

Identification of the team/scenario (optional): \_\_\_\_\_

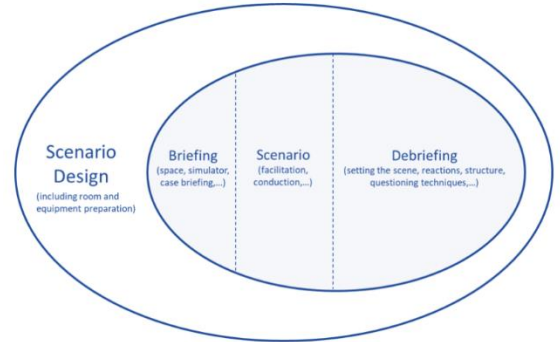
### Scenario design

Specific observations (not exhaustive list):

- Follows a structure/template
- Designed based on learning objectives and for a defined target audience
- Assess the needed vs available resources
- Proper deployment of room, equipment, prompts, ...

Explore:

- Fitting between participants ability, learning needs and learning objectives, scenario task and complexity



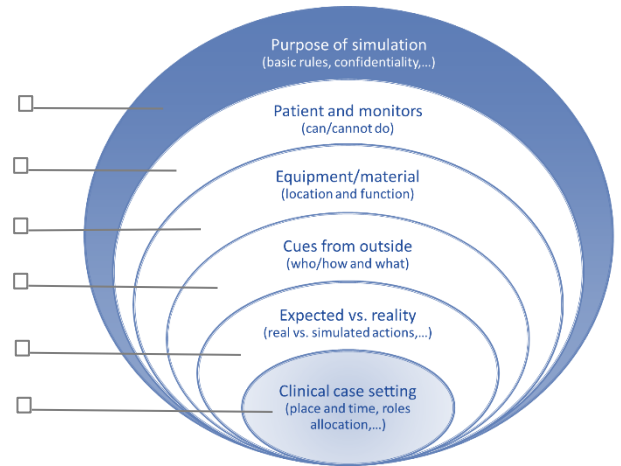
### Briefing (simulation, SPs/simulator/equipment, clinical case)

Specific observations (not exhaustive list):

- Facilitator greets the participant and establish trust and security
- Tasks and agreement of roles between facilitators/operators/confederates
- Systematic (zooming in) and detailed briefing of the environment.
- Facilitator is receptive to questions and invites participants to explore the space
- Clinical case briefing: clear definition of place, time, roles, etc.

Explore:

- How did the briefing facilitated/impaired the scenario running and/or the debriefing?
- Balance between necessary information vs too much information



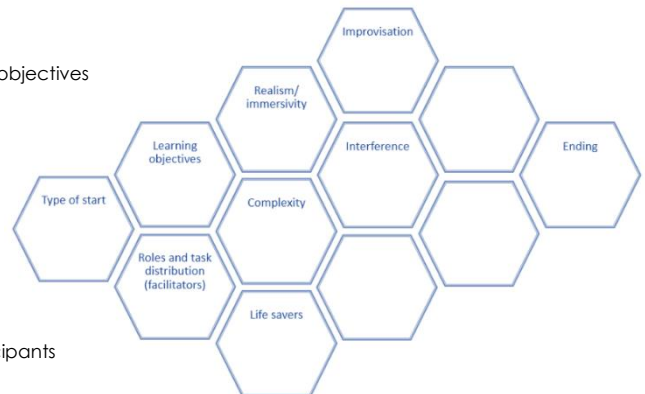
### Scenario

Specific observations (not exhaustive list):

- Balance between complexity and task overload (facilitators);
- Balance between complexity/simplicity and realism
- Specific elements that were included in the scenario to stimulate the learning objectives
- Degree of intervention/interference of the facilitator during the scenario
- Degree of improvisation of the facilitator/operator/others during the scenario
- Degree of immersion of participants during the scenario
- Unexpected events/surprises
- Type of beginning (e. g. jump-start)/ending of scenario

Explore:

- Options to avoid excessive interference from the facilitator
- How improvisation/interferences/lack of realism affect the immersivity of participants
- Prompts/life savers that could be useful for the scenario
- If the learning objectives were properly stimulated through this scenario



This tool was developed in a joint collaboration of EUSIM Faculty from the following Institutions:

## Debriefing (overall)

### Psychological Safety:

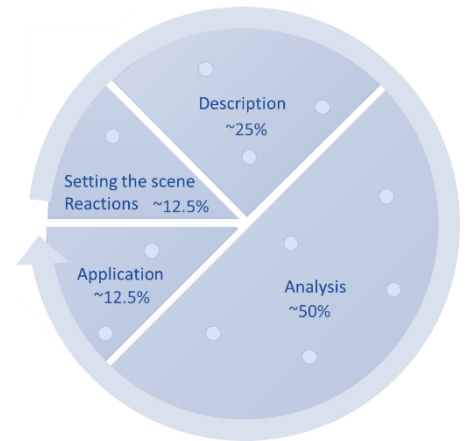
- Privacy, sitting position, room setup
- Relationship, atmosphere, respect, esteem

### Efficiency:

- Time management
- Clear structure/clear transition between phases
- Task management between facilitators, use of resources
- Talking time (facilitators vs participants), involvement
- Communication patterns
- Discuss observers/simulated patient input
- Learning objectives disclosure
- Problem vs. solution oriented

### Patient Safety:

Considering state of the art care, current guidelines, etc.



## Setting the Scene/Reactions (if applicable)

- Briefing the debriefing
- Briefly check emotions in one word/sentence
- Collect "pearls"

## Description

- Use assertiveness/control appropriately to get a chronological, objective, factual, complete description
- Conclude description clearly
- Achieve a shared mental model
- Collect "pearls"
- Involve participants appropriately

## Analysis

- Address successes and improvements
- Use different questions techniques (A&I, circular questions...)
- Use "pearls" to steer discussion
- Use video sequences to support reflection (if applicable)
- Reflection level achieved
- Relevancy of issues addressed
- Pertinency in the light of patient safety

## Application

- Ask for sustainable take home messages (individual, team, organization)
- Ask for specific action plan and examples (what, when, who, how?)
- Discuss how it will be transfer into their daily practice

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