CREATE YOUR PEDIATRIC MOCK CODE PROGRAM
Note to presenter:
Welcome participants.
Introduce yourself.
Ask participants to introduce themselves and their organization.
  • Ask them to share an expectation that they would like to achieve from this program.
  • Have co-instructor record their expectations of the participants as they speak.
  • Record each question on a post-it page or flip chart or dry erase board visible for all to see during the program.
During the program, check back to confirm that these questions have been addressed.
Illinois Emergency Medical Services for Children (EMSC) is a collaborative initiative between the Illinois Department of Public Health and Loyola University Health System, aimed at improving pediatric emergency care within our state. Since 1994, the Illinois EMSC Advisory Board and several committees, organizations and individuals within EMS and pediatric communities have worked to enhance and integrate:

- Pediatric education
- Practice standards
- Injury prevention
- Data initiatives

Illinois Emergency Medical Services for Children, known as EMSC, is a collaborative initiative between the Illinois Department of Public Health and Loyola University Health System. The EMSC program is aimed at improving pediatric emergency care within the state. Since 1994, the Illinois EMSC Advisory Board, as well as several committees, organizations, and individuals within EMS and pediatric communities, have worked to enhance and integrate the pediatric component within the state’s emergency medical services system. Areas of focus include: education, practice standards, injury prevention, and data initiatives.
There is no commercial support for this program and this program will be presented without bias or conflict of interest.
Since federal funding was utilized in the development of this program, all training materials are considered under the public domain and are available on the Illinois EMSC website for your use. Please note the citation information on this slide if you should incorporate these materials into your own presentations.
The agenda will address the content areas on the slide.

1. Provide the background and history that led to this program offering
2. Develop strategies to respond to implementation barriers
3. Review the steps to pediatric mock code program creation
4. Incorporate facilitating and debriefing into pediatric mock codes (Exercise using three videotaped scenarios)
5. Maintain the gain
6. Wrap-up/Evaluation
Some of the most adrenaline generating and sometimes anxiety producing events that emergency staff respond to are pediatric emergencies. We know that pediatric emergencies and resuscitations are infrequent events no matter where they occur or what size the hospital. One of the best ways to address these stressful events are to have scheduled pediatric mock codes. Frequent practice via mock codes can increase confidence and improve performance. Pediatric mock codes are an effective form of simulation training. Simulation is:

- deliberate practice in a safe, clinical environment without fear of patient injury
- a multidisciplinary activity reflecting the usual team members who participate at your facility.

During Pediatric Facility Recognition surveys, the site surveyors and hospital personnel noted the need for more assistance with pediatric mock codes. In early 2011, Illinois EMSC created the Pediatric Mock Code Toolkit and made it available on the Illinois EMSC website. Supplemental funding was obtained to provide a live regional program to incorporate this content into practice. In Fall 2011, a needs assessment survey was sent out to about 120 Illinois hospitals seeking information about their pediatric mock code experience, frequency of mock codes, and concerns about pediatric mock code offerings. The respondents indicated that the frequency of pediatric mock codes varies, but most were offered annually and tied to a competency day. This survey revealed that respondents wanted direction in:

- addressing barriers to implementation
- creating their own pediatric mock code program
- creating scenarios, and
- developing facilitators.

This workshop was created in response to those requests using a train-the-trainer model. We are offering this workshop to address those identified concerns and expect that by offering this material and practice, you will be able to increase the frequency of pediatric mock code offerings in your facility.
Create Your Pediatric Mock Code Program is a train-the-trainer course. Each of you are here to become trainers for your facilities. The program you will create with your team upon returning will:

- increase the frequency of pediatric mock codes in your setting, and
- be specific to your facility needs.

We are providing organizational examples, sample tools and checklists. The program will be using:

- lecture
- questions and answer
- small group activity, and
- video case debriefing.

Our objectives are to:

- Develop strategies to address implementation barriers
- Review the steps of pediatric mock code program creation, and
- Incorporate the basics of facilitating and debriefing into pediatric mock codes.
Let’s address our first objective, to develop strategies to respond to implementation barriers.
Let’s start with the 5 most commonly cited barriers from our survey. Barrier #1 is Time. This was our most frequently cited barrier. How much time is too much? Let’s discuss staff time first.

Clarify what kind of time is the barrier.

