**VGS Content**

# Screen 1

# Title:

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| --- |
| Interprofessional Practice and the Vulnerable Young Adult: An Immersive Virtual Gaming Simulation (IPP-VGS360°) |

This virtual gaming simulation (VGS) with 360° video integration is an Open Educational Resource (OER) accessible in both English and French language. This OER is grounded in the theoretical foundations of interprofessional practice (IPP). The IPP-VGS360° will prepare healthcare-related learners and professionals to recognize and respond to the needs of a vulnerable young adult seeking access to mental health supports in a hospital setting.

Please note this game deals with mature and sensitive subject matter. If you experience distress, you are encouraged to seek assistance within your organization or local health care services.

**Screen 2**

**Acknowledgement of Provincial Funding**

This project is made possible with funding by the Government of Ontario and through eCampusOntario’s support of the Virtual Learning Strategy. To learn more about the Virtual Learning Strategy visit: <https://vls.ecampusontario.ca>.

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**Screen 3**

**Land Acknowledgement**

George Brown College is located on the traditional territory of the Mississaugas of the Credit First Nation and other Indigenous peoples who have lived here over time. We are grateful to share this land as treaty people who learn, work and live in the community with each other.

**Grant Recipients**

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**Simulated Clients and Health Care Team Members**

**Young Adult, Alex Reis -** Sharmilla Dey

**Novice Health Care Provider, Tamanni Ayad -** Elisa Moolecherry

**Preceptor, Oliver Miller -** Rhoshahn Dhore

**Social Worker, Ben Cohen -** Andrew Kennedy

**Physician, Ava Morales -** Paula Mastrilli

**Volunteer, Sandy -** Howard Harris

**Health Care Aide, Bella -** Elizabeth Hanna

**Health Care Provider, Gwen -** Wendy Ellis

**Triage Nurse, Abbey -** Kate Parker

**Alex’s Brother -** Steven Zagada

**Security Staff -** Dmytro Turynok

**Ambulance First Responders -** Vlad Turynok and Bernadette Lim

**Patient - Ms. Jan Franklin -** Zoe Pavlov

**Patient - Mrs. Algure -** Ruth McLeod

**Mrs. Algure’s son -** Michael Eliadis

**Homeless Youth in ER waiting room -** Tony Eliadis

**Unit Clerk -** Susan A’Court

**Voice of Mental Health Crisis Team Member -** Rumana Malik Munmun

**Voice of the Community Health Centre -** Elizabeth Hanna

**Voice of staff responding to call bell - Elena Malkova (360 version)/ 2D version is** Elizabeth Hanna

**Voice of Alex’s Sister, Ash -** Hanna Kim

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**Other Acknowledgements**

We wish to thank the many students, subject matter experts, and faculty who shared their experiences and provided feedback during the process of developing this virtual gaming simulation.

**Screen 4:**

**Purpose**

The virtual gaming simulation (IPP-VGS360°) is designed as a formative learning activity for learners and healthcare professionals. It has not been tested for use as an evaluative tool.

**Learning Objectives**

1. Apply the principles of interprofessional practice to care for a vulnerable young adult seeking access to mental health support and resources.
2. Demonstrate interprofessional decision-making for the plan of care.
3. Demonstrate effective interprofessional communication.
4. Examine the contextual conditions that could contribute to and exacerbate mental health, and the social determinants of health.

**Screen 5**

**Fiction Contract**

During the following virtual simulation, you will interact with characters and a situation that are based on real clinical encounters. Virtual simulation fosters an environment for active engagement in a relatively safe environment. As the creators of the virtual simulation, we do all that we can to make the simulation as real as possible. We do recognize that some aspects are not realistic. As the learner, we ask that you engage in the simulation, with all the healthcare team members and the client, as if they were real. Using these simulated experiences this way provides you with an active learning opportunity.

**Confidentiality Contract**

During the virtual simulation, we ask that you be non-judgmental and be open to learning from the simulation. It is important to remember that what happens in the simulation stays in the simulation. By maintaining confidentiality related to the virtual simulation experiences and other's choices or comments, you help create a psychologically safe learning environment, and an effective experience for all learners.

**Psychological Safety and Sensitive Content**

The following virtual simulation may have potentially disturbing content, and it is designed for learners. If you have any unsettled feelings during or after the virtual simulation, reach out to your educator or counselling services at your institution.

**Accessibility Statement**

This simulation is delivered in the Affinity Learning platform which adheres to current W3C standards and AODA standards. These standards contribute to the interoperability, data exchange, and accessibility of the simulation and the use of 360° video in the simulation design**.** A full transcript of the content is available upon request. nursing@georgebrown.ca

The developers have endeavoured to promote accessibility for learners in the production of this VGS. This simulation uses different types of visual tools including text, images, audio files, photos and videos (including 360° format). All videos are closed captioned and text description is provided for images. A transcript for the VGS is available upon request.

It is advised to check the download bandwidth speed of your internet connection before starting the game. A suggested minimum download bandwidth is 3 Mbps. Video delays may occur if the simulation is played using a lower bandwidth.

**Screen 6**

**Pre-Briefing: Build your knowledge before you begin**

**To maximize your learning, familiarize yourself with the following subject areas. You may wish to use the links to resources provided below.**

* **Therapeutic Communication**

**Sharma, N. & Gupta, V. (2022, October 19). Therapeutic communication*. In StatPearls [Internet]. Treasure Island (FL*): StatPearls Publishing.** [**https://www.ncbi.nlm.nih.gov/books/NBK567775/#:~:text=In%20her%20text%2C%20therapeutic%20communication,or%20 psychological%20 distress.%5B16%5D**](https://www.ncbi.nlm.nih.gov/books/NBK567775/#:~:text=In%20her%20text%2C%20therapeutic%20communication,or%20psychological%20distress.%5B16%5D)

* **2SLGBTQ+**

The Trevor Project. (2021). *Guide to being an ally to transgender and nonbinary youth.* https://soginursing.ca/wp-content/uploads/2021/09/Guide-to-Being-an-Ally-to-Transgender-and-Nonbinary-Youth.pdf

* **Interprofessional Practice Competency Framework**

Canadian Interprofessional Health Collaborative. (2010). *A national interprofessional competency framework.* <https://phabc.org/wp-content/uploads/2015/07/CIHC-National-Interprofessional-Competency-Framework.pdf>

* **Social Determinants of Health**

Social Determinants of Health and Health Inequalities (2022) <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

* **SBAR**

Institute for Healthcare Improvement. (2023). *SBAR tool: Situation-background-assessment-recommendation.* <https://www.ihi.org/resources/Pages/Tools/SBARToolkit.aspx>

**Note: PPE requirements will change with epidemic and pandemic conditions and context. For this reason, familiarize yourself with the current requirements in your practice setting. Assume that these practices would be implemented during the simulation.**

**Resources to have at hand during the simulation.**

* **Download your Client Records [pdfs of all charts, Alex Reis - Chart #1, Mr. Franklin, Ms. Algure]**
* **A notepad for recording your questions and observations**

**Screen 7**

**Debriefing: Plan to Deepen Your Learning**

As an Open Educational Resource, the simulation is available 24/7 and can be completed by individuals, small groups, or in a large classroom activity.

If you are engaging in this simulation as part of a formal course activity, your educator will likely provide instructions for a group debriefing session, where you can share and expand your learning with peers.

If you are completing the simulation independently, you are strongly encouraged to deepen your learning by completing and reflecting on your responses to the debriefing questions you will find at the end of the simulation.

**Screen 8**

**How to play**

Watch as your character interacts with the people around them. Engage in interactive activities to familiarize yourself with the virtual environment, complete the required assessments, and make decisions about patient care.

All photos and videos are shot in a 360° view. Use the hand icon to explore the scenes. You may wish to replay the 360° video to see what you may have missed.

You will have an opportunity to view the simulation from two perspectives: the point of view of Alex, the young adult seeking access to mental health support, as well as the point of view of Tamanni, the health care provider (HCP) initiating care.

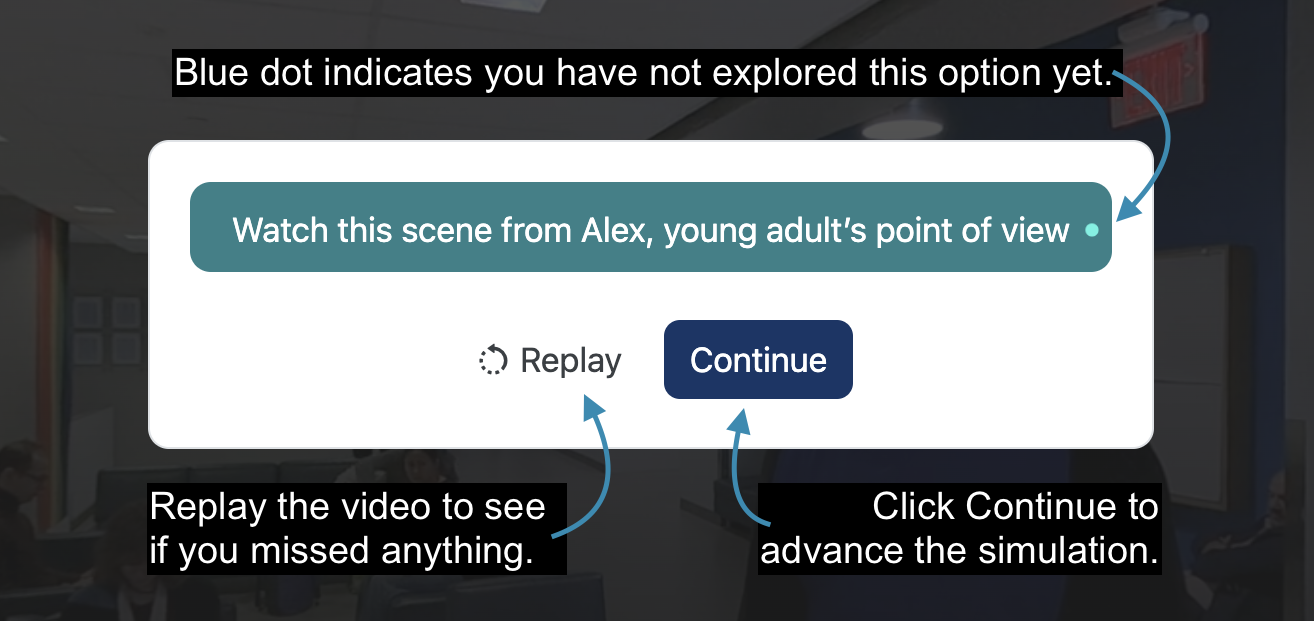
While it is good practice for all HCP’s to identify their specific role [e.g., nurse, physician, social worker etc.), in this simulation the role is identified with the generic term of ‘health care provider’ as the simulation is applicable to multiple professions.

When asked a question, select the best course of action or explore the other options. You will receive feedback on your choices. You are encouraged to try different options to view various possible outcomes.

The simulation will take 45-90 minutes to complete. You may pause the simulation and resume the game at your convenience. You may also replay the simulation multiple times if you choose. At the end of the game, you will be able to download a summary of your responses as proof of completion, and you will have the option to download additional resources to support and continue your learning.

This simulation is optimally played on a computer and using headphones (not required).

On screen, directions look like this:



**SCREEN 9**

**Introducing the Main Characters**

**Head shots of the main Characters:**

|  |  |
| --- | --- |
| **Alex Reis-** Young adult seeking care  **Tamanni Ayad -** Novice Health Care Provider  **Abbey** - Triage Nurse  **Bella -** Health Care Aide Oliver Miller - PreceptorGwen - Health Care ProviderSandy - ER volunteer **Ava Morelos** - Physician  **Ben Cohen** - Social Worker |  |

**Screen 10**

**The simulation begins with Alex, the young adult’s point of view.**

**Screen 11**

**Scene 1. Shot List: 1.1.1**

**Ext street outside “Emergency Department ”**

People coming in and out, sounds conveying a busy urban environment (sirens, traffic, background conversations) which add to the sense of being overwhelmed.

