

# Introduction to VRR SIM Mini Curriculum for Family Medicine Residents

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## **Introduction**

SIM is a powerful learning tool, intended for medical learners to work through real life scenarios and improve both their medical/technical skills and crisis resource management (CRM). Each SIM session should take about 45min – 1 hour and is broken into 3 segments:

1. Prebrief
2. Case
3. Debrief

Each section will be discussed in further detail below. It is important to note that this mini-curriculum is designed for family medicine residents to self-organize and run independently. As such, instructions and suggestions will be targeted to peer-run sessions.

A thorough guide on the VRR platform and how to facilitate a case can be found at:

<https://virtualresusroom.com/>

## **Prebrief**

For SIM to run effectively, there are three main principles that should be addressed during the prebrief. The prebrief should include an introduction to the VRR platform if required (please see link above) and a discussion of the following principles:

1. *Willing suspension of belief*: each case is designed to replicate a real-life scenario. In order for participants to optimize their learning, it is important for them to all buy into the scenario and treat it as reality. Facilitators and participants should not break character unless absolutely necessary.
2. *What happens in SIM stays in SIM*: often SIM cases evoke strong emotions such as nervousness, anxiety and fear. This is an intended consequence of SIM, as these are emotions that can interfere with technical abilities and CRM. As such, an important skill learned through SIM is how to manage emotions in high stress situations. In order to foster a safe learning environment, participants must agree to support each other throughout the experience.
3. *Mistakes are welcome opportunities*: Participants should be encouraged to identify opportunities for further learning throughout the SIM. While they should help each other make decisions if necessary, mistakes are wonderful opportunities for discussion during debrief and future learning objectives.

In order to maximize learning opportunities for both the participants and facilitator during peer run SIM sessions, it is also encouraged to present specific CRM learning objectives during the prebrief.

## **Case**

Each case should take about 15min to run. Participants are welcome to use cases found at <https://virtualresusroom.com/cases-2/> . If desired, family medicine residents are welcome to create their own cases using the resources found at <https://virtualresusroom.com/building-room/>

As mentioned above, facilitators and participants should remain in character for the duration of the SIM. The **only** reason to break character and stop the SIM is if patient or participant safety is being compromised. For example, if participants are about to make a fatal mistake, the facilitator should stay “stop”, review the mistake, and restart the SIM. This should be limited to actions that would directly fatally harm the pt (ie giving a fatal dose of a medication).

### **Debrief**

The debrief is generally the longest section of a SIM. There should be two sections:

1. CRM
2. Medical/technical review

The CRM portion of the debrief should focus on the team dynamic, and opportunities to improve overall management. To support peer reviewing during this debrief, we recommend the use of the “Plus Delta Method”, whereby participants are each asked what they felt went well and what they would change or improve.

The medical technical review should be lead by the facilitator, or content expert, and can be presented at their discretion. We recommend the usage of online whiteboards, open ended questions, and group discussions to avoid entirely didactic style debriefs.

### **Logistics**

As mentioned, this mini-curriculum is intended for peer family medicine resident run SIM sessions. We recommend residents forming groups of 4-6, with a minimum of 3 and maximum of 5 participants for each SIM. Suggested team roles include: Team lead, medications/monitors, airway, charter. Further details on completing tasks within the simulation are outlined on <https://virtualresusroom.com/761-2/>

Residents are free to schedule sessions at their discretion. During the initial trial of this curriculum at Credit Valley, sessions will run approximately every 2 weeks.

Each session should have a designated facilitator, whose role will be to choose the case, run the SIM and act as content expert during the debrief. A list of pre-made cases can be found at: <https://virtualresusroom.com/cases-2/>

Participants should not know the case topic or case progression prior to starting the SIM. As such, we encourage each facilitator to choose their topic following the preceding SIM.

### **Facilitator Pearls**

- Pick your topic/case well in advance, review the case progress and prepare to be content expert
- Prebrief: establish CRM goals to review during debrief
- Case: speak as little as possible! Allow the participants to work through the case. Answer direct questions regarding patient history or physical exam. Interrupt only for safety issues
- Debrief: encourage discussion for both CRM and technical topics. Suggested to end with each participant stating one learning goal