- Is it program presentation time? A Pediatric Mock Code can be offered and debriefed in as little as 20 minutes.
- Is it minimizing staff coming in on their off days? Offering pediatric mock codes during work time avoids this. Staff can cover for one another during change of shift or overlap time. This engages two shifts at once.
- Is it the program preparation time? We will be outlining the steps to create a pediatric mock code program, providing templates and examples for your use. We will discuss using parallel activities as a way to minimize preparation time.
- Is it about maximizing staff scheduled time? Instead of offering competency day as one 8 hour day, consider splitting it into two and have a segment be a pediatric mock code at 6 month intervals. For example, one facility had 4 hour competency days offered quarterly with mock codes embedded in them. Every staff member attended two sessions.2
Continuing with the time concerns, let’s next discuss the organizer’s time.

Each facility can decide whether to go with a single coordinator or a team.

Individually, team members could work on elements of the project and then meet to discuss progress and concerns. There are five documents that will need to be created:

- needs assessment
- scenario challenges and objectives
- logistics and equipment checklist
- mock code schedule, and
- evaluation forms

We have provided samples in your packets and electronically. Save time by utilizing the template and modifying electronically. If you agree in advance on the basic program evaluation measures, the upfront time will be spread across your future programs when the scenario specific objectives will only need to be added.

To review, the broad content areas to be discussed when setting up a pediatric mock code program include:

- discussing the project and assigning work to team members
- reviewing document completion and setting up the event schedule
- observing, assisting the facilitator and collecting evaluations on pediatric mock code day
- analyzing the data, from the evaluations, facilitator and observer and planning next mock code, and
- attending management and or staff meetings reporting the program’s progress.
Barrier #2 is Cost.
The cost can be minimized by using the efficiencies described before. Additionally:

- Doing pediatric mock codes in-house with your own staff saves money
- Using low fidelity manikins and already available equipment incurs no additional cost
- Investigate access to high fidelity capabilities at local tertiary care centers; they may have community outreach programs or may invite local hospitals to participate in their simulation activities.

The cost of doing pediatric mock codes is similar to the cost of doing other emergency preparedness drills such as Code Pink, fire and disaster. Similar to these trainings, the savings associated with a well-prepared staff is priceless.

Again, if these are not the concerning expenses, further discussion and brain storming will be necessary. Consider what can be done to minimize those expenses.
Barrier #3 is being unclear about how to set up the program. The second section in this module will address this barrier by describing the steps to program creation. Any project can be broken down into manageable pieces. We have broken this process into 8 steps.
Barrier #4 is that no one is available to coordinate the program.

While it may be easier for an educator to put this together, the program coordination can be thought of as a series steps that can be shared and delegated. By training you in these steps, you can assume this role or train others to do this at your hospital.
Barrier #5 is lack of interest

There were three groups whose apathy or lack of interest was seen as a barrier to offering pediatric mock codes.

- **Administration**
  
  Administration’s disinterest may stem from not understanding the role of pediatric mock codes to improve patient safety, staff confidence and team performance in emergency situations. The University of Michigan found that, after offering monthly pediatric mock codes, they had an improved survival after cardiac arrest. Many studies have shown improved staff confidence after participating in pediatric mock codes. Additional studies have documented that because pediatric codes are low frequency, high risk events that staff were delayed in responding to a critical event in a timely fashion. Lastly, while administrators have invested in initial CPR, PALS, APLS, ENPC and NRP courses, they also need to invest in ongoing training since the ability of the staff to retain and apply the information declines rapidly within 3 to 6 months after training. The return on training effectiveness declines in the absence of deliberate practice. By participating in pediatric mock codes, this information is reapplied and refreshed. This pediatric mock code simulation bolsters the training received and its likelihood of being applied effectively. Having a pediatric mock code program that addresses emergency patient care processes, enhances the organization’s quality improvement efforts surrounding risk mitigation and quality initiatives.

- **Physicians**
  
  The survey also identified physician disinterest in pediatric mock codes. Much has been described about the lack of team leading experience in emergencies that pediatric and trauma residents have. Three facilities, University of San Francisco, University of Michigan and San Juan Medical Center all found that once the pediatric mock code programs were started, there was an increased willingness to participate by attending physicians. Engage your pediatric physician champion for this project.

- **Nurses**
  
  Nurses were also cited as disinterested. This could be that, like their physician colleagues, they think they have enough experience or don’t need to practice. In reality, all staff suffers a decrease in performance after training that previous experience doesn’t impact. The old adage that practice makes perfect is still true.