**Alex** is on the phone speaking with their **Siste**r

We fade in mid conversation, Alex conveys significant distress and uncertainty. Hear an undercurrent of Alex’s breathing ebb and flow [slowing when they take a deep breath at friend’s urging, speeding up again as they approach entrance to ER]. Hear the conversation on the phone with the **Sister(VO).**

**Alex Reis**

Well, here I am… You said I should try the ER, I’m here

***Sister (Ash)***

*Okay, Good!*

***Alex***

I don’t think I should be here. It looks really busy.I don’t know if I can do this. (breaks down emotional voice)

**Sister (Ash)**

*Hey, you can do this, just breathe*

***Alex***

I can’t, I can’t

**Sister (Ash)**

*I know you can, c’mon…slow breaths*

***Alex***

Yes, Okay, you’re right - It works better when I breathe.

(We hear them taking a deep breath or two)

**Sister (Ash)**

*Alex, I am so so sorry I can’t be there with you..*

***Alex***

No Ash, it’s okay, I understand….I just really wanted you here. You’re my sister; you *get* me

(begins to break down again – they are on the verge)

***Sister (Ash)***

*I know. …Shoot, Alex that’s the baby, she’s awake… I gotta go*

***Alex***

It’s ok…. you go.

**Sister (Ash)**

*I’ll call you back; …Now that you’re at the ER, go in – they can help you*

***Alex***

Yes, I promise I’ll go in [reassuring tone]

***Sister (Ash)***

*Bye Alex, I love you*

***Alex***

Bye…Call me when you can…. [pleading tone]

**Scene 2: Shot List: 2.1.2**

**Alex POV in the ER, “Triage Area”, a semi-private cubicle near main ER waiting room.**

Sound of Alex’s breathing carries through the fade up, perhaps rate continues to increase. Alex is now sitting in a semi-private area off the crowded ER waiting room, but we see waiting room in the background with.

**Alex POV**- \*\*\* POI- Triage nurse approaches Alex with BP cuff- [room stalked with typical ER Equipment]

**Triage Nurse (Abbey)**

[Standing while taking grabbing the BP cuff ]

Hi my name is Abbey, I am the Triage Nurse. I know you already told them at the front desk but I need to know: What is your emergency?

**Alex**

[not finishing sentences.. jumbled order of statements. HR increasing in the background]

No! [referring to BP measurement]

I don’t need…

[calming themselves somewhat]

I’m really not here for that. [sigh]

**Triage Nurse (Abbey)**

It’s important for us to do this. We do it for everyone who comes into emerg.

**Alex**

[Triage nurse does not proceed with the cuff… ]

Ok…….I don’t know if this *is* an emergency…but I know.. I think…I need help

**Triage Nurse (Abbey)**

[leaning in and holding the BP cuff] Can you tell me more?

[Alex takes a big breath and tries to be more coherent, but is not successful.Alex goes up and down in level of visible anxiety. As they start one train of thought, another comes in and they don’t finish a sentence. We start to hear their HR on top of the sound of breathing - Alex’s HR increases as Triage nurse interacts with them. Alex takes a deep breath, begins to speak but is not coherent. Jumps from one thought to the another. Becomes more frustrated as they try to share information]

**Alex**

My place, where I’m living… it’s just not, I mean the window broke and Ray says he won’t fix it…

It’s cold!... the bank transfer didn’t go..I mean money stuff…

I have no energy and I can’t keep things straight…

like I lost the order at work… I need my job..

[perhaps registering Triage Nurse’s puzzled face]

it’s complicated… I have to keep explaining who I am. It’s exhausting..

[big breath tries to slow down]

And no one gets me;

[close to tears but calmer]

Well no one except my sister. And she said I should come here

Scene ends with Alex talking to Triage nurse, fade out …

**Transition between POVs.**

**Not for Upload**

**Scene 3A-3B. Takes place in the emergency department waiting room. In the scene is the Unit desk with health care providers busy and work, coming and going.** Lots of background noise [phones, someone typing, PA announcement, sound of machines e.g. printer, and a lot of movement, people phone, walking through with a stretcher or wheelchair. There are many patients seated and standing in the waiting area. Included among the patients is a younger street youth, unkempt, scratching himself, walking back and forth and having a whispered conversation with an imaginary person

A security guard stands nearby watching the waiting area, comings and goings including observing Pt. 4

Alex is seated and appears uncomfortable and distressed.]

**[Scene is filmed three times - once from Tamanni POV in 360, once from Tamanni POV in regular, and once from Alex POV in 360**

In the middle of a busy shift in the ER. Filmed from the Unit station. Stretchers and wheelchairs stacked up in the hall. We can see people in the waiting area. Entrance to the ER beside the waiting area. Hear lots of background noise [phones, someone typing, PA announcement, sound of machines e.g. printer, someone stapling] and a lot of movement [people working on computers, on the phone, walking through with a stretcher or wheelchair.]

In the waiting area, we see various people with injuries including:

Pt. 1) Jan Franklin- *injured R wrist while riding an electric scooter.*

Pt 2) Mrs Algure- Older adult in a wheelchair with a visibly full catheter bag accompanied by a family member;

Pt 3) Alex Reis- seated in a chair where they can see all this action. Alex appears anxious,fidgeting, trying to keep their eyes on their cell phone screen, but looking at

the other actions in the waiting room and up at the ER Station.

Pt. 4) Included is a patient, Gian Trunde- a younger street youth, unkempt, scratching himself, walking back and forth and having a whispered conversation with an imaginary person. A security guard stands near by watching the waiting area’s comings and goings including observing the youth

**instructions: Alex has been seen by the Triage nurse and is now sitting in the waiting room. You are going to experience Tamanni, the health care provider’s point of view. [forced choice to Tamanni POV]**

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| **Scene 3A - Tamanni POV**  **Shot List: 3.2.3 & 3.2.4**  **From ‘unit station’, close to a computer monitor** | **Scene 3B - Alex POV**  **Shot List: 3.1.5**  **From Alex’s chair where they’re waiting** |
| Busy background with noisy hum. We perhaps hear our Tamanni POV typing.    **\*\*\*** Two unidentified HCPs walk through the frame past the Tamanni POV who’s at the desk. HCP 1 slows to put something on the desk      **HCP1:** [speaking to HCP 2] It’s so busy in here … Is it a full moon or something?    **TAMANNI**: [overhears and leans toward them, speaking more quietly] Full moon? Is that really a thing?    **HCP2:** [laughs– knows this is junk science but it’s ‘funny’ anyway - realizes maybe she was speaking too loud. Looks over shoulder then drops her voice a notch] … Nah – it just feels that way. I think it’s *always* busy these days [looks around waiting room] It never seems to let up    **TAMANNI:** But I loveit when it’s busy!    Both HCPs chuckle [a gentle laugh – they’re not laughing *at* our HCP, really do enjoy their fresh energy]    **HCP 1 or 2**: That’s sweet Tamanni. Spoken like a true newbie – I love that you love it! [sighs] A year ago I would have said the same thing …    [Patient 4’s back and forth pace increases and his muttering to the unseen person over his shoulder escalates – he’s about to erupt]    **Tamanni**:[self-talk] I just wish I was better prepared …    **Pt. 4:** [shouting] I told you I’m not interested!    **Pt. 4** [swings head to look at security guards as they move closer] What are you looking at?  [security guards watch quietly - have no physical interaction w Pt4.]  Leave me alone - get your hands off me!  [Security guards maintain their distance and no physical contact - or maybe they take a step back? Pt 4 de-escalates a bit]    \*\*\* [Preceptor approaches station quickly and speaks to Tamanni]  **Preceptor Oliver:** Hey Tamanni. We just got a call. 5 car collision on the freeway - two criticals coming in so I need to help in Trauma. While I am in there, you're on your own. These are the three patients I’m turning over to you [indicates the e-charts on the computer screen].    \*\*\* **HCP2** [rushes past, calls out to the preceptor nurse, speaking urgently] Let’s go!! I’ve already asked social work to join us.    **Preceptor Oliver :** [calling after HCP2] Be right there.  [more quietly to Tamanni POV] I think you’re ready. Just follow the process: assess, prioritize, and consult. If you really need me, I’ll be in Trauma One. Okay?    **Tamanni:** [Responds in a reassuring voice to preceptor but maybe with a hint of doubt?] Yeah, great, I’m ready. [preceptor rushes off]. I think. Let’s see what we have here … Looks out at the    Freeze frame of Tamanni POV of waiting area. | [We hear the same background noise but with an underlay of Alex's HR, beating a bit fast. We hear HCP’s 1 first line, but once they lower their voices it’s barely distinguishable ]  \*\*\* Two unidentified HCPs walk through frame, pausing at unit station desk    [as heard from a distance] **HCP1:** It’s so busy in here … Is it a full moon or something?]    **Alex: [**Alex’s HR speeds up] *Full moon? Seriously? What are we – a bunch of crazies howling at the moon? …*    [HCP2: Laughs]  **Alex** **[cont’d]** *Oh geez – was she looking at me when she laughed?*      [hold for a few beats, Alex is just watching camaraderie between the three without hearing their voices distinctly] [Is it possible that the camera could move *back a bit,* as if Alex is distancing themselves from them?]    [Patient 4 increases back and forth pace …]    **Alex [cont’d]:** *Maybe we are just a bunch of crazies …*      **Alex [cont’d]:** *Wow – scary …. and so-o-o embarrassing …*    *… mom would just die if she saw me here …*    *… why did I think coming here was a good idea? … Maybe mom’s right, I just have to buckle down and get things done, just do it …*    \*\*\* as the Preceptor enters, talking about the 5 car collision  **Alex [cont’d]:** *Wonder who that is … maybe they’ll see me …*    [Alex watches – can’t hear Preceptor’s voice distinctly, but does see the urgency in their actions and watches Preceptor leave in a hurry]      [Alex gives a deflated sigh as Preceptor leaves and Tamanni focuses on computer screen]  **Alex [cont’d]:** *Or maybe not* [HR increases again]      Hold a few beats, then graphic message comes up … |
| Text card comes up over freeze frame and give the following choices:  Option 1- View this scene from Alex, the young adult’s point of view  Option 2- Continue the simulation in Tamanni, the health care provider’s point of view.  [If learner selects *Continue****, Continue to next activity****]*  [if the learner selects view scene from Alex’s POV..- **Go to scene 3B Alex’s POV** [Parallel scene] place out ] | Text card comes up over freeze frame  [If the learner has NOT seen Tamanni’s POV video, They receive the message]  Option 1- **Continue**  Option 2- Rewatch the scene from Tamanni, the health care provider’s point of view |
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**IF Continue to the Next activity is selected:**

**Graphic of all of the patients in the waiting room appears from Tamanni’s POV- Patient ext of instructions appears over freeze of Tamanni POV’s view of waiting room:**

**Click on each patient to view the triage note in their chart. Audio only, internal voice [in italics] is, contemplative the player reads the Triage note.**

**Shot List: 3.2.4 Audio**

**Instructions: Click on each patient in the waiting room to locate your assigned patients and review the triage notes.**

Pt. 1) Ms. Jan Franklin- *[Tamanni Audio reading notes] Jan Franklin: injured R wrist from fall off an electric scooter. Not much detail here, no pain score. Triage must be busy. She doesn’t appear to be in too much pain but she should be assessed further. She might need an Xray.*

Pt.2) Mrs. Algure- Older adult living in a long-term care residence with dementia sitting in a wheelchair with a visibly full catheter bag. Accompanied by a family member; He’s groaning, appears somewhat distressed.

