First Five RCDP Coaching Guide

One of the goals of SimUAB® & UAB Clinical Simulation is to promote standardized training opportunities. As a part of that initiative, we encourage the use of coaching guides.

Coaching guides are intended to supplement the clinical expertise of the facilitator by highlighting important or helpful pieces of information at various steps of the procedure.

First Five Priority	Coaching Points
Check Responsiveness	
Expected learner action:	"Hey, hey, are you ok?" Shake patient
Suggested facilitator scripting for correction	Always assess for more than only verbal stimulation- sternal rub or shake
Suggested Facilitator next step:	Restart
Check Pulse	
Expected learner action:	Place finger on central pulse Assess for no more than 10 seconds. If no pulse, call out" There is no pulse" followed Starting chest compressions
Suggested facilitator scripting for correction	"I didn't see you check a pulse, or I didn't see you check a central pulse. Checking a central pulse is the best way to assess effectiveness of circulation. "There is no pulse" is an action-linked phrase! Immediately start compressions
Suggested Facilitator next step:	Restart
Call for Help	
Expected learner action:	"I need help, the patient is coding. Bring a crash cart" Ask specifically for crash cart
Suggested facilitator scripting for correction	"I didn't hear you specifically ask for the crash cart. Remember the goal is to have those responding arrive with everything they need to manage the resuscitation."
Suggested Facilitator next step:	Restart/ rewind

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Start CPR		
	Expected learner action:	Start CPR “This patient is pulseless, I’m starting CPR”
	Suggested facilitator scripting for correction	“I didn’t see you immediately start chest compressions after identifying pulselessness. Remember the words “no pulse” are linked to immediately starting chest compressions.”
	Suggested Facilitator next step:	Restart/rewind/resume (you may rotate learner roles if restarting)
Perform High-Quality CPR		
	Expected learner action:	1. Head of bed down 2. Side rails down 3. Stool 4. Backboard 5. Compressor swap
	Suggested facilitator scripting for correction	“I want to talk about high quality CPR.” Maximize effectiveness of chest compressions 1. Head of bed down 2. Side rails down 3. Stool: - Compressor step right/ left - Stool placed - Compressor step up - Hand on compressor for safety 4. Backboard - “I have the backboard” - lead the count to 3 - Roll towards compressor - Minimize interruption in compressions 5. Compressor swap - With pulse check if possible - Choreograph swap - Minimize pause in compressions Appropriate rate, rhythm, and depth To ops: “Can you give us feedback on quality of chest compressions?”
	Suggested Facilitator next step:	Rewind/resume/restart (rotate roles if restart)

Use the AED

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	Expected learner action:	1. Defibrillator pads on 2. Turn on 3. Follow prompts 4. Shock, if advised
	Suggested facilitator scripting for correction	1. Defibrillator pads on - "Pads are on" announce to the room 2. Turn on 3. Follow prompts 4. Shock, if advised - Charging: continue compressions - Clear patient: "I'm clear, you're clear, we are all clear." - Eyes on bed, finger on button (the entire time!) - Deliver shock: "shock delivered, continue compressions" Minimize pause in compressions
	Suggested Facilitator next step:	Rewind/restart (you may rotate learner roles if restarting)
Prepare Epinephrine		
	Expected learner action:	Check IV access Open box and prep abboject If shockable rhythm, administer after 2nd shock
	Suggested facilitator scripting for correction	Abboject (demonstration): flip, flip, screw, screw, green means go Goal: give epinephrine within 5 minutes of cardiac arrest
	Suggested Facilitator next step:	Rewind/resume
Take Away		
	Reactions	
	Next steps	
	Simulation safety check	

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