Another source of disinterest may actually arise from the tension related to the self-assessment, intra-personal, inter-personal and group assessment during pediatric mock codes. The facilitator and program staff can work to ameliorate these feelings by acknowledging the emotional content of the experience. When one’s self-assessment may be contradicted by another’s assessment, this can feel distressing. The facilitator can minimize these feelings by promoting an open and safe environment that treats this event as a training exercise aimed at improving everyone’s performance. The pediatric mock code is an event of collective and mutual learning. We will discuss this milieu creation later in the program.

Are there additional barriers we should address that weren’t already mentioned?
Let’s address our second objective, which is to review the steps to pediatric mock code program creation.
What are the benefits to a pediatric mock program versus a solitary pediatric mock code? Let’s review what we mean by a pediatric mock code program.

A pediatric mock code program:

- offers a multidisciplinary educational training
- utilizes simulations at least every 3 to 6 months for all staff
- is offered in a believable, realistic environment, and
- produces measurable outcomes trended over time.

A program with a 3 to 6 month cycle allows staff to practice, improve their confidence and maintain their skills that an isolated event does not.

The single event pediatric mock code has:

- isolated benefits
- requires the same amount of preparation as a program that repeats, and
- cannot demonstrate improved performance over time.

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<thead>
<tr>
<th>Program</th>
<th>Single mock code</th>
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<tbody>
<tr>
<td>Needs assessment information is applicable to future events</td>
<td>Same amount of pre-code preparation needed</td>
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<td>Standard format builds predictability</td>
<td>Effect of a one-time code is inadequate for knowledge retention</td>
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<tr>
<td>Decrease staff fears</td>
<td>No opportunity to trend progress over time</td>
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<td>Practice over time builds competence and knowledge retention</td>
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The program can be divided into an 8 step process.

Step 1, soliciting management support, is a pre-requisite for the rest of the steps in this process.

Steps 2 to 6 all occur after obtaining management support and prior to holding the mock code.

Step 8 is the analysis of the mock code, overall program and facilitator feedback.

Let’s discuss each of these steps in more detail.
Solicit the support of your management team. These are the department leaders of the staff who respond to pediatric emergencies in your facility. The key managers may include your:

- nursing unit director
- medical director
- respiratory therapy director
- pharmacy manager

To begin, the purpose of the program is to provide:

1. frequent, deliberate, multidisciplinary practice for the team
2. a safe, believable, realistic environment to practice pediatric emergency situations.

The program’s goals are to:

- practice pediatric emergency responses
- improve staff confidence
- minimize staff fears
- improve team work, and
- uncover latent problems in the environment
- improve patient safety

Ask the management team to:

1. Support offering of frequent pediatric mock codes
2. Allow completion of a needs assessment
3. Encourage other staff to participate in the process.

Manager buy in is critical to the success of your program.
Once management support has been secured, proceed to Steps 2, 3, 4, 5 and 6. These are done closely together in advance of holding the mock code. Let’s discuss each in more detail.
Your program team may start as a multidisciplinary team or as a single professional enterprise. Most hospital-based programs engage those who usually respond to the child in a code blue situation. Some were configured with:

- nurses and a respiratory therapist as they are typically the first responders in a code, or
- residents, nurses, respiratory therapist, pharmacist and parents, or
- physician and nurse unit champions.

The team members’ most valuable characteristics include being:

- committed to having the team provide the best pediatric care
- committed to working with everyone in the unit to improve care for children, and
- supportive of all team members.

The message from your team to the rest of the staff is that they are committed to helping everyone in the process to do better and provide quality care for the child and family in distress.

The most likely question your potential recruits will initially ask is what will they be expected to do and what is the time commitment. Outline for them the 8 steps of creating the pediatric mock code program. Ask about their interest or past experience. Acknowledge and work from the strength of their experience. Listen to their vision of pediatric mock codes. Share yours. Again, the message from your team to the rest of the staff is that they are committed to help everyone in the process to do better and provide quality care for the child and family in distress.