*[Tamanni Audio- reading notes: Mrs. Algure, Dementia, febrile, catheter bag looks kind of full. She doesn’t seem to be in distress. A family member with her. That’s a help.*

Pt. 3) Alex Reis - seated and appears anxious,fidgeting, trying to keep their eyes on their cell phone screen, but looking at the other actions in the waiting room

[*Tamanni Audio- reading note] Alex Reis expressed fragmented story, … seems anxious … going on for two month, worse today. To see social work or crisis team. Mmm… I only just started the mental health program… I don’t really know how to help.… I think I’ll wait for Oliver to come back before I see this one and refer.*

**Video starts from Tamanni POV**

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| --- | --- |
| **Option 1-FIRST - Forced choice. - Watch Tamanni’s ( the HCP) point of view**  **Shot List: 3.2.6 & 3.2.7** | **Option 2: Watch Alex’s (the person seeking care) point of view**  **Shot List: 3.1.8** |
| **Tamanni POV.1** Alex is still visible in shot, seated, but becoming increasingly agitated.  **Patient 4-** **Gian Trunde**  [Acts up and security guard moves closer. Alex gets up …volunteer seen speaking with Alex    **Tamanni [Self talk]**  Thank goodness, she didn’t assign me the patient who the security guards are keeping an eye on. I’m definitely not ready to give care to him …  [muttering to self] I think I’ll see Jan Franklin first.  **Volunteer**  [to Tamanni] I just spoke to that young person.. Alex. They looked like they were about to leave.  Been waiting a long time.  I’m worried - I think someone should see them soon.  **Options:**   1. **Watch this scene from Alex, the young adult’s point of view** 2. **Continue simulation.**   **Learner is taken to Go to DP 1A** | **Alex POV from their seated positions in the ER waiting room** [possibly show time has passed with intercut… maybe time on phone showing passage over one hour since spoke with sister on the phone … use the same visual angle used in Scene 1 when Alex was on phone with sister?] See the Tamanni at the busy unit station.  [internal voice] [ time on cell-is visible..  ***Alex***  *It’s been over two hours…This is not helping - I’m going to be here all night …*  *Maybe I should try Darren at the centre again.*  [Sound of phone ringing, connects to message]  **Voice Recording**  You have reached the Heart of the Community Health Centre.  The Centre is currently closed. If you know the extension of the person you wish to reach, please enter  **Alex**  [internal voice, hear sound of phone disconnecting] *Crap*.  **\*Patient 4- Gian Trunde**  Walks through frame, becoming more agitated, still muttering to imaginary person over his shoulder. [Yells]  **Security**  [Follows him. Asks him to sit down  All patients in the waiting area looking over at patient 4- Gian Trunde]  **Alex**  *At least I’m not as bad as that person … I’m not like that.*  *… though maybe I will be if I stick around here much longer …*  *[We hear heart rate (HR) and breathing increasing. Alex stands.]*  *I gotta get out of here…*  **Volunteer**  Sees Alex stands.This is a very calm person with an easy manner, a mature person who has life experience. Walks up to Alex, looking concerned.  Hi, I’m Sandy, the emerg volunteer. Are you looking for something? Can I help you?  **Alex**  [sound of Alex’s HR and breathing continues]  I was looking for help, but - I don’t think this is the **Ta:**place…  **Volunteer**  It can be a very busy place. And it does take time.  This is a good place to start if you are looking for help  **Alex**  I don’t know …  **Volunteer**  Can I get you anything? Water?  I know it is a bit of a wait, but let me see what I can find out for you..."  **Alex**  [to volunteer, reluctantly]  Okay  [takes a seat again with a sigh]    **POI- We see the volunteer approach the Tamanni and speaks.. but cannot be heard by Alex..**  Message at end of the video  **Option 1.- Replay**  **Option 2- Rewatch the scene from Tamanni, the health care provider’s point of view**  **Option 3- Continue the simulation** |

**DP-1A What will you do with this new information?**

|  |  |  |  |
| --- | --- | --- | --- |
| **DP 1A, Option 1**  **Shot List: 3.2.9 and 3.2.10**  Make Alex Reis your priority  (Correct Response)... continue the main storyline | **DP 1A, Option 2**  **Shot List: 3.2.11**  Ask the Mental Health Crisis Team to see Alex.  (Incorrect response).. response vide | **DP 1A, Option 3**  **Shot List: 3.2.12 and 3.2.13**  Assess Ms. Franklin, as planned..  (partially correct) …  This option creates a branch in the storyline. | **DP 1A, Alex POV**  **[This is only seen if Player chooses an incorrect DP1A Option 3]**  **Shot List: 3.1.14** |
| **Filmed Response: Tamanni POV**  We see 360° video of Tamanni POV at the door or a cubicle, see Alex enter the room.  **Tamanni:** Have a seat please Alex. This’ll be a quieter place to wait. Would you like the door open or closed?  **Alex:** Maybe a little bit open?  **Tamanni:** OK. Please wait here, I’ll be back as soon as I can.  [Alex looks visibly more relaxed]    No Alex **POV video** | **Response [still shot of phone audio only] video** See still picture of hand holding a phone and hear:    **MH crisis team member:** I don’t have this patient on my list… Are they to be seen by crisis or social work?  What can you tell me about them?  **Tamanni**: Well … not much. Social work is in trauma and not available. She tried to leave and I’m the only one out here with a lot of patients in the waiting room.  **Crisis**: I need more information, as well as a medical clearance, and a referral and then I try to see as soon as possible, but it’s a super busy night  No Alex **POV video** | **Filmed Response: Tamanni POV**  open door returning into the ER waiting room  **\*\*\* Volunteer approaches**  **Tamanni** [moving into the waiting with Jan Franklin walking ahead. Tamanni hands her a form and says:]  Ms. Franklin follow the xray signs and come back here when you done.  **Volunteer**: [to Tamanni POV] That patient just walked out…I couldn’t convince her to stay any longer. I’m worried..  **Tamanni:** Thanks for letting me know. When did she leave?  **Volunteer**: Just a minute ago, before you came back to the station.  **Tamanni**: [Internal voice- anxious voice] *I should have seen her first. I don’t even know her story. I don’t know if she’s in danger. I really messed up. Maybe I’m not ready for the ER.* | **DP 1- Option 3- Alex POV option:**  **POI- Opening scene: Continues from previous Alex POV- with Alex seeing the volunteer walk to the unit station and speaks with Tamanni but does not hear conversation. Both Tamanni and the volunteer look at Alex..**  **Alex [internal voice]** *That volunteer’s trying to help me…*  [interprets reaction of Tamanni negatively]  ‘*Oh, I don’t like the way they are looking at me*. [HR.. resp increase]  **POI shifts as Tamanni POV**  **Tamanni:** Ms. Franklin. Please come with me…  **Alex:** Oh (despair). more waiting….  **fade out….**  **Sign appears on screen:**  **20 minutes later**  **Shot List: 3.1.81**  **Fade back in.**  **POI shifts to Ambulance attendants and stretcher come through to the trauma room. Volunteer is out of site…**  Seeing activity- Stretcher… goes.. pulls volunteer.  **Alex:** *They still haven’t called me… how much longer is this going to take? Maybe they don’t think I should be here - I[but] don’t know what else to do.*  [anxious and fidgeting, looking at phone in their hand or on a purse- nothing to see but a wall behind them]. A few seconds go by… HR increasing.. Resp and HR increasing..]  **Alex:** *I can’t breath, I’ve got to get out of here*  [Alex gets up and leaves waiting area. Camera moving towards the exit.. camera effects.. visual field decreased,, maybe blurred… only see door open to outside ]  Volunteer might be seen in the video, entering the scene, Sees Alex leaving… looks concerned. Sees Tamanni returning to the unit station,  volunteer approaches Tamanni POV |
| **Feedback**  Best response. Your action provides a quiet, safe place for Alex. It shows your interest in them and gives them choices.  **Continue [go to Scene 4**] this feedback is written again above. | **Feedback**  Not the best response. You do not yet have enough information to make a referral.  Try again  [go back to screen where they can choose options | **Feedback**  Not the best response. It leaves Alex vulnerable.  Option 1- View this scene from Alex’s point of view  **[go to DP 1A Alex’s POV video]**  Option 2 - Continue **[goes to DP1B]** | After watching the Alex POV- moves to DP1B Branch |

**SCENE 3C- Hallway beyond the ER waiting room**

**BRANCH**

**DP 1B: What should you do about Alex leaving the ER?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DP1B Option 1**  **Shot List: 3.2.15 and 3.2.16**  **Try to find Alex**  **(correct Response)** | **DP 1B**  **Shot List: 3.1.17**  **Alex’s Response to Option 1** | **DP1B Option 2**  **Document that Alex has left the ER**  **(not the best response)** | **DP 1B**  **Shot List: 3.1.17**  **Alex’s Response to Option 2** | **DP 1B Option 3**  **Shot List: 3.2.18 & 3.2.19**  **Inform another health care professional that Alex has left the ER.** |
| **Filmed response: Outside ER but still in hospital**  T**amanni POV**  We see Alex in the hall walking towards the exit. They appear agitated, looking around, taking a few steps in one direction, then another as if they’re not sure which way to go.    **Tamanni:** [calling Alex as they walk quickly to catch up with Alex] … come back please. My name is Tamanni. I’m part of the emerg team. I’m really sorry that you haven’t been seen yet but I can find us a room where we could talk, a quiet space.    **Alex: [**stops walking – thinking – looks at Tamanni POV] No, it’s OK. I just don’t think this is the place for me. I’ll be OK [turns, start to walk away] | **Filmed response: Outside ER still in hospital**  **Alex POV**  [Alex takes a deep breath as they step outside - noise floods in – hear Alex’s HR increase - Alex stumbles a bit as camera moves slowly down a hallway, towards exit but not leaving. ]    **Alex** [Internal voice] *Now what… don’t really know… who else can I talk to… Maybe this is on me… I need to try more… Oh… no…*  [crying]  \*\*\*POI- shifts as Tamanni calls their name    **Tamanni** Alex … come back please. My name is Tamanni. I’m part of the emerg team. I’m really sorry that you haven’t been seen yet but I can find us a room where we could talk now, a quiet space.    **Alex**: No, it’s OK. I just don’t think this is the place for me. I’ll be OK.  ***Alex*** *ST: What the heck am I going to do now?* | No filmed response – Go straight to feedback | **Filmed response: Outside ER but still in hospital**  **Alex POV**  [Alex takes a deep breath as they step outside - noise floods in – hear Alex’s HR start to increase - Alex stumbles a bit as camera moves slowly away down a hallway towards an exit… fades out before doors open.    **Alex** [Internal voice] *Now what… don’t really know… who else can I talk to… Maybe this is on me… I need to try more… Oh… no…*  [crying]    **Feedback**  *Continue* and take user back to screen where DP 1B options are [or where the only option is to select DP 1B Option 1] | **Tamanni**- That patient just left!  **HCP#**4: What did they say when you tried to stop them?  **Tamanni**: I - I didn't.  **HCP#4** [Looks concerned and says]] You’ll need to document that they left without being seen.…  and you should call them to see if they are okay…  **Tamanni,** nods and lifts receiver on the phone [ computer screen has Alex’s file open] says. to self... where’s that phone #? |
| **Feedback:**  Best response. If a patient is in the hospital, it may be appropriate to follow the patient.  Options:  1.Watch this scene from Alex’s point of view  2. Continue [go to DP1C] | **Feedback:**  Continue [go to DP 1C] | **Feedback**  Not the best response. While documentation is always important, it is not the priority at this time. Consider what impact this choice might have on Alex.  Options:  1. Watch this scene from Alex’s point of view. [go to next column]  2. Try again.  **[[. [Go to DP 1B Alex’s response Next column**]] |  | **Feedback**  This is not your best *first* action in this case. While reporting to a team member is important, how has your action affected Alex’s health and safety?  Options:  1. Watch this scene from Alex’s point of view. [go to next column]  2. Try again [go back to screen with Options 1 and 2 available]  **[[Go to DP 1B- Option 2. Alex’s response**  **Link to Alex POV. same video as DP1B- Option 2.]** |

