



School of Health and Life Sciences

Simulation Centre

Dog fight

Date: March 22 2024

IPAE 1210, AHT2, VMA

(these pages are **not** intended to be read for the participants)

Scenario Description

It is the beginning of the day in a mixed animal (sees dogs, cats, horses and cattle) veterinary practice called the SunnyDay Veterinary Clinic. A team of veterinary medical assistant students and animal health technology students have just opened the clinic and are preparing for the day. In this simulation, the team of students will handle client phone calls into the clinic, a client phones into the clinic and his/her medium sized dog “Bella” that has been in a traumatic dogfight; another client also arrives to pick up supplies for their diabetic dog “Alfred”. Bella’s owner had to break up the dog fight, has several wounds his/her forearm and is angry and extremely worried about Bella who was unresponsive after the fight, bleeding profusely a large wound on the neck and possibly other wounds. The other dog was huge and mean and the owner of that dog took off.

The phone will ring consistently throughout the simulation and an additional client may also walk in with her dog for a kennel cough appointment as they are going to the kennel tomorrow and just discovered his vaccines are not up to date.

Scenario Objectives

1. Gather the information from the client with the critical dog “Bella”
2. Communicate with the veterinary team members to manage concurrent tasks
3. Practice conflict resolution
4. Gather informed consent
5. Triage and handle routine client inquiries
6. Manage client records and appointments using Cornerstone
7. Administer first aid, assess and begin treatment of critical patient
8. Update/report patient status to client as appropriate

Scenario Flow

Timelines for SPs (general)

Simulation: 10-12 minutes

Time	Event
0:15	Vet places call that they are running 4-5 min late. Stuck in traffic
0:30	Client calls in to let staff know they are on their way with a dog that has been bitten/attacked
1:30	Walk-in client arrives to pick up Caninsulin syringes (ordered and paid for online)
3:30	Emergency client arrives
4 min	"Bella" transitioned to the treatment room
~ 5:30	Veterinarian enters treatment room, asks for patient status update, what has been done so far? Begins ordering emergency drugs as patient vitals deteriorate
6 -10 mins	Students actively receiving direction from vet while her condition gets worse (HR and SPO2 decrease) Bella's owner trying to stay with Bella, students trying to update him, collect consent and information in the reception area Phone ringing repeatedly and possibly more than one call at once

SCENE ONE

Student setting up for their day at the SunnyDay Veterinary Clinic (likely 2 students in the treatment folding laundry room or preparing supplies and 2 students in the reception area in the computer)

Dr. Aasgard (veterinarian) phones clinic from their vehicle: "Hi, it's Dr. Aasgard; I had to go on a calving this morning and on my way back but stuck in traffic. I'll be about 10 minutes still. Is my first surgery there?"

Steve Zyban: (calling via phone while driving and frantic and upset). Key messages to get across...)

"My puppy got in a fight with a Pit Bull..., she was in a lot of pain and now she's pretty quiet compared to before... we're about 5 minutes away and I'm driving... just wanted to let you know before we go there..."

If student asks some questions... listen... and provide your name and Bella's name, then:

"You know, I should probably hang up now... driving a little fast... OKAY??? – We should be there very soon!!"

Students then should communicate with each other an emergency is coming in

SCENE TWO

Before Steve Zyban arrives...

Deirdra Burger walks in to the clinic and approaches reception desk: *"I'm here to pick up Alfred's Caninsulin syringes."*

Answers to questions SP may get:

I pre ordered them. They should be ready (a bit irritated).

"I've paid for them already"

If the Deirdra SP gets handed anything other than an orange and white box of real Caninsulin syringes...push back, *"these are not the same that I got last time; are they correct? I need 100IU syringes, I'm out"*

Phone may also ring at the reception desk while students are assisting Deirdra.

Deirdra exits once she gets the syringes (that may not happen until into scene 3).

SCENE THREE

Steve Zyban enters the clinic at a run and carrying, "Bella", your 4-year old-old, female, spayed "spaniel cross" dog into the clinic and up to the front desk.

"I'm the guy that just called about my puppy being in a dog fight!"

"She's bleeding everywhere!"

Move past the reception desk to pace in the reception area until students try to get Bella "You need to help her, shes dying!"

When there are pauses in the conversation, you can say how angry you are with the pit bull's owner for letting it off leash.... The owner did not even come over when Bella was bitten... (don't reveal you were bitten in the beginning of the conversation)

When asked for your name, address, and phone number... please reply *"Steve Zyban"* which you'll have to spell differently with each scenario (and you can make up any address here in or around Edmonton and any 10-digit phone number)

When asked about if you have been to this clinic with Bella before you say, "I bought her on Kijiji and haven't had her to any Vet yet."

