**SIMULATION AGENDA**

**FOR CONSULTANTS**

# PURPOSE

* Explain the purpose of the simulation to the stroke team
* Focus on the human factor
  + Perform the simulations as if they were REAL
  + Run all tests, give them the scores only afterwards…
* Raise awareness about it
* Start preparations in advance – check facilities, equipment, practical advice

# FLOW

## INTRODUCTIVE MEETING

* Process objectives
* Process
* Select [a case](https://ata.quintiles.com/sites/BI-Angels/Angels%20Documents/Project%20Information/Patient%20Pathway%20Simulation%20Documents/Simulation%20documents/Body%20Interact%20-%20Script%20Case%2032%20-%20Acute%20stroke%20with%20alteplase%20indication%20and%20hypertension%20-%20v6.pdf) for simulation from the BodyInteract package (and give possibility for the team to train) or decide on the scenario with the physician
* Do not forget to reinforce that the confidentiality agreement will be fully respected and that the video and all materials will be for internal use only and they have full rights on how to use it
* Introduce BodyInteract, the stroke box, eAspects tool and the [Helsinki Poster](https://ata.quintiles.com/sites/BI-Angels/Angels%20Documents/Project%20Information/Patient%20Pathway%20Simulation%20Documents/Simulation%20documents/Helsinki%20Poster%20(03).pdf)
* Challenge team on target time (DTN)
* Tips to influence and convince
  + [Pit stop perfection](https://www.youtube.com/watch?v=aHSUp7msCIE)
  + [Formula 1 Pit Stops 1950 & Today](https://www.youtube.com/watch?v=LOJbM0aXZp0)

## bRIEFING

* Inform the whole team and brief properly all the players
* Make sure everyone fully understands their role (from administrative to medical teams) in the selected scenario

## 1st SIMULATION

* Observe
* Patient Info
* Selection of imaging support (hospitals’ data or selected by consultants)
* Record – [GoPro settings and tutorial](https://ata.quintiles.com/sites/BI-Angels/Angels%20Documents/Project%20Information/Patient%20Pathway%20Simulation%20Documents/06.%20GoPro%20tutorial.docx)
* Note Door to Needle Time on Helsinki poster
* Tips:
  + The consultant is the case manager and this is our focus.
  + If needed, ask for help for someone else to do the recording.

## DEBRIEFING

* Go through the checklist, times and highlights
* Give feedback and modify workflow

## DISCUSSION

* Show whole video (if possible) or at least highlights & critical moments/times
* Helsinki [checklist](https://ata.quintiles.com/sites/BI-Angels/Angels%20Documents/Project%20Information/Patient%20Pathway%20Simulation%20Documents/05.%20Simulation%20critical%20movement%20checklist.docx) and timeline
* Stroke Bag
* Strokewatch app or chronometer?
* [Action item list](https://ata.quintiles.com/sites/BI-Angels/Angels%20Documents/Project%20Information/Patient%20Pathway%20Simulation%20Documents/Simulation%20documents/Action%20Item%20list.docx) to prioritize interventions
* Focus on the team and process
* Challenge team on target time (Door to Needle Time)
* Get their reaction
* Structure debriefing in parts
  + Show gratitude for their time and involvement and for everything they are doing in stroke care
  + Emphasize on good practices and guidelines
  + Ask their opinion on what went well, what didn’t and decide on corrective actions (before 2nd simulation)

## 2nd SIMULATION

* It is crucial – announce it from the start
* Change behaviour 🡪 implement right away changes in the process
* Involve all the stroke team, but also hospital managers
* Present it also as a teambuilding/ team activity for the stroke team
* Observe
* Patient Info
* Processed imaging support
* Record
* Note DTN on Helsinki poster

## DEBRIEFING

* Go through the checklist, times and highlights
* Give feedback and modify workflow

## CONCLUSION

* Debrief
* Give recognition for what they do well and ensure the results will be kept on the long-term
* Define action plan, progress monitoring and next visit

## PROGRESS MONITORING

* Reflect (together with the stroke team) on
  + Does it happen for every patient?
  + Do they have quality monitoring in place?
  + What is the variation? Can they do better?
  + Can they take the challenge for something even better?

# INSIDE TIPS for angels consultants

* Refer to [this scientific article](https://ata.quintiles.com/sites/BI-Angels/Angels%20Documents/Project%20Information/Patient%20Pathway%20Simulation%20Documents/Simulation%20documents/Crew%20resource%20management%20and%20simulator%20training%20in%20acute%20stroke%20therapy.pdf) to help you convince physicians about the utility of stroke simulations. Improvements made since video simulation implementation are impressive and conclusive.