**BRANCH**

**DP 1C: How do you respond to Alex’s decision to not return to the ER?**

|  |  |  |
| --- | --- | --- |
| **DP1C- Option 1 -**  **Shot List: 3.2.20 and 3.2.21**  Explore Alex’s choice with them. | **DP 1C,**  **Shot List: 3.1.22**  **Observe Alex’s POV Video**  **This POV is seen *only* if option 1 is chosen?]** | **DP1C- Option 2**-  **Let Alex go as they have a right to choose.** |
|  |
| **Tamanni POV**  **POI-** Alex takes a few steps walking away  **Tamanni :** You don’t seem okay to me. I’d like you to come back if you wish  **Alex** stops, collapses on a chair.  **Tamanni** positions self at eye-level with Alex, open posture and attempts to make eye contact.    **Tamanni**: It’s your right to choose whether you stay or not. But, if we go in we could talk, see if any of the resources we have may be helpful.  **Alex:** [awkward pause..says nothing- thinking to self then speaks in a low voice..] ‘okay.  **Tamann**i beside Alex and they both begin walking back towards the ER]  Fades out…  Fades back in to next scene [4?] | **Alex POV for DP1C Option 1**    Alex walking away  **Tamanni :** You don’t seem okay to me. I’d like you to come back if you wish  **Alex** turns, collapses on a bench or curb..  **Tamanni** positions self at eye-level and open posture and attempts to make eye-contact.  **Tamanni**: It’s your right to choose whether you stay or not. But, if we go in we could talk, see if any of the resources we have may be helpful.  **Alex:** [awkward pause..says nothing- thinking to self then speaks in a low voice..]  *I can’t believe she followed me out here …Not sure. I don’t know... Seems nice...but, but …*  **Alex** [in a low voice] Okay.  **Tamanni-**Okay let’s go.  Alex and they both begin walking back to towards fade out] | **no video**  **Feedback:**  Not the best response. Although a client’s right to choose is paramount, simply “letting them go” is an incomplete action. It is also important to ensure that a client has a safety plan and enough information to make an informed choice.  2 Try again [go back to screen with DP Options 1 and 2 available] |
| **Feedback**  Best response. Your response reinforces to Alex that they have a choice and provides them with an opportunity to self-reflect.  **Options:**  1.Watch this scene from Alex’s point of view. [go to next column]  2. Continue [go to DP1C] [should this be ‘go to scene 4?] | **[need to insert directions here, what happens after player views this?]**  **After watching Alex’s POV**  **Forced choice to Scene 4** |  |

**Scene 4; Shot List: 3.2.9 and 3.2.10**

We see 360° video of Tamanni at the door or a cubicle, see Alex enter the room.

POI- Examination room or cubicle with Tamanni POV entering: We see 360° video of Tamanni POV at the door or a cubicle , see Alex enter the room and sit down..

**Tamanni**

Have a seat please Alex. This’ll be a quieter place to wait. Would you like the door open or closed?

**Alex**

Maybe a little bit open?

**Tamanni:**

OK. Please wait here, I’ll be back as soon as I can.

**Screen 33**

**360° photo of waiting area**

### Instructions

### You are back to the patient waiting area to check on Mrs. Algure.

**When player clicks on Mrs Algure they see a close up of full catheter bag and text:**

**Mrs. Algure's catheter bag appears very full and she seems to be in some discomfort. Find someone who can empty the bag so you can return to Alex Reis' assessment.**

**When player clicks on Bella they see text:**

### Bella, the Health Care Aide might be able to help.

**New Scene 4B Shot List:**

**Hallway at entrance to cubicle or small room where Alex is waiting. Shot List: 4.2.23 and 4.2.24**

Tamanni POV: Tamanni is approaching the Unit desk area and patient waiting area. Patient 2 Mrs. Algure has a catheter bag visible and it appears very full and she seems to be in some discomfort. Tamanni walks towards the HCP #3, Bella quickly.

**Tamanni**

Hi Bella, I’m glad I ran into you. I need to be in here with this patient. They are quite distressed.

but I’m concerned we’ve kept Mrs.. Algure waiting. she’s the older women over there (points to her) in the waiting area in a wheelchair. Mrs Algure A-L-G-U-R-E

She’s here for a catheter change but her bag is really full.

Could you maybe see her into treatment room 2, empty her bag and chart your findings?

You could tell her I’ll be along as soon as possible.

**HCP# 3 Bella**

[a bit concerned - maybe they don’t know how to do this or

maybe they too are rushed off their feet or maybe there’s some negative history here?]

That’s not my role. And … didn’t I hear Oliver asking *you* to see to that patient?

**DP 2: What would be the best response to this team member’s statement?**

|  |  |  |
| --- | --- | --- |
| **DP 2, Option 1 [correct]**  **Shot List Shot List: 4.2.25 and 4.2.26**  Clarify your request | **DP 2, Option 2** [partially correct]  **Shot List: 4.2.27 and 4.2.28**  [ALT: not the best response]  Delegate. You have other priorities. | **DP 2, Option 3 [incorrect]**  **Empty Mr Algur’s catheter bag yourself** |
| **Filmed Response, Tamanni POV**  **Tamanni:** [a bit confused, taken aback by chippy tone + it’s hard to admit to needing help] You’re right, he did ask me to do it. But that was before we knew about Alex’s situation. All I need you to do is empty the bag, measure the contents and note the volume and colour on his chart [do HCP chart in ER?]. Isn’t that in your scope of practice? I can ask someone else to do it if you’re not sure how to do it.  **HCP #3 Bella:** [relieved]Oh - I get it! I thought you meant you wanted me to change the catheter! Emptying the bag *is* definitely in my scope and I’ve done it before. So no problem. I’ll do it and chart the findings.  **Tamanni**: Great. Thanks [ name].  **HCP#3 Bella:** I was just on my way to pick up more dressing trays - they need them in Trauma 1. I’ll get to Mrs.. Algure, right after.  **Tamanni:** Sure, sounds like a plan.  **HCP#3: Bella** Ok - see ya.  The two part amicably and Tamanni POV proceeds into the room with Alex. | **Filmed Response, Tamanni POV**  **Tamanni:** You’re right Oliver *did* ask me to do it, but Alex is a greater priority at the moment.  [waits - no response from HCP, becomes irritated with the silence]  I *do* have the authority to delegate tasks to you, as long as it’s within your scope of practice.  **HCP#3 Bella:** I’m quite aware of that thank you very much, but I’ve got a *lot* to do right now. Why can’t you do this?  **Tamanni:** Alex needs help now and I’m as busy as you are.  **HCP#3 Bella:** Well you don’t have to say it in that tone of voice  **Tamanni:** huh? What tone of voice?  **HCP#3 Bella:** You don’t need to pull rank on me. If your patient needs help right now, that’s reason enough.  **Tamanni:** [chuckling a bit] Aw.. Sorry you’re right, Let’s start over… | No filmed response. Just provide feedback text card [or maybe a still of overwhelmed Tamanni POV?]. |
| **Feedback**  **Best response.** By asking a clarifying question instead of issuing a directive, you have shown respect for your colleague’s situation and invited further conversation and collaboration.  [go to scene 4C] | **Feedback**  **Not the best response.** Asserting positional power is not a good way to begin conflict resolution. Try again.  [return to DP 2 option screen with 3 choices] | **Feedback**  **Not the best response.** Doing the task yourself is a tactic known as *accommodation* or *avoidance.* Because the conflict with your colleague is not *resolved*, it can continue to simmer and will likely re-occur in the future. Try again.  [return to DP 2 option screen with 3 choices] |

**Scene 4C- Shot List: 4.2.29 and 4.2.30**

**Scene continues.. as HCP#3 Bella, walks away…NEW POI- Alex’s Brother approaches Tamanni**

**Brother**

Hi, I am looking for Alex Reis. I am her brother. My other sister told me she is here.

**DP 3: How do you respond to the brother’s request for information about Alex?**

|  |  |  |
| --- | --- | --- |
| **Option 1. (Correct)**  **Shot List: 4.2.31 and 4.2.32**  **Do not provide any information** | **Option 2. (Incorrect)**  **Take him to Alex** | **Option 3 (Incorrect)**  **Shot List: 4.2.33 and 4.2.34**  **Confirm the patient’s name, but do not share other information.** |
| **Tamanni:**  I’m sorry, we can’t provide any information about patients.  **Brother**  I’ve tried calling but she’s not answering..  Come on… I know she is in here somewhere.  **Tamanni**: Sorry, I can’t help you.  **Brother: [looks upset.. tries calling again]** | No Video | Tamanni: Yes, Alex Reis is here. Take a seat. I will let her know. |
| **Feedback:** Best response. By not disclosing any information about Alex, you have maintained client confidentiality.  [go to Scene 5] | **Feedback**: Incorrect. Your actions have breached patient confidentiality. You need consent from the patient. Try again. [return to DP 4 option screen with 3 choices] | **Feedback:** Incorrect. Your actions have breached patient confidentiality. You need consent from the patient. Try again. return to DP 4 option screen with 3 choices] |

**Scene 5: Shot List: 5.2.35 and 5.2.36- Interior cubicle exam room**

**Tamanni POV**

**Tamanni**

{Enters the exam room or cubicle where Alex is waiting ]

Alex, Your brother is here, he is asking about you.

**Alex**

[Get’s very upset, starts shaking and crying].

Oh!! No!! No no no… I can’t deal with this now.

**Tamanni:**

Oh!! Okay. I didn't confirm you were here.

**Alex**

He has been calling, but I’m not picking up.

I can’t deal with him now.

**[ crying looking away]**

**Tamanni**

[She approaches Alex, looks for a tissue and then presses an extension on a phone and speaks quietly into it.]

**Desk Person**

Unit station. How can I help you?.

**Tamanni**

Hi, It’s Tamanni, I’m in Room 6. Could you send someone with a box of tissues. It’s for my patient, and she needs them.

POI shifts to Alex who, at the word “she”, winces and snaps their head to look up at the Tamanni POV, then shakes their head and looks away from the Tamanni POV.

**Desk Person**

No problem. Geoff can head that way now.

