

Knowledge that will change your world

v1.00 3.24.2016

### **Content Expert Guidelines for Volker Hall Expansion Sims**

#### **General Principles:**

The simulation experience is designed to be an active learning experience. We ask that all instructors (content experts) who participate in these experiences do the following:

- 1. Hold the "basic assumption" of the participants, ie, believe that everyone participating is intelligent, well-trained, cares about doing their best, and wants to improve.
- 2. Maintain confidentiality regarding the performance of the participants during the scenario and debriefings.
- 3. Be fair about simulation's strengths and weaknesses, doing your best to participate as if things were real and to apply lessons learned to real settings.

# Before the Simulation:

- Introduce yourself and communicate with the team about the flow of the scenario (simulationist and ESP)
- If time allows familiarize yourself with the scenarios and case content

#### **During the Simulation:**

Remain in the control room through the entire simulation. This helps to maintain fidelity of the simulation. Students may also become distracted or intimidated by the content expert entering the room.

If necessary, help with the flow of the case by providing insight into clinically appropriate transitions.

If students are observing from the control room encourage them to pay close attention to the simulation and think about decisions they would have made if they were providing care for the patient. Learning occurs even when they are not actively providing care. Encourage them to hold all questions and comments until debriefing.

Serve as the consultant/content expert for the students as needed. When serving as a consult, you may receive a phone call from the ESP nurse into the control room. If for some reason this does not work, you will use the patient microphone and speak over the intercom system. The goal of the consult is to provide students with some interaction and experience with discussing a patient over the phone. Introduce yourself, ask them what is going on, and ask them what their plan of care is. If they do not know the answer you may help them and tell them what you think they should do.

#### After the Simulation/During the Debriefing:

There will be a lead debriefer and in some cases a co-debriefer who will lead the discussion during debriefing. This person will ensure that the debriefing follows our specific debriefing structure (found on the debriefing guide). These sessions are very short, and we would like to ensure that there is time to cover all learning objectives. Please allow the debriefer to lead and they will invite you to share your clinical expertise.

When invited, contribute your expertise to discuss and/or clarify clinically related knowledge and skills after exploring participant's perspective during the understanding phase of the debriefing.

Students should talk at least half of the time allowed for debriefing. This is meant to be a discussion not a lecture. Remember that our goals are:

- reflection on the experience, actions, and critical thinking
- promote a learner-centered over a lecture-style discussion
- utilize mistakes as puzzles to be solved, not crimes to be punished







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Remember that these experiences are generally interprofessional and that our goal is to have all learners reflect on their experiences. We should teach to the level of all learners present.

## **Structure and Logistics**

- 1. Two scenarios will be performed within the hour. When learners enter the room, they will place possessions on countertop. Learners will be divided into two groups. One group will observe and one group will participate the first half. After the first scenario the learners will swap roles.
- 2. IPE time:
- i. 00:00 Prebrief
- ii. 00:08 Case 1 stem, RN assessment, handoff
- iii. 00:11 Med Students H&P, orders, etc
- iv. 00:21 Debriefing
- v. 00:35 Case 2 stem, RN assessment, handoff
- vi. 00:38 Med students H&P, orders, etc
- vii. 00:49 Debriefing
- viii. 00:00 Evals, prepare for next group
- 3. Written evaluations will be completed following completion of both scenarios.



