Support Facilitator Guide: Interprofessional Team Communication Simulation Scenario – A Postoperative Patient with Tachycardia

The purpose of interprofessional simulation is for students to participate in a simulated interprofessional experience across the health professions. The primary focus of this exercise is on **team communication**, not on clinical management.

The role of a support facilitator is to serve as a resource for students by providing discipline-specific knowledge and coaching, and to assist with orientation, progression of the scenario, and debriefing.

Throughout the day, support facilitators will…

- **Assist with a student icebreaker exercise and a final group debriefing** (e.g. discussion, reflection). Facilitators may participate in the icebreaker exercise and debriefings.
- **Orient the students to profession-specific role behaviors**. Based on the scenario's clinical case (e.g. patient history, location of supplies/equipment student may need) and potential management problems that might arise.
- **Assist with the scenario.** Some facilitators will stand outside the "patient room" area, and students can approach facilitators for consultation at any time. If the student from your discipline is unable to make patient-care decisions, then step in and coach the student as necessary. More experienced facilitators may participate in the scenario as a "confederate", helping to steer the progression of the scenario in the desired direction.
- **Assist with debriefing.** Debriefing is a session of reflective learning that occurs immediately after the simulation scenario. Facilitators should speak as little as possible, serving only to guide student self-reflection and raise points for consideration. (See TeamSTEPPS® Debriefing Guide provided in complete document set.)

This guide presents the typical agenda for a training day, a case description of the scenario, expectations of facilitator participation, debriefing tips and strategies.

Facilitator Requirements

1. **Review the basics of TeamSTEPPS®.** A narrated 72-minute TeamSTEPPS® slide set is available for review and a TeamSTEPPS® Glossary of terms is included.
2. **Review simulation module.** If new to simulation, view Introduction to Clinical Simulation, a narrated 13-minute slide set on basics of simulation.
3. **Review basic discipline-specific management of the clinical problem for your assigned scenario.** The medical problems are straightforward and the facilitator guide for each scenario includes background information and common issues that arise.
4. **Participate in a dry run of the scenario you will be supporting.** Scheduled in advance.

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Example Half-day Agenda

Time	Activity	Support Facilitator Role
7:30–8 AM	**Students arrive and sign in**	None
8–8:50 AM	**Icebreaker: Paper chain (facilitated by TeamSTEPPS® leader, facilitators join a group and follow the same instructions)** 1. As a team your goal is to create the longest chain made out of paper links in 2 minutes, go! 2. Now, same goal but you can't use your dominant hand. 3. Now, you can use any resources in the room, but you can't talk. **TeamSTEPPS® Didactic Presentation**	Participate in a group, lead a quick debrief: 1. Quick debrief: What worked? Who emerged as leaders? 2. How did you work together? 3. Communication and situational awareness? Observe for teaching points
8:50–9 AM	**Explanation of Day**	None – observe
9–9:10 AM	*Break and transition into 3 groups of 6-12 Students*	
9:10–9:50 AM (40 min)	**Run FIRST Scenario in Groups** - Intro (5min) -Content didactic (5min) -Run scenario (15min) o Group A (6 students) does scenario o Group B (6 students) observes/has checklist -Debrief (15min)	1. Lead facilitator orients students 2. Assist w/content review 3. Standby, assist students 4. Co-lead debriefing
9:50–9:55 AM	*Walk from station 1 to station 2*	
9:55–10:35 AM (40 min)	**Run SECOND Scenario in Groups** Steps 1-4 as above, except Group B does scenario and Group A observes/has checklist	Same as above
10:35–10:40 AM	*Walk from station 2 to station 3*	
10:40–11:20 AM (40 min)	**Run THIRD Scenario in Groups** Steps 1-4 as above, one group does scenario and the other observes/has checklist	Same as above
11:20–11:30 AM	*Transition back to big group*	
11:30 AM–12 PM	**Wrap up, whole-group debrief led by Lead Facilitator**	Observe, participate

Course Information

Intended Audience: 4th Year Medical Students, 4th Year Nursing Students, 4th Year Pharmacy Students, 2nd Year Physician Assistant (PA) Students

Participants: Each Module requires:

- At least 2 medical students playing roles of residents
- A physician assistant playing the role of a medical provider on the team
- A nursing student playing the role of a bedside nurse
- A nursing student playing the role of a floor nurse available to give assistance
- A pharmacy student playing the role of an inpatient pharmacist

Clinical Scenario Overview

Paul Smith is a 55-year-old man who now is POD #2 after an open colectomy for Stage III colon cancer. Because of his history of coronary artery disease and severe sleep apnea, he spent the first postoperative day in the SICU, cared for by the SICU team. He has done well, apart from one episode of atrial tachycardia, which resolved spontaneously. Because of the tachycardia, he is transferred to the telemetry unit as the surgical team is doing rounds. The junior resident has received a handoff call from the Surgery fellow, but the team does not know Mr. Smith well. They are called by the primary nurse, who tells them that the patient is experiencing a rapid heart rate and hypotension.