Let’s talk more about the time commitment.
The team tasks to develop the program and present the mock code include:\textsuperscript{10,12}

- conduct a needs assessment
- analyze the needs assessment results
- complete the goals and objectives for the scenario
- decide how the mock code itself will be recorded (for example: on a code form or a specialty form)
- create the evaluation forms for the mock code itself, program and observer
- find the equipment for the pediatric mock code
- reserve the location
- schedule the facilitator and the mock code
- determine which team member will be assisting on mock code day
- determine if there will be an observer during the mock code or will the facilitator do this
- meet after the mock code to review the feedback of the evaluations and the facilitator, and
- plan the next mock code.

Having reviewed the tasks, decide which tasks require everyone to be present and which tasks can be done separately and reviewed by the group.

Time-saving ideas:

- use email
- distribute agendas and minutes to track completion of tasks
- reach consensus early on
- create a program calendar with expected dates due for the various elements
- use templates, checklists and consistent format
- agree on consistent mock code times to ease scheduling, and
- keep to deadlines.
Step 3 - Conduct the needs assessment.
Create a survey, or use the template in this module, to gain an understanding of the staff’s experience and preferences with:

- sick children
- pediatric codes or pediatric mock codes
- preferred topics or challenges in pediatric emergency events
- mock code scheduling by day of week and time during all shifts, and
- levels of confidence and fear working in a pediatric code.

The analysis of this needs assessment will guide:
- the scheduling of the mock codes
- scenario creation
- evaluation, and
- facilitator preparation.

The data obtained can serve as baseline information when subsequent data collections take place.
Step 4- Determine the scenario to be used.

Once again, go back to the needs assessment to identify the preferred topics. Scenarios matching the topics in the assessment may be available in a variety of sources.

- There are scenarios in the Pediatric Mock Code Toolkit
- If you are a PALS instructor, scenarios are in your instructor manual
- If you use the AHRQ M&M website, you can find common pediatric emergency concerns
- There are also mock code textbooks available.

No matter where you get the scenario, create no more than three challenges and corresponding measurable objectives. The team will be overwhelmed by feedback if the challenges and objectives are too broad. We have provided a sample pediatric mock code scenario worksheet with possible challenges and objectives for your use in this process.

Keep in mind the learner skill level and experience to incorporate distractors in the scenario. Give more clinical clues and less environmental distractors if the staff is inexperienced in recognizing pediatric diseases. Depending on who is participating, the facilitator will adjust the degree of difficulty of the scenario. The facilitator will present the participants with a pre-brief of the scenario and guide the actions based on your objectives. This will be discussed in more detail.

Let’s review the challenge and objective creation process.
Here are some examples of challenges.

What others might arise in your environment? Let’s consider some objectives for a few of these.

**Possible challenges:**

- Inexperience with defibrillator
- Patient presents with an unstable airway
Here is a sample challenge. What objective, measurable behavior would you create for this one?

(Listen to responses)
Here’s a sample objective. What others might arise in your environment?
Here is another sample challenge. What measureable, observable objective would you compose?

Your handouts include sample challenges and objectives.
Patient presents with an unstable airway

Select correct size airway devices

Here’s a possible objective for this challenge.
The process of observing the mock code and recording what happens can be accomplished in a variety of ways.

- Use of the current code sheet
- Use of template from Pediatric Mock Code toolkit
- Create your own form
- Use a video recorder

The purpose of the form is to have a record of what happened and when during the mock code. Some hospitals will use a camcorder to record and facilitate the review during the debriefing. Who does the recording? Again, this will vary depending on the people that are available. The mock code recording could be a facilitator task if an observer is not available.
Step 5 - Complete the logistical planning.

- Schedule the mock code with unit manager.
  - Decide if the mock code is announced or unannounced, that is without warning the staff in advance.
- Arrange for a facilitator and an observer, if needed.
- Reserve a space.
- Determine equipment needed based on the scenario.
  - Inventory your equipment using a spread sheet that includes the location, who you need to obtain permission from to use it, and any after use care required. Its best to practice with all the equipment that would be used in a real emergency. You will have it for every time you have a mock code.
- Confirm the supply replacement process for disposables such as medications, bags, mask, and IV supplies.
Step 5 Complete logistical planning

- Here are some additional logistical concerns to consider.
  - There are a variety of child substitutes available. They range from paper dolls such as flat Stanley, simulation newborns, CPR infant or child manikins, and high fidelity devices. Using a rhythm simulator with a manikin is also an option.\textsuperscript{11}
  - Another helpful piece of equipment for videotaping the mock code is a camcorder. You will need a person to run the camera, but it provides real time feedback regarding how the event went. Having the event on video does decrease the amount of time spent in debriefing.\textsuperscript{11} Erasing it afterwards prevents any misuse.
  - Another choice is to include a repeat of the mock code after the debriefing. This is called repetitive practice. It allows the individual to practice the behavior change in real time. This imprints the new behavior more strongly than waiting until the next pediatric mock code. There is no substitute for repetitive, deliberate practice.\textsuperscript{9} The opportunity to practice immediately after debriefing is the optimal choice.

