

## Pitfalls

Even with the best of preparation, things can go awry in simulation. Here are some tips and tricks to help get you through it. You might run into trouble before the scenario even starts - the manikin malfunctions, equipment goes missing, or you're kicked out of the room you wanted to do the scenario in. If these issues are unresolvable, you can attempt to maintain fidelity through the pre-brief, familiarization, and the fiction contract. Unfamiliar with these terms? Be sure to check out the Pre-scenario video.

We all have expectations of what will happen within a scenario. Sometimes, learners will misinterpret feedback that's being provided to them and take the session off track. Other times, they will make up their own findings or patient responses because they don't like how the scenario is going, or they're not getting feedback. Either way, the case starts going down an entirely different direction from the case's learning objectives.

In such instances, there are two main options: let the scenario run its course and see what happens, or intervene to bring it back on track. Allowing the scenario to progress, requires the facilitator adapt the case on the fly - the facilitator must have good clinical knowledge of how a patient would respond in the new, unpredicted scenario as it unfolds, and may even be able to lead the participants back on course, based on clinical cues. Provided the objectives are met, this can lead to great discussion during the debrief about why events progressed as they did. Note that a facilitator must be very flexible and practice good judgement for these types of debriefs to go well.

Intervening in the scenario to bring participants back on track typically involves the use of a confederate, or for the facilitator to give hints. For example, if a medical student misses a key finding or step in treatment, a confederate can walk by pretending to be the senior resident and casually mention the missing information.

*"Oh hey, it looks like your patient's in Torsades - have you tried giving any Magnesium? Oh - I think I hear my pager!"*

Also in the scenario, there are times when participants don't take the simulation seriously - they disengage, pretend at everything, and merely go through the motions. This usually happens because too little information was provided during the pre-brief and familiarization. By managing in-scenario expectations prior to the scenario itself, we can curb participants' frustration and disengagement. Review with learners what they can and cannot do during the simulation, encourage the learners to suspend their disbelief before you begin the simulation, ask if they still have questions, and take note of what they say - this could help improve future sessions. This situation could also happen when there's just too much pretend for the case to seem real. For example, participants aren't allowed to use real equipment, or they're placed in an environment that's completely different from the one they normally practice in, or the case is just way too far-fetched to be real. To avoid this, review learning objectives and align fidelity. You can find out more in the Pre-course video.

Lots of issues can also arise in the debriefing portion of sim. We'll only be covering facilitator pitfalls, but we recognize that participants can also behave in a way that leads to difficult debriefing situations. For more on this, please refer

to the Resources section of this page (<https://simulation.vchlearn.ca/video/pitfalls>)

Common debriefing errors on the part of the facilitator include, "Guess what I'm thinking questions". These are questions like,

*"I noticed there wasn't enough tubing. Where else can we go to get additional tubing?"*

*"The supply room?"*

*"Yes, and..."*

*"The crash cart?"*

*"Mmmm-hmm, and...?" ]*

Just tell us what you want us to say! Instead of fishing for answers, simply tell the participants what it is you're getting at.

*"I noticed there wasn't enough tubing, but no one grabbed the tubing from the bedside drawers. What are your thoughts on that?"*

Sometimes the facilitator has a new topic for discussion but fails to introduce it properly. For instance, the participants in the debrief are talking about how to insert an oral airway, and suddenly the facilitator says,

*"Does anyone know where the blood glucose meter is kept?"*

The facilitator might have been thinking of decreased LOC and the need to check a blood glucose, but the participants were still talking about maintaining an airway. Before changing topics in a debrief, frame the context of your next statement - something that's called previewing.

*Previewing: a communication technique where the educator uses a preliminary statement to indicate the topic of conversation that is about to occur.*

Example of previewing: *"I'd like to talk about reasons for decreased level of consciousness. I noticed the blood glucose level wasn't checked, and this patient's diabetic. What might have contributed to this?"*

Being a facilitator in a debrief can be difficult - especially if things don't go well and we want to avoid confrontation. Sometimes this leads to ignoring performance gaps, or hoping to leave it until the end of the debrief - but then time runs out and it doesn't get addressed at all.

There's no real trick to avoiding this - it needs to be brought up or else people will leave the sim feeling like it wasn't valuable, or questioning the facilitator. If this does happen, know that you can follow-up with performance gaps at a later time. Bring the gap up before the summary phase of the debrief, and let participants know more information will be coming. For example:

*"There's only five minutes left, and we didn't get to the topic of how to correctly administer Narcan. I'll send everyone an email with the latest guidelines attached."*

We have identified a few pitfalls you may encounter during your simulations. With more practice, you will find you navigate these, and other unexpected moments, with ease.