

Pre-simulation briefing

Establishing a safe container for learning in simulation



1

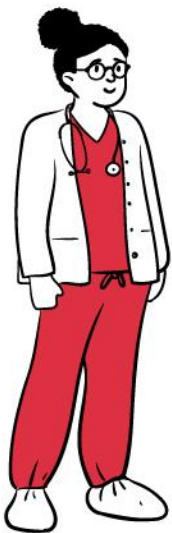
Clarify objectives, roles and expectations

- 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

5

Address simulation safety

Identify risks:

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

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



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

Anterior Neck Assessment

TWELVE-C

Using the TWELVE-C mnemonic to assess the anterior neck for risk of significant injury and impending airway obstruction following trauma.

T

Tracheal deviation – assess for tenderness, deviation

W

Wounds – assess for open wounds/haemorrhage

E

Emphysema (subcutaneous/surgical)

L

Laryngeal tenderness / crepitus

V

Venous distension – assess for vascular injury such as bruising/bruit/expanding haematoma

E

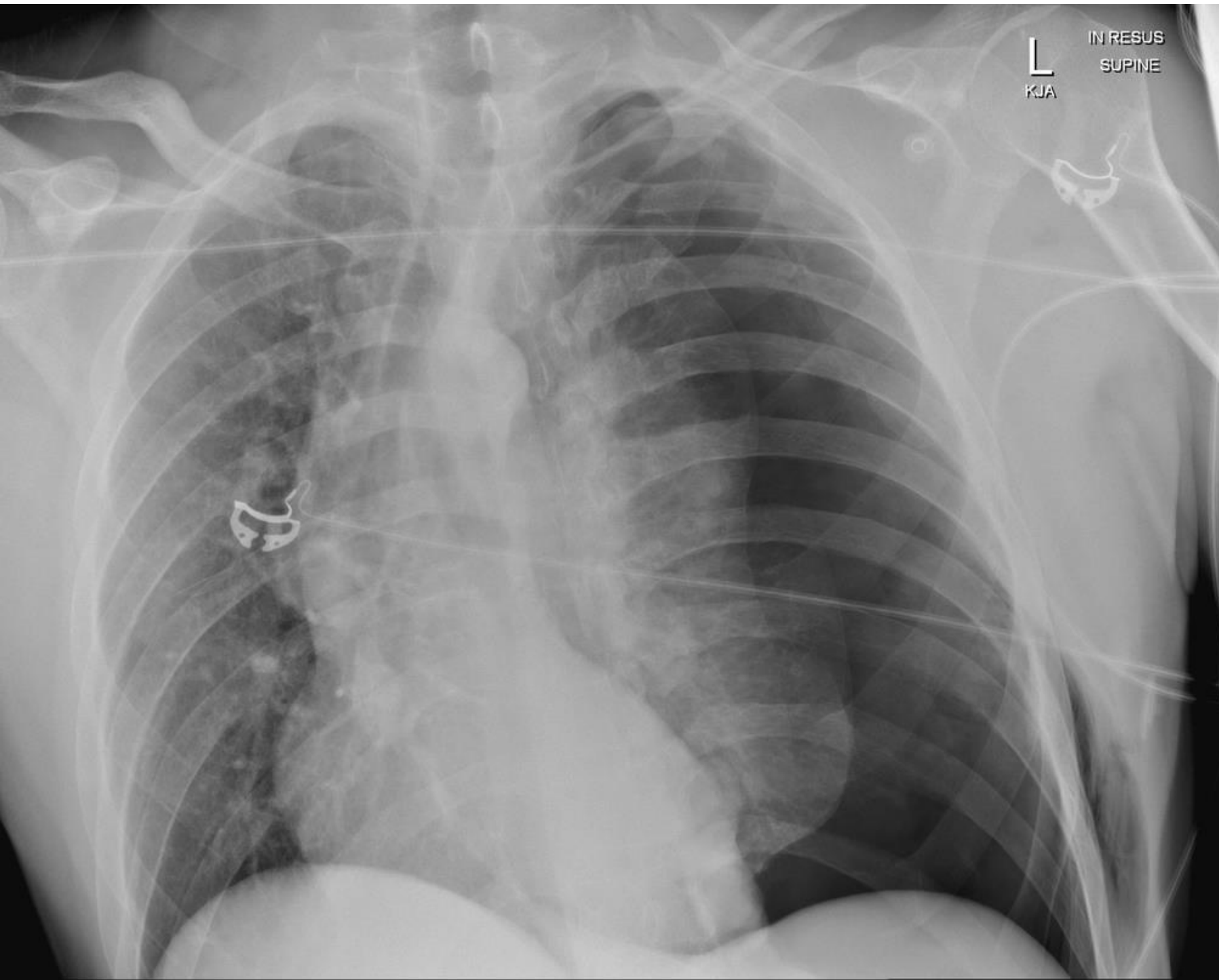
Esophageal injury – assess for pain on swallowing (injury unlikely if able to swallow easily)

