nurses about a sensation in their chest, poor condition. The patient is not in any pain. The patient has been advised to come to primary care`s first aid room by the primary health care centre, where the patient had previously been waiting to see a doctor. The patient had not been examined in the primary health care center. He was just made to sit and wait for a doctor. The patient has a history of alcohol abuse and a week-long bender had ended just last night. After 5 minutes the patient will start have short of breath. Patients`script: abuse of alcohol	
Debriefing:	Descriptive phase:	Analyzing phase:	Take home message:

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<p>WHAT HAS TO BE DEBRIEFED? FACILITATORS SHOULD DECIDE IT BEFORE DEBRIEFING. FACILITATORS CAN TAKE MAXIMUM 2-3 MIN TO DECIDE THIS.</p>	<p>First thank participants and remind of zero tolerance on rude comments</p> <ul style="list-style-type: none"> • The roles of facilitators: The debriefer and co-debriefer • Remind: aims of debriefing, confidentiality, present the structure of debriefing <p>Descriptive phase: During this phase of the debriefing, students will describe what actually happened during the actual simulation. The purpose is to create a common understanding of the course of events. The participants must first express themselves and then any observers and standardized patient. This should not be an evaluation of the participants. Questions that you can ask students in this phase may be wise to have written here</p>	<p>Analyzing phase: During this phase, students will reflect on and analyze the actual simulation. Knowledge, attitudes, assessments and interaction are discussed in relation to learning outcomes. Questions that you can ask students in this phase may be wise to have written here</p>	<p>Summary of lessons learnt During this phase, students will identify what they learned from the simulation, how this knowledge can be further used and what they may learn more about. Questions that you can ask students in this phase may be wise to have written here.</p> <ul style="list-style-type: none"> • Thank participants and remind about confidentiality
<p>Reflection</p>	<p>Debriefing is focused on the individual case, here is room for more points related to the whole scenario: WHAT HAS TO BE DEBRIEFED BASED ON LEARNING OUTCOMES/AIMS? FACILITATORS SHOULD DECIDE IT BEFORE DEBRIEFING. FACILITATORS CAN TAKE MAXIMUM 2-3 MIN TO DECIDE THIS. For example: Questions about predefined learning objectives? Questions about learning as a team: communication?</p>		
<p>Evaluation</p>	<p>Here is a presentation of how it is intended to evaluate the simulation teaching plan:</p> <ul style="list-style-type: none"> • Any suggestions to develop this scenario? <ul style="list-style-type: none"> – Participants? –Observers? –Other facilitators? • What did facilitators learn? 		
<p>PREPARING/DEVELOPMENT OF THE SCENARIO</p>			
<p>Scenario Designers:</p>	<p>Date of design:</p>	<p>Modified by:</p>	<p>Date for change:</p>
<p>Arja Sara-aho and Stina Ekman</p>	<p>February 2019</p>		<p>Date last modified: 26.2.2019/ Arja Sara-aho</p>
<p>COMMENTS</p>			

COMMENTS

Here are present current comments ahead of the scenario, such as logistics around the scenario

Here are also current comments following the scenario, such as evaluation results and improvement potential