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

<table>
<thead>
<tr>
<th>Case Title:</th>
<th>Interprofessional Cardiothoracic Surgery Post-Op Conversion Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator:</td>
<td>Robert Poston; Angela Muzzy</td>
</tr>
</tbody>
</table>

**Basic Information**

<table>
<thead>
<tr>
<th>Target Audience:</th>
<th>CICU nurses, CT residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty:</td>
<td>CT Surgery</td>
</tr>
<tr>
<td>Other:</td>
<td>Nursing</td>
</tr>
</tbody>
</table>

**Learning Objectives:** (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.

**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.

67 year-old male post-op robotic CABG, LIMA to LD, return from OR 4 hours ago. Chest tube drainage in first 4 hours steady at 150-200 mL/hour with sudden cessation. Patient complains of shortness of breath.

**Patient History:** Onset, timing/frequency, quality descriptors, severity, sign/symptoms, allergies, medications, review of systems, past medical history, family/social history, etc.

To be given later in the scenario when learners ask for this info.

None

**Provide a brief overview of the case for the SIMULATION SPECIALIST:** (How the case scenario should progress).

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.

<table>
<thead>
<tr>
<th>Vital Signs</th>
<th>HR 130</th>
<th>RR 22</th>
<th>BP 65/50</th>
<th>SpO₂ 98</th>
<th>Temp 97.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Sounds</td>
<td>Normal</td>
<td>EKG: V-fib; Course</td>
<td>12 Lead EKG: All Leads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Sounds</td>
<td>Left: Clear</td>
<td>Right: Clear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils</td>
<td>Left: Normal</td>
<td>Right: Normal</td>
<td></td>
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</tr>
</tbody>
</table>

**Mental Status**: Alert Oriented

**Level of Orientation Behavior**: Behaving Appropriately

**Glasgow Coma Scale**

- Eyes Opening
- Verbal Response
- Motor Response

**Describe any additional preparation of the mannequin (angioedema, dry mucous)**

left chest tube
membranes, burns, fractures, etc)

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.).

### Critical Actions and Patient Response:
Perform chest compressions, intubate and ventilate: no response on vital signs

### Critical Actions and Patient Response:
Perform bedside thoracotomy

### Critical Actions and Patient Response:
Internal defibrillation of the heart: patient returns to sinus rhythm as CT surgeon performs repair. Patient continues to be unresponsive, blood pressure rises.

### Potential Errors or Lack of Appropriate Intervention and Patient Response:
Failure to identify the tamponade will lead to rapid deterioration and onset of ventricular fibrillation (<2 min)

### Equipment and Supplies:
code cart and IV present for all cases

- Arterial Line
- Cricothyrotomy Kit
- ECMO Set-up
- Central Lines
- Lumbar Puncture
- OB Kit
- IO Drill
- Thoracotomy Tray
- Tracheostomy Kit
- PPE/Sterile Wear
- Chest Tube Insertion Tray
- Sutures
- IO Drill
- Defibrillator
- Sutures
- UVC

### Separate Files: Indicate the documents or supplements that support the case and attach in an email

- 12-Lead EKG
- MRI
- Physician Orders
- Misc Diagnostics
- Ultrasound
- Cardiac Echo
- Labs
- CT Scan
- X-ray
- Medical Record/SBAR

### Interpersonal/Interprofessional Variables:
closed-loop communication, clear roles, crowd control

### Anything else you would like to include that did not get addressed in the above:

### References: please give us at least 2 references to support the above case

<table>
<thead>
<tr>
<th></th>
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</tr>
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<tbody>
<tr>
<td>4.</td>
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</tbody>
</table>
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!