



**Instructions:** Fill out this template as best as you can and email it to [ASTEC@medadmin.arizona.edu](mailto:ASTEC@medadmin.arizona.edu). One of the ASTEC simulation staff will review it and follow up on any specific questions.

<b>Case Title:</b>	Interprofessional Cardiothoracic Surgery Post-Op Conversion Procedure					
<b>Facilitator:</b>	Robert Poston; Angela Muzzy					
<b>Basic Information</b>	<b>Target Audience:</b>	CICU nurses, CT residents				
	<b>Specialty:</b>	CT Surgery				
	<b>Other:</b>	Nursing				
<b>Learning Objectives:</b> (2-3 specific technical, cognitive, and/or behavioral skills desired)						
1.	To demonstrate effective interprofessional teamwork skills incl. proper closed-loop communication.					
2.	To perform a timely thoracotomy procedure at the bedside.					
3.	To identify gaps in resource management involved in rapid equipment and instrument mobilization.					
<b>Provide a brief overview of the case for the LEARNERS: (Chief Complaint, age, gender, nature of the scenario, etc.) Include any history you want given at the beginning of the scenario.</b>						
67 year-old male post-op robotic CABG, LIMA to LD, return from OR 4 hours ago. Chest tube drainage in first 4 hours stead at 150-200 mL/hour with sudden cessation. Patient complains of shortness of breath.						
<b>Patient History: Onset, timing/frequency, quality descriptors, severity, sign/symptoms, allergies, medications, review of systems, past medical history, family/social history, etc.</b>						
To be given later in the scenario when learners ask for this info.						
None						
<b>Provide a brief overview of the case for the SIMULATION SPECIALIST: (How the case scenario should progress).</b>						
The patient will present with given vital signs (see below) but deteriorate quickly. The patient becomes completely unresponsive (~2 min after initial assessment), ventricular fibrillation.						
<b>Initial State</b>	<b>Vital Signs</b>	HR 130	RR 22	BP 65/50	SpO <sub>2</sub> 98	Temp 97.8
	<b>Heart Sounds</b>	Normal		EKG: V-fib; Course		12 Lead EKG: All Leads
	<b>Lung Sounds</b>	Left: Clear		Right: Clear		
	<b>Pupils</b>	Left: Normal		Right: Normal		
	<b>Mental Status</b>	Alert Oriented				
	<b>Level of Orientation</b>					
	<b>Behavior</b>	Behaving Appropriately				
	<b>Glascow Coma Scale</b>	Eyes Opening				
	Verbal Response					
	Motor Response					
<b>Describe any additional preparation of the mannequin</b> (angioedema, dry mucous)		left chest tube				



membranes, burns, fractures,etc)	
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**For the following, include both verbal dialog to be given to the learners and specifics as to what the Simulation Specialist needs to change on the mannequin (vitals, chest excursion, etc.).**

<b>Critical Actions and Patient Response:</b>			
Perform chest compressions, intubate and ventilate: no response on vital signs			
<b>Critical Actions and Patient Response:</b>			
Perform bedside thoracotomy			
<b>Critical Actions and Patient Response:</b>			
Internal defibrillation of the heart: patient returns to sinus rhythm as CT surgeon performs repair. Patient continues to be unresponsive, blood pressure rises.			
<b>Potential Errors or Lack of Appropriate Intervention and Patient Response:</b>			
Failure to identify the tamponade will lead to rapid deterioration and onset of ventricular fibrillation (<2 min)			
<b>Equipment and Supplies:</b> code cart and IV present for all cases			
<input type="checkbox"/> Arterial Line	<input type="checkbox"/> C-MAC	<input type="checkbox"/> Central Lines	<input type="checkbox"/> Chest Tube Insertion Tray
<input type="checkbox"/> Cricothyrotomy Kit	<input type="checkbox"/> ECMO Set-up	<input type="checkbox"/> IO Drill	<input checked="" type="checkbox"/> Sutures
<input type="checkbox"/> Lumbar Puncture	<input type="checkbox"/> OB Kit	<input type="checkbox"/> PPE/Sterile Wear	<input checked="" type="checkbox"/> Defibrillator
<input checked="" type="checkbox"/> Thoracotomy Tray	<input type="checkbox"/> Tracheostomy Kit	<input type="checkbox"/> UVC	
Other:			
<b>Separate Files:</b> Indicate the documents or supplements that support the case and attach in an email			
<input type="checkbox"/> 12-Lead EKG	<input type="checkbox"/> Misc Diagnostics	<input type="checkbox"/> Labs	<input type="checkbox"/> CT Scan
<input type="checkbox"/> MRI	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> X-ray	
<input type="checkbox"/> Physician Orders	<input type="checkbox"/> Cardiac Echo	<input type="checkbox"/> Medical Record/SBAR	
Other:			
<b>Interpersonal/Interprofessional Variables:</b>			
closed-loop communication, clear roles, crowd control			
<b>Anything else you would like to include that did not get addressed in the above:</b>			
<b>References:</b> please give us at least 2 references to support the above case			
1.	Chapman DM, Rhee KJ, Marx JA, Honihman B, Panacek EA, Martinez D, Brofeldt BT, Cavanaugh SH.		



## ASTEC Template for Simulated Case Scenarios

	Open thoracotomy procedural competency: validity study of teaching and assessment modalities. <i>Ann Emerg Med</i> 1996;28(6):641-7
2.	Steinemann S, Berg B, Skinner A, DiTulio A, Anzelon K, Terada K, Oliver C, Ho HC, Speck C. In situ, multidisciplinary, simulation-based teamwork training improves early trauma care. <i>J Surg Educ</i> 2011;68(6):472-7
3.	Nunnink L, Welsh AM, Abbey M, Buschel C. In situ simulation-based team training for post cardiac surgical emergency chest reopen in the intensive care unit. <i>Anaesth Intensive Care</i> 2009;37:74-78
4.	

**Cardiothoracic Surgery Robotics: INTERPROFESSIONAL  
SIMULATION TRAINING**

**Participant Survey**

Please answer the following statements by circling ONE of the answers that BEST describes your response:

1. There was good communication between team members?

**Strongly Agree    Agree    Undecided    Disagree    Strongly Disagree**

2. You felt confident that you knew the right thing to do in this situation?

**Strongly Agree    Agree    Undecided    Disagree    Strongly Disagree**

3. There was a clear understanding of who was “running the code?”

**Strongly Agree    Agree    Undecided    Disagree    Strongly Disagree**

4. Using the scale below, 5 being best performance and 1 being worst, where would you rate your individual performance?

**1                      2                      3                      4                      5**

5. Do you feel better about handling this situation after the exercise?

**Strongly Agree    Agree    Undecided    Disagree    Strongly Disagree**

6. Any additional comments are welcome. Thank you for participating!