OPERATIONAL MANUAL FOR COMPLETING THE PLANNING FORM AND PREPARING A REALISTIC HEALTH SIMULATION SCENARIO (ForPEC)

Version 1.2 (October 2018)

SÃO PAULO
2018

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OPERATIONAL MANUAL FOR COMPLETING THE PLANNING FORM AND PREPARING A REALISTIC HEALTH SIMULATION SCENARIO (ForPEC)

Versão 1.2 (outubro 2018)

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INTRODUCTION

This operational manual for completing the Realistic Health Simulation Planning and Development Form (ForPEC), version 1.2 of October 2018, aims to serve as a reference source for the construction of health simulation scenarios using ForPEC, version October 1.3, 2018.

It is organized into parts according to the numbering in ForPEC, version 1.3 October 2018 and with a detailed description of each item below.

A technical scenario and a behavioral scenario are included in the annex as examples to facilitate understanding and use of this manual.
### PART I: GENERAL PLANNING

|   |   |
|---|---|
| 1. | Scenario: |
| 2. | Institution of the target audience: |
| 3. | Target audience: |
| 4. | Authors responsible for the construction: |
| 5. | Construction date: |
| 6. | Revision date: |
| 7. | Pilot test date: |
| 8. | Considerations regarding the pilot test: |
| 9. | Instructor(s)/Facilitator(s): |
| 10. | Scenario category, according to the number of specific objectives: ( ) A ( ) B ( ) C |

1. Register the scenario title.
2. Register the target audience institution.
3. Determine the target audience of the scenario, understand who the participants are to plan and focus the scenario actions.
4. Register the authors responsible for building the scenario.
5. Record the scenario construction date.
6. Record the scenario review date. The version may change according to the modifications and additions made to update and change the content.
7. Insert the date when the scenario pilot was performed, meaning when the scenario was tested.
8. Describe the result of the scenario pilot: Positive points and critical points that promoted its modification and additions to the scenario.
9. Record the name(s) of the scenario instructor(s)/facilitator(s).
10. Categorize the scenario according to the number of objectives: “A” for a specific learning objective; “B” for two specific learning objectives; and “C” for more than two specific learning objectives.

### PART II: MINIMUM REQUIREMENTS

|   |   |
|---|---|
| 11. | Pre-simulation knowledge required: |
| 12. | Pre-simulation activities required: |
| 13. | Suggested post-simulation activities: |
| 14. | Pre-simulation evaluation: |
| 15. | Post-simulation evaluation: |

11. Record the necessary prior knowledge prior to performing the scenario, such as pharmacology, physiology, nursing diagnosis, radiology and imaging, etc.

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12. Record the necessary teaching and learning activities prior to the realization of the scenario, such as reading articles, lectures, e-learning, monitored practice and others.

13. Record the content transfer activities to be developed after the scenario is carried out, such as articles, guidelines, reminders, critical points of the scenario where students/participants had greater difficulty in conducting them and others. These content transfer activities are planned in line with the target audience, the results and indicators selected for the continuity of learning.

14. Determine the performance of the student/participant assessment prior to the realization of the scenario. Describe the strategy to be used for this assessment, such as: multiple choice test, essay questions, procedure validation, OSCE (Objective Structured Clinical Examination) and others.

15. Determine the performance of student/participant assessment after the scenario. Describe the strategy to be used for this assessment, such as: multiple choice test, essay questions, procedure validation, OSCE (Objective Structured Clinical Examination) and others.

Note: Content transfer activities, pre and post simulation assessments are not mandatory. Each institution should outline its guidelines.

PART III: LEARNING FROM RESULTS

16. General objective(s):

17. Specific objective(s):

18. Relevant critical points of the scenario:
   ( ) CRM (Crew Resource Management):
   ( ) Others:

19. Expected results:

20. Indicators:

21. Opportunities to improve the scenario:

16. List the general objective(s) of the scenario.
17. List the specific objective(s) of the scenario.
18. Describe the relevant critical points of the scenario to guide the scenario elaboration and debriefing. When selecting the CRM (Crew Resource Management), list the main key points of the scenario: leadership, communication, teamwork, situational awareness, decision making and use of all available resources. For the other critical points, specify, for example, the update of some protocol item, “TeamSTEEPS”, “ANTS”, “Ottawa GRS”, etc.

19. Establish the expected results in the scenario, for example, satisfaction of the participants, achievement of the objective proposed in the scenario, etc.

20. Describe the organizational indicator(s) for monitoring, eg urinary infection rate after scenarios related to the topic.

21. After completing the scenario, fill in the positive points and opportunities to improve the scenario, for example, in the training/course, the need to specify, in addition to the fasting time, the type of food eaten at the last meal or to add materials, was identified, equipment and exams.

PART IV: REFERENCES FOR THE PREPARATION OF CONTENT AND SUBMISSION OF THE MATERIAL FOR PRE-OR POST-SIMULATION READING

22. References

22. List all references used to prepare the scenario (articles, guidelines, policies and institutional routines).

PART V: SIMULATION CENTER LOGISTICS

Volunteer information (Student/Participant)

| 23. Volunteer(s): |  |
|-------------------|---|
| 24. Number of volunteers for the initial scenario: | (1) | (2) | (3) | (4) | (> 4), specify: |
| 25. Will the insertion of more volunteers be allowed after beginning the scenario? | ( ) No | ( ) Yes |
| How many? | 
| Who? | 

23. Determine the volunteer(s) in the scenario, specify the professional category and function.

24. Tick the number of volunteers to start the scenario. Specify the number if it exceeds four volunteers.

25. Mark the insertion of other volunteer(s) after beginning the scenario. If yes, describe the number and who are the professionals.

Duration

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26. Duration of instructions

27. Scenario duration time

28. Feedback from the standardized actor/actress/patient

29. Debriefing

26. Determine the duration time in minutes for carrying out the orientations to the volunteer(s). These guidelines include case reading, scenario location, scenario context and setting, and simulator/robot functionality.

