

NB: Although all of the content herein was covered at each site, only a few sites actually used the slide presentation

Orientation to Human Patient Simulation for MOCA Course Participants

General instructions

- **Do what you would in the real world**
- **No 'magical' interventions**
 - **Have to give a drug, cycle the BP cuff, defibrillate, etc. to have an effect**
- **Talk out loud**
 - **Helps us with what you are thinking, and in the scenario debriefing**

Smart phones

- **Neither smart phones or any outside cognitive aids can be brought into the scenarios**
- **Please silence phones or pagers during the scenarios**

Ventilation

- **Mannequins have very non-compliant lungs!**
- **If needed, a confederate may make a comment to help you determine if you're ventilating**
 - “I see his chest rising, doctor,” or “I don't see his chest rising.”
- **If a capnograph waveform is present that means that you are ventilating**

Airway devices and the mannequin

- **It can be very hard to get a good face-mask seal**
- **Direct laryngoscopy (DL) is more challenging:**
 - Larynx is more anterior and superior than in normal patient
 - Neck is very stiff (like a diabetic)
- **LMA**
 - Won't seat well in some mannequins
 - Check cuff inflation (use 20 cc)

Mannequin Airway Summary

- **Non-compliant lungs**
- **Difficult mask seal**
- **Larynx is more anterior and superior than normal**
- **Neck is stiff**

Auscultation

- **Breath sounds are heard over the speakers**
- **Often it sounds like plastic rubbing on a stethoscope**
- **It is important that you to speak out loud what your hear through the stethoscope**
- **If you hear something different than we intended, a confederate will suggest an alternative interpretation.**

Pulses

- **The mannequin has physical pulses:**
 - **Bilateral carotids**
 - **Bilateral femorals**
 - **Left radial**
 - **Left brachial**
 - **Bilateral pedal (SimMan 3G only)**
- **Push the area, let up, then feel for the pulse**
- **Pressing too hard ablates the pulses**
- **Carotid pulses disappear after a few seconds**
 - **You have to let go and feel again**

Arterial, peripheral venous and central venous cannulation

- **Don't actually insert any of these lines in the mannequins!**
- **To place a peripheral intravascular catheter, ask a simulation confederate**
- **To place an a-line, call your anesthesia technician, they'll help place the line**
- **To place a central line, you must gown, prep, drape, etc.; then wait for a bit to simulate the time it would take you to start the line in reality**

Confederates

- **Actors or instructors will play the roles of participants in many of the scenarios**
- **If you don't know the role they're playing, ask:**
 - **“Hi, I'm Dave the anesthesiologist, who are you?”**

Anesthesia Machine

- **Fully functioning machine, designed for real patient use**
- **You can ask anytime about machine function**
 - “Is that alarm real?”
 - “How do you do X with this machine?”

Vital Signs Monitor

- **Show location of waveforms/information on the monitor**
- **The non-invasive blood pressure cycles every 2 minutes.**
 - **To get pressures more frequently, you must manually “cycle the cuff” by [Your site’s method here].**

Defibrillator

- **We use a fully functional defibrillator**
 - **WARNING: It's a real defibrillator, so use proper precautions for you and your team**
- **How to attach the defibrillator to the mannequin**
- **Set up and use the defibrillator as you would in real life**
- **If you don't actually administer a shock, the mannequin will NOT change its ECG rhythm!**

Intravenous Drugs and Fluids

- **Syringes are filled with water**
- **Some drugs may not be exactly the color or consistency of the actual drug**
- **You must administer the drug to get an effect**
 - State out loud what and how much you have given
 - A confederate may ask you to repeat if it's not clear
- **For IV fluids to have their effect, they will need to be administered in the quantity you intend**

Infusions

- **We won't ask you to program an infusion pump but ...**
- **You must obtain a bag of the drug you want to infuse**
 - If it's not in your cart, call the pharmacist
- **You must spike and prime the drug with the appropriate disposable set.**
- **Attach the primed set to the flowing IV**
- **State out loud the drug & dose you are giving**

Consultants

- **E.g., blood bank, radiologists, etc. may be available**
- **Ask one of the confederates to call them for you**
- **You may be asked to talk with the person**