As the scenario begins, the charge nurse (faculty) introduces the primary nurse to Mr. Smith and provides a written handoff from the SICU nurse. The primary nurse begins an initial assessment. Before the assessment can be completed, Mr. Smith states that he didn't sleep well the night before, now doesn't feel well and is experiencing "those palpitations I had last night." The bedside monitor reveals supraventricular tachycardia with a heart rate of 185-188 b/m, shortness of breath, and light-headedness. The primary nurse calls the surgical team to relay this information. There is a family member in the room asking a lot of questions and trying to stay with the patient. The nurse obtains another staff member to stay with the family member.

When the team arrives, Mr. Smith is responsive but complains of being light-headed. The heart rate remains in the upper 180s, and his blood pressure is 70/50 mm Hg. The team has a quick huddle to determine: 1) the presence of supraventricular tachycardia vs. ventricular tachycardia;
2) whether the patient is stable or unstable; 3) the correct ACLS guidelines to use; 4) need to call rapid response/code team. The team leader or designee may also need to explain what is happening to the concerned family member at this time.

If Paul receives adenosine, he has 6 seconds of asystole, then reverts back to SVT. The team should debrief that response. If Paul receives a second dose of adenosine, he will deteriorate into VF. The team should debrief and huddle to achieve a shared mental model of VF.

When the team decides to cardiovert Paul, he should receive sedation first (this can be request or call-out). The first cardioversion will be ineffective. The second cardioversion will result in VF. The team should debrief and huddle to achieve a shared mental model of VF.

When Paul is in VF, the team should recognize the need to switch to defibrillation (can be a call- out or request). A code must be called, and roles assigned (call-out or request from the team leader). Paul will need epinephrine/vasopression (call-out or request). After 2 defibrillations and 2 doses of epinephrine or vasopressin, Paul will convert to a sinus rhythm and the BP will be above 150/90.

The team leader (via request or call-out) will call the SICU fellow to give a handoff (SBAR) and request a transfer to the SICU. The R1 will give the handoff to the fellow, and the primary RN will give a handoff to the receiving RN.

The focus of the scenario should be on the communication between team members, not the medical management.

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Scenario Participants

STUDENT ROLES

Medical and/or PA students (maximum 3) Nursing students (work as a team; maximum 2)
Pharmacy student(s) (work as a team; maximum 2) Student observers

FACILITATOR ROLES

Nursing facilitator: Charge nurse, who starts the scenario and may need to nudge it along. If things are not flowing smoothly, could also "come back to help out".

Medicine facilitator: Anesthesiologist who responds to call & may need to nudge scenario. Coaches interns and PA's as needed.

Pharmacy facilitator: Provide coaching especially if pharmacy students are not yet in clinical rotations. Frequently need support in speaking up concerning medications and dosing.

Any facilitator/staff: A concerned family member present in the room.

Timeline

5 minutes Overview patient and therapy for tachycardia
5 minutes Introduction to simulator and setting
15 minutes **Run scenario**

Act 1 – Initial evaluation of SVT (5 minutes)

- Handoff to primary RN and RN assesses patient (1 minute)
- Patient develops SVT and is symptomatic. RN recognizes need for oxygen, monitor, BP determination (1 minute)
- RN calls team and performs SBAR, team arrives, quick evaluation and huddle (3 minutes)

Team may review and request additional information about the patient and request/perform diagnostic studies, including ECG and labs. By the end of this act, the team should have a shared mental model of a postoperative patient with unstable SVT. They should realize the need for rapid response/code team to be present.

Act 2 – Management of SVT (4 minutes)

The team will either administer adenosine or perform DC cardioversion. In either case, the patient will remain in SVT, hypotensive, and complaining of shortness of breath. A second attempt of any therapy will result in ventricular fibrillation (VF).

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Act 3 – Recognition and management of VF (3 minutes)

The team will manage VF using current ACLS guidelines (note: in 2011, UW med students no longer required to take ACLS). After at least one defibrillation, 2 doses of epinephrine or vasopressin, and possibly one dose of lidocaine or amiodarone, Mr. Smith will return to sinus rhythm with adequate BP.

Act 4 – Return to sinus rhythm and transfer of care to SICU (2 minutes)

Shared mental model and advanced information sharing. The team should come to the conclusion that Mr. Smith is now in sinus rhythm but should return to the ICU. The team leader calls the SICU fellow and gives a hand-off using SBAR. The primary nurse calls the ICU nurse and gives a handoff using SBAR.

15 Minute Debrief

LET THE TRAINEES DO MOST OF THE TALKING

During the debriefing, let the trainees bring up the issues they feel need to be discussed and you finish by filling in what was not discussed. All facilitators may assist the lead facilitator with key points.

START with a Clinical Debrief

Start by addressing clinical mistakes or other clinical issues the team brings up. Students will not be able to focus on communication skills if they have major clinical questions or concerns. However, do not spend much time on this (< 5 min). Scenario-specific debriefing tips are included with each scenario. Then ask open-ended questions, for example "How did it go?", "What went well?" As participants respond, rephrase their responses back to them as TeamSTEPPS® skills that will be covered in that module. If one of the skills is not brought up by the group, you can bring it up briefly at the close of the debrief.

SPEND THE MAJORITY OF THE TIME on TeamSTEPPS® Debrief

Finish by prompting them about any specific TeamSTEPPS® skills that did not come out with open-ended questions. (See TeamSTEPPS® Debriefing Guide provided in complete document set.)