

## **Initial Phase - Open Ended Questions (5-10 minutes):**

- 1. How did that scenario make you feel?
- 2. What was the clinical situation for this newborn?
- 3. What roles were identified within the team and how?
- 4. How effective was communication as a team?

## Middle Phase Specific Questions Based on Learning Objectives (20 minutes):

Learning Objective	Identification of Performance Gaps OR Appreciation of Effective Actions	Determining the Frame		Teaching Points	
	Appreciation of Effective Actions	Rationale / Advocacy	Open Ended Question/ Inquiry	Notes	
Demonstrate how to adequately stock and use NRP equipment in the ED	I noticed that there was a failure to gather or effectively use all equipment and supplies needed to resuscitate this ill newborn  OR  I liked how you were able to gather and effectively use all equipment and supplies needed to resuscitate this ill newborn	I was concerned that could delay your ability to perform necessary interventions during resuscitation  OR  I thought that helped you be ready for each step in neonatal resuscitation avoiding unnecessary delays	How do you see it?  OR  What are your thoughts?  OR  What were you thinking at the time?  OR  Help me understand how you decided that?	Team gathered and utilized all equipment/supplies for resuscitation:	



Demonstrate the initial steps of NRP: D/S/S, PPV and MR.SOPA.	I was concerned that the team did not perform the initial steps of NRP properly (PPV for HR <100 after 30 seconds of D/S/S)  OR I was impressed by the team's ability to recognize that the HR <100 at 30 seconds of life and quickly initiated PPV	I was concerned that a delay in PPV in an apneic baby with HR <100 can make resuscitation less successful  OR I was thinking that helped you be efficient and effective in successfully resuscitating the newborn	How do you see it? OR What are your thoughts? OR What were you thinking at the time? OR Help me understand how you decided that?	If the team had difficulty with proper PPV, inquire about the steps of MR. SOPA to help achieve effective PPV:  • Mask adjustment • Reposition head • Suction • Oxygen • Pressure (adjust) • Alternative airway
Ability to secure an airway with intubation after persistent apnea and bradycardia.	I was surprised that the team did not successfully intubate this sick newborn  OR I was impressed by the team's ability to appropriately intubate this sick newborn requiring resuscitation	I think in situations where an infant requires chest compressions and/or medications, securing an airway helps provide a smoother resuscitation and eliminates the possibility of poor ventilation OR I agree when an infant is this sick, moving toward intubation will provide a smoother resuscitation and eliminates the possibility of poor ventilation	How do you see it? OR What are your thoughts? OR What were you thinking at the time? OR Help me understand how you decided that?	Per NRP, intubation is not required, but recommended in situations where chest compressions are initiated or where PPV is prolonged, ineffective or challenging
Ability to place a UVC and administer epinephrine, fluid and blood for bradycardia	I was concerned that there was a delay or inability to establish an emergency UVC and administer epinephrine, fluid and blood in this persistently bradycardic neonate  OR  I was impressed that the team was able to quickly establish a UVC and administer epinephrine, fluid and blood for this persistently bradycardic neonate	I am concerned because getting epinephrine, fluid and blood via venous access as soon as possible is important for resuscitation of a persistently bradycardic newborn  OR I was impressed because establishing access in a timely fashion allows for timely	How do you see it? OR What are your thoughts? OR What were you thinking at the time? OR Help me understand how you decided that?	Review timing and proper technique for placement of UVC  Review appropriate dosing for epinephrine, fluid, blood



		administration of epi, fluid and blood		
Ability to assign roles clearly during precipitous patient arrival.	It appeared to me that the team had difficulty identifying and distributing roles during this resuscitation  OR  I noticed that you quickly identified roles and responsibilities during this resuscitation	I was thinking that might have made it difficult to perform an effective resuscitation without clear roles and responsibilities  OR I had the impression that delineating clear roles and responsibilities helped you provide an effective resuscitation	How do you see it?  OR  What are your thoughts?  OR  What were you thinking at the time?  OR  Help me understand how you decided that?	Roles Needed:  Team Leader Airway Cardiovascular Meds/code cart Access Documenter Others?  Effective Role Clarity 1) Team member roles and tasks are identified by team member or team leader (Each Role has One Person) 2) Team members focus on their individual roles 3) Team demonstrates effective handoff of roles within team