**Tamanni**

[quieter, distracted by Alex’s n-v behaviour] Thanks

**DP 4: How do you respond to Alex’s non-verbal behaviour?**

|  |  |  |  |
| --- | --- | --- | --- |
| **DP3, Option 1 [correct]**  **Shot List: 5.2.37 and 5.2.38**  **Share your observation of the behaviour** | **DP3, Option 2** [partially correct)  **Shot List: 5.2.39 and 5.2.40**  **Acknowledge the behaviour and**  **proceed with the assessment** | **DP3, Option 3 [incorrect]**  **Shot List: 5.2.41 and 5.2.42**  **Proceed with the assessment** | **DP3, Alex POV**  **Shot List: 5.1.43**  **only available with the feedback on options 2 or 3 (i.e. incorrect response).** |
| **feedback first - option to see Alex’s POV**  **Filmed response, Tamanni POV**  **Tamanni**: I notice your expression changed just now - did I say something to upset you?  **Alex (Alex):** [disgusted, a bit angry] Yeah. You did what everybody does.  **Tamanni**: Oh. I apologize. I’d like to make it right. Can you tell me more?  **Alex**: You called me ‘she’. I’m always being mis-gendered.  **Tamanni** : [after a reflective pause] You’re right I did. I made an assumption and I shouldn't have done that. I’m sorry. Can we start over? What pronouns would you like us to use for you?  **Alex** I use they/their. Or you can just call me Alex.  **Tamanni**: Got it. Thank you for correcting me Alex. I use she/her. Is it OK if I ask you a few questions about what you’re experiencing?  **Alex** nods,  [We here a knock on the door and someone hands Tamanni a tissue box]  **Tamanni**, says. Thanks..  [turns to Alex, hands them a tissue.  **Tamanni**  Pulls up a chair at desk, logs into computer then turns to Alex. Tamanni is seated at eye level, comfortable distance, open posture and says].  Scene fades out … fade to interactive priority activity | **Filmed response, Tamanni POV**  **Tamanni:** It looks like you’re experiencing a lot of distress. Why is that?  [awkward silence. **Alex** says nothing.]  **Tamanni**: OK, well … like I said before, my name is Tamanni, I’m part of the emerg team. Just to make sure I've got it right, I need to confirm a few details. Please tell me your first and and your date of birth.  **Alex** Alex Reis, November 26, 1999 [they answer in a monotone and their non-verbal behaviour shows distancing.]Tamanni POV checks chart as they speak, not looking at Alex.    **Tamanni** Good. Now I have some questions I’d like to ask you.  fades out | **Filmed response, Tamanni POV**  **Tamanni** [after a pause - notices Alex’s nv behaviour but doesn’t know what to say so ignores it]  So, like I said before, my name is Taminni, I’m part of the emerg team. Just to make sure I've got it right, I need to confirm a few details and I have a few questions. Please tell me your first and last name and your date of birth.  **Alex** [pauses for a moment] Alex Reis, November 26, 1999 [they answer in a monotone and their non-verbal behaviour but looks away from Tamanni POV and angles their body to distance themselves]  **Tamanni** [a bit too chipper?]: Thanks. Now I have a list of questions I’d like to ask you.  **Alex** remains quiet with body posture angled away from Tamanni POV | **Filmed response, Alex POV**  **Desk Person**  Unit station. How can I help you?.  **Tamanni**  Hi, It’s Tamanni, I’m in Room 6. Could you send someone with a box of tissues. It’s for my patient, and **she** needs them.  **Alex**  [inner voice, sounds disgusted; as Alex’s inner voice starts. Other audio continues more quietly in the background]  *Typical … Why do they always do that?! …Can’t they be bothered to ask? ! [sigh]*  *I guess because I’m crying they decided I’m a she?*  **Desk Person**  No problem. Geoff can head that way now.  **Tamanni**  [quieter, distracted by Alex’s non-verbal behaviour] Thanks [ Tamani spend a few seconds logging into the computer screen]  [END sequence HERE if Player chooses Option 1] FIlm entire sequence as it *will* run to the end for Options 2 and 3  [space elements of above monologue so it covers most of **Tamanni** comments, allowing a gap where **Alex** can state their name and DOB in a subdued monotone.  **Tamanni**:  OK, well … like I said before, my name is Tamanni, I’m part of the emerg team. Just to make sure I've got it right, I need to confirm a few details. Please tell me your first and and your date of birth.  **Alex**  Alex Reis, November 26, 1999  Tamanni checks chart as they speak, not looking at Alex.    **Tamanni**  Good. Now I have some questions I’d like to ask you.  Increase the **Tamanni** audio when they say the word ‘questions’  **Alex**  [*inner voice]: More questions - seriously? I’m not getting the help I need here.*  *Forced return to DP Question and Options.* |
| **Feedback**  Best response. Asking for clarification, apologizing for your error and asking open-ended questions are effective communication strategies.  **Options:**  1.Watch this scene from Alex’s point of view. [go to next column]  2. Continue  **Click here to see this interaction from Alex’s POV [go to *DP3, Alex POV* shortened version]**  ***or***  **Continue** [to the interactive priority activity] | **Feedback**  Not the best response. Asking “why” can be a threatening question that is difficult to answer and you have made an assumption about what you are seeing.  **Options:**  1.Watch this scene from Alex’s point of view. [go to white column]  2. Try again  Option: Click here to see Alex;’s perception of this conversation, then watch the interaction again and make another choice | **Feedback**  Not the best response. By not exploring or even acknowledging their behaviour you have missed an opportunity to find out what is troubling Alex. What impact might this have on your ability to establish a therapeutic relationship?    **Options:**  1.Watch this scene from Alex’s point of view. [go to white column]  2. Try again |

**DP 5: Assessment Priorities**

**Instructions**: Identify seven priority actions for your initial assessment.

Position yourself at the patient’s eye level using open body language.

(√) You have selected a priority activity that will help establish a therapeutic relationship.

Perform a self-reflection of your attitudes, values and practice.

(√ )This action will help you avoid unconscious bias and ensure you are in an appropriate state of mind to establish a therapeutic relationship.

Assess the patient’s physical vital signs.

(X). Try again. This is not a priority as it has already been done in Triage. The values are in the chart and are within normal limits.

Take a comprehensive medical history.

(X). Try again. A comprehensive medical history is not required in an initial assessment and can be completed later.

Ask an open-ended question, e.g., “What brings you in today?”

(√ )Open-ended questions help establish a therapeutic relationship by giving control to Alex, allowing them to identify their priorities.

Focus on documentation.

(X) This is not a priority at this point and will be done *after* your initial assessment. Brief note-taking during the assessment is acceptable.

Actively listen and ask follow-up questions.

(√) This action fosters connection, builds trust, rapport and understanding, essential elements of a therapeutic relationship.

Observe appearance, behaviour, cognition and verbal expression .

(√) Observation is an essential component of a focus assessment.

Ensure you know the patient’s preferred name, language and pronouns

(√ )This action contributes to a therapeutic relationship by creating a respectful, psychologically safe and non-judgmental environment.

Scan the environment for safety and ensure that you have unobstructed access to the exit.

(√) This action establishes a safe environment and is a priority.

**Feedback Message when all the correct items are selected:**

You have selected the priority activities that will help to establish a therapeutic relationship, complete a focused assessment, and create a safe environment.

**Shot List: 6.2.44 and 6.2.45**

**Scene 6: Interior cubicle exam room - Tamanni’s POV**

**Tamanni**

Alex, I’m going to take notes while we talk. You’re welcome to look at my notes if you want.

**Alex**

OK - I don’t need to see them.

**Tamanni**

Tell me more about what brings you here today.

**Alex**

Well, I can’t sleep, eat, or think. Too many.. too much going on, Petie’s leaving… moving and not sure about making rent, I’ll be on my own.. making mistakes at work.., I don't blame Petie for leaving, but it's so sad… not sure what to do.. I'm exhausted, No one understands me…no one gets me.

[Alex breaks down crying… we hear heart beat and increased respirations during this dialogue. Tamanni listens attentively with an engaged expression, hands Alex a tissue]

**Tamanni**

It does sound like you have a lot going on.

Maybe it would be helpful if we talked about one thing at a time?

I heard you say you are worried about your living situation, your job, finances and a person named Petie..

You are also tired, said you’re not sleeping or eating. You also said no one understands you. Is there anything I missed ?

**Alex**

(sheepishly, wiping away tears). No, Those are the main things..

**Tamanni**

Which one do you want to talk about first…?

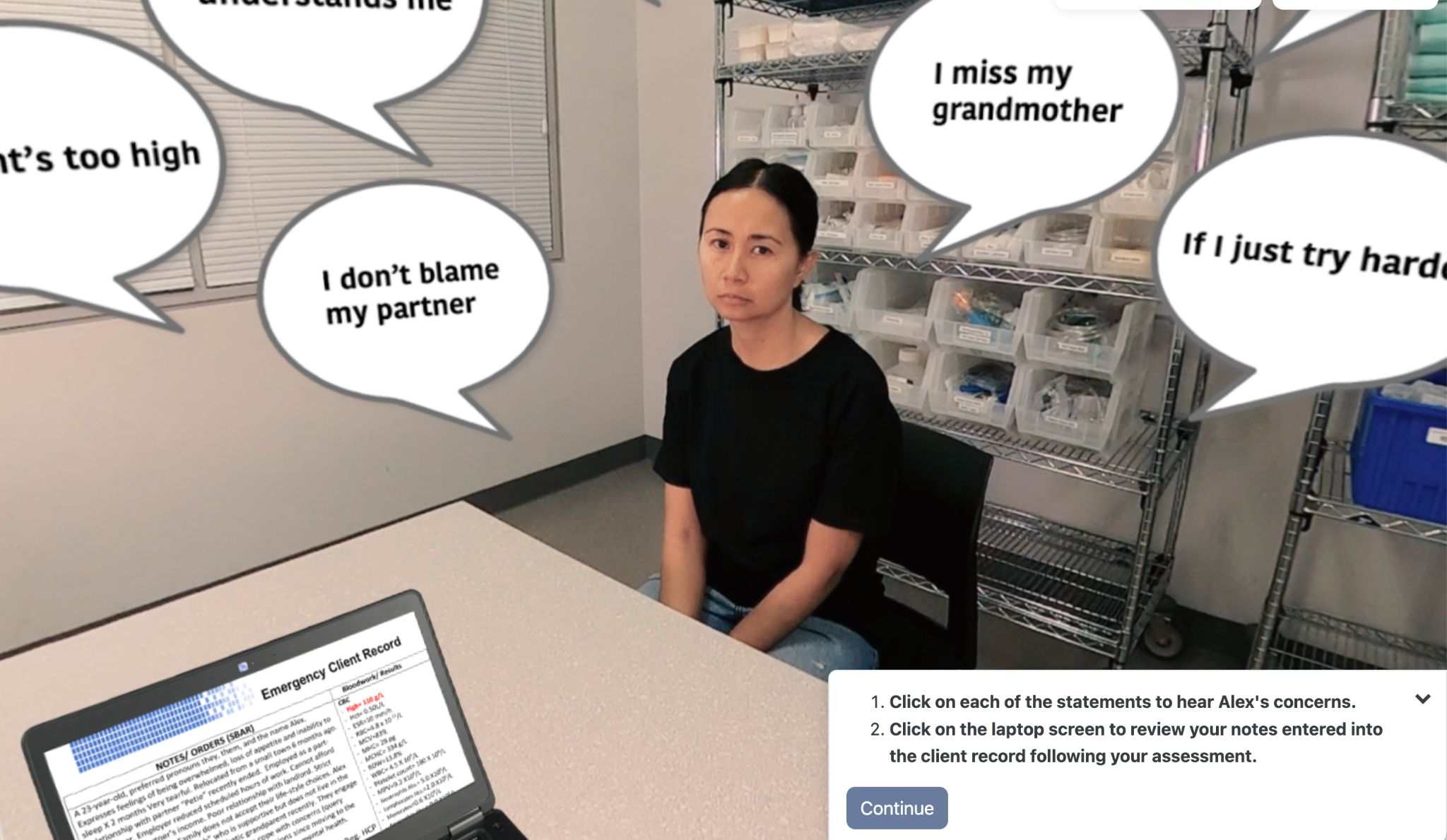
**Alex**

Takes a big breath.[looks engaged… ready to start..

Video Fades out.

**Learners see a screen shot of Alex with a summary of the stressors they shared with Tamanni. There will also be several audio clips of Alex sharing their concerns.**

**Shot List: 15.1.80**

****

### 

### Instructions:

### 1. Click on each of the statements to hear Alex's concerns.

### 2. Click on the laptop screen to review your notes entered into the client record following your assessment.

**Audio of Alex:**

“No one understands me and no one respects my preferred pronouns.

“ I don’t blame my partner Petie for leaving… I’ve been very needy..

“The rent’s too high, I can’t afford it on my own. and the landlord won’t fix the window.

