**Aim: to ensure participants understand objectives, their role, the instructors’ roles, and what is expected of them:**

**“the ground rules”**

1. **Introductions**
	* **Faculty**
	* **Participants**
	* facilitator to acknowledge department, profession and prior sim experience
	* time permitting (participant self-introduction, prior sim experience, aims)
	* sign in and name tags (place near entry door), phones off please
	* **Program** (outline)
	* **Learning objectives** optional (some simulationists don’t like to reveal this, particularly if working with an experienced group). Can be very general, ie Clinical: ‘Exploring the clinical aspects of the deteriorating neonate’, or more specific, ‘….with a cardiac condition’). Human Factors and teamwork: ‘We are going to be exploring how HF impact on teamwork’
	* **Scenarios** highlight that not every sim is an arrest! Time frame for scenario, & we try to take them from real situations
	* **Debrief (**to explore the clinical facts and teamwork so that we learn for the next time we experience a similar case in reality)
	* **Evaluations**
2. **The role of the debrief:**
* Reflection (key learning takes place through reflection)
* Importance of honesty and respect
* Things that went well - how the team managed this, and if things don’t go so well, we will try to work out as a team how we could improve or change behaviours or management for the next time
* Hearing all opinions (participants, confederates, faculty, observers)
* Confidentiality (scenario and others performance)….’What happens in Vegas, stays in Vegas’. Confidentiality and consent (potential to use videos, photos, research) part of sign in form
1. **Expectations of the participants**
* Work in roles that you would usually work in. Do what you would normally do.
	+ Scenario fidelity: **the ‘fiction contract’:**
	+ We recognise that the environment and scenario may not be exactly as it is in real life (this is why we will orientate you to the manikin and environment)
	+ We can’t make the skin change colour, and the skin is plastic, but we have set it up with best intentions to emulate the real work environment and ask everyone to do their best like the scenario was real, please **‘suspend disbelief’** (iftechnology fails we/confederate will provide you with info)
	+ We acknowledge that you may not act exactly like you might in the real clinical environment and take that into account in the debrief
1. **Mistakes are ok** (no patient harm, actually good, as the whole team can discuss and learn together)
	* Go through **‘The basic assumption’** and provide a safe educational environment
	* We are here to learn together, this is not an assessment
	* Acknowledge that we will address ‘the elephant in the room’ if needed
2. **Acknowledge potential for distress** (encourage participants to seek support from faculty, the EAP, a peer, or their line manager, should need arise at any time either during or after the simulation session)
3. **Discuss the role of the simulated patient/actor (if utilising one**)
4. **Ask if there are any questions before we start**