Pre-simulation briefing

Establishing a safe container for learning in simulation

1 Clarify objectives, roles and expectations

- Introductions
- Learning objectives
- Assessment (formative vs summative)
- Facilitators and learners' roles
- Active participants vs observers

2 Maintain confidentiality and respect

- Transparency on who will observe
- Individual performances
- Maintain curiosity

3 Establish a fiction contract

Seek a voluntary commitment between the learner and facilitator:

- Ask for buy-in
- Acknowledge limitations

4 Conduct a familiarisation

- Manikin/simulated patient
- Simulated environment
- Calling for help

Note: Adjust the pre-simulation briefing to match the demands of the simulation event, contexts or the changing of participant composition.

5 Address simulation safety

Identify risks:

- Medications and equipment
- Electrical or physical hazards
- Simulated and real patients

V2 Effective: 1/7/2021. Adapted from Rudolph, J., Raemer, D. and Simon, R. (2014). Establishing a Safe Container for Learning in Simulation. Simulation in Healthcare: Journal of the Society for Simulation in Healthcare, 9(6), pp.339-349.

CSDS Clinical Skills Development Service

Queensland Government

Queensland
Trauma Education

Queensland
Government

Structured trauma assessment

Primary survey

C — Catastrophic haemorrhage
Find and control massive external haemorrhage

Life threats:
Exsanguinating external haemorrhage

A — Airway/C-spine
Maintain or secure airway and C-spine

Life threats:
Airway obstruction, blunt/penetrating neck injury

B — Breathing/ventilation
Support adequate ventilation/oxygenation

Life threats:
Tension pneumothorax, massive haemothorax, open pneumothorax, flail chest, ruptured diaphragm

C — Circulation with haemorrhage control
Assess and control bleeding. Support haemodynamics

Life threats:
Cardiac tamponade, penetrating cardiac injury, intra-abdominal and pelvic trauma