Evaluation forms are an important part of your code evaluation process that the participants and facilitator will complete. Evaluation of the code and the program may be done on separate forms or as a combined form. Elements should:

- mirror the challenges and objectives
- evaluate the facilitator’s performance
- suggest topics and improvements for next time
- re-assess the elements surveyed on the needs assessment regarding staff confidence, fear, and perceived expertise.
Step 6 - Conduct an initial pilot mock code. This provides the facilitator and team members an opportunity to rehearse the scenario and its objectives, prepare a pre-brief and anticipate the debrief questions for the pediatric mock code. It allows the team to confirm equipment availability or identify environmental problems not yet anticipated.
Step 7 - Hold the Pediatric Mock Code.

Key tips to remember:

- It is best offered in a realistic work environment.
- Stay on your time frame.
- Collect the written feedback from the participants, facilitator and observer.
- Return the space to its pre-code state.
- Replace the supply disposables per your facility’s routines.
Collecting the participants’ feedback is crucial to incorporating their experience into future offerings. Sometimes the evaluations will suggest problems with unit processes or equipment concerns. Their suggestions can lead to modifications that improve the practice experience and system problems.

Meet to review the evaluations of the mock code itself as well as the overall program with your team. Organize the feedback by:

- summarizing the facilitator and observer feedback
- discussing lessons learned
- collating the suggestions for process or procedure changes
- tracking the progress on the objectives (for example: scenario specific, staff confidence, and staff fear), and
- celebrating improvement and team accomplishments.

Data is a powerful tool and presenting it to the management team will support the ongoing investment in the process. As a reminder, do not identify individual participants in these reports. Doing so preserves the safety of the mock code environment. If you are asked to use pediatric mock codes as a competency, clarify that this is a different use of the simulation and should be kept separate.
Let’s review the eight steps one last time.

Note to Presenter: review audience expectations from the introduction.

Ask if there are any additional questions at this time.
Break time
10 minutes
Our last section reviewed the steps to organize your program. In this section fundamental facilitating and debriefing techniques will be discussed that will help you in your role as facilitators and trainers. Debriefing is a skill that improves with practice.
Let’s first discuss why debriefing is important. The Pediatric Mock Code is a form of experiential learning. This learning involves:

1. Providing a close to real life experience for a health care team
2. Team reflection on the experience
3. Identification of individual and group learning, and

Without debriefing, (individually or in the group) the likelihood of assimilation of the learning is diminished. The facilitator leads by asking questions that:

- Promote self and group analysis
- Makes sense of the mock code, and
- Incorporate new learning

This part of the workshop will focus on how facilitators can encourage those behaviors and what structure they can apply to the debriefing process. Lastly using video vignettes, each participant will practice debriefing today.
The most important first step of this process is for the facilitators to create a safe learning environment.\textsuperscript{10,11,12,13}

It's important that the facilitators:

- Emphasize mutual respect
  - Recognize that all participants are capable, trained professionals, doing their best who want to do better
- Encourage team spirit by reaffirming common goals
  - Remind the participants that they are working together for a common goal
- Encourage feeling comfortable to express themselves
- Clarify the anonymity of the process by sealing the environment: “What happens here, stays here.”

It should be understood amongst the participants that their discussion, actions and behaviors will not be penalized. The purpose of the pediatric mock code is to provide opportunities to improve performance.
The facilitator’s personal presence should send a message of a safe learning environment to the participants. This slide focuses on those messages. How would these be evident?

- Start on time.
- Introduce yourself.
- Acknowledge each participant by name and with eye contact.
- Be calm, friendly, and inclusive.
- Listen attentively.
- Show genuine concern.
On the day of the pediatric mock code, the facilitator gives the pre-brief. The facilitator briefs the team on the environment. Have them become familiar with the area and what is available, if different from their own unit. Remember prior to this stage you have already set up the equipment and props. After this step, the facilitator should introduce the scenario. This is a short explanation for the participants about what the event is about. Remind the group that the facilitator is not a participant in the mock code. The facilitator provides the information to set the stage.

