**RP Task list**

|  |  |  |  |
| --- | --- | --- | --- |
| **0730-0800** | Setup Participants sign-in  Facilitator huddle | Foyer | Food in tea room  Set up seminar room 2   * Tables * AV * QR codes   Set up name tags  Set up rego sheet |
| **0800-0815** | Introduction | Seminar room 2 | All present for intro, then disband  AJ: Time keeper (3 min warning) |
| **0815-0900** | ALS Lecture | Seminar room 2 | AJ: Time keeper  All: Set up workshops |
| **0900-0930** | Workshops | A: Sim lab 1 (COACHED)  B: Sim lab 2 (Paeds ALS)  C: Tutorial room 1 (EZ-IO) | CMW: Time keeper + flow director  AJ: Prep tea |
| **0930-1000** |
| **1000-1030** |
| **1030-1100** | Break | Foyer |  |
| **1100-1115** | Sim lab orientation | Sim lab 2 | CMW: Pack up tea |
| **1115-1145** | Simulation | Sim lab 1  Sim lab 2 |  |
| **1145-1200** | Sim debrief | Group 1: Tutorial room 1 Group 2: Tutorial room 2 | CMW: Evaluation forms |
| **1200-1230** | Evaluation, Course end Course debrief | Seminar room 2 |  |

**Write up anaes chart**

**Helper tasks:**

* 0730: Help set up seminar room 2 in the morning
  + AJ
* 0800-1030: Time keeper (notify presenter/s 5 minutes prior to end of session)
  + AJ – lecture
  + CMW – workshops
* 0900-1030: Direct flow of groups between workshops
  + CMW
* 1015: Set up food around 10.15am
  + AJ
* 1100: Move food back to tea room after tea break + tidy up/wipe foyer tables
  + CMW
* 1155: Lay out course evaluation forms during debrief
  + CMW
* 1200: Collect evaluation forms
  + CMW

**Script for sim lab orientation**

* Remind about confidentiality
  + What happens in sim stays in sim
* Respect each other as colleagues
  + Respect different backgrounds, levels of experience
  + All here to improve patient care
  + Mistakes are better made here
* Be yourself, act as you would in clinical practice
* There are no assessments, no recordings
* Go through environment and mannikin
  + **D**: PPE/gloves, Treat defib as you normally would, Sharps in sharps bin
  + **R**: If you need to talk to mannikin 🡪 talk as you would to a patient 🡪 This is the verbal feedback you would get.
  + **S:** Buzzer location, Phone calls
  + **A:** Intubate, LMA, BMV. Lubricate tubes. If unclear – ask wizard. No FONA. Where airway equipment is.
  + **B:** Can auscultate? If unclear, ask wizard.
  + **C:** CPR as usual, IV/A-line, Inject drugs and push fluids as you would. If need to draw blood, then draw. Don’t puncture mannikin – pretend, and we will tell you if successful or not.
  + **D:** Defib using defib safety, If feedback needed from mannikin – ask wizard
  + **Investigations –** give to confederate

**Post-course debrief agenda**

* What went well?
* What could do better?
* What to keep/change?