

Appendix 1: Participant Guide of the Program

I. OVERVIEW

What Is It?

It is a collaborative activity organized with the simulation educator team locally and internationally.

- **Simulation** is defined as: *A training and feedback method in which learners practice tasks and processes in life-like circumstances, with feedback from observers (and) peers to improve skills* (Gaba, 2004). It is an interactive, experiential approach to learning that replicates real-life situations in a safe, nonjudgmental virtual (in this instance) environment.
- **Simulation-based Learning** is defined as: *An array of structured activities that represent actual or potential situations in education and practice. These activities allow participants to develop or enhance their knowledge, skills, and attitudes or to analyze and respond to realistic situations in a simulated environment* (Pilcher, Goodall, Jensen, Huwe, Jewell, Reynolds, and Karlson, 2012).

Date: August 4th, 2022

Delivery Method: The workshop is a hybrid of didactic and experiential learning with opportunities for participants to practice in a safe, nonjudgmental virtual environment. Participants will have a day-long, hands-on practice session in a round-robin style to learn the various components of simulation-based education. During the workshop, the participants will also observe a live demo of the pre-clinical and clinical simulations.

II. LEARNING OBJECTIVES

Upon completion of the **Simulation Instructor Workshop**, the learner should be able to:

- Summarize the application of simulation as a unique teaching modality in clinical and non-clinical medical sciences
- Identify the principles of the science of pre-briefing, scenario development, scenario facilitation, and debriefing using the Health Care Simulation Standards for Best Practice <https://www.inacsl.org/healthcare-simulation-standards>
- Apply the principles of case design for a learner-appropriate, realistic, and contextual scenario

III. OUTLINE OF WORKSHOP

During the six-hour workshop, participants will work as one large group as well as be split into three pre-assigned groups. Each group will be assigned to a breakout room.

- A **breakout room** is used to create a **virtual space** for small groups of participants during the workshop. Participants are split into assigned groups, each with lead facilitators. This format allows smaller groups of participants to interact over a set time.
- **Please do not leave the breakout room.** Instead, you will be automatically moved back into the main room at the end of the session. A notice will appear in your breakout room that informs you when the breakout room will close. If you happen to click on **'Leave Now,'** you will return to the main room, or you will automatically return to the main room after 60 seconds. Please let Dr. Jabeen or tech support in the main room know if you accidentally exited the breakout room – they will move you back into the breakout room you should be in.

Table 1: Participant Groups

Groups	Clinical/ Non-clinical	S. No	Name (redacted)	Designation	Specialty
Group A	Non-clinical	1.	Dr. ---	Assistant Professor	Anatomy
		2.	Dr. ---	Lecturer	Anatomy
		3.	Dr. ---	Professor	Physiology
		4.	Dr. ---	Assistant Professor	Physiology
		5.	Dr. ---	Lecturer	Pathology
		6.	Dr. ---	Assistant Professor	Pathology

		7.	Dr. ---	Professor	Pathology
		8.	Dr. ---	Senior registrar	Pathology
		9.	Dr. ---	Professor	Forensic
Group B	Clinical	10.	Dr. ---	Associate Professor	Medicine
		11.	Dr. ---	Professor	Medicine
		12.	Dr. ---	Assistant Professor	Medicine
		13.	Dr. ---	Assistant Professor	Pediatrics
		14.	Dr. ---	Associate Professor	Pediatrics
		15.	Dr. ---	Assistant Professor	Medicine
Group C	Clinical	16.	Dr. ---	Professor	OBS/Gyn
		17.	Dr. ---	Assistant Professor	OBS/Gyn
		18.	Dr. ---	Senior registrar	OBS/Gyn
		19.	Dr. ---	Assistant Professor	OBS/Gyn
Group D	Clinical	20.	Dr. ---	Associate Professor	ENT
		21.	Dr. ---	Associate Professor	Ophthalmology
		22.	Dr. ---	Senior registrar	Neurology
		23.	Dr. ---	Senior registrar	Psychiatry

Table 2: Agenda of the Day

Time	Activity	Facilitator/ s	Teaching Methodology
9:00-9:15	<ul style="list-style-type: none"> Introduction Session Objectives Ground rules 	Dr. Tahir	Slides with faculty pics and details
9:15-9:30	<ul style="list-style-type: none"> Participant introduction Brief overview of simulation in Pakistan 	Dr. Adeel Dr. Saima	Interactive
9:30-10:00	A glimpse into our World- Dialogue about Simulation based Education	Dr. Jabeen Dr. Maria Mr. Luther Raechal	20 min dialogue followed by 10 min live Q and A Jabeen, Maria, Luther, Adeel, Saima, Nurse facilitators
10:00- 10:40	Simulation in action	Dr. Adeel Dr. Saima Dr. Sabahat Dr. Urooj Nathan Tahir Rachel Johnson	Two scenarios, one clinical, one non-clinical, 20 min each. Demonstrated live
10:40- 11:00	Break	Divide the room into 4 stations, one each for Pre-briefing, Scenario development, Scenario facilitation and Debriefing	