27. Determine the duration time in minutes for the realization of the scenario.

28. Determine the duration in minutes for the actor/actress' feedback if the practice is established as a routine in the institution. Otherwise, enter "NA" (not applicable)

29. Determine the duration time in minutes for the debriefing.

| Technological and Human Resources to compose the scenario character |
|---------------------------------------------------------------|
| 30. Simulator/Standardized Patient | 31. Name of character |
| ( ) High-fidelity simulator | |
| ( ) Medium-fidelity simulator | |
| ( ) Low-fidelity simulator | |
| ( ) Actor/actress | |
| ( ) Hybrid | |
| ( ) Instructor | |
| ( ) Student/Participant | |
| ( ) Patient | |

30. Select the technological resource(s): simulators and robots and the human resource(s) to compose the character of the scenario.

✓ Low-fidelity simulator: static simulators for reproducing procedures and techniques.

✓ Medium-fidelity simulator: simulators that replicate some functions, such as cardiac, pulmonary, abdominal auscultation and the presence of a pulse.

✓ High-fidelity simulator: high complexity simulators which enable replicating the physiological functions of the human being.

The standardized patient refers to the people who simulate the character of the scenario.

31. Describe the full name of the character(s).

| General instructions |
|----------------------|
| Simulator/Standardized Patient | 32. Select the items | 33. Wait outside the scenario | 34. Describe the time to enter the | 35. Describe the character’s |

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### 32. Mark with an (x) the characters that make up the scenario at the beginning of the activity.

### 33. Mark with an (x) if the character does not start the scenario at the location and fill in item 34.

### 34. Determine the time in minutes and/or seconds for the character to enter the scenario location.

### 35. Determine the initial positioning and its evolution in the scenario for the best audio and video capture.

### 36. Select and record a keyword to consider immediately stopping the scenario for student/participant and character safety issues.

### 37. Select all monitoring features and add others for scenario driving if necessary.

### 38. Accesses

| Catheters / Drains / Dressings | Location and characteristic |
|-------------------------------|-----------------------------|

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| () Peripheral Venous Access: | | |
| () Central Venous Access: | | |
| () Intubation: | | |
| () Oxygen therapy: | | |
| ( ) NG tube: | | |
| ( ) NE tube: | | |
| ( ) Urinary catheter: | | |
| ( ) Chest tube: | | |
| ( ) JP drain: | | |
| ( ) Incisions: | | |
| ( ) Dressings: | | |
| | | |

38. Select all accesses (catheter, drain, dressing, etc.), their location and characteristic for beginning the scenario. Add other items if needed.

| 39. Equipment and Materials |
|-------------------------------|
| ( ) PPE (glove, mask and glasses) | ( ) Identification bracelet | ( ) Ventilator |
| ( ) Alcohol gel | ( ) Patient’s medical record | ( ) Aspirator |
| ( ) Stethoscope | ( ) Specific forms | ( ) Infusion pump |
| ( ) Sphygmonanometer | ( ) Intravenous infusions, specify: __________ | ( ) Emergency vehicle |
| ( ) Thermometer | ( ) Medicines, specify: __________ | ( ) Defibrillator / cardioverter |
| ( ) Tray | ( ) Rigid plank | ( ) BIPAP |
| ( ) Material venous access | ( ) Intubation Material | ( ) Scalpel |
| ( ) Gauze | ( ) Otoscope | ( ) |
| ( ) Bandage | ( ) Glucometer | ( ) |
| | ( ) | ( ) |
| | ( ) | ( ) |

39. Tick all the equipment and materials needed to compose the scenario and add, if necessary.

| 40. Ambiance/environment |
|---------------------------|
| Scenario location: |
| ( ) Stretcher | ( ) Telephone | ( ) Armchair |
| ( ) Serum support | ( ) Computer | ( ) Dining table |
| ( ) Accessory table | ( ) Cups | ( ) Table |
| ( ) Examination Lamp | ( ) Water | ( ) Chair |
| | | |
40. Describe the location of the scenario, for example, room, ward, intensive care unit, home, office, reception, others. Select all the furniture and accessories necessary for the setting of the scenario and add, if necessary. Select ambient sound and its setting.

| Location | Type | Size | Photo |
|----------|------|------|-------|
|          |      |      |       |
|          |      |      |       |

41. Describe the location, type and size of makeup/moulage, both on the simulator and on the actor/actress. Describe the use of accessories such as amputated leg, mastectomy, pregnancy and other devices. Include photo if available.

PART VI: COMPLETE CASE DESCRIPTION

42. Scenario:

43. Case description:

Start of scenario:

42. Register the scenario title.
43. Describe the complete scenario case and the beginning of the scenario to guide the facilitators/trainers in conducting the scenario. The reading of the scenario by the students/participants is described in item 91 (Reading the case) of the form. In this case, the description of the complete case may be similar or amended to only provide the information necessary to start conducting the scenario.
| Character History and Anamnesis |
|-------------------------------|
| 44. Complete name:            |
| 45. Location:                 |
| 46. Medical record:           |
| 47. Bed:                      |
| 48. Weight:                   |
| 49. Height:                   |
| 50. Allergies:                |
| 51. Gender: ( ) M ( ) F       |
| 52. Date of birth:            |
| 53. Main complaint:           |
| 54. History of current illness:|
| 55. Family history:           |
| 56. Social history:           |
| 57. Background:               |
| 58. Medication use:           |
| 59. Anamnesis:                |
| General                      |
| Dermatological               |
| Head and neck                |
| Nervous                      |
| Respiratory                  |
| Cardiovascular               |
| Gastrointestinal             |
| Urinary                      |
| Genital                      |
| Skeletal muscle              |
| Limbs/Peripheral             |
| Vascular                     |
| Psychological                |
| 60. Previous exams performed |

44. Register the character’s full name.
45. Record the location of the scenario.
46. Allocate a character’s medical record.
47. Allocate a character bed number.
48. Record the character’s weight in kg.
49. Record the height in cm of the character.
50. Record the character’s allergies.

