

ESP Tip Sheet

General Principles:

The simulation experience is designed to be an active learning experience. We ask that all ESPs participating in these experiences do the following:

1. Hold the “basic assumption” of the participants, ie, believe that everyone participating is intelligent, well-trained, cares about doing their best, and wants to improve.
2. Maintain confidentiality regarding the performance of the participants during the scenario and debriefings.
3. Be fair about simulation’s strengths and weaknesses, doing your best to participate as if things were real and to apply lessons learned to real settings.

Before the Simulation:

- Know the scenario objectives, case progression, and general set-up including available supplies and equipment
- Introduce yourself to your simulation team including content expert, specialist, and scenario director
- Know the level of learners (i.e., novice, advanced beginner, expert; undergraduate/graduate program; resident/fellow etc.)

During the Simulation:

During the simulation, you will serve as the ESP. PLEASE DO NOT TEACH OR CORRECT during the simulation. Please stay in your role. Only give clarification of assessment findings if the learners ask you or if you see the learners assessing for a specific finding. You may also offer clarification or direction if you see the simulation diverting from the scenario objectives. For example, “When I listened to breath sounds I heard wheezing.” “Pulses are 2+.” “Capillary refill is good.”

Offer guidance to find equipment in the room or any needed supplies. This is not a scavenger hunt. If equipment, supplies, or lab results are requested and do not apply to the case, the ESP may respond, “It is being used for another patient”, “it is unavailable”, “results are still pending”, etc.

When calling for a consult, someone from the control room may come over the room intercom, or call on the phone, or enter the room to act as the consultant.

Take note of the learners’ actions and behaviors that occur during the simulation that may need to be explored during the debriefing.

After the Simulation:

Huddle with the simulation team to share observations from the simulation.

During the Debriefing: (ESPs may or may not be part of the debriefing)

There will be a lead debriefer and in some cases a co-debriefer who will lead the discussion during debriefing. This person will ensure that the debriefing follows our specific debriefing structure (found on the debriefing guide). Please allow the debriefer to lead and they will invite you to share your clinical expertise.

When invited, contribute your expertise to discuss and/or clarify clinically related knowledge and skills after exploring participant's perspective during the understanding phase of the debriefing.

Learners should talk at least half of the time allowed for debriefing. Debriefing is meant to be a discussion, not a lecture. Remember our goals are:

- to reflect on the experience, actions, and critical thinking skills
- to promote a learner-centered environment over a lecture-style discussion
- to utilize mistakes as puzzles to be solved, not crimes to be punished

Remember that these experiences are generally interprofessional and that our goal is to have all learners reflect on their experiences. We should teach to the level of all learners present.

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