

Facilitating Scenarios

Role of candidates

In order to make simulations relevant to candidates' day to day work, ensure that they are placed in a role matching their own. The scene you set, however, will require the candidate to be responsible for clinical assessment and clinical decision making. Although it is critical that the identified candidate leads the activity, other members of the group can be involved as part of the team as directed by the candidate who is leading the resuscitation. The lead candidate is expected to

- talk through preparation, planning and writing on whiteboard (ABCDE)
- examine the manikin
- guide the assistance in their roles as assistants and
- maintain responsibility for team members actions.

Weight estimation and drug calculations

In all scenarios, we are recommending the use of a written resource for resuscitation guidelines. **The "Paediatric Emergency Medication Book"** from Monash Children's is provided, but it should be made clear, that their local guidelines, protocols and resources should be used in their normal practice. The relevant interventions, doses and volumes should be written on the whiteboard – remember this is not a test of calculations but a demonstration of the process they should use in their work environment.

Facilitating a scenario - 2 instructors/6 candidates

Preparation

Anticipate potential differential diagnoses for the case so you are prepared for the clinical observations that will assist the candidate in taking appropriate actions.

Check all equipment and run through case with co-facilitator. Clarifying how each will support the other during the running of the individual scenarios.

Consider some form of basic 'moulage' with the manikins; ie – wrapping a leg in paper towel with red markings, using a piece of clothing to wrap an infant.

Scenario Teaching Session Set

Pre-brief the group, outlining who they are role-playing, the situations they will find themselves, the role of the instructors and the role of the assistants. The assistants will be skilled but take no initiative. Occasionally the instructors may 'speak' for the assistants.



Physical Space and Body Language

Be aware of your proximity to the candidate. Do not stand too close. Be open and engaged; ensure the candidate feels safe and supported. Demonstrate an investment in the candidate's clinical performance.

Personalise the scenario to the candidate

Put them into their hospital/clinical setting and in their current role. Give the reasons they are the first attender. Describe what resources are/are not available.

Personalise the patient

Give a name, along with age – give some personalised information from the ambulance officers, describe the emotional state of the child and parents.

Focus of attention

Visualise the unwell child in the emergency department. Maintain eye focus on the manikin and give real time clinical cues in response to the candidate's actions (ie: breath sounds when the stethoscope is placed on the chest). If they ask for a clinical cue, give them that clinical sign to allow them to make a clinical judgement. Ie: saturation is 95% rather than 'it is fine/normal'.

Invest in the emotional journey with the candidate as this helps the lifeless manikin seem real.

If the candidate requires redirecting, be the voice of an assistant/colleague 'on the scene', rather than didactic questioning. For example: 'what tests did you want me to send this blood off for....?'

Concluding the scenario

Embody a senior clinician arriving on the scene. Ask for handover and acknowledge the care they've given.

Let the candidate know the role play is over and invite them to sit down with the rest of the group

Co-facilitator leads the learning conversation* for the candidate and the group.

- Invite the candidate to open the conversation
- Explore their issues invite the group to answer the candidate's questions about the case
- Close with key learning points from role play

See learning conversation video in instructor resources www.apls.org.au