For example, “Hi! We’ll be doing a mock code on baby Susie today.” Then ask them to start taking care of the patient, each of them assuming their usual work role in the mock code, asking the facilitator for pertinent patient information to manage the patient.
The facilitator provides more data based on the predetermined challenges that were built in to the scenario – cognitive, psychomotor, and teamwork. The team’s actions will determine the data the facilitator will provide. The facilitator can avoid being engaged by the group by asking who among them is the leader.

During the scenario, the facilitator should take notes on how it unfolds so it will be easier to lead the debriefing session. An observer form may be a useful tool for note-taking.

While observing the mock code:

- Keep in mind the scenario aim, challenges and objectives
- Identify performance gaps (the difference between current performance and desired or ideal performance)
- Identify debriefing points.
  1. What went well?
  2. What could be different?
  3. What was missing?
  4. What felt awkward?

After the scenario, it is important to debrief the group. This will be discussed next.
Set the stage for the debriefing.
  - Sit in a circle to create a ‘safe area’ and promote discussion
  - Maintain eye contact

Reemphasize safety.
  - Remember mutual respect, common goals, and this being a sealed environment

Lay out the path and expectations in organized manner. “We are going to:
  - ask how the event felt to you
  - describe what happened
  - analyze why it happened
  - ask for non-judgmental feedback
  - ask that the feedback be concrete and specific, and
  - ask how we can apply what we learned.”

State the objectives: for example, “Today we are going to focus on team communication as well as recognition and management of the clinical problem during the scenario.”

There are facilitator behaviors that will help move the group further along this path. These will be discussed next.
Facilitator communication can be improved by following the Debriefing Do’s. A familiar format to remember this is by categorizing them according to A, B, C, D, and E. The A’s include asking about specific and nagging questions.

- Acknowledge challenges
- Ask open ended questions to allow conversation to flow
- Actively listen
The B is for build, beliefs and barriers.

- Build from the observation or a statement made by the participant. Debriefing is about analyzing behaviors.
- Use your silence or pauses to promote participation
- Explore the participants’ beliefs and barriers.
  - “What did you think was happening to the child?”
  - “What did you think the team leader meant?”
  - Encourage them to describe the behaviors they observed.
  - “What were you aware of while you did compressions?”
  - “Did everyone have the supplies they wanted and needed?”
The C is for promoting collaboration and humane correction. Collaboration is the key to successful group work. As a facilitator, your goal is to engage the group and have them review what happened, determine if those actions were effective and help one another recommend alternative courses of action if theirs wasn’t effective.

- Ask the team leader to discuss what the scenario was about.
- Ask the other participant if they have more to add or concur with that summary.
- Connect their recollection to the skill challenges embedded in the scenario.
- Collaborate with fellow facilitator if available.
- Correction should be concrete, calm and a gentle discussion of behavior that occurred. Use the observer forms or video if needed to re-orient to the reality of the event.
- Discourage harsh, punitive comments. Defuse these by saying:
  - “Let’s remember to provide concrete, behavioral comments.”
  - “Emotional descriptions are not effective in bringing about behavior change.”
  - “I hear how that behavior was upsetting to you. What could you or the team have done to intervene?”
- Focus the participants on how they could have watched each other’s back.
- Remind them that resuscitation is a team event not a solo event. How could they have helped?
- Reiterate from the group, in their words, what went well and what they would do to make it different.
- Be authentic and genuine.
The D is for demonstrate objective observances.

- Focus on what the scenario skill challenges and objectives were.
- Use observer tool, resuscitation record or video (if available)
- Give concrete, behavioral feedback.
Lastly, emphasize and explore are the E’s of Debriefing Do’s.
Emphasize and explore how to improve:

- Emphasize positives of a ‘negative’ environment.
  - “The atmosphere is feeling really tense to me. How about to you?”
  - “Who could help explain this to me?”

- Protect participants from harsh comments. Do not call the person harsh, but focus on the behavior. Ask that a harsh or punitive comment be rephrased to describe the behavior in a concrete, non-punitive way.
  - “Can you rephrase that for me because those words sound very harsh and aren’t helping me understand what you want me to do.”

- Use active listening to summarize behavior you want to re-enforce. Re-frame the feedback that is judgmental into concrete, specific feedback.