C

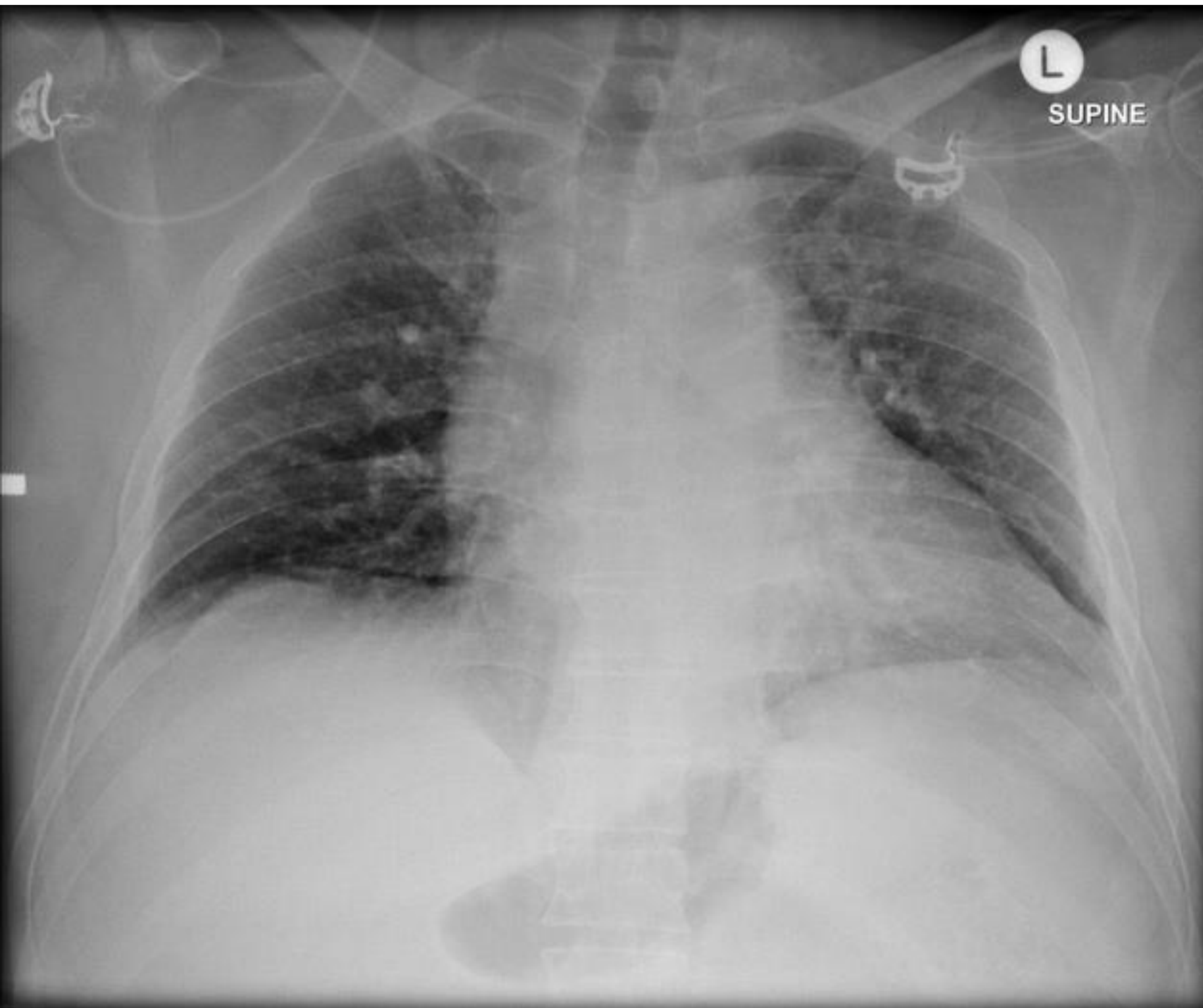
Carotid haematoma / bruits / swelling

*Collar should be opened/removed to visualise anterior neck while manual inline stabilisation (MILS) is maintained.

Chest Xray



Chest Xray



Pelvic Xray



Pelvic Xray