I feel so alone but no, I’m not thinking about hurting myself.

I’m just so tired- I have no energy for anything

I miss my grandmother. She heard me…helped me figure things out. Never judged me.

My mother would be so embarrassed, if she knew I was here talking to strangers about all this stuff.

If I just try harder I should be able to handle things, like everyone else seems to.

**Graphic with Audio:** 1) picture of Alex 2) audio click with some quotes from the interview 3) a list of the assessment information collected during the interview

**Elena will develop this graphic and visuals.**

**Screen 50.**

Scene changes to Tamanni POV video. **Shot list: 7.2.46 & 7.2.47**

**Tamanni**

Thank you Alex. I’ve got a better understanding of what you are dealing with. I’ll be sharing this information with the team and they may have more questions. Would you like to be part of that conversation?

**Alex**

No, I am all talked out. I don’t want to say it all again.[seems tired].

How much longer will this take?

**Tamanni**

It will depend on the conditions of the other patients that my colleagues are caring for. In this area, we don’t go by first-come-first serve approach. We prioritize each patient's health risk level and the most at risk are seen first.

It may take some time before they can come in to talk with you.

You may need to be prepared for a long wait.

**Alex**

[reluctantly] Okay thanks for being so honest, It’s not like I have anywhere else to go.

**Tamanni**

I’ll check back with you as soon as I can.

Fades out…

**Scene 8. Shot List: 8.2.52 and 8.2.53 Unit station**

Back in the Unit Station, business continues… some new clients in the waiting area- Pt. 1 and Pt. 2 and Alex not present

\*\*\*Bella walks by unit desk to pick something up and Tamanni notices

**Tamanni**

Oh Bella, I just want to thank you for emptying the catheter bag for that patient.

I was able to do a more indepth assessment with Alex Reis with the time.

I know you were busy and I want you to know how much I appreciate your help. Thank you.

**Bella -HCP#3**

[Prickly character, surprised by comment but smiles in appreciation of the acknowledgement].

Thanks, that’s how we survive around here. We help each other out, when we can.

[in a louder voice, a bit dramatically] I wish everyone did that.

\*\*\* Health Care Aid leaves and preceptor enters and speaks to Tamanni

**Oliver**

Wow! That was intense. We haven’t had anything come in like that in awhile.

They’re in surgery now, but I don’t think they are gonna be able to save the leg.

She is a single mother with four kids. You never know, life can just change in a minute.

**Tamanni**

Wow that’s a lot to handle. Are you okay?

**Oliver**

Yeah - I’m good. It’s important that the team do a debrief later.

[Takes a breather and says] Okay, catch me up your patients.

**Tamanni**

Well, Algure and Franklin have been seen.

I just completed my assessment Alex Reis. They have a lot going on. I mean,

their situation is complicated..

Their really upset their partner leaving,.. they can’t make the rent, wanted o leave the emerg without being seen...

,

**Oliver**

[expression looks a bit confused and then interrupts]

[Pause].. Think about the information you collected during your interview,

collect your thoughts and give me your summary of the relevant points using SBAR

**DP 6: Place the following information into the SBAR by dragging each item from the left column to the appropriate sections in the right column.**

**Click for SBAR resource if needed. [add a link to the prebriefing resource]**

|  |  |
| --- | --- |
| * A 23 year old, came to the ER at the insistence of a family member, for mental health concerns * Young adult expressing significant distress in response to: relocation to a new city, separation from partner, social isolation, employment status, and accommodations * Moved to the city 6 months ago * Uses pronouns: they, them, and prefers to be called Alex * Needs care * Feeling overwhelmed, very tearful, has difficulty expressing their thoughts * Recently separated from partner, socially isolated * Loss of appetite, poor sleeping pattern X 2 months * Concerned about the safety of accommodations and finances * Suicide assessment score (NGASR): 5 - low risk * Self-blaming. | **Situation**   * A 23 year old, came to the ER at the insistence of a family member, for mental health concerns * Uses pronouns: they, them, and prefers to be called Alex * Feeling overwhelmed, very tearful, has difficulty expressing their thoughts |
| **Background**:   * Moved to the city 6 months ago * Recently separated from partner, socially isolated * Loss of appetite, poor sleeping pattern X 2 months * Self-blaming * Concerned about the safety of accommodations and finances |
| **Assessment:**   * Young adult expressing significant distress in response to: relocation to a new city, separation from partner, social isolation, employment status, and accommodations * Suicide assessment score (NGASR): 5 - low risk |
| **Recommendations**:   * Needs care |

[Items turn green if they’re placed in the correct box., turn red if incorrectly placed, Once all of the items are located in the correct boxes…

**After the SBAR Activity:**

**Scene 8B Shot List: 8.2.54 and 8.2.55**

**Tamanni POV**

**Oliver**

Thank you. That was a very good SBAR. Sounds like you established a therapeutic relationship with this client. Well done.

Now, let’s discuss your recommendation.

I think we can add to it.

[Oliver pulls up the chart on the computer screen] Alex has been seen by medicine but not social work. Let’s huddle with the team.

**Tamanni**

Okay, I’ll see who's available. Meet in the back room?

[Oliver nods the affirmative]

**Instructions: You will be participating in a team huddle to discuss the plan of care for Alex. Review the *Interprofessional Competency Framework* provided at the start of this simulation. Take notes and observe how the team members demonstrate interprofessional competencies.**

[Elena, please include a link to the PDF: https://phabc.org/wp-content/uploads/2015/07/CIHC-National-Interprofessional-Competency-Framework.pdf]

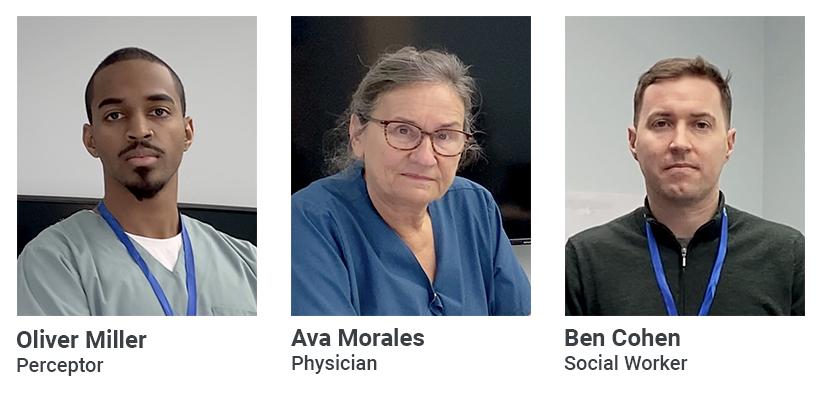
**Continue…**

**Meet the team members participating in the huddle.**

**Oliver Miller - Preceptor**

**Ben Cohen- Social Worker**

**Ava Morales- Physician**

****

**Scene 10 -Shot List: 10.2.58 and 10.2.59**

**The video resumes with** Tamanni and Olivia meeting with the social worker, physician, in a small conference room.

All members standing. Location: can be a corner of the unit station or a small conference room.

**Oliver**

I believe we have all had a chance to review the notes in Alex Reis’s chart. Thanks Tamanni, they were very helpful.

[then turns to other TEAM members and says]

I think Tamanni can lead the huddle.

Everyone agreed.

**Team [Nod and give consent]**

**Ben**

Before we start. Is Alex joining us?

**Tamanni**

No - They opted not to join now. They are okay with us meeting to discuss the plan of care.

**Ben**

**[non-verbal communication- Accepts answer]**

**Tamanni**

Let’s identify the main modifiable issues.

**Ben**

From the notes, there seems to be a lot going on and Alex’s self-reports a high level of anxiety that are overwhelming; there’s precarious housing, limited financial resources, and likely social isolation.

**Tamanni**

Oh, and what I learned from Alex is the anxiety also comes from people not using the right pronouns. They use they – them. The brother showed up looking for Alex, who refused to see him, more anxiety.

**Ava .**

[nods]

I did a quick assessment of Alex and seen the bloodwork results. Her hemaglobin and iron levels are a bit low.

**Ben**

*Their* hemoglobin…

**Ava**

Thanks for correcting me…We all need to practice this.

*their* hemoglobin and iron are low and may be exacerbating the situation.

But psychosocial issues definitely seem to be our priority in my opinion.

**Ben**

I agree, They came in voluntarily - that’s an important first step, shows insight.

[turns to Tamanni] I noticed you assessed the suicide risk.

**Tamann**i

Right. They’re low risk according to the suicide risk scale.

**Ava**

So a referral to the Crisis Team doesn’t need to be part of the plan. Do you all agree?

**Team members** show agreement]

**Tamanni**

So, to summarize, the modifiable factors we’ve identified are housing, finances, loss of relationships and struggling with being misgendered. Is there anything else? Can we move forward to care planning?

**BenW**

We know that their relationship with the brother is not very good. I would be interested in knowing more about the other family members and what connections if any Alex has with services in the community.

**Oliver**

I agree.

**Tamanni**

I think they have a positive relationship with some of their family.

**Ben**

Can you also ask about any community supports or services they are connected with?

**Tamanni**,

Okay,

MD engaged and nodding approval.

**Oliver**

What is Alex’s main concern?

**Tamanni**

That’s a good question. I didn’t ask. Knowing that will help focus our planning.

Team [nods… good point]

**Ben**

I’ll start putting together some resources.

**Tamanni**

I will talk with Alex to get more information and update everyone as soon as I can. When we regroup we will pull the plan together.

**Pop-up screen with instructions:**

Continue to take notes and observe the team during the huddle. You will be asked to share your observations of interprofessional competencies later.

**SCENE 11 Re-engaging Alex in cubicle Tamanni POV.**

**SCENE 11 Shot List: 11.2.60 & 11.2.61**

**Tamanni**

I have shared your information with the team.

The doctor you met earlier is following up with your medical symptoms

and our Social Worker is looking into information you may find helpful.

They do have a few questions they would like me to ask you about.

**Alex**

[nodding - looks a bit worried and says]

Okay

**Tamanni**

Are there any people or community services you’ve found helpful?

**Alex**

My sister is very supportive, but she has a new baby and lives far away. My parents.. forget them!! They don’t get me [ non-verbal gestures and tone]

silence [ Tamanni let’s silence grow… 3-5 seconds ]

**DP 7: How do you respond to the silence?**

|  |  |  |
| --- | --- | --- |
| **Option 1.**  Wait for Alex to continue (correct)  [see comment] | **Option 2**.  **Shot List: 11.2.62 & 11.2.63**  Reassure Alex that things will get better (incorrect) | **Option 3**.  **Shot List: 11.2.64 & 11.2.65**  Ask Alex your next question (Incorrect) |
| See Dialogue below. | **Tamanni**  I totally get you - it will be OK;Your situation will get better.  **Alex** [non-verbal reacts defensively and looks away- negative non-verbals]  How can you know that?… you don’t know me. | **Tamann**i. That’s too bad… [pause]  I have another question for you.  **Alex**: [withdraws non-verbally]  No..No more questions. You only have questions… I came here for help. I want to get out of here. |
| **Feedback**: Best response. Your response demonstrates awareness of Alex’s non-verbal cues. You can use silence effectively to convey that you are actively listening.  Continue | **Feedback**: Not the best response. Reflect on Alex’s non-verbal cues and consider what therapeutic communication strategies could be used in response to their silence. Try again. | **Feedback**: Not the best response. Reflect on Alex’s non-verbal cues and consider what therapeutic communication strategies you could use in response to their silence. Try again. |

**Scene 11B: Shot List: 11.2.66 & 11.2.67**

**Video resumes - Tamanni’s POV**

**[silence continues for 3-4 seconds]**

**Alex**

And my brother is even worse. I mean I think he loves me but … we used to be so close. … Now he just can’t accept me.