11:00- 13:00	4 Simultaneous Stations- Round Robin (Identification of 1 focal person from each group for summation at the end)	Dr. Adeel Dr. Saima Dr. Sabahat Dr. Urooj Dr. Jabeen Dr. Maria Mr. Luther Raechal Nathan Tahir Rachel Johnson	Proposed 2 cases, one clinical and one non-clinical
13:00- 14:00	Lunch and Prayer Break		
14:00- 14:50	Reflection and Panel Discussion-All Facilitators Local facilitator- directing the questions		
14:50- 15:00	Closing Remarks/ wrap up/ Evaluations	All facilitators	Interactive

Table 3: Robin Round (RR) Station Rotations

Timings (Time keeping: Dr. Tahir and Team)	RR station 1 Case Scenario Development Facilitator: Jabeen Fayyaz Sabahat Fatima, Luther Raechal via Zoom	RR station 2 Pre-Briefing Facilitator: Maria Bajwa Urooj Adnan via Zoom	RR station 3 Facilitation Facilitator: Saima Ali Nathan Tahir On-site	RR station 4 Debriefing Facilitator: Adeel Khatri Rachel Johnson On-site
11:00-11:30	A	B	C	D
1130-12:00	D	A	B	C
12:00-12:30	C	D	A	B
12:30-1:00	B	C	D	A

IV. WHAT TO HAVE WITH YOU?

- Participant guide and resources assigned to you.
- Open a Word document for notes and/or pen and paper.

V. REFERENCE MATERIAL AVAILABLE

- The Standards of health care simulation.

VI. CASES FOR THE SIMULATION DAY**1. Case: Pre-Clinical- August 4, 2022**

- **Case Title:** 24 years old lady, Rabia Bibi, 34-week gestation with trauma and neurogenic shock
- **Target Learning Group:** Pre-clinical medical students (anatomy, physiology, pathology, forensic medicine)
- **Learning Objectives**
By the end of the session, the learners will be able to:
 1. Discuss the anatomy of the spinal cord with lesion localization
 2. Describe the normal physiological changes in pregnancy
 3. Understand the role of sympathomimetic drugs in the treatment of shock (Please change to pathology)
 4. Identify intimate partner violence through history and physical examination
- **Scenario Summary:** Rabia Bibi, a primigravida, 34 weeks pregnant, has been brought in by her husband with an alleged history of falling and hurting her back. She is conscious; however, she appears to have bruises all over her face and hands, inconsistent with the history of trauma, and she appears

afraid. She doesn't speak the national language, Urdu, and her husband is giving the history. The Emergency Team managed her on the ground and put her on inotropic support after fluid resuscitation as her blood pressure was not responding to fluids. She cannot move her lower limbs and complains of urinary incontinence. There are no previous comorbidities, and she has received antenatal care.

2. Case Scenario: Clinical - Aug 4th, 2022

- **Case Title:** 24 years old lady, Rabia Bibi, 34-week gestation with trauma and neurogenic shock
- **Target Learning Group:** Clinical medical students (internal medicine, pediatrics, OB/ GYN, ophthalmology, ENT, neurology, psychiatry)
- **Learning Objectives**
By the end of the session, the learners will be able to:
 1. Discuss the clinical presentation of neurogenic shock and its management
 2. Demonstrate the steps of neonatal resuscitation
 3. Discuss and formulate the management plan for abruptio placenta
 4. Describe the steps of lid repair/ management of deviated nasal septum
 5. Describe post-traumatic stress disorder and its management
- **Scenario Summary:** Rabia Bibi, a primigravida, 34 weeks pregnant, has been brought in by her husband with an alleged history of falling and hurting her back. She is conscious; however, she appears to have bruises all over her face and hands, inconsistent with the history of trauma, and she appears afraid. She doesn't speak the national language, Urdu, and her husband is giving the history. She has been managed by the emergency team on the ground and was put on inotropic support after fluid resuscitation as her blood pressure was not responding to fluids. She cannot move her lower limbs and complains of urinary incontinence. There are no previous comorbidities, and she has received antenatal care.