Ability to use effective communication, specifically, closed loop communication	I noticed that the team appeared to have difficulty communicating effectively and I did not hear good closed loop communication:  OR  I heard the team use effective techniques communication including good closed loop communication:	I am concerned that failure to communicate effectively leads to mistakes and confusion  OR  It seemed to me that helped the team communicate more effectively and prevent errors such as medication errors	How do you see it?  OR  What are your thoughts?  OR  What were you thinking at the time?  OR  Help me understand how you decided that?	Point out on video an example of effective or ineffective closed loop communication  Also discuss how using closed loop communication can help with prevention of medication errors
Initiate STABLE (Sugar, temperature, airway, blood pressure, lab work, emotional support) post resuscitation care and ongoing assessment	It appeared to me that the team had difficulty initiating post resuscitation "STABLE" care  OR I noticed that the team the team quickly initiated post resuscitation "STABLE" care	I am concerned because failure to adequately perform STABLE post resuscitation care can affect patient outcomes  OR I was impressed because adequately performing STABLE post resuscitation care can optimize patient outcomes	How do you see it?  OR  What are your thoughts?  OR  What were you thinking at the time?  OR  Help me understand how you decided that?	Review of post resuscitation care via "STABLE" mnemonic
Identify encephalopathy and discuss process of, or initiate, passive cooling.	It appeared to me that the team had difficulty clearly identifying and communicating ongoing encephalopathy and the need for passive cooling  OR I noticed that the team the team quickly identified and communicated ongoing encephalopathy and the need for passive cooling	I am concerned because failure to adequately identify ongoing encephalopathy and initiate passive cooling can affect patient outcomes  OR I was impressed as quickly identifying ongoing encephalopathy and initiating passive cooling can affect patient outcomes	How do you see it? OR What are your thoughts? OR What were you thinking at the time? OR Help me understand how you decided that?	Review recognition of ongoing encephalopathy and the process of passive cooling



## **Systems Evaluation (10 minutes):**

Debrief Objective	Plus/De	elta Debrief Delta	Categories of Latent Safety Threats to Explore	Debrief Tips
In this section of the debrief, faculty leads a learner driven discussion of strengths and latent safety threats (LST) found in their system.	What do you think went well?  OR  What was easy for your team? Why?	What could have gone better?  OR  What was challenging for your team?	Tools/Technology/Equipment Resources: Usability, accessibility, familiarity, design, variability, availability, quality, labeling, training  Internal Environment/Room Layout: Clutter, layout, interruptions, ergonomics, distractions, room set up, noise, lighting, signage, wayfinding  Processes/Tasks: Policies and Procedures, staffing levels, handoffs, workflow, staff experience, time of day/night/weekend, task complexity, sequence and/or ambiguity  People: Staffing/Role Clarity/Responsibilities, poor training on equipment, fatigue, time of day/night, work overload, compliance with policies, communication, shared mental model, teamwork.	<ul> <li>To clearly catalogue LST's, draw two columns (Plus/delta) on white board or butcher block paper.</li> <li>Assign each LST a category to discover patterns.</li> <li>Begin a discussion on potential mitigation plans for each LST.</li> <li>Consider assigning responsible parties to work on specific LST's after the debrief.</li> <li>For more thorough categorization and prioritization of LST, consider building a health care failure mode effects analysis table.</li> </ul>



## **Ending Phase: Wrap Up and Summary of Key Take Home Messages (5-10minutes)**

- 1. How will this simulation impact your performance next time?
- 2. What are the main take home messages you will apply to a similar patient you see in the future?
- 3. What did you learn?