D — Disability
Rapidly assess and protect neurological status

Life threats:
Catastrophic cerebral haemorrhage

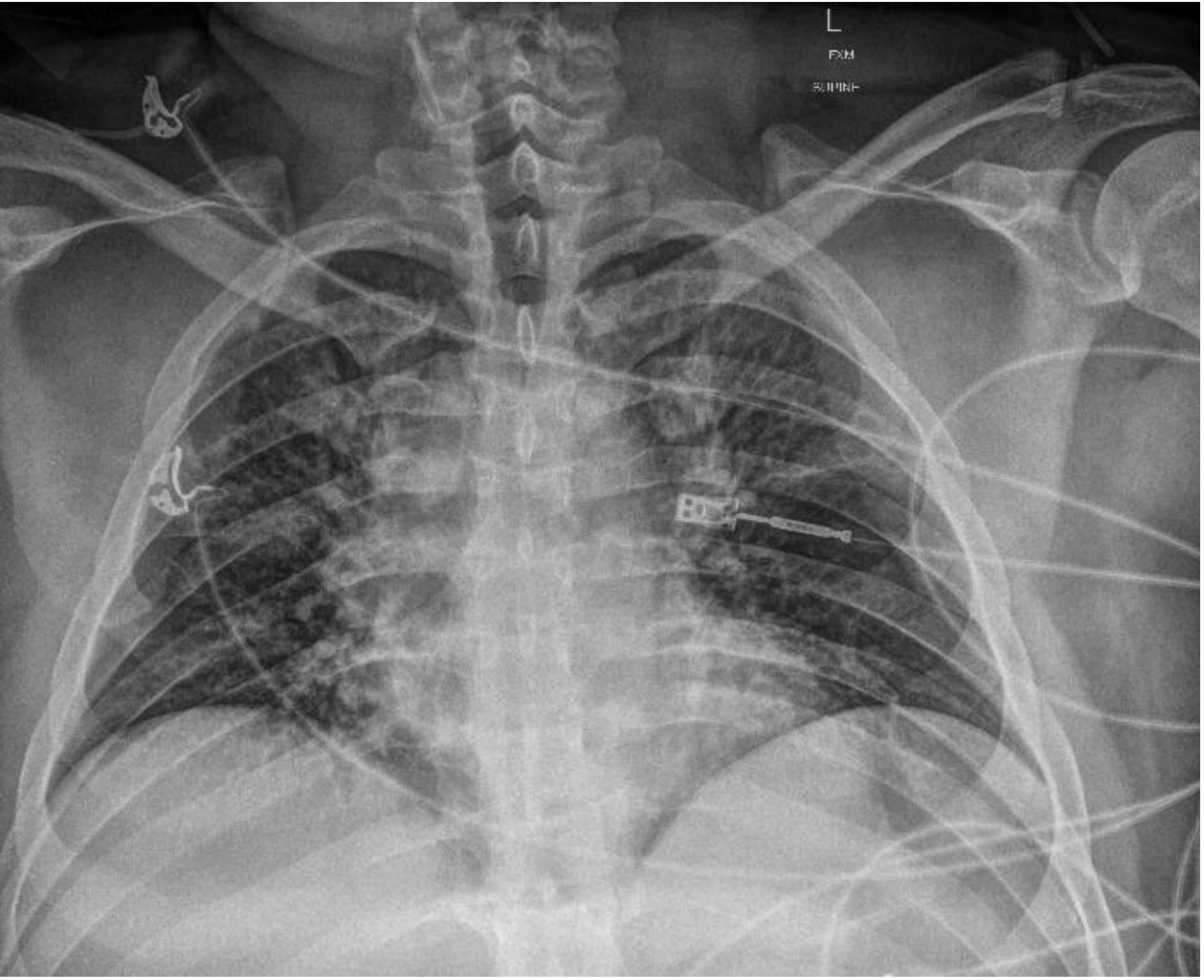
E — Exposure
Assess for further injuries then maintain normothermia

