

Content Expert Role in Interprofessional Simulation

General Principles:

The simulation experience is designed to be an active learning experience. We ask that all instructors who participate 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:

- Introduce yourself and communicate with the team about the flow of the scenario
- Familiarize yourself with the scenarios and case content

During the Simulation:

Remain in the control room or observation room through the entire simulation, unless serving as an ESP. This helps to maintain fidelity of the simulation. Learners may also become distracted or intimidated by the content expert entering the room.

If necessary, help with the flow of the case by providing insight into clinically appropriate transitions.

If learners are observing encourage them to pay close attention to the simulation and think about decisions they would have made if they were providing care for the patient. Learning occurs even when they are not actively providing care. Encourage learners to hold all questions and comments until debriefing.

Serve as the consultant for the learners as needed. When serving as a consult, you may receive a phone call from the ESP or one of the learners. The goal of the consult is to provide learners with some interaction and experience with discussing a patient over the phone. When serving as the consultant, introduce yourself, ask what is going on, and provide appropriate information as given by the scenario director.

During 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.