- Emphasize that resuscitation is a team activity. There is not one winner or loser; its about having the team work well for the child.

Note to presenter: review the A, B, C, D, and E Do’s again.
During the debriefing, facilitators should avoid the following:\textsuperscript{13,14}

- **Accuse**: This is self-defeating. Address the behavior you saw:
  - “What were your thoughts when you saw....”
- **Blame** is another team breaker. Address the behavior.
  - “I noted..(describe the behavior observed). What were your thoughts....?”
- **Criticize**: Again, think of how you want to be heard.
  - “I was concerned about the patient’s (describe the clinical features you were concerned about)....How did you see it?
- **Sugarcoating** buries the problem and does not allow exploration, reflection, and lessons that can be learned. Sugarcoating masks the real information that could alter the behavior.

Avoid the “Shame and Blame” approach. It does not work. Be forthright, concrete and specific. If you have hit a mental wall, take a breath. Rethink your goal for the mock code and re-focus. Facilitator behavior is always an immediate role model for the participants. Seek their input and listen to their feedback.
We will now discuss the three phases of debriefing:
Description Phase
Analysis Phase
Application/Generalization Phase
Debriefing is a three phase process of reflection, discussion and learning.

In this first phase, description, start by asking them to describe what emotions they are feeling.

- What are your reactions to the mock code?
- How did you feel during the mock code?

This is a good way to encourage participants to express themselves and to begin the debriefing process.

Recap the scenario by asking one person to briefly summarize and others can add to it.

- “Who can summarize what happened in the code?”
- “How would you, as the team leader, describe the events for us?”
- “Who would like to expand on that?”
- “Was there anything else important that happened?”
- “What were the factors that led to the following...”

Creating a narrative encourages team members to share their feelings about the event as well as what happened, so everyone is on the same page.
The following occurs during the Analysis Phase.

- The facilitator should encourage each participant to answer the following questions:
  - What was effective?
  - What would she/he do differently?
  - How did the group do?
- Ask the participant what were the thoughts each had about the clinical situation. For example, the facilitator could say:
  - “I noted that the child was hypoxic. What were your thoughts about that?” (Start with a description of what you saw during the code, and then follow with asking what the participant thought about that).
  - “I was concerned about the hypoxia. How did you see that?” (Again, start with a description of what you saw, followed by asking their perspective)
- Asking for their perspective will encourage more sharing by the participants.
- Encourage the participants to describe what went well (effective components of the code) and what did not go well (learning opportunities/performance gaps).
- Ask what they would do or what others could do to make it different.
- Ask what impacted their performance
  - distractions
  - other workplace factors
  - policy and procedures
During this last phase, the facilitator should encourage team members to speak up about what lessons were learned that they can apply or generalize to their practice. The more the participants can reflect and describe their lessons learned, the more likely they will change their behavior in the future.

- “Let’s summarize what was learned today. How would you describe it?”
- “What have you learned that you will apply in your next pediatric emergency?”

After listening to individual's lessons learned, the facilitator summarizes the comments. The facilitator shares observations in specific, concrete terms after the participants have contributed.
Let’s briefly review the debriefing process.
Debriefing is used after pediatric mock codes to facilitate sessions that will promote reflection, discussion and learning. The facilitator leads by asking questions that promote reflection, discussion and learning. Reflection involves looking at individual and team understanding, behavior and actions during the scenario. As stated before, deliberate practice will improve both the facilitator and participants’ performance.
The contents of the following video are fictionalized. All medical personnel appearing in the scenarios are acting out assigned roles. Any resemblance to real events and people, living or deceased, is entirely coincidental.

The following video was filmed in a high fidelity simulation setting. It is important to understand that this level of technology is not necessary in order to perform an effective pediatric mock code.
Let’s watch a video demonstrating a pediatric mock code with pre-brief and debrief components. The video takes 30 minutes. All medical personnel appearing in the scenarios are acting in assigned roles, and the situation is fictional.

(Note to presenter: The discussion should not exceed 20 minutes).