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51. Tick M for male and F for female.
52. Record the character’s date of birth.
53. Record the character’s main complaint.
54. Record current illness history.
55. Record the character’s family history.
56. Record the character’s social history. Social history refers to financial conditions, personal interests, professional activities and social relationships that can interfere with the conduct of the scenario, for example, low income makes it difficult to adhere to a diet guided by the student/participant.
57. Record the character’s background.
58. Register medications in use.
59. Describe the findings on the systems in the anamnesis.
60. List the previous exams performed and their value to be considered in the scenario.

Note: Insert “NA” when not applicable in the case of the scenario.

| Technical information |
|-----------------------|
| 61. Monitor: ( ) Off and not connected or ( ) Powered on and connected to: |
| 62. ( ) HR: ________ |
| 63. ( ) Initial cardiac rhythm: ________ |
| 64. ( ) BP: ________ |
| 65. ( ) RR: ________ |
| 66. ( ) Temp.: ________ |
| 67. ( ) Sat O₂: ________ |
| 68. ( ) CVP: ________ |
| 69. ( ) MAP: ________ |
| 70. ( ) Other parameters: ____________ |

71. CFT: ____________
72. Capillary Glycemia: ____________
73. Glasgow (E V M )

61. Select the monitor's initial condition according to the scenario description. When choosing on and connected, select the items that will appear on the monitor and their respective parameters. Continuing with the parameter changes, complete item 83 (scenario evolution).
62. Record starting HR (heart rate).
63. Determine the initial cardiac rhythm.
64. Record initial BP (blood pressure).
65. Record the initial RR (respiratory rate).
66. Record the Start Temperature.
67. Record the initial O\textsubscript{2} Saturation
68. Record the initial CVP (central venous pressure).
69. Record baseline MAP (mean arterial pressure).
70. List other necessary parameters according to the case description.
71. Record the CFT (Capillary Filling Time).
72. Record the capillary blood glucose value.
73. Register the initial Glasgow assessment.

| Character Profile Description |
|--------------------------------|
| 74. Psychological:              |
| 75. Social:                     |
| 76. Physical:                   |
| 77. Costume:                    |
| 78. Technical:                  |

| Scenario evolution |
|--------------------|
| 79. Attitude A (Positive outcome) |
| 80. Phrases which can be used |
| 81. Attitude B (Negative outcome) |
| 82. Phrases which can be used |

74. Describe the character’s psychological profile.
75. Describe the character’s social profile, for example, unemployed for 1 year, dependent on the mother’s retirement, unable to follow the recommended diet and take the medicine prescribed by the doctor.
76. Describe the character’s physical profile, for example, obese, age 45, emaciated, etc.
77. Describe the costumes needed to compose the character’s case.
78. Describe the technical components to assist the character in approaching a technical scenario, for example, signs and symptoms of a stroke patient, patient care flow in the laboratory, “SPIKES” protocol in communicating bad news, etc.
79. Determine the evolution of the scenario to the positive outcome, according to the performance of the student/participant.
80. Develop phrases for the character to use at the beginning, in the evolution and at the end of the scenario for the positive outcome.
81. Determine the evolution of the scenario to a negative outcome, according to student/participant performance.
82. Develop phrases for the character to use at the beginning, in the evolution and at the end of the scenario for the negative outcome.
83. Scenario evolution (Vital and Clinical Parameters)

| Condition                  | 1 | 2 | 3 | 4 | 5 | 6* |
|----------------------------|---|---|---|---|---|----|
| Clinical                   |   |   |   |   |   |    |
| Level of consciousness     |   |   |   |   |   |    |
| Heart rate                 |   |   |   |   |   |    |
| Cardiac rhythm             |   |   |   |   |   |    |
| BP                         |   |   |   |   |   |    |
| RR                         |   |   |   |   |   |    |
| Sat O2                     |   |   |   |   |   |    |
| Temperature                |   |   |   |   |   |    |
| etCO2                      |   |   |   |   |   |    |
| Others:                    |   |   |   |   |   |    |
| Actions and transitions    |   |   |   |   |   |    |

*Add columns if necessary

83. Record the vital and clinical parameters and the expected actions for the transitions and evolution of the patient’s next clinical condition, including a time interval when applicable, according to the conduct and decision-making of the student/participant. Record the duration of each evolution, if applicable, and/or the action that will trigger the next phase of the scenario. These parameters must be recorded and described whenever necessary to conduct the scenario. It is important to develop an algorithm of options for both correct and incorrect behaviors. Other parameters can be entered as needed. Add the number of conditions necessary for the evolution of the scenario.

## PART VII: EXAM RESULTS

| 84. Laboratory or Reports |
|---------------------------|
| Exams                     |
| Sodium                    |
| Potassium                 |
| Calcium                   |
| Magnesium                 |

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84. Record the values of the results of laboratory tests or initial and sequential reports to the clinical condition, if applicable. Note the normality value of each recorded exam. Add other tests as needed.

| Hb | Hematocrit | Platelets | Ultrasound | Others: |
|----|------------|-----------|------------|---------|

85. Insert the necessary images to conduct the scenario.

### PART VIII: DEBRIEFING

| 86. Audio Video | 87. Objective(s) | 88. Suggested questions for the Debriefing | 89. Critical points |
|----------------|------------------|------------------------------------------|--------------------|
| ( ) Individual | ( ) Group        | ( ) With video                           | ( ) No video       |

86. Select the resource used for the scenario recording. This information is important for the instructor at the time of the debriefing for the purpose of retrieving the image and noting the exact times for the presentation of a specific action. Behavioral aspects and specific techniques can be captured in individual recordings and team actions in group images when recordings are used. Tick the required individual or group audio and video resources. This information is important for planning, allocating technological resources in scenarios and positioning cameras for the logistics of a simulation center/laboratory.

87. Convey the stated objectives to the scenario.

88. Elaborate questions relevant to the scenario.

89. Take the critical points of the scenario to the debriefing moment in a positive way.
### PART IX: CHECK LIST/SKILLS PERFORMANCE ANALYSIS

| Topics                | Actions | “X” for the performed actions |
|-----------------------|---------|-------------------------------|
| **Technical skills**  |         |                               |
| **Patient and Employee Safety** |         |                               |
| **Non-technical skills** |         |                               |

**Additional comments:**

90. Develop the checklist/performance analysis of scenario monitoring skills for students/participants divided into technical skills, patient and employee safety, non-technical skills. Exclude if you do not use all components of the checklist.
Its use is optional, according to the routine activities of each simulation center or skills laboratory.