When asked about costs... say, *"it doesn't matter about the money – "I'll pay whatever"*. Toward the end of the scenario – you will become more concerned about the costs.

When the VMA notices that you're bleeding from multiple "pit bull" bite wounds – from when you tried to break up the two dogs, (or even if he/she does not notice...), and if anyone insists on first aid, get frustrated, and you can brush them off "Im fine". You can say that you want all the focus to be on your puppy! And, insist that **you** be the one that brings Bella to the emergency area.

SCENE FOUR

Steve Zyban: *"I can bring her to the back... just show me where you want her!"*

Students should come to reception and ask to take Bella into the hospital to be assessed and start treatment.

One student may begin collecting consent for emergency procedures

“Whatever it takes!” You agree to anything up to \$500.

If student asks for a \$500 deposit, client become concerned the deposit is more than they expected or are prepared for immediately. Worry about money and losing bella intermixes.

Phone calls continue (SP that plays Deirdra will make those calls as cued)

Bella gets moved into the treatment room. Students begin medical interventions.

The AHTs should transfer the patient onto the exam table and examine.

Dog is in sternal, not moving non responsive

Initial Assessment: HR 150-180, 85, PO2- 89%; vitals visible on the monitor AFTER student attach monitors.

Students may begin placing IV catheter.

SCENE FIVE (action in reception AND in treatment room)

Steve Zyban (needing to tell someone the whole story and explain why you’re so upset)

“Bella was just running around after a butterfly... “

“Then I saw this large dog coming over... I got a little scared when I saw it was a Pit Bull, I don’t like to judge, but then it knocked Bella over and started going at her neck!

“It took me a few seconds to realize what was going on, but by that time the Pit Bull ran back to it’s owner, who looked like he might have been laughing! Bella was moving but very hurt, so I picked her up and ran back up toward our car! Then we drove directly here!”

“Can you let me know how it’s going?” “I really need an update!”

“Could I please go back there to see her? (Repeat this question with more emotion if denied)”

In reception area, phone calls continue.

In treatment room with Bella, students:

Vet enters. Ear piece needed to give lines. Generally dr directs the students actions. Students may supply information to “bring dr up to speed” upon arrival.

Dr. Aasgard: “Is an IV in?” “What’s happened?” Notices very low HR if students do not update him right away and orders “push Atropine”. (Dr. will be mic’ed and receive instructions via ear piece also)

Facilitator may supply weight over intercom as 10 kgs.

SCENE SIX

Students in treatment room continuing emergency treatment (e.g. placing IV catheter, initiating O2, intubating, bagging with ambubag, administering medications

Steve Zyban makes it to the treatment room where Bella is, try to go to Bella and put your hand on her head, gently... not wanting to leave) *"How's she doing?"*

Dog goes quiet... decrease HR to 30-40, RR to 4-8, PO2 alarms

Student may begin bagging/ambubag.

RVT student may leave to update client or may direct VMA to update or direct ehm to start noting meds given. Owner may return is not well managed in adjoining room or up front; frantic for an update.

Simulation ends at 10-12 minutes.

Simulated Patient and Confederate Background Information

Stevie Zyban – owner of puppy named Bella; male 21-55 years old; casual outside walking attire; affect: anxious, upset, worried, angry at other dog owner, worried about money may enter if deposit is asked for; requires moulage for bite wound on forearm or hand, ideally blood on clothing; agitated and emotional; anger not directed to medical team, thankful they are there.

Deirdra Burger – owner of small breed dog "Albert" that has diabetes and requires insulin. There to pick up caninsulin syringes. This SP will also make phone calls from the control room to add complexity to the scenario for the customer service team. Female, +40; needs jacket that can be quickly removed. Assertive to pick up what she ordered. May step back and be patient while emergency arrives; may get a bit irritated if she feels overlooked or forgotten (especially if the phone starts ringing).

Dr. Aasgard – veterinarian on shift in the morning; arrives late to the scenario after doing a farm call in the morning (calving). Needs white Dr coat and stethoscope. EAR PIECE is critical so you can get lines/directions from facilitators. Enters scene and needs to gather info from team and then progresses to providing calm guidance/direction to change treatments or administer medications.

Pre-Briefing for Students

We believe...harvard statement

Second remind, describe the rules of engagement.