Life threats: Hypothermia

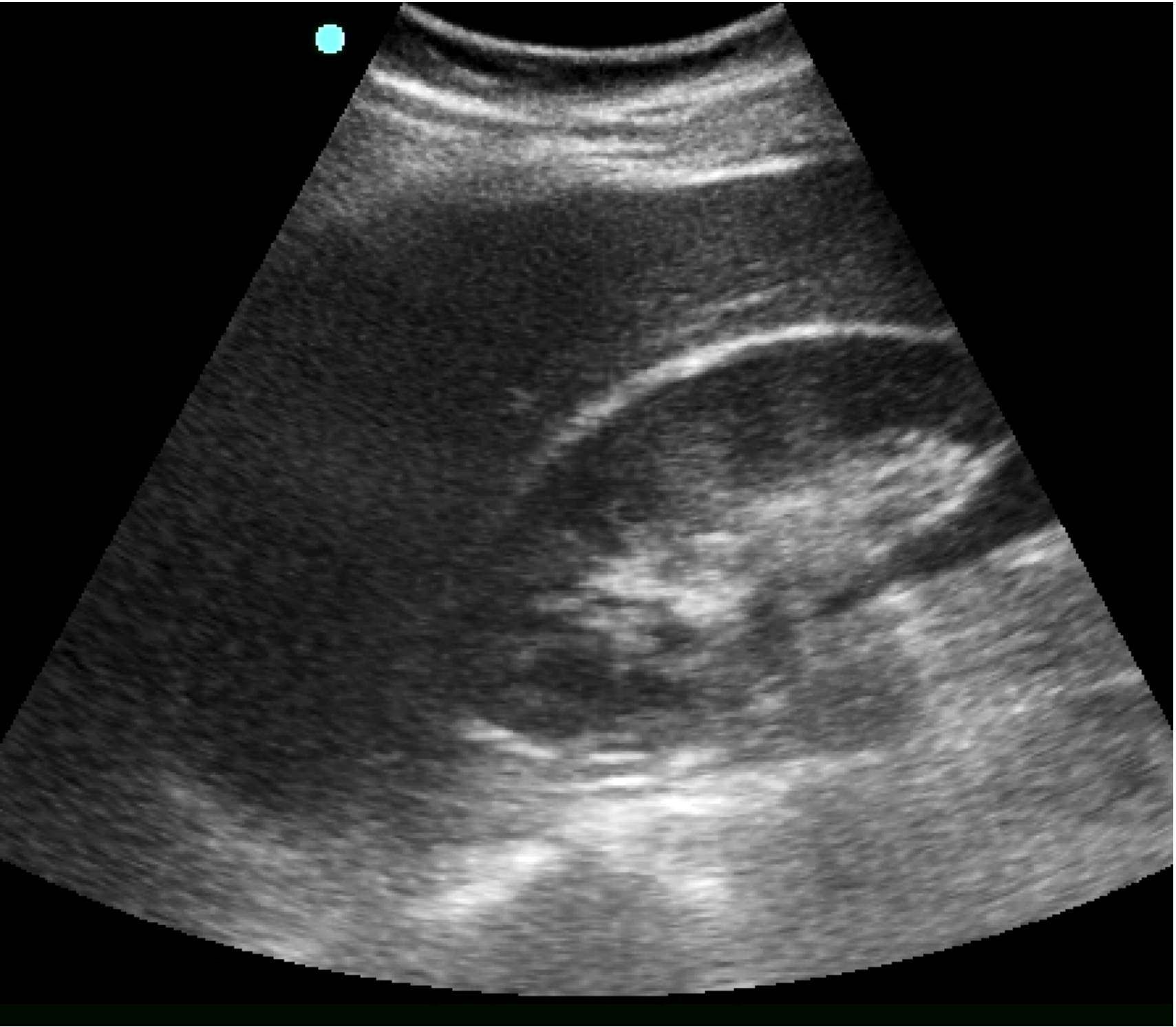
RADIOMETER ABL800 FLEX				
ABL837 RH~RB PATIENT REPORT	Syringe – S 250uL		Sample #	16538
Identifications				
Patient ID	SDC 240222			
Patient Last Name	Johnson			
Patient First Name	Sam			
Sample type	Venous			
T	35.8			
FO2(l)	1.0			
Operator	B. Smith			
Blood Gas Values				
pH	7.11		[7.350 – 7.450]	
pCO2	36	mmHg	[35.0 – 45.0]	
pO2	51	mmHg	[75.0 – 100]	
cHCO3~(P)c	15	mmol/L	[21.0 – 27.0]	
cBase(B)c	-10	mmol/L	[-3.0 – 3.0]	
P50c		mmHg		
Baro.		mmHg		
Oximetry Values				
aO2		%		
ctHb	71	g/L	[105 – 135]	
Hct		%		
FO2Hb		%	[94.0 – 98.0]	
FCOHb		%	[0.0 – 1.5]	
FMetHb		%		
FHHb		%	[–]	
Electrolyte Values				
cNa+	136	mmol/L	[135 – 145]	
cK+	4.2	mmol/L	[3.2 – 4.5]	
cCl-	111	mmol/L	[100 – 110]	
cCa2+	1.12	mmol/L	[1.15 – 1.35]	
AnionGap,K+c		mmol/L	[–]	
Metabolite Values				
cGlu	7.0	µmol/L	[3.0 – 7.8]	
cLac	6.3	µmol/L	[0.7 – 2.5]	
cCrea		µmol/L	[36 – 62]	
ctBll		µmol/L	[–]	
Temperature Corrected Values				
pH(T)				
pCO2(T)		mmHg		
pO2(T)		mmHg		
Notes				