**Tamanni**

That sounds very difficult. You said he can’t accept you - can you tell me more about that?

**Alex**

I don’t want to talk about it now - most people don’t get me -

I don’t really want to go there. It’s just one more thing.

**Tamanni**

OK. You mentioned that your sister’s supportive, but she’s far away. What about in the community? Is there anyone nearby you’ve found helpful?

**Alex**

Well I don’t know many people like me, but there *is* someone at the community centre. I dropped in there one day when I felt like crap.

**Tamanni**

What happened when you dropped in that day?

**Alex**

I met with someone called Darren. He let me talk and that really helped. I tried calling him when I was in the waiting room but they’re closed on Sundays.

**Tamanni**

Is there anything else? Any other services you’ve used?

**Alex**

No - that’s it.

**Tamanni**

Okay,... You’ve shared a number of concerns that appear to be causing you stress.

Some of them are what we call “modifiable”, this means they may be things that can be changed to improve your situation..

We need to start somewhere. What is most important to you right now?

**Alex**

I just…I don’t want to be drowning in this. I just get so overwhelmed when I start thinking about everything at once.

If I could just handle the stress better it would help a lot

**Tamanni**

That’s something we can try to help with.

**Video fades out.**.

**DP 8**: **Contextual Factors and Social Determinants of Health**

**Instructions**: Listed below are several contextual factors and social determinants of health that may be contributing to Alex’s mental health. Identify six factors that might be modifiable with a short-term intervention plan specific to Alex.

You may choose to review the resource provided at the start of this simulation: Social Determinants of Health and Health Inequalities (2022) <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

Select all that apply.

**Multiple selection format in Affinity- Can provide a feedback statement for each item, correct and incorrect.** If player selects the ‘correct’ item, a check mark appears beside it. If they choose incorrectly, an ‘x’ pops up beside the item with the feedback: This factor does contribute to mental health, but modifying it in this care context is not feasible.

Access to economic resources

(√) A short-term care plan can include referrals to additional economic resources.

Childhood experiences

(X) Try again. This cannot be addressed in a short-term care plan.

Housing

(√) A short-term care plan could provide information about tenant rights, and shelter or crisis housing.

Coping skills

(√) A short-term care plan could provide relaxation techniques and coping skills, and a referral to community resources.

Access to health services

(√) A short-term care plan can include referrals to community health resources.

Gender identity

(√) The team's respect for gender identity supports Alex's mental health and should be part of their short-term plan.

Culture

(X)Try again. While this may be an important consideration, it cannot be resolved in a short-term care plan.

Race

(X) Try again. While this may be an important consideration, this cannot be resolved in a short-term care plan.

Experiences of discrimination or trauma

(X ) Try again. While this may be an important consideration, this cannot be resolved in a short-term care plan.

Social inclusion/exclusion

(√ )A short-term care plan can include referral to community resources in support of social inclusion.

**You have identified factors that might be modifiable with a short-term intervention plan specific to Alex.**

**DP 9: What is your next step in care planning?**

|  |  |  |
| --- | --- | --- |
| **Option 1**:  **Shot List: 11.2.68 & 11.2.69**  Ask Alex to join the care huddle. [Correct] | **Option 2**:  Consult with the interprofessional team for care planning. [Incorrect] | **Option 3:**  Share stress reduction techniques with Alex |
| **Tamanni:**  Okay**..** now the next step is to share what we’ve discussed. How do you feel about talking with the team now?  **Alex**:  I still don’t feel up to it… I can’t do it… more people, more talking. No, no..  **Tamanni:** It’s OK I can talk to the team on my own. They may want to meet with you to discuss options. This is about you and what you need. You choose what will work for you.  **Alex:** Sounds good. Thanks for understanding.. | **No Video,. just feedback…** | **No Video.. Just feedback** |
| **Feedback:** Best response. A key component of interprofessional care is the inclusion of the client in care planning. | **Feedback**: Not the best response. Reflect on the core principles of interprofessional care and try again. | **Feedback**: Not the best response. Reflect on the core principles of interprofessional care and try again. |

**SCENE 12- Shot List: 12.2.70 & 12.2.71**

**Second Huddle 2 [same “back room” used in Huddle 1] Tamanni, Perceptor, Physician and Social Worker.**

**WENDY Please review and revise the Instruction as needed.**

**New Screen with text just before the video starts:**

You are now participating in the second team huddle. Continue to take notes and observe the team’s interprofessional competencies.

**Tamanni**

Thanks everyone for making the time again. Alex’s priority is coping with stress better. And it sounds like it’s important for Alex to feel accepted. They did connect with a local community centre once and found that helpful - met with someone named Darren once. I think they need more resources.

**Ben**

Oh I know Darren. He’s a case manager at the centre. I could connect with him to follow up if Alex agrees.

But he can’t provide long term help. I’d like to initiate some referrals but they may take time

For the short term, I can offer resources about peer support groups that could help Alex feel more accepted - some are in person, some online.

I’m also wondering if we could prescribe an anti-anxiolytic for the short term?

**Ava**

I’m not comfortable with that

**Ben**

[non verbal response - is not happy with the MD’s response]

**DP 10: How can you help to resolve the conflict?**

|  |  |  |
| --- | --- | --- |
| **Option 1:**  Build care planning consensus [correct response] | **Option 2:**  Agree with the physician as this is a medical question [incorrect] | **Option 3:**  Agree to disagree [incorrect] |
| **Video continues below after feedback.** | **No Video** | **No Video** |
| **Feedback**: Best response. Your response reflects shared decision-making which is an important element of interprofessional practice | **Feedback**: Not the best response. Although prescribing is within the physician’s scope of practice, this solution does not reflect shared decision-making which is an important element of interprofessional practice. Try again  [Rationale needs to be wordsmithed] | **Feedback:** Not the best response. You have avoided the conflict. The conflict has not been resolved. Now what? Try again. |

.

**Scene 12B: Shot List: 12.2.72 & 12.2.73**

**Video continues After correct option 1 selected.:**

**Tamanni**

Maybe it would help us build consensus if you could each tell us what your concerns are -

**Ben**

As I said, long waiting lists. Medication could help Alex in the short term until other resources are available.

**Ava**

In my opinion there is no indication for medication at this time.

Overprescription of that kind of thing in emerg can cause more problems than it solves.

**Tamanni**

Any thoughts on how we can resolve this?

**Ben**

Okay, I could also send a referral letter to the Community Centre and follow-up with Darren, so he knows to prioritize Alex.

**Ava**

That sounds good. We could also encourage Alex to link with primary health to follow up on a possible need for medication.

**Ben**

The community centre *is* affiliated with a health team - I’ll put that into the referral letter.

I recommend that we also talk with Alex about a safety plan. They should come back to emerg, if they feel overwhelmed again.

**Ava**

I agree. In case there’s a delay connecting with support, having that safety plan will be really important.

**DP 11: Is anything missing from this care plan?**

|  |  |  |
| --- | --- | --- |
| **Option 1[correct]-**  **Yes** | **Option 2- (incorrect]**  **No** | **Option 3 (incorrect)**  **Not sure** |
| No video. Continue with Scene 13 Video below after feedback. | No video | No video |
| **Feedback:** Best response. There is still another modifiable stressor that was identified during Alex’s assessment | **Feedback**: Not the best response. Reflect on the information shared by Alex during the assessment and try again. | **Feedback:** Not the best response. Reflect on the information shared by Alex during the assessment and try again.  Potential extra: Perhaps we can create a video of clips that highlight the care planning. Not available for the prototype. |

**Scene 13: Shot List: 13.2.74 & 13.2.75**

**Video continues.**

**Tamanni**

What about the finance/housing resources ?

**Ben**

Right - I put this package together. Here you go.

**Ava**

I’ll prescribe Ferrous Sulphate for their low hemoglobin, then Alex can be medically discharged

**Tamanni**

Is everyone good with that?

[non verbal from all - all good]

**Oliver**:

So we have four things to offer: the community centre -that’s Darren, the finance package, the ferrous sulphate and information about peer support groups

**Ava**

We need to be prepared that Alex may not be on board with all of these recommendations. They might not be ready.

[everyone nods - ad lib agreement]

**Oliver**

I suggest that Tamanni share the plan since they’ve established a good relationship with Alex.

Does everyone agree?

**DP 12: You are new to caring for clients with mental health concerns. You are not comfortable with the task assigned by the team.**

**How should you respond?**

|  |  |
| --- | --- |
| **Option 1**  **Shot list: 14.2.76 & 14.2.77**  **Express your concern [correct]** | **Option 2**  **Accept the team’s recommendation** |
| **Tamanni:** Actually, I don’t have enough experience and I’m not familiar with the resources, so I’m not comfortable going in on my own.  **Oliver:** Thank you for being so honest.  **SW** I could go with you. You could introduce me. | No Video |
| **Feedback**: Best response. It is your professional responsibility to be self-aware and ask for assistance when you feel you do not have the competency to complete an assigned action. | **Feedback:** Not the best response. It is your professional responsibility to be self-aware and ask for assistance when you feel you do not have the competency to complete an assigned action. Try again. |

**Scene 14B: Shot list: 14.2.78 & 14.2.79**

**Oliver**

Thanks everyone, Let’s do a quick debrief on how our huddle went in planning for Alex’s care

**Other members**.

Yeah.. Okay Let’s do it..… one looks at their watch but nods okay....

**Tamanni**,

That was the first time I’ve led a huddle. Did I do it right?

**Ben**

I think you did a very good job. You were very effective in sharing your assessment both verbally and in the chart. It really helped our planning

**Oliver**

Are there any suggestions for what we might do better?

**Ava .**

Well there was at little difference of opinion between Ben and me around the medications. But I like the way you handled it.

**Ben**

I agree. very professional. I think we came up with a good compromise. good strategy.

**Tamanni**

I appreciate your knowledge and experience. And thanks for letting me voice my concerns about my comfort level.

**Oliver**

No problem - it’s very important that we speak up when we need help.

**[Team nods]**

**Oliver**

Anything else to share?

**Team**

No, okay.. all good.

