



Life Support Competency

Location: SBU Donald Babb Simulation Center on the Second Floor of the Jester Building:

- Park here: <https://w3w.co/clip.tolerance.monk>
- Sim Lab location: <https://w3w.co/brotherhood.length.origins>

PRE-REQUISITES BEFORE COMING TO COMPETENCY:

- *Bring your stethoscope and any other personal reference material and equipment you normally take to shift.*
- Scenarios can be any injury or illness but are typically critical in nature. The entire set of protocols, guidelines, and policies may come into play as they would on any day at work.
- Discuss and practice with your partner your skills and techniques in managing a critical patient with only the personnel and equipment typically available in an austere environment.
- Review and sign the contract below.

Simulation Contract:

The purpose of simulation-based training is for the learner to develop skills (including judgment and reasoning) for the care of real patients. The realism of each simulation may vary depending upon the learning goals for the session. The simulated environment and patient have certain limitations in their ability to exactly mirror real life. When participating in the simulations, the learner's role is to assume all aspects of a practicing medical provider's professional behavior. Additionally, when a gap occurs between simulated reality and actual reality, it is expected that all participants try to understand the goals of the learning session and behave accordingly.

Instructor Responsibilities:

- *Create goal-oriented, practical simulations based upon measurable learning objectives.*
- *Add enough realism to each simulation so that the learner receives enough clues to identify and solve a problem.*
- *Set and maintain an engaging learning environment.*
- *Provoke interesting and engaging discussions and fosters reflective practice.*
- *Remember that mistakes are puzzles to be solved, not crimes to be punished.*

Learner Responsibilities:

- Suspend judgment of realism for any given simulation in exchange for the promise of learning new knowledge and skills.
- Maintain a genuine desire to learn even when the suspension of disbelief becomes difficult.
- Treat the simulated patient with the same care and respect due to an actual patient.

Learner signature: _____

Date: _____

CMH EMS Education Mission: "Provide state-of-the-art education to develop and support a team of exceptional emergency medical professionals."



What to Expect:

- Two simulations will be conducted by each team. Each simulation and each debriefing takes about 20 minutes. Expect the entire event to last about two hours.
 - An adult critical scenario using the adult simulator followed by a debriefing.
 - A pediatric critical scenario using the pediatric simulator followed by a debriefing.
- The student team will be alone in the room with a simulator manikin. Manikin features:
 - Adult only: If eyes are open, assume the patient is responsive. If they are closed, assume unresponsive.
 - Palpable pulses at carotid, brachial (on non-IV arm), radial, femoral (adult only), and dorsalis pedis (adult only).
 - Breath sounds audible in typical anatomical locations.
 - Chest will rise and fall indicating respiratory rate.
 - Right arm may be used to start IVs, run fluids, and push medications. Use 22 ga IV, larger size may be verbalized. Left tibia may be used to start IOs, run fluids, and push medications. It is common for IV and IO sites to leak if a lot of volume has been administered. This is OK.
 - Perform CPR like you would on a real person. Rate and depth will be recorded and breaths given should elicit chest rise if mask seal or intubation is correct.
 - May be intubated. Spray lubrication is helpful and should be done prior to your scenario, but more can be added if you feel the airway is dry. The ET size in the bag has been pre-selected for best use with the manikin.
 - Seizures can be simulated and will present like the manikin's head is vibrating.
- The LifePak monitor is simulated and on a touch-screen. Monitor features:
 - The monitor should perform just like a LifePak 15.
 - Once appropriate cables are attached, touch the part of the screen that should be displaying the data (i.e. place the patient on the capno canula, then touch the area of the screen for capno, and it will be displayed).
 - A new blood pressure will be displayed once you touch the BP area and "start." Then every ten minutes after. Additionally BPs can be obtained by pressing the BP area again.
 - Sync, charging, and shocking buttons work just like the real monitor.
 - Must have "paddles" enabled on the screen to charge or shock.
- The simulation is video recorded and reviewed after the simulation. Debriefing format:
 - After the simulation, your team and an evaluator will watch the video together.
 - This is your opportunity to self-critique. We understand there is a difference between simulation and real life. These will be taken into account, especially if you indicate in the debriefing where you see areas of self-improvement.
 - The purpose of the debriefing is to learn how to manage cardiac arrest and critical patients better. **Learning from mistakes and embracing areas of excellence are the outcomes that are desired.**