Multidisciplinary Office Cardiac Arrest Emergency Scenario

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Simulation Resource Contributed by the Canadian Memorial Chiropractic College
Lesson plan for Simulation Labs

Beginning, Middle, End Plan:

Beginning:
Learning outcome:
The objective here is to tie together the whole typical clinical assessment/management patient interaction and the simulation lab. It will be explained how manikin simulation training and this type of simulated learning environment works and how it can help. The phases (briefing, recording, and debriefing) to the labs will be explained and then all the students will be given the learning outcomes to the manikin simulation activity.

Activity:
A demonstration highlighting all the manikin functions (this will show the students how sophisticated the manikin’s functions really are). A verbal test via recall on how and when to use a patient consent with examples will be conducted. A review of the audio/video recording system will be conducted. Then role assignment to all students with will occur.

Middle:
Learning outcome:
The specific learning outcomes for this section are highlighted; each case scenario has its own learning outcomes and therefore requires a quick review. Each student will now get an opportunity to play a specific scenario role and watch how the scenario plays out. Instruction is given to watch everyone else’s roles and think about how you would react and what you would do in those roles. Reflection is stressed.

Activity:
The activity is to run the specific case scenario with the assigned roles and record it so that the group can examine performances and decide on the success of the management of the clinical patient interaction in the debriefing phase.

End:
Learning outcome:
To discuss if all the learning outcomes we met and to determine if any clinical, educational or knowledge gaps still exist?

Activity:
In this time we all come together as a group and sit in a semicircle and have a group debrief (or as I like to refer to it as “the good, the bad, and the ugly”). Facilitation asking questions and promoting group discussion take place. Discussion continues focusing on the success of meeting all of the learning outcomes. A demonstration on the appropriate use of office equipment is then conducted (how to set up and use the AED/ oxygen and administer correct CPR protocols). Then the group watches the reference video for the scenario recorded done by the simulation team to further address learning gaps. Then we do a take two. Then we debrief.
again and end by watching the group’s second performance to the scenario, again trying to identify any clinical, educational or knowledge gaps.

We try and connect their experience in the simulation lab with their everyday experiences as interns (clinical patient interaction environment) and then leave them with some take home points and future application thoughts.
Heart Attack Scenario Case 1

LEARNING OUTCOMES FOR THE CASE:

The heart attack simulation scenario should allow the students the opportunity to:

1. Collect patient information through a history and physical examination process.
2. Identify the signs and symptoms of the case that relate to a heart attack.
3. Recall the pathophysiology of a MI.
4. Formulate a list of working differentials.
5. Appraise the patient’s condition.
6. Respond effectively to the patient’s needs.
7. Implement the emergency plan of action effectively.
8. Manage office staff appropriately.
9. Control office activity and behaviour of office clientele (patients).
10. Produce all documentation of the emergency crisis by all needed parties.
11. Inform the MALPRACTICE INSURANCE COMPANY and get appropriate direction.
Heart Attack Scenario Case 1

Summary of case presentation:

- So the Doctor starts in hall and proceeds into the room were the mannequin is waiting to be seen.
- The office is set up so that there are 2 other patients waiting in rooms to be treated by the Doctor, 2-3 other patients waiting in the reception area with the receptionist at her/his desk, and the mannequin’s spouse in the treating room with them.
- On simulation command the scenario begins and the Doctor proceeds to the room with the mannequin and greets both Mr. and Mrs. Susie Copper long standing clinic patients.
- The Doctor begins his history to find out that the mannequin is there to see him/her about upper back pain that is being called an old rib problem due to gardening.
- Spouse (Mr. or Mrs. Copper), plays the part that they believe that patient didn’t really so that much gardening and they feel it’s something else.
- Patient proceeds to not feel well. Starts to feel hot, dizzy, and light-headed.
- Patient is lied down and either at this point or when Doctor calls for 911 the patients in the next rooms begins their roles.
- One patient will play the “I really don’t like Chiropractors role”. Will verbally attack the doctor and go into that room calling them a quack and asking if he/she has hurt the patient. The other patient will come and try and calm the loud patient all in the same room where mannequin is having a heart attack and at this point had been flat lined.
- The patients that are in the reception area will play the concerned part and wonder around clinic as well.
- The receptionist will don nothing until instructed to by the Doctor.

