

**Setting the Stage Guide**

**Example Verbiage**

**Introductions**

Be sure to immediately start with introductions once all the learners are present and ready to begin. ALWAYS introduce yourself with your credentials. Ex: “My name is Dustin, clinically I am a Paramedic and also a Simulation Specialist with Jump.” Be sure the SP introduces themselves also (we usually go around in a circle so everyone can say their name and role).

After introductions, the Clinical Educator or Facilitator will give bits and pieces of the basic assumption and safety contract to the participants and your job is to fill in the gaps. Afterwards, introduce the modality of simulation and make sure they understand the expectations of the event (suspension of disbelief). Here is the entire basic assumption and safety contract so that you can fill in what gets left out:

**Basic Assumption:**

1. Role of Error: (To err is human) People may act differently in simulation compared to real life, we understand this, so we encourage you all to do as you normally would in real life, as much as possible.
2. No one is perfect, we are all here for learning, not testing!
3. Everyone has something to contribute to the team, so we include all mission partners employed in the department.
4. Simulation gives us a chance to see how the system’s processes are working well, and also where there are opportunities to improve those systems. When we debrief, we want your opinions on what you think could help you provide better patient care.
5. This is also a direct investment into our Mission partners, as we want them to not only be prepared system wise, but to feel prepared professionally.
6. We want you to respond as you would in real life – with the exception to invasive procedures to the SP, we want to see drawing up meds, taking vitals, anything you would do if this were a real event.

**Safety contract:**

1. What happens in sim, stays in sim.
2. If you are having trouble buying in and making this real for yourself, try to make it real for the people around you.
3. We will not have any supervisors present for the education event because we want you all to feel safe when sharing experiences and working and communicating as a team in a non-threatening environment.
4. Nobody is being checked off and no names will be reported out on any performance issue, and we take this confidentiality seriously.
5. Any notes that are taken are for use in debriefing ONLY – anything reported out is to do with processes and systems, not learners.
6. Does anyone have any questions before we go over the SP and give you information on the case?

**Orientation to the SP and the space –**

We have brought (name) Standardized Participant to be your patient today. Please be aware that we DO NOT want any invasive procedures done to our SP today. **(Ex. no sternal rubs, pokes or pricks with needles, anything that would cause any pain)** If there are any invasive procedures that would be appropriate for the case, verbalize them to the sim specialist and we will either give you a value or a trainer to accomplish this task. Any questions?