

## Support Facilitator Guide: Interprofessional Team Communication Simulation Scenario – Dyspnea in a

**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. 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	<b>Students arrive and sign in</b>	None
8–8:50 AM	<b>Icebreaker: Paper chain (facilitated by TEAMStepps leader, facilitators join a group and follow the same instructions)</b> 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.  <b>TeamSTEPPS Didactic Presentation</b>	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	<b>Explanation of Day</b>	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)	<b>Run FIRST Scenario in Groups</b> - 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	<i>Walk from station 1 to station 2</i>	
9:55–10:35 AM (40 min)	<b>Run SECOND Scenario in Groups</b> Steps 1-4 as above, except Group B does scenario and Group A observes/has checklist	Same as above
10:35–10:40 AM	<i>Walk from station 2 to station 3</i>	
10:40–11:20 AM (40 min)	<b>Run THIRD Scenario in Groups</b> Steps 1-4 as above, one group does scenario and the other observes/has checklist	Same as above
11:20–11:30 AM	<i>Transition back to big group</i>	
11:30 AM–12 PM	<b>Wrap up, whole-group debrief led by Lead Facilitator</b>	Observe, participate

## Course Information

**Intended Audience:** 4<sup>th</sup> Year Medical Students, 4<sup>th</sup> Year Nursing Students, 4<sup>th</sup> Year Pharmacy Students, 2<sup>nd</sup> 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

Phil Brown is a 72-year-old man who passed bright red blood with a bowel movement 12 hours ago. After several more episodes, he came into the Emergency Dept. He was hemodynamically stable, and hematocrit was 24 about 10 hours ago. No active bleeding was seen with anoscopy at that time. He was admitted to the medical floor received IV fluids and 2 units of red cells, and is being prepared for a colonoscopy tomorrow. It is 2300 shift change. The primary medical team has signed out to the cross cover team, and the nurses have just changed shifts. Phil, played by a patient actor, awakes acutely short of breath.

The scenario begins with the handoff from Phil's evening shift nurse(s), played by a facilitator, to the night nurse, played by a nursing student. The student nurse will have the opportunity to clarify and summarize the handoff communication.

When the night nurse(s) assesses Phil, he finds the patient to be acutely dyspneic. After a rapid assessment, the nurse should call the cross-cover intern or PA, communicate his concern, findings, and assessment, and make a recommendation that the patient be evaluated immediately. The cross-cover intern or PA, who has been sitting in the 'team room' with the other resident(s) and pharmacist should inform the rest of the team of the situation and report to the patient's room.

The team then evaluates and manages Phil's dyspnea. On his initial exam, he has loud crackles and difficult to hear heart sounds. A chest x-ray (if requested) is consistent with pulmonary edema. An ECG shows tachycardia. Routine labs show improvement of anemia post-transfusion, and a blood gas shows hypoxia.

If Phil receives diuretics, his symptoms quickly improve. His lungs clear, and an aortic stenosis murmur becomes easily audible if he is re-examined. The examiner has the opportunity to 'callout' the new finding, and the team can then revise their shared mental model.

Unbeknownst to the cross cover team, Phil had a loud murmur on admission. This was not signed out to the cross cover intern. He has unrecognized calcific aortic stenosis (which will be audible to the student using a Ventriroscope) and has developed CHF in the setting of excess volume administration.

The scenario then cuts to 7 am, when the primary intern (played by facilitator) arrives back at the hospital, and the cross-cover intern or PA hands off Phil's care and scenario ends.

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



## 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:** provides handoff to the primary night nurse to start the scenario. If things are not flowing smoothly, could also “come back to help out”.

**Medicine facilitator:** acts as the primary intern, who receives sign-out from the cross-cover team the following morning to end scenario realistically. Also, coach interns and 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:** Delivers lab results, Chest X-ray report or ECG print-out. Announces loudly their arrival and what report they have brought. May also have computer set-up for diagnostic test results.

## Timeline

**5 minutes** Brief review of the differential diagnosis and initial workup of dyspnea in a hospitalized patient. This clinical review should allay student anxiety about clinical management, and allow them to focus more on team communication.

**5 minutes** Introduction to the Ventiloscope and the simulation setting

**15 minutes** Run scenario

### Act 1, Scene 1:

Handoff from evening to night nurse(s) and initial assessment

### Act 2:

Team evaluates and manages Phil’s dyspnea

### Act 3:

Phil improves following diuretics, and an AS murmur becomes audible

### Act 4:

The cross-cover intern or PA hands Phil’s care back to the primary Intern



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