

Support Facilitator Guide: Interprofessional Team Communication Simulation Scenario – A Teenager with Asthma

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 support facilitators 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. Link to [Debriefing Guide](#).

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 slide set is available for review on the collaborate.uw.edu website and a glossary of terms is included. Link to [TeamSTEPPS module](#). A 2-page TeamSTEPPS glossary is also available as a quick reference. Link to [TeamSTEPPS Glossary](#).
2. **Review simulation module.** If new to simulation, a narrated 13 minute slide set on basics of simulation. Link to [Introduction to Clinical 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.

Example Half-day Agenda

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

Micah Stevens is a 16-year old with severe, persistent asthma who walks into the ED with three days of cough, runny nose and one day of wheezing uncontrolled by albuterol MDI. Micah is portrayed by a simulator, voiced by a remote technician.

As the scenario starts, the triage nurse, played by a facilitator nurse, announces Micah's arrival in the ER, saying "He doesn't look so good and the attending is seeing an acute MI in room 12 – you guys ought to see him now." The team evaluates and treats the asthma exacerbation, with many opportunities for closed loop communication, information sharing, and providing mutual support.

Unfortunately, even with optimal management, he becomes progressively more tired and develops a respiratory acidosis. He should be intubated, by a facilitator acting as the anesthesia attending, who performs a right mainstem intubation. The simulator loses breath sounds on the left, which must be recognized by the team. The anesthesia attending is initially unwilling to admit the mistake, and must be challenged twice. Ultimately, the error is corrected, Micah is stabilized and his care is handed off to the ICU, an opportunity to practice an inter-team handoff.

He lives with his custodial grandmother, portrayed by an actor, who will arrive in the ED after he is intubated. The team must deliver the news of his condition and obtain information from her.

There is some concern about Micah's adherence to therapy. He is a typical teenage male, independent and not willing to be supervised in using his meds. He attends his Pulmonary Clinic visits alone, as his grandmother works. At his last pulmonary clinic visit, his doctor raised concerns about compliance with Advair. The pharmacy student has to explore Micah's grandmother's understanding of his inhaler prescription and use.

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

Scenario Participants

STUDENT ROLES

- 3-4 Medical and/or Physician Assistant students
- 1-2 Nursing students (may work as a team)
- 1-2 Pharmacy student(s)
- Student observers

ACTOR:

Grandmother, Katherine

FACILITATOR ROLES:

Nursing Facilitator: acts as the ER charge nurse, starting the scenario by calling the ER team into the 'room', saying: "I've got a 16 year old kid here with an asthma exacerbation. I got a CXR and called his grandma, and had him use his inhaler. He's not looking too good and the attending is seeing an acute MI in room 12 –



you'd better come see him now". If things are not flowing smoothly, could also "come back to help out".

Medicine Facilitator: acts as the anesthesia attending, intubating the patient when called to do so. He or she is reluctant to admit and correct the main stem intubation. Also, coach interns and/or PAs 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: play the X-ray tech, who will 'perform an x-ray' if requested, and pull it up on computer for the team to review.

Timeline

5 minutes Brief introduction to clinical problem and overview of management

5 minutes Introduction to simulator and setting

15 minutes Run scenario

Act 1: Initial evaluation and management (4 minutes)

Option: The PA can first evaluate and then consult the R1.

Act 2: Clinical Deterioration (4 minutes)

Act 3: R Mainstem Intubation (R mainstem) (3-7 minutes)

The ER PA or one of the R1s will be asked to check for breath sounds, which are now absent on the left. A team member should challenge the anesthesia attending until corrected.

Act 4: Handoff to ICU (2 minutes)

The ER PA or one of the R1s will be called to the phone by the facilitator RN to talk to the ICU fellow.

Act 5: Discussion with grandma (5 minutes)

The primary ER nurse is asked (via overhead speaker or facilitator RN) to go to the waiting area to talk with grandma. The ER PA or one of the R1s will also be asked to talk to grandma by facilitator RN. The ER pharmacist will also be pulled into the discussion with grandmother by the facilitator RN, given concerns over medication adherence, which should be explored as allowed by time and the situation.

15 minutes

Debriefing

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. (Provided in complete document set) Link to [Debriefing Guide](#).