Entire group watches video #1 (it has the pre-brief, mock code and debrief). The instructor leads the discussion asking:

- How did you think the facilitator did?
- How would you describe the facilitator’s behavior?
- Did the facilitator pre-brief?
- How did the facilitator lead the group through the three phases of debriefing (description, analysis and application)?
- Were the three phases represented?
- What did the facilitator do to encourage self-reflection and reinforce behavior?
- What went well?
- What wasn’t effective?
Our last section will give each of you an opportunity to practice facilitating and debriefing in two pediatric mock codes.
Small Group Version A:
(Total time 45 minutes):
All will watch the video (10 minutes).
1. Divide the participants into two or three groups depending on the number of instructors.
2. Each participant will receive a completed Mock Code Scenario sheet for this video example.
3. The instructor will ask for a volunteer group reporter to note what the group members say.
4. Everyone in the group will discuss the entire video process considering what they’ve learned about facilitating and the three phases of debriefing. For the next 20 minutes the group members will be asked to discuss how the debriefing process would be applied to this video. The instructor will intercede in the discussion around the following points if in observing them, the group gets “stuck”:
   • Describe what emotions were evoked during the mock code
   • What were the reactions to the mock code?
   • What happened during the mock code?
   • Describe the challenges and objectives incorporated in the scenario
   • How did you think the team communication went?
   • Encourage anticipatory planning if the following occur:
     What would you say to encourage discussion of team communication?
     What would you say to encourage reflection?
     What would you say if all eyes were on the floor
     What would you say if everyone said they felt fine?
     What would you say if someone verbally attacked another participant?
     What would you do if they wouldn’t speak?
     What would you do if they keep interrupting each other?
     What if they are texting or using the phone?
5. The reporters will present (10 minutes):
   • the learning point that was most important to them
   • what was most challenging about this debriefing process
Small groups Version B:
(Total time: 40 minutes):
The instructor asks for 5 participants from the group to volunteer to be the Facilitator, RN Julie, RN Bonnie, Adam and Dr. Burns. The non-volunteering participants will be the observers of the scenario.
1. Distribute name tags of video roles for the volunteer group (5) - RN Julie, RN Bonnie, Adam, and Dr Burns and Facilitator.
2. The facilitator meets with the course instructor, is given a pre-brief card and asked to pre-brief all participants prior to the video. The pre-brief card states: “Introduce yourself as the facilitator of this mock code. The child in the video is a 3 year old who was brought to the Emergency Department after having a TV fall on him. His father has accompanied him. The child is crying loudly”.
**Note to facilitator:** Sample challenges for this scenario include: a). Child cries uncontrollably during exam, and; b). Pediatric trauma patient deteriorates despite fluid boluses. The corresponding objectives are: a). Provide comfort measures and pain relief, and; b). Transfuse in a timely fashion.”
3. Video #3 is shown (10 minutes).
4. After watching the video, the 4 volunteer team members and facilitator will debrief for the next 10 minutes as if they were the members of the mock code team. The facilitator will lead the volunteer group debrief of what they have just seen in front of the rest of the class (10 minutes).
   • How they felt during the case
   • Ask for a summary of what happened
   • What went well
   • What could have been done better
   • What lessons were learned that they can apply or generalize to their practice
5. The entire group will be asked by the course instructor about the just observed debriefing (15 minutes):
   • How did it feel?
   • How was it?
   • What challenges were observed?
   • Any other questions or concerns?
6. The course instructor will take 5-10 minutes and debrief the volunteer group about their debriefing.
   • Ask each to describe what was challenging to them about doing this
   • Encourage sharing what they learned while doing this debriefing.
7. Timeline: 5 minutes to set up the small group activity, 10 minutes to watch the video, 10 minutes of volunteer group debriefing, 15 minutes for the entire group discussion, and 5-10 minutes to debrief with volunteers. Total time for this group work = 40 minutes.
GREAT JOB!
Celebrate making a start and the commitment to doing pediatric mock codes. The challenge for a pediatric mock code program team is to continue. There is a lot of work that your first mock code entails. Many of the steps will not need to be recreated for subsequent mock codes. Team familiarity with the process is its own efficiency. This slide represents the ongoing activities that will serve as a structure for your program’s activities. The more you can organize and streamline your processes, the more likely it will succeed.

Questions?

Let’s go back to those expectations each of you had and see if there are areas we need to cover.

(Note to Presenter: Review and address the participants’ remaining expectations on the post it notes, dry erase board or flip chart. Ask group to assist in answering some of them).
The resources listed are available to assist you in training your team members. We will be sending two follow up surveys to ask each of you at 6 and 12 months after the presentation to see how the program changed the offering of pediatric mock codes at your facility.


THANKS!

"There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction."

John F. Kennedy