

Data Collection for COVID-Simulation Top Debriefing Lessons Learnt

Welcome to Our COVID Simulation Survey

Dear Colleague,

If you attended any COVID Simulation, kindly take part in this questionnaire-based, international study.

If you are willing to participate voluntarily, please proceed.

Thank you for participating in our survey. Your feedback is important for all the Healthcare Workers (HCWs), globally!

Kindly take about 10 minutes to answer: based on your own simulation center's experience and debriefing reports during COVID-Sim. All your answers are confidential, and no participants' identifiable data will be collected. Results will be reported as summative, with no linkage to any country or location.

This project was approved by our hospital IRB (#E-20-4806).

For any clarifications, I will be happy to reply,

Stay Safe!

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* 1. How much did COVID simulation improve your own healthcare preparedness?

- | | |
|---|-----------------------------------|
| <input type="radio"/> A great deal | <input type="radio"/> A little |
| <input type="radio"/> A lot | <input type="radio"/> None at all |
| <input type="radio"/> A moderate amount | |

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* 2. In what country did you conduct the COVID Simulation drill?

* 3. Your role in the COVID simulation was:

- ☐ Simulation Team Leader/Organizer
- ☐ Healthcare provider attending/participating in the simulation
- ☐ Other (please specify)

* 4. To the best of your knowledge: how many COVID simulations were conducted in your setting?

- ☐ 1
- ☐ 2-4
- ☐ 5-10
- ☐ more than 10

* 5. Approximately what is the number of HCWs who participated in all your COVID simulations until now?

- ☐ Less than 10
- ☐ More than 100
- ☐ 10-50
- ☐ Not counted
- ☐ 51-100

* 6. How many simulations are done for COVID19 patients in your setting?

- ☐ Once only
- ☐ One per week
- ☐ Two per week
- ☐ Almost daily
- ☐ Other (please specify)

* 7. Who conducted your COVID simulations?

(choose all that apply)

- ☐ Simulation Center staff
- ☐ ICU Team
- ☐ ER Team
- ☐ OR Team
- ☐ Other (please specify)

* 8. Who was present during your COVID simulation?

(choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Infection Control |
| <input type="checkbox"/> Nurses | <input type="checkbox"/> Simulation center staff |
| <input type="checkbox"/> Respiratory Therapists | <input type="checkbox"/> Unit Leaders |
| <input type="checkbox"/> Paramedics | |
| <input type="checkbox"/> Other (please specify) | |

* 9. Where did your COVID simulations take place?

(please choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> In the Simulation Center | <input type="checkbox"/> Operating Room |
| <input type="checkbox"/> Adult Emergency Department (ER) | <input type="checkbox"/> Labor and Delivery Room |
| <input type="checkbox"/> Pediatric Emergency Department (Pedia ER) | <input type="checkbox"/> Inpatient Ward |
| <input type="checkbox"/> Adult ICU | <input type="checkbox"/> Ambulance |
| <input type="checkbox"/> Pediatric ICU | |
| <input type="checkbox"/> Other (please specify) | |

* 10. What are the COVID Scenarios that were used in your setting?

(choose all that apply)

- | | |
|---|---|
| <input type="checkbox"/> COVID patient arrival to ER | <input type="checkbox"/> COVID transport inside the hospital |
| <input type="checkbox"/> COVID intubation for respiratory failure | <input type="checkbox"/> COVID elective intubation in OR |
| <input type="checkbox"/> COVID CPR | <input type="checkbox"/> Delivery of COVID mother and neonatal care |
| <input type="checkbox"/> Other (please specify) | |

* 11. Who conducted the debriefing after these simulations?

(choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> The assigned ER COVID simulation facilitator | <input type="checkbox"/> The Infection Control colleague attending the drill |
| <input type="checkbox"/> The assigned ICU COVID simulation facilitator | <input type="checkbox"/> Staff from the Simulation Center |
| <input type="checkbox"/> Other (please specify) | |

* 12. The average time of your simulation session (including the debriefing) was:

- ☐ Up to 30 minutes
- ☐ 30-60 minutes
- ☐ more than 1 hour

* 13. Was the simulation recorded (stat photo or videos)?

- ☐ Yes, for debriefing purpose
- ☐ Yes, for educational purpose for other HCWs
- ☐ No

* 14. How engaged were the participants with the COVID simulation?

Minimal engagement

Moderate

Fully engaged

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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* 15. You are:

- ☐ Physician
- ☐ Nurse
- ☐ Respiratory Therapist

Other (please specify)

* 16. Your age

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65+

* 17. What is your gender?

☐ Female

☐ Male

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18. What state do you reside in?

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* 19. What are the main issues related to **infection control** that were noted based on your COVID simulation(s)?

	Never encountered	Occasionally seen	Sometimes seen	Frequently seen	Almost always seen
high number of HCWs during the simulation around the patient that could have been minimized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
wrong isolation measures for the patient (example: doing aerolization procedure without airborne precautions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
wrong N95 size used or improperly placed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not wearing goggles or face shield for aerolization-producing procedures (such as endotracheal intubation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lack of awareness about their healthcare facility policy and procedures for suspected COVID patient as presented in the drill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with donning the PPEs (example: wrong sequence, improperly worn)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
team members frequently touching their face while the PPE is on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with doffing the PPEs (example: removed outside the patient room, wrong sequence, improperly disposal in the designated waste bag)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
failure to disinfect hands appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other issues (up to three points)

* 20. What was the average time for the HCWs in your COVID drills to put on their PPE for urgent patient's intervention?

- ☐ 1 minute
 ☐ 4 minutes
☐ 2 minutes
 ☐ 5 minutes
☐ 3 minutes
 ☐ 6 minutes
☐ Other (please specify)

* 21. What are the main issues related to **team dynamics** that were noted based on your COVID simulation(s)?

Never encountered Occasionally seen Sometimes seen Frequently seen Almost always seen

lack of awareness
among HCWs about
their specific role in the
COVID team

☐
☐
☐
☐
☐

lack of awareness about
their healthcare facility
policy and procedures
for suspected COVID
patient as presented in
the drill

☐
☐
☐
☐
☐

wrong team member
composition (lack of
some specialties)

☐
☐
☐
☐
☐

Communicating through
the mask & shield was
challenging

☐
☐
☐
☐
☐

difficulties/errors in basic
life support (BLS) for
COVID patient

☐
☐
☐
☐
☐

difficulties/errors in
advanced life support
(ACLS) for COVID

☐
☐
☐
☐
☐

Other issues (up to three points)

* 22. What are the **logistic issues** noted in your COVID simulation(s)?

	Never encountered	Occasionally seen	Sometimes seen	Frequently seen	Almost always seen
not attaching the viral filter (HME filter) to the BMV during manual breath ambubagging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other logistic support problems (example: getting portable CXR, utilization of portable ventilator)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
difficulty in operating the mechanical ventilator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endotracheal tube (ETT) not clamped during disconnection from the ventilator to prevent the viral spread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other issues (up to three points)