Minimum Participants that can be required:

1. Doctor
2. Assistant
3. Receptionist
4. Hal/Susie’s Family member (confederate)
5. Patient that requires hamstring stretching (very respectful)
6. Patient that requires a free consultation (very anxious)
7. Patient in the waiting room very impatient

Optional participants:

8. Massage therapist (observer)
9. Massage patient in treatment room (observer)
10. Massage patient in waiting room (observer)
Heart Attack Scenario Discussion Case 1

Introduction Phase:

- Make sure to talk about the confidentiality form. Ask students when they are allowed to release patient information from their files. Should talk about signed consent to release from patient or guardian or power of attorney.
- Make sure we take about when they may be required to release information without patient consent: Communicable diseases, Court ordered cases, Child abuse (both sexual and physical), and Sexual assault by another health provider.

Debriefing Phase Discussion:

- Talk about ways to control spouse.
- Talk about ways to control trouble patients or patients that are freaking out.
- Talk about EMS activation, and the information that has to be given by the doctor to person making the call. Cell phones use to do this, be careful as location might be wrong for ambulance dispatch.
- Instruct reception to come back after call, bring emergency kit.
- Talk about if you will have your staff trained and will they be required to have first aid training with CPR training.
- Talk about the importance of having and emergency plan of action in place.
- Ask students if they know the current emergency plan for the clinic that they are working currently in.
- Talk about the continued monitoring of vitals till something changes.
- Talk about administration of AR, CPR, AED and oxygen. Make sure they know we are allowed to have oxygen in office but diluted oxygen not pure.
- Do complete demonstration of this whole process of oxygen and AED application.
- Talk about knowing how to use your equipment not just to have it. Make sure they know how to turn on equipment and apply it. Talk about who will maintain the schedule of maintenance for the equipment and who is ultimately responsible for its failure to work.
- Talk about what your emergency kit will contain where the kit will be stored, and who will get it in an emergency situation.
- Make sure that the students know that there is no standard of care guideline that the REGULATORY COLLEGE has in place for us to follow. We perform care and management of patient’s under the Good Samaritan act.
- Talk about doing CPR on table verses on the floor. Metal and comfort.
- Make sure we talk about once CPR is started that we only stop for one of 5 reasons: Patient recovers, risks develop to us, EMS else relieves (or someone else) us or we become too exhausted and cannot continue or AED arrives
- Talk about doctor control in office and strategies to accomplish this: Voice tone, direction instruction and delegating.
- Talk about office documentation and who does this and why.
- Talk about who we call and why we call them. Make sure they know that MALPRACTICE INSURANCE COMPANY take care of them and they are first call that we as Chiropractors make and that the REGULATORY COLLEGE is concerned with the public not us. Students must know in a crisis of any kind in office they never call...
REGULATORY COLLEGE unless instructed to by the MALPRACTICE INSURANCE COMPANY.

- Talk about follow up with family and office management with MALPRACTICE INSURANCE COMPANY as the guiding factor.
- Talk to the point that as primary health provider we be should encouraging family, staff and patients to have CPR and first aid training as recommended and on and ongoing and continuing basis.

First Aid Content Expert’s Highlights:
- For each minute w/o AED person has 7% less chance of survival
- Discuss presently recommended compression ratios CPR
- 2 inches of chest compression
- 80% of people are shockable with ventricular fibrillation or tachycardia
- Shock doesn’t work on a systole patient
- Use AED on dry shaven chest
- Remove patches (with gloves on) and jewellery
- Use kids pads for kids that are between the ages of 1-8
- Don’t put pads on conscious person
- Once you start CPR don’t interrupt cycle unless you are alone and have to put the AED on