**PART X: CASE READING TO PARTICIPANT**

| 91. case reading to participant – Scenario: |
|--------------------------------------------|

**Unit:**

**Professional:**

**Case summary:**

**Scenario start:**

**Scenario Agenda**

91. Prepare the case reading for the student/volunteer participant of the scenario with the information determined in items 26 (duration time of guidelines), 27 (duration time of the scenario), 28 (Feedback from the actor/actress/standardized patient), and 29 (Debriefing) for the scenario agenda and items 42 (scenario) and 43 (scenario description) for the scenario description. It is an optional item and must be used according to the routine of each service.

In this item (case reading), describe the information that will be made available to students/participants according to the proposed objectives. This description may be different from the description of the case prepared in item 43 (Description of the case).
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ANNEX
Annex 1 Technical scenario example
PART I: GENERAL PLANNING

| 32. Scenario:    | Chest drain |
|------------------|-------------|
| 33. Institution of the target audience: | XXX |
| 34. Target audience: | Nursing team |
| 35. Authors responsible for the construction: | Regina Mayumi Utiyama Kaneko |
| 36. Construction date: | 07/05/2016 |
| 37. Revision date: | 15/05/2016 |
| 38. Pilot test date: | 14/04/2016 |
| 39. Considerations regarding the pilot test: | |
| 40. Instructor(s)/Facilitator(s): | Regina Mayumi Utiyama Kaneko |
| 41. Scenario category, according to the number of specific objectives: | ( ) A ( x ) B ( ) C |

PART II: MINIMUM REQUIREMENTS

| 42. Pre-simulation knowledge required: | Anatomy, Physiology of the respiratory system |
| 43. Pre-simulation activities required: | Dialogued expository class |
| 44. Suggested post-simulation activities: | Case Study Discussion (Four Corners Technique) |
| 45. Pre-simulation evaluation: | Reminder Project |
| 46. Post-simulation evaluation: | Written assessment with multiple-choice tests |

PART III: LEARNING FROM RESULTS

| 47. General objective(s): | Discuss nursing care for patients with chest tubes |
| 48. Specific objective(s): | Identify the “clamping” of the chest drain; |
| 49. Relevant critical points of the scenario: | Call for help Communication Use all information Repeatedly re-evaluate set priorities |
| 50. ( x ) CRM (Crew Resource Management): | Identify drain “clamping” |
| (x) Others: | |

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54. References
Cipriano FG, Dessote LU. Drenagem pleural. Medicina Ribeirão Preto. 2011;44(1):70-8

PART V: SIMULATION CENTER LOGISTICS

| Volunteer information (Student/Participant) |
|---------------------------------------------|
| 55. Volunteer(s):                           |
| 56. Number of volunteers for the initial scenario: |
| (1) (2) (3) (4) (>4), specify:             |
| 57. Will the insertion of more volunteers be allowed after beginning the scenario? |
| ( ) No (x ) Yes How many?                  |
| 01 Who? Nurse                              |

| Duration |
|----------|
| 58. Duration of instructions | 5 minutes |
| 59. Scenario duration time   | 10 minutes |
| 60. Feedback from the standardized actor/actress/patient | 5 minutes |

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61. Debriefing  

20 minutes

| Technological and Human Resources to compose the scenario character |
|---------------------------------------------------------------|
| 62. Simulator/Standardized patient | 63. Name of character |
| ( ) High-fidelity simulator | Pedro da Silva |
| (x) Medium-fidelity simulator | |
| ( ) Low-fidelity simulator | |
| ( ) Actor/actress | |
| ( ) Hybrid | |
| ( ) Instructor | |
| ( ) Student/Participant | |
| ( ) Patient | |

| General instructions |
|----------------------|
| Simulator/Standardized patient | 32. Select the items to start the scenario | 33. Wait outside the scenario | 34. Describe the time to enter the scenario location | 35. Describe the character’s position in the setting for audio and video logistics |
| ( ) High-fidelity simulator | | | | |
| (x) Medium-fidelity simulator | x | | | Position the simulator so that when the volunteer identifies the drain “clamping”, the camera records this moment |
| ( ) Low-fidelity simulator | | | | |
| ( ) Actor/actress | | | | |
| ( ) Hybrid | | | | |
| ( ) Instructor | | | | |
| ( ) Student/Participant | | | | |
| ( ) Patient | | | | |
| 36. Keyword for scenario interruption: | Europe | | | |

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### 37. Monitoring

|   |   |   |
|---|---|---|
| (x) | EKG | ( ) ICP |
| (x) | Oximetry | ( ) Cardiac Output |
| (x) | NIBP | ( ) PAP |
| ( ) | IBP |   |
| ( ) | CVP |   |
| (x) | Temperature |   |
| ( ) | Capnography |   |

### 38. Acesses

|   |   |   |
|---|---|---|
|   |   |   |
| (x) | Peripheral venous access: |   |
| ( ) | Central venous access: |   |
| ( ) | Intubation: |   |
| ( ) | Oxygen therapy: |   |
| ( ) | NG tube: |   |
| ( ) | NE tube: |   |
| ( ) | Urinary catheter: |   |
| (x) | Chest drain: |   |
| ( ) | JP drain: |   |
| (x) | Incisions: |   |
| (x) | Dressings: |   |
| ( ) |   |   |

### 39. Equipment and Materials

|   |   |   |
|---|---|---|
| (x) | PPE (gloves, mask and glasses) | (x) Identification bracelet | ( ) Ventilator |
| (x) | Alcohol gel | (x) Patient’s medical record | ( ) Aspirator |