Pelvic Xray

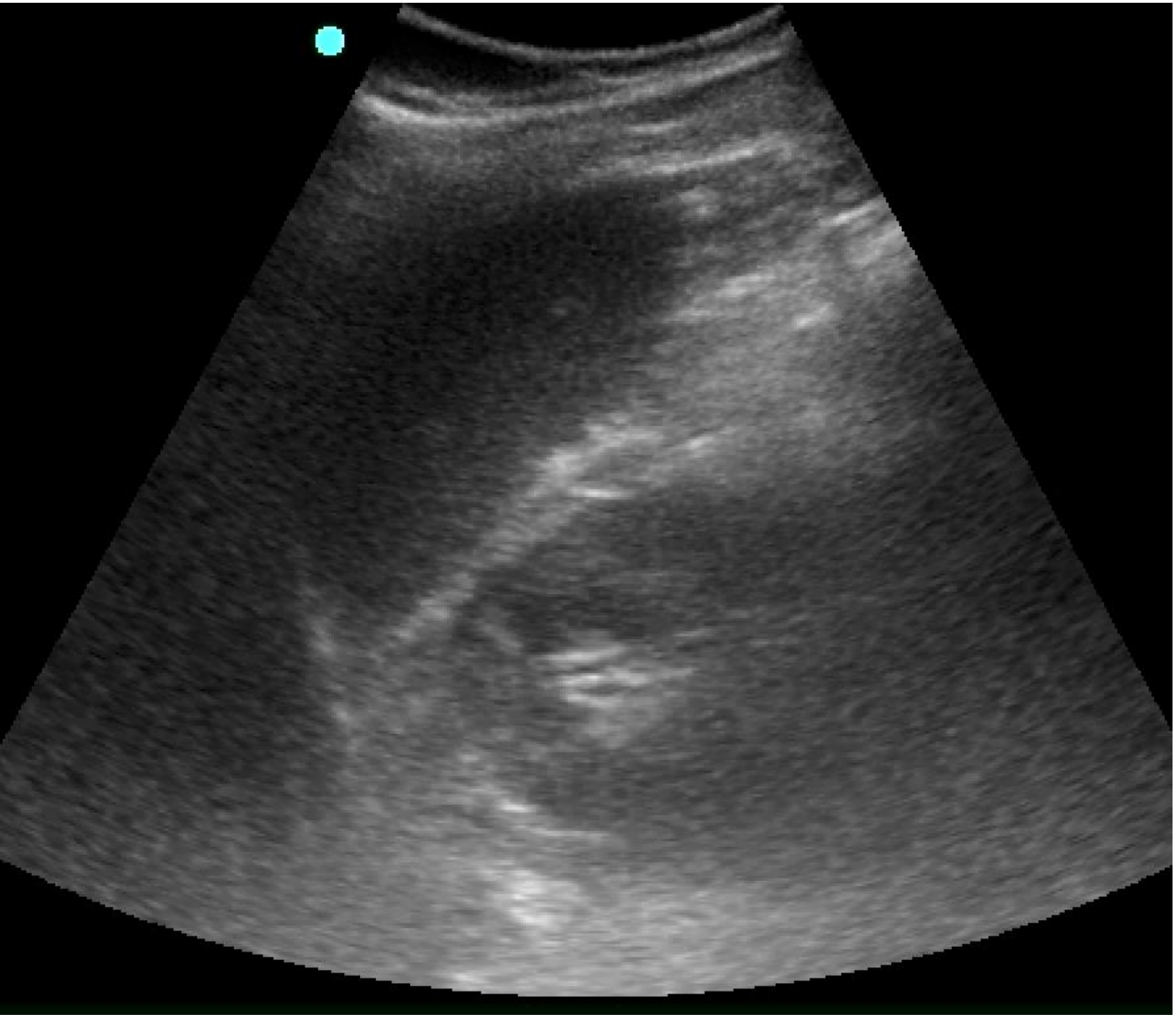
CXR



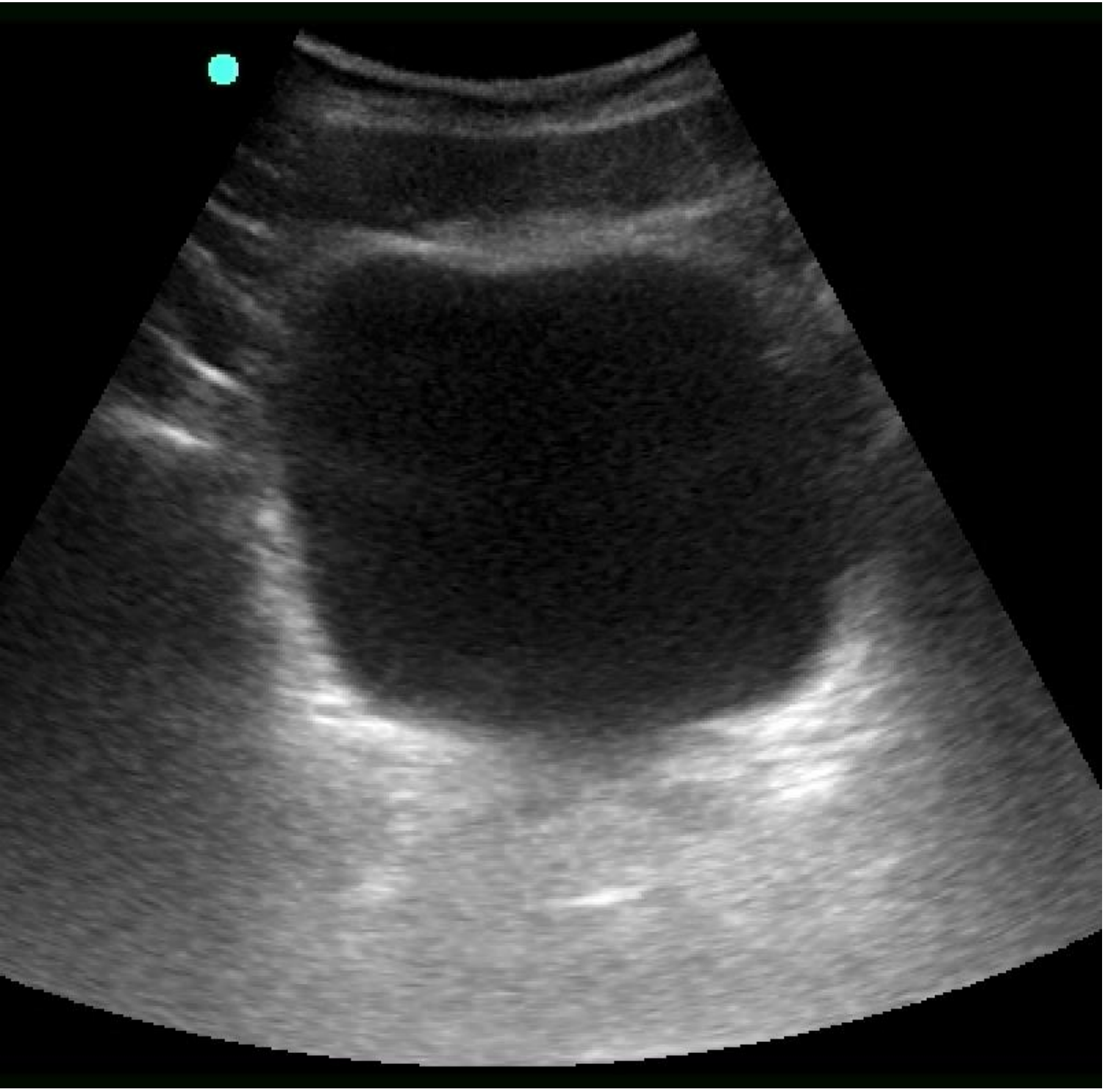
EFAST: RUQ/Morrisons



EFAST: LUQ/splenorenal



EFAST: Pelvis



EFAST: Cardiac/Subxiphoid