1. "Expect to make mistakes!" ... "We purposefully make the simulation challenging so that we can all learn from both the things that you do well, and from the things you don't do so well."
2. "What happens in sim, stays in sim! Don't ruin the experience for the next participants."
3. "Because we've done our best to make this scenario like 'REAL LIFE' we expect you to do your best and treat this like a real-life situation. You will perform all procedures/techniques as you would in real life
 - "What you see... Is what you get"

Scenario prebrief, read to students:

You are the opening staff at the Sunnyday Veterinary Clinic, a mixed animal clinic. Your dr will arrive shortly.

We will tour you through the areas that you will use in your simulation today. We encourage you to connect as a team, make a plan and become familiar with the areas you will be working in. You will have about 3-5 minutes to do that. Your simulation will be 10-12 minutes long and incorporate client, team communication and hands on skills including cornerstone and emergency skills.

Debriefing

“The debriefer must possess the following:

- Respect for learner opinions and psychological safety
- Belief in integrity of learning through simulation
- Manages upset/monopolizing/outlier individuals

Objective (copy objective from earlier list)	Criteria for Meeting/Exceeding Objective (describe)
VMA scribes details of the event, and chief complaint	<ul style="list-style-type: none">• Understand the components that make effective teams The VMA will gather client and patient information and share with the rest of the team
VMA obtains past medical history of the client's pet	<ul style="list-style-type: none">• Understand the components that make effective teams VMA take medical history and details of current medical need
VMA communicates with the medical team of the impending emergency treatment	<ul style="list-style-type: none">• Understand the components that make effective teams Effectively shares client and patient information
VMA assists with team as required	<ul style="list-style-type: none">• Understand the components that make effective teams Assists with client and/patient during event
AHT prepares equipment and resources for the emergency	<ul style="list-style-type: none">• Understand the components that make effective teams AHT sets up for patient
AHT communicates with medical team	<ul style="list-style-type: none">• Understand the components that make effective teams Respectfully obtains medical Hx from VMA
AHT informs client about patient status at appropriate times and intervals	<ul style="list-style-type: none">• Understand the components that make effective teams Informs client or relays information vis the VMA on patient status
AHT performs skills in a team environment	<ul style="list-style-type: none">• Understand the components that make effective teams Works effectively with the team including the client as part of the team

Simulation Facilitator Self Assessment/Reflection

Step 1: From of the headings and questions below, the Simulation Facilitator (SF) chooses several that are most relevant to their goals and experience to prompt a written reflection.

Step 2: The SF shares this written reflection with the Sim Coordinator. (via email, and/or meeting request for discussion)

Pre-Brief

1. Did you address participant concerns, role-model positive, encouraging behaviours and promote learning?

Objectives in the Debrief

1. During the Debrief, did you (and/or your co-debriefer) focus on, or discover relevant topics of discussion that are not currently in your scenario's list of objectives?
2. Did you review the scenario objective list when ensuring all "takeaways" were listed and reinforced?

Debrief Model

1. Did you follow along with the three-phase model outlined on the Scenario Template and detailed in the Simulation Facilitator Resources Course?
2. What debriefing phases work well for you?
3. Do you have questions, concerns, or insights about your debriefing process, methods, or result?

Debrief Engagement

1. Were all your participants engaged in the discussion?
2. What methods or techniques did you use to promote dialogue and sharing of ideas?
3. Did any of the participants become disengaged – if so, what was your approach to that dynamic?
4. Did any of your participants seem upset – how did you respond?

Listening in the Debrief

1. Did you do more listening than talking?
2. What questions (or kind of questions) prompted enthusiastic and/or deep reflection from the participants?
3. Did your questions uncover participant rationale for their decisions and actions, in addition to a description/discussion about what happened?

Scenario Flow During the Simulation

1. Did you vary from the scenario flow as it was written?
2. If so, did this have a positive effect on the simulation? (If the change is positive, please set aside time to make the necessary changes on the scenario template.)
3. Do you see any opportunities to make your scenario more dynamic, so facilitators have options to make the tasks and situations more difficult or less difficult – throughout the scenario?

Script Edits for the Simulation

1. Are there any changes to the SP scripts that you would like to make?
2. Perhaps through coaching, you modified what the SPs should say and do in particular scenes? – if so, it is important to capture these beneficial script changes in a revised/updated version of the scenario.

Simulation Engagement and Type of Simulation Encounter

1. Were the participants engaged in the realism of simulation, or do they disengage (for example – due to communication with you through the overhead speaker)?
2. Do you have ideas to increase the realism?
3. Have you considered an OSCE format if components of the simulation are "summatively" assessed?