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| (x) Stethoscope | ( ) Specific forms | ( ) Infusion pump |
|------------------|-------------------|------------------|
| ( ) Sphygmomanometer | ( ) Intravenous infusions, specify: | ( ) Emergency vehicle |
| ( ) Thermometer | ( ) Medicines, specify: | ( ) Defibrillator / cardioverter |
| ( ) Tray | ( ) Rigid plank | ( ) BIPAP |
| ( ) Material venous access | ( ) Intubation material | ( ) Scalpel |
| ( ) Gauze | ( ) Otoscope | |
| ( ) Bandage | ( ) Glucometer | |
| ( ) Bandage | ( ) Glucometer | |
| ( ) Bandage | ( ) Glucometer | |

### PART VI: COMPLETE CASE DESCRIPTION

#### 42. Scenario: Chest drain

| Location | Type | Size | Photo |
|----------|------|------|-------|
| Incision dressing | Bloody | Small amount of secretion | |
### Character History and Anamnesis

|   |   |
|---|---|
| 44. Complete name: | Pedro da Silva |
| 45. Location: | Semi-intensive |
| 46. Medical record: | 300800 |
| 47. Bed: | 1 |
| 48. Weight: | 60Kg |
| 49. Height: | 1.75cm |
| 50. Allergies: | negative |
| 51. Gender: | ( ) M ( x ) F |
| 52. Date of birth: | 01/05/1947 |
| 53. Main complaint: | 4 months of weight loss, dyspnea, persistent hoarseness and hemoptysis. |
| 54. History of current illness: | He sought medical attention and was diagnosed with lung adenocarcinoma. He underwent lobectomy in the left hemithorax to remove the pulmonary adenocarcinoma. |
| 55. Family history: | grandfather died of lung cancer. |
| 56. Social history: | widowed, his granddaughter was born 2 months ago, so his daughter cannot follow his hospitalization full time. Works as a security guard in a condominium. |
| 57. Background: | smoker, hypertensive, cholesterolemia, Acute Myocardial Infarction for 5 years. |
| 58. Medication use: | AAS® 100mg at lunch |
| | Atenolol® 50 mg twice per day |
| | Simvastatin® 20 mg once per day |
| | Chlorthalidone® 12.5 mg twice per day |
| 59. Anamnesis | General |
| | Dermatological | Cyanosis of extremities |
| | Head and neck |   |
| | Nervous |   |
| | Respiratory | Dyspnea, decreased MV in bases, mainly on the right, snoring present |
| | Cardiovascular |   |
| | Gastrointestinal |   |
| | Urinary |   |
| | Genital |   |

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| Skeletal muscle | Limbs/Peripheral |
|-----------------|------------------|
| Vascular        | Psychological    |

60. Previous exams performed | Collected exams in the morning routine

| Technical information |
|------------------------|
| 61. Monitor: ( ) Off and not connected or ( x ) Powered on and connected to: |
| 62. ( x ) HR: 110 |
| 63. ( x ) Cardiac rhythm: sinus |
| 64. ( x ) BP: 140/90 |
| 65. ( x ) RR: 32 |
| 66. ( x ) Temp.: 36.6 |
| 67. ( x ) Sat O2: 89 |
| 68. ( ) CVP: ______ |
| 69: ( ) MAP: ______ |
| 70. ( ) Other parameters:__________ |

| Character Profile Description |
|-------------------------------|
| 74. Psychological: Oriented, aware, concerned about your current situation |
| 75. Social: Security of a condominium, with its source of income, helps your daughter, because her son-in-law is unemployed |
| 76. Physical: Simulator |
| 77. Costume: Nightdress |
| 78. Technical: Start scenario with horizontal decubitus |

| Scenario evolution |
|--------------------|
| 79. Attitude A (Positive outcome) | 81. Attitude B (Negative outcome) |
| If the volunteer(s) provide adequate communication and guidance, the patient will agree to the procedures and thank the staff. | If the volunteer(s) do not communicate properly, omitting information, the patient will be suspicious and insecure. Will maintain a questioning posture |

| 80. Phrases which can be used | 82. Phrases which can be used |
| Condition | 1 “declamping” the drain | 2 Failure to identify the drain “clamping” | 3 | 4 | 5 | 6* |
|-----------|--------------------------|------------------------------------------|---|---|---|----|
| Clinical  | Improvement of the clinical picture | Worsening of the clinical picture | | | | |
| Level of consciousness | aware and oriented | Conscious, complaining of severe shortness of breath | | | | |
| Heart rate | sinus | sinus | | | | |
| Cardiac rhythm | 100 | 125 | | | | |
| BP | 140/90 | 160/100 | | | | |
| RR | 26 | 40 | | | | |
| Sat O₂ | 95 | 80 | | | | |
| Temperature | 36.6 | 36.5 | | | | |
| ETCO₂ | | | | | | |
| Others: | Actions and transitions | | | | | |
| | Evaluated and identified the drain “Clamping” within two minutes of beginning the scenario | Evaluated and performed several interventions such as elevation of the decubitus position and oxygen therapy, but did not identify the chest drain “clamping” | | | | |

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PART VII: EXAM RESULTS

| 84. Laboratory or Reports |  |
|---------------------------|--|
| Exams                     | Initial result | Final result | Normality values |
| Sodium                    |                |              |                 |
| Potassium                 |                |              |                 |
| Calcium                   |                |              |                 |
| Magnesium                 |                |              |                 |
| Hb                        | 11             |              | 12.0 – 15.5 g/dL |
| Hematocrit                | 35             |              | 35 - 45%        |
| Platelets                 |                |              |                 |
| Ultrasound                |                |              |                 |
| Others:                   |                |              |                 |

85. Images

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PART VIII: DEBRIEFING

| 86. Audio Video | ( ) Individual | ( x ) Group | ( x ) With video | ( ) No video |
|----------------|----------------|-------------|------------------|-------------|

87. Objective(s)
- Identify the chest drain "clamping";
- Relate the signs and symptoms with possible complications of the patient with chest drain

88. Suggested questions for the Debriefing
- ✓ Which interventions are effective?
- ✓ Did you feel comfortable in making a decision for the problems presented? If yes, why? If not, why?
- ✓ In your opinion, what did you identify as relevant?
- ✓ What did you learn in this scenario?
- ✓ Is it easy to approach the patient when a failure occurs? Should the patient be notified of the occurrence? If yes, why? If not, why?