**Wendy- Please review and revise this Decision point activity.**

**DP 10 has moved here….**

**Instructions:** Now that you have observed the health care team in action, using your notes, provide at least one example for each of the following interprofessional competencies:

* Interprofessional communication
* Role clarification.
* Team functioning
* Collaborative leadership
* Interprofessional conflict resolution
* Patient/client/family/community-centred care

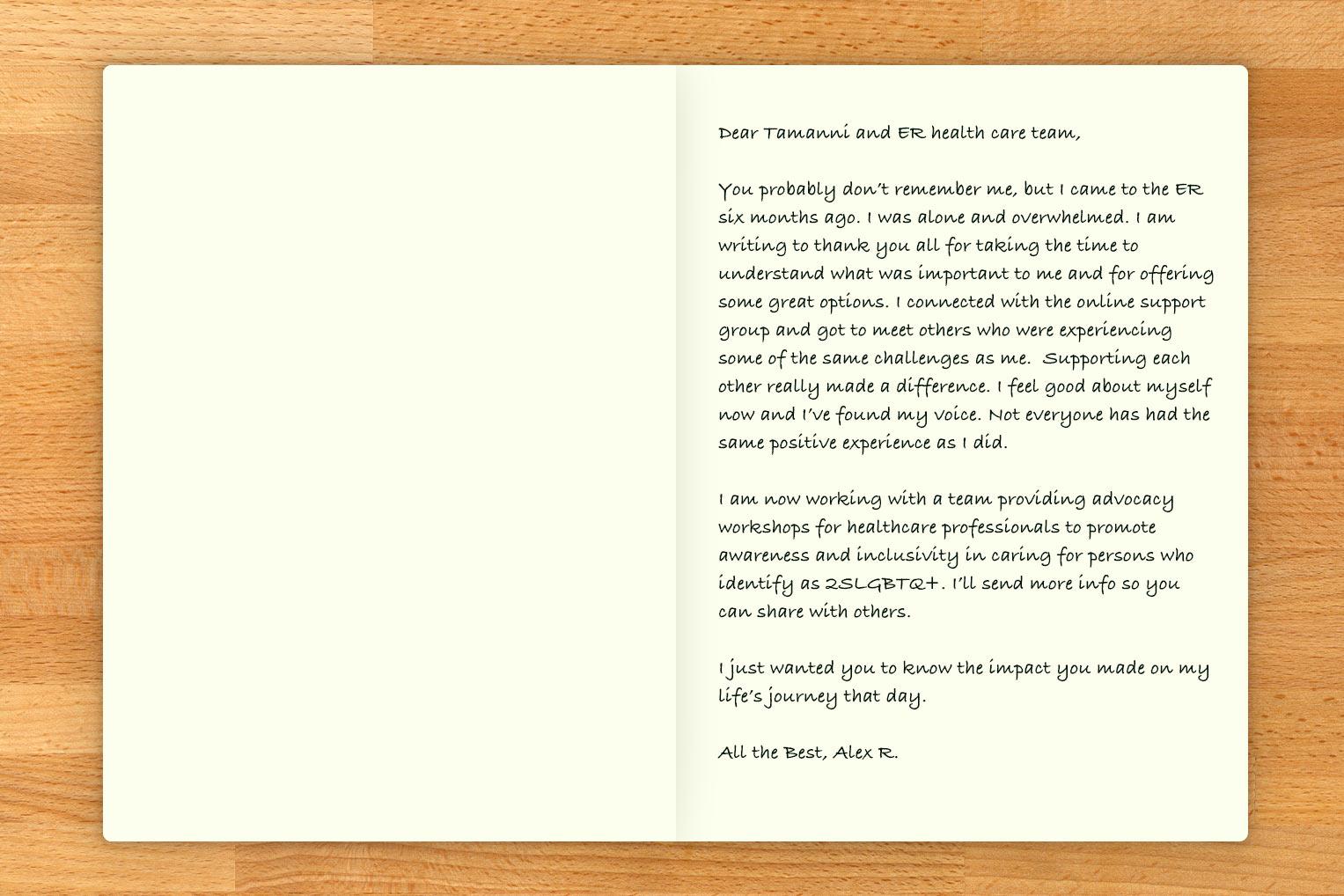
When you have completed your entry, press *Continue*.

**DP 13: Interprofessional Practice Competencies**

|  |  |
| --- | --- |
| **Enter examples of each Interprofessional competency** | **Compare your responses to the experts.** |
|  | **Interprofessional Communication:**   * Each healthcare team member was able to effectively communicate their knowledge and opinions with confidence, clarity, and respect. * The healthcare team worked together to establish a common understanding of Alex’s needs and priorities with proposed interventions. * The healthcare team listened to each other.   .  **Role Clarification:**   * Each healthcare team member demonstrated an understanding of their role within the team as they worked together to plan Alex’s care (e.g.,the physician addressed biological modifiable factors, and the social worker provided community connection and resources). * Tamanni, the health care provider, clearly articulated their skill and comfort level, and asked for assistance appropriately.   **Team Functioning**   * Team members actively listened to each other’s recommendations.      * Strategies such as team huddles, debriefing and self-reflection of group dynamics demonstrates awareness of and their commitment to effective group process and team functioning.   **Collaborative Leadership**   * The healthcare team worked together to determine the appropriate actions and collaboratively determined who would lead the team huddle. * They supported effective team processes, shared decision-making, and sought consensus, identifying a clear plan of action and accountability for it.   **Interprofessional Conflict Resolution**   * The healthcare team established a safe environment in which to express diverse opinions, listened respectfully to the perspectives of others, and worked to develop consensus.   **Patient/Client/Family/Community-Centred Care**   * The healthcare team collaborated with Alex to create a shared plan of care that promoted Alex’s choice. * The healthcare team respected Alex’s decision not to participate in the team huddle |

**Screen 69**

Six months after their visit to the ER, Alex sends a thank you note to Tamanni and the healthcare team.

**Photo of card closed - (hot spot) click on picture to see the open card. **

**Alex**. [Audio Clip]

Dear Tamanni and ER health care team,

You probably don’t remember me, but I came to the ER six months ago. I was alone and overwhelmed. I am writing to thank you all for taking the time to understand what was important to me and for offering some great options. I connected with the online support group and got to meet others who were experiencing some of the same challenges as me. Supporting each other really made a difference. I feel good about myself now and I’ve found my voice. Not everyone has had the same positive experience as I did.

I am now working with a team providing advocacy workshops for healthcare professionals to promote awareness and inclusivity in caring for persons who identify as 2SLGBTQ+.(audio: read as 2 spirit LGBTQ+). I’ll send more info so you can share with others..

I just wanted you to know the impact you made on my life’s journey that day.

All the Best, Alex R.

**SCREEN 70  
Self-Reflection Debriefing Questions:**

**You are encouraged to deepen your learning by completing the following self-debriefing questions.**

1. **Think back to the moment you completed the simulation. What did you feel at that point? (frustrated? satisfied? etc.).**

1. **What were your feelings when:**

* **Alex left the ER?**
* **Alex became upset about being misgendered?**
* **During the health care team huddles?**

**3) While making decisions during the simulation, what did you find easy? Why do you think this was the case?**

**4) What were the main challenges you experienced during the simulation? Why were they challenging?**

**5) What surprised you?**

**6) Were there any decisions you disagreed with?**

**7) Reflecting on the simulation objectives, in what way did the simulation add to your insight and contribute to your learning?**

**Learning Objectives:**

* Apply the principles of interprofessional practice to care for a vulnerable young adult seeking access to mental health support and resources.
* Demonstrate interprofessional decision-making for the plan of care.
* Demonstrate effective interprofessional communication.
* Examine the contextual conditions that could contribute to and exacerbate mental health and the social determinants of health.

**8) What questions do you have at this time? How will you seek to answer them?**

**9) What will you take away from this simulation and how will you incorporate this into your clinical practice?**

# Congratulations!

**You have successfully completed the *Interprofessional Practice and the Vulnerable Young Adult: An Immersive Virtual Gaming Simulation.***

**To further enhance your learning view and download:**

* **Summary of your responses**
* **References and Resources**

## 

**This summary report identifies your initial responses during the simulation and acknowledges that you have identified all the correct responses to complete the activity. It also includes your Self-Debriefing Activity responses.**

**There is no scoring assigned to this learning activity. We invite you to explore by playing the game again - try different responses to compare their impact!**

**Response Summary (download)**

**References and Resources**

Austin, W., Kunyk, D., Peternelj-Taylor, C., & Boyd, M. (2023). *Psychiatric & mental health nursing for Canadian practice* (5th ed.)*.* Wolters Kluwer Health.

Canadian Alliance of Nurse Educators Using Simulation. (2023). *Sexual orientation and gender identify nursing.* SOGI Nursing Website.

<https://soginursing.ca/>

Canadian Interprofessional Health Collaborative (CIHC). (2010). *A national interprofessional competency framework*. College of Health Disciplines, University of British Columbia. <https://phabc.org/wp-content/uploads/2015/07/CIHC-National-Interprofessional-Competency-Framework.pdf>

Centre for Addictions and Mental Health (CAMH). (2023). *Assessment & management of suicide risk.* <https://www.camh.ca/en/professionals/treating-conditions-and-disorders/suicide-risk>

Centre for Addictions and Mental Health. (2019). *Suicide risk: Detecting & assessing suicidality.* <https://www.camh.ca/en/professionals/treating-conditions-and-disorders/suicide-risk/suicide---detecting-and-assessing-suicidality>

Centre for Addictions and Mental Health. (2020). *Collaborative communication during escalated situations.* <https://www.camh.ca/-/media/images/all-other-images/covid-19-professionals/tidesinfosheetcollabcomm-pdf.pdf>

College of Nurses of Ontario. (2019). *Practice standard: Therapeutic nurse-client relationship, revised 2006.*<https://cno.org/globalassets/docs/prac/41033_therapeutic.pdf>

eMentalHealth.ca. (2020). *My safety plan.* <https://www.ementalhealth.ca/Canada/Safety-Plan/index.php?m=article&ID=50966>

Jarvis, C., Browne, A., MacDonald-Jenkins, J., & Luktkar-Flude, M. (2019). *Physical examination and health assessment* (3rd Canadian ed.). Elsevier. [Mental Health Assessment section] <https://www.google.com/url?q=https://www.elsevier.ca/ca/product.jsp?isbn%3D9781771721547&sa=D&source=docs&ust=1678820007838856&usg=AOvVaw2B4s7iHo2OuFGzjcsjJMdf>

Killam, L. (2013). *Therapeutic relationships in nursing: The profession’s perspective (Part 1 of 2)* [Video]. Youtube*.* <https://www.youtube.com/watch?v=J_EJQgKihvk>

Killam, L. (2013). *Therapeutic relationships in nursing: The client and nurse perspective (Part 2 of 2)* [Video]. Youtube. <https://www.youtube.com/watch?v=wN9bf7L_9oY>

Lapum, J., St.Amant, O. Hughes, M. & Garmaise-Yees, J. (Eds.). (2020). *Introduction to communication in nursing.* Toronto Metropolitan University Pressbooks. [https://pressbooks.library.torontomu.ca/communicationnursing/](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpressbooks.library.torontomu.ca%2Fcommunicationnursing%2F&data=05%7C01%7CPaula.Mastrilli%40georgebrown.ca%7C8cf7fae926a54864225708db21c16428%7Cb5dc206c17fd4b068bc824f0bb650229%7C0%7C0%7C638140887465856158%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=g0il8y9OF9YmeqWLWeqj2pjh2%2B1a%2Bp1PmMN%2Ft73utsQ%3D&reserved=0)

Mallette, C., Yonge, O., Arnold E.C., & Boggs, K. U. (2022). *Arnold and Boggs's interpersonal relationships: Professional communication skills for Canadian nurses*. Elsevier Inc. [Essential Communication Competencies]

Registered Nurse’s Association of Ontario (RNAO). (2009). *Assessment and care of adults at risk for suicidal ideation and behaviour.* <https://rnao.ca/bpg/guidelines/assessment-and-care-adults-risk-suicidal-ideation-and-behaviour?_ga=2.5037555.1916621365.1678224985-1047509148.1674570153>

Tariq, A., Quayle, E., Lawrie, S. M., Reid, C, and Chan, S. W. (2021). Relationship between early maladaptive schemas and anxiety in adolescence and young adulthood: A systematic review and meta-analysis. *Journal of Affective Disorders,* *295*, 1462-1473. [https://doi.org/10.1016/j.jad.2021.09.031](https://doi-org.gbcprx01.georgebrown.ca/10.1016/j.jad.2021.09.031)

Toronto Metropolitan University. (2013). *Virtual healthcare experience: Therapeutic communication and mental health assessment* [Online learning modules and virtual game simulation].Toronto Metropolitan University and The Chang School. <https://games.de.torontomu.ca/hospital/area.html#2>

Watkins-Martins, K., Orri, M., Pennestri, M-H., Castellanos-Ryan, N., Larose, S., Gouin, J., Ouellet-Morin, I., Chadi, N., Philippe, F., Boivin, M., Tremblay, R. E., Côté, S., & Geoffroy, M-C. (2021). Depression and anxiety symptoms in young adults before and during the COVID-10 pandemic: Evidence from a Canadian population-based cohort. *Annals of General Psychiatry, 20*(1), 1-42. <https://doi.org/10.1186/s12991-021-00362-2>