89. Critical points
- CRM:
  - Call for help early
  - Communication
  - Use all information
  - Prevent and manage errors
  - Repeatedly re-evaluate
  - Set priorities
- Others:
  - Identify the drain "clamping"
  - Evaluation
  - Ethics and professionalism

PART IX: CHECK LIST/SKILLS PERFORMANCE ANALYSIS

| 90. Check List/Skills performance analysis |
|-----------------------------------------|
| Scenario | Chest drain |
| Topics   | Actions     | “X” for the performed actions |
|-----------|-------------|-------------------------------|
|------------|-----------------------------|--------------------------------|

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### Technical skills

1. Initial assessment
2. Decubitus elevation
3. Monitoring vital signs
4. Installation of oxygen therapy
5. Identification of the drain “clamping”
6. “Unclamping”
7. Reassessment
8. Communicate medical staff

### Patient and employee safety

1. Patient identification
2. Hand hygiene
3. Locked of bed Rails
4. Use of PPE
5. Event Notification
6. Notes in the medical record

### Non-technical skills

1. Personal introduction
2. Patient guidance regarding the performed procedures
3. Ethics and professionalism
4. Prevent and manage errors
5. Reassessment of the framework repeatedly
6. Care prioritization
7. Communication
8. Situational awareness

### Additional comments:

**PART X: CASE READING TO PARTICIPANT**

#### 91. Case reading – Scenario: Chest drain

**Unit:** Semi-intensive

**Professional:** Nursing team

**Case summary:**

Pedro da Silva, 69 years old, admitted to the semi-intensive care unit on the 3rd post-operative day of pulmonary adenocarcinoma removal.

**Scenario start:**

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Patient requests the presence of a professional from the nursing team.

**Scenario agenda**

Instructions: 5 minutes  
Scenario: 10 minutes  
Debriefing: 5 minutes
Annex 2 Example of a behavioral scenario

PART I: GENERAL PLANNING

| 64. Scenario: | Communicating bad news |
|---------------|------------------------|
| 65. Institution of target audience: | xxxx |
| 66. Target audience: | Nurses |
| 67. Authors responsible for the construction: | Regina Mayumi Utayama Kaneko Fabiane Carvalhais Regis |
| 68. Construction date: | 18/05/2016 |
| 69. Revision date: | |
| 70. Pilot test date: | 25/05/2016 |
| 71. Considerations regarding the pilot test: | |
| 72. Instructor(s)/Facilitator(s): | Regina Mayumi Utayama Kaneko Fabiane Carvalhais Regis |
| 73. Scenario category, according to the number of specific objectives: | ( ) A ( ) B ( x ) C |

PART II: MINIMUM REQUIREMENTS

| 74. Pre-simulation knowledge required: | Stages of the dying process SPIKES Protocol |
| 75. Pre-simulation activities required: | Dialogued expository class Role Play Discussion of videos |
| 76. Suggested post-simulation activities: | Submitting an article for further reading |
| 77. Pre-simulation evaluation: | Not performed |
| 78. Post-simulation evaluation: | Not performed |

PART III: LEARNING FROM RESULTS

| 79. General objective(s): | Sensitize nursing professionals to approach the patient and family in difficult situations |
| 80. Specific objective(s): | Use communication strategies in difficult situations Conduct the communication of bad news of a death of a child to the mother Practice skills in communicating bad news using the SPIKES protocol |
| 81. Relevant critical points of the scenario: | Personal presentation; Certification of the child's mother; |
( ) CRM (Crew Resource Management):
( x ) Others:

Assertive communication (verbal and non-verbal)
Performing the steps of the SPIKES protocol

82. Expected results:
Participation rate above 90%
NPS (Net Promoter Score) above 80

83. Indicators:
Not applied

84. Opportunities to improve the scenario:
Volunteer felt lack of tissue to offer the actress at the time of bad news. Guidance for the actress to maintain an initial profile of optimism with her daughter’s condition.

PART IV: REFERENCES FOR THE PREPARATION OF CONTENT AND SUBMISSION OF THE MATERIAL FOR PRE-OR POST-SIMULATION READING

85. References
Maria Júlia Paes da Silva, “Comunicação de Más Notícias”, O Mundo da Saúde, São Paulo - 2012;36(1):49-53
Como comunicar más noticias: revisão bibliográfica Rev. SBPH v.10 n.1 Rio de Janeiro jun. 2007

PART V: SIMULATION CENTER LOGISTICS

Volunteer information (Student/Participant)

| Volunteer(s): | Nurse |
|---------------|-------|
| 87. Number of volunteers for the initial scenario: | (1) (2) (3) (4) (>4), specify: |

88. Will the insertion of more volunteers be allowed after beginning the scenario?
( x ) No
( ) Yes
How many? -
Who?_________

Duration

89. Duration of instructions 5 minutes
90. Scenario duration time 10 minutes

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| 91. Feedback of the standardized actor/actress/patient | 5 minutes |
|--------------------------------------------------------|-----------|
| 92. Debriefing                                          | 20 minutes|

### Technological and Human Resources to compose the scenario character

| 93. Simulator/Standardized patient | 94. Name of character |
|-----------------------------------|-----------------------|
| ( ) High-fidelity simulator       |                       |
| ( ) Medium-fidelity simulator     |                       |
| ( ) Low-fidelity simulator        |                       |
| (x) Actor/actress                 | Carla Santos          |
| ( ) Hybrid                        |                       |
| ( ) Instructor                    |                       |
| ( ) Student/Participant           |                       |
| ( ) Patient                       |                       |

### General instructions

| Simulator/Standardized patient | 32. Select the items to start the scenario | 33. Wait outside the scenario | 34. Describe the time to enter the scenario location | 35. Describe the character’s position in the setting for audio and video logistics |
|--------------------------------|------------------------------------------|------------------------------|-------------------------------------------------|------------------------------------------------------------------|
| ( ) High-fidelity simulator    |                                          |                              |                                                 |                                                                 |
| ( ) Medium-fidelity simulator  |                                          |                              |                                                 |                                                                 |
| ( ) Low-fidelity simulator     |                                          |                              |                                                 |                                                                 |
| (x) Actor/Actress              | x                                        |                              |                                                 | The actress must sit in the armchair on the left so that the zoom camera can focus on the volunteer |
| ( ) Hybrid                     |                                          |                              |                                                 |                                                                 |
| ( ) Instructor                 |                                          |                              |                                                 |                                                                 |
| ( ) Student/Participant        |                                          |                              |                                                 |                                                                 |
| ( ) Patient                    |                                          |                              |                                                 |                                                                 |
| 36. Keyword for scenario interruption: | Astronaut                          |                              |                                                 |                                                                 |

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### 37. Monitoring

|   |   |
|---|---|
| () EkG | () ICP |
| () Oximetry | () Cardiac Output |
| () NIBP | () PAP |
| () IBP | () |
| () CVP | () |
| () Temperature | () |
| () Capnography | () |

### 38. Acesses

| Catheters / Drains / Dressings | Location and characteristic |
|--------------------------------|----------------------------|
| () Peripheral Venous Access: |   |
| () Central Venous Access: |   |
| () Intubation: |   |
| () Oxygen therapy: |   |
| () NG tube: |   |
| () NE tube: |   |
| () Urinary catheter: |   |
| () Chest drain: |   |
| () JP drain: |   |
| () Incisions: |   |
| () Dressings: |   |
| () |   |

### 39. Equipment and Materials

|   |   |   |
|---|---|---|
| () PPE (glove, mask and glasses) | () Identification bracelet | () Ventilator |
| () Alcohol gel | () Patient’s medical record | () Aspirator |
| () Stethoscope | () Specific forms | () Infusion pump |
| () Sphygmomanometer | () Intravenous infusions, specify: | () Emergency vehicle |
| () Thermometer | () Medicines, Specify: | ( ) Defibrillator / cardioverter |
| () Tray | () Rigid plank | ( ) BIPAP |
| () Material venous access | () Intubation Material | ( ) Scalpel |
| () Gauze | () Otoscope | () |
|                 | Bandage | Glucometer |                  |
|----------------|---------|------------|-----------------|
| ( )            |         |            |                 |
| ( )            |         |            |                 |
| ( )            |         |            |                 |

**PART VI: COMPLETE CASE DESCRIPTION**

### 41. Make-up/Moulage and Accessories

| Location    | Type           | Size          | Photo         |
|-------------|----------------|---------------|---------------|
| Face        | Pallor/pastiness | Accentuated   |               |
|             |                 |               |               |
|             |                 |               |               |

### 42. Scenario:

Communicating bad news

### 43. Case description:

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Clara Santos, 12 years old, was hospitalized in the Intensive Care Unit for 3 days. A patient with ALL (Acute Lymphoblastic Leukemia) presented pulmonary infection, followed by septic shock, was intubated, was on mechanical ventilation and sedated. She had cardiorespiratory arrest and was unsuccessfully resuscitated. Death was found by the on-call doctor and he reported the death to Clara’s mother.

Start of scenario:

You are a nurse who starts your work shift and received the shift with your colleague. Clara’s mother is in the room attached to the ICU and you need to deliver Clara’s belongings to the mother.

### Character History and Anamnesis

| 44. Complete name: | Clara dos Santos |
|-------------------|------------------|
| 45. Location:     | Pediatric ICU    |
| 46. Medical record: | 322240          |
| 47. Bed:          | 2                |
| 48. Weight:       | 42               |
| 49. Height:       | 1.62             |
| 50. Allergies:    | negative         |
| 51. Gender:       | ( ) M (x) F      |
| 52. Date of birth: | 05/06/2006       |
| 53. Main complaint: | Complaints: shortness of breath, fever, weakness, pallor, generalized body pain. |
| 54. History of current illness: | for 4 months, weakness, pallor, fever, bone pain and the appearance of bruises on the body. She was diagnosed with ALL and started chemotherapy treatment 3 months ago. The response to treatment is not as satisfactory as the medical team would like, and bone marrow transplantation has been discussed in the last chemo session. |
| 55. Family history: |
| 56. Social history: | Clara has a 9-year-old sister Maria. Ana, the mother is an architect and in her current condition, she passed all the work to the company partner. Ana’s father is an engineer. The whole family has been taking turns to stay with Clara in the hospital for hospitalizations and chemotherapy sessions. |
| 57. Family background: |
| 58. Medication use: |

#### Anamnesis

- General
- Dermatological
- Head and neck
- Nervous
- Respiratory
- Cardiovascular
- Gastrointestinal
- Urinary
- Genital

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Operacional Manual: Formulário de Planejamento e Elaboração de Cenário de Simulação Realística em Saúde - ForPEC

| Skeletal muscle |  |
|-----------------|---|
| Limbs/Peripheral Vascular Psychological |

60. Previous exams performed

| Technical information |
|-----------------------|
| 61. Monitor: ( ) Off and not connected or ( ) Powered on and connected to: |
| 62. ( ) HR: ______ |
| 63. ( ) Cardiac rhythm: ______ |
| 64. ( ) BP: ______ |
| 65. ( ) RR: ______ |
| 66. ( ) Temp.: ______ |
| 67. ( ) Sat O₂: ______ |
| 68. ( ) CVP: ______ |
| 69. ( ) MAP: ______ |
| 70. ( ) Other parameters:__________ |

| Character Profile Description: Carla Santos |
|--------------------------------------------|
| 74.Psychological: Sensitive, exemplary mother, does everything to support her daughter’s fight against this cancer, is not discouraged by anything, waits in the room next to the ICU, as the nursing team asked her to leave for the procedure. The doctor on duty talked to Ana and reported Clara’s death. However, Carla did not understand and in her view, her daughter is in the ICU in serious condition and recovering. She will initially be confused and anxious for information. |
| 75.Social: Architect. She encourages her daughters as they both enjoy arts. |
| 76.Physical: The actress’ physique |

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### Scenario evolution

| 79. Attitude A (Positive outcome) | 81. Attitude B (Negative outcome) |
|-----------------------------------|-----------------------------------|
| If the volunteer demonstrates welcoming and empathetic behavior, explain Clara’s condition if presented (name, position and appropriate body posture); build rapport and empathy, welcoming Ana who shows she doesn’t understand the situation; assertive communication (congruence between what he says and what he expresses, verbal and non-verbal); obtain and transmit necessary information; listen actively, the actress must accept the reception at the end of the scenario | If the volunteer delivers the belongings and is indifferent to Ana’s emotional state, she will present a reactive posture, denial and will question some facts as described below… |

| 80. Phrases which can be used | 82. Phrases which can be used |
|-------------------------------|-------------------------------|
| "Hi! Is Clara better? Did you manage to perform the procedure? I was asked to leave her side for a while." | "How can that be?!! When I left her side, it was all right!" |
| "Her condition is serious, but she has been through so much worse. You know, she is a warrior, a wonderful daughter, always with a smile on her face despite the pain." | "What did you do?!!" |
| "This morning, despite the sedation, I held her little hand and talked to her, we remembered the family moments and the funny things she did! She has often made us strong. It should be the other way around, shouldn’t it? The nurse said it was okay for me to talk to her and touch her." | "Her condition is serious, but everything was going well, it was just the changing shifts when this happened!!" |
| "The Doctor came here to talk to me and said that her condition is serious, I didn’t understand very well, she spoke with many terms that you use. I can go into the ICU now and be by her side!" | "I want to talk to the doctor, I don’t want to talk to you" |
| "It’s not possible, her heart was beating normally, I know her condition is serious, but what do you mean, she died! It’s not possible! It can’t be!" | "Do you have kids?!!" |
| "My husband has just left the ICU, he spent the night with her!" | "Can you imagine my pain??" |

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"Please say it’s not true!"
- crying -
"I have another daughter, Maria. She cut her hair and gave it to Clara to make a wig. What am I going to tell her??!
"Is it her clothes? – Open the bag and take the drawing – “it’s the drawing she made when she was in the room.
- crying and silence - (don't speak) "I'll never be able to hug her again, make plans, there’s an emptiness as if a part were ripped off!!"
"Even knowing that one day life ends, we are not prepared to lose someone we love so much!

- can get out of control and increase the level of anxiety -

### 83. Scenario evolution (Vital and Clinical Parameters)

| Condition         | 1 | 2 | 3 | 4 | 5 | 6* |
|-------------------|---|---|---|---|---|----|
| Clinical          |   |   |   |   |   |    |
| Level of consciousness |   |   |   |   |   |    |
| Heart rate        |   |   |   |   |   |    |
| Cardiac rhythm    |   |   |   |   |   |    |
| BP                |   |   |   |   |   |    |
| RR                |   |   |   |   |   |    |
| Sat O₂            |   |   |   |   |   |    |
| Temperature       |   |   |   |   |   |    |
| ETCO₂             |   |   |   |   |   |    |
| Others:           |   |   |   |   |   |    |
| Actions and transitions |   |   |   |   |   |    |

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* Add columns if necessary

PART VII: EXAM RESULTS

| Exams       | Initial result | Final result | Normality values |
|-------------|----------------|--------------|------------------|
| Sodium      |                |              |                  |
| Potassium   |                |              |                  |
| Calcium     |                |              |                  |
| Magnesium   |                |              |                  |
| Hb          |                |              |                  |
| Hematocrit  |                |              |                  |
| Platelets   |                |              |                  |
| Ultrasound  |                |              |                  |
| Others:     |                |              |                  |

85. Images

PART VIII: DEBRIEFING

| ( x ) Individual | ( ) Group | ( x ) With video | ( ) No video |
|------------------|-----------|------------------|--------------|
| 87. Objective(s) | Use communication strategies in difficult situations; Conduct the communication of bad news of a death of a child to the mother; Practice skills in communicating bad news using the SPIKES protocol. |

88. Suggested questions for the Debriefing

➢ Did you feel uncomfortable for this bad news communication? If yes, why?
➢ In your opinion, what was the most important communication during the scenario?
➢ What behaviors and attitudes were effective, and why?
➢ Would you do it differently next time?
➢ What did you learn in this scenario?"

89. Critical points

➢ Personal presentation;
➢ Certification of the child's mother;
➢ Assertive communication (verbal and non-verbal)
➢ Performing the steps of the SPIKES protocol

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PART IX: CHECK LIST/SKILLS PERFORMANCE ANALYSIS

| Topics | Actions | “X” for the performed actions |
|--------|---------|------------------------------|
| Non-technical skills | 1. S (Review the data, assess your own feelings about the delivery of this bad news, environment, plan the time, involve people) |  |
| | 2. P (Rapport, active listening, establishing initial dialogue, allowing questions, considering personal aspects, avoiding judgment) |  |
| | 3. I (Investigate the need for detailed information, offer yourself and answer any question, have the sensitivity to see if you are in a position to receive the news) |  |
| | 4. K (Inform clearly and sincerely, avoid technical terms, professionalism) |  |
| | 5. E (Favoring the expression of the family member, welcoming, enduring the discomfort of the situation) |  |
| | 6. S (Summarize key issues addressed, share decisions made, and be honest) |  |

Additional comments:
PART X: CASE READING TO PARTICIPANT

91. Case reading – Scenario: Communication of bad news

**Unit:** Intensive Care Unit waiting room

**Professional:** Nurse

**Case summary:**

Clara Santos, 12 years old, was hospitalized in the Intensive Care Unit for 3 days. A patient with ALL (Acute Lymphoblastic Leukemia) presented with pulmonary infection, followed by septic shock, was intubated, was on mechanical ventilation and sedated. She had cardiorespiratory arrest and was unsuccessfully resuscitated. Death was found by the on-call doctor and he reported the death to Clara’s mother.

**Scenario start:**

You are a nurse who starts your work shift and received the shift with your colleague. Clara’s mother is in the room attached to the ICU and you need to deliver Clara’s belongings to the mother.

**Scenario agenda**

Instructions: 5 minutes
Scenario: 10 minutes
Debriefing/Feedback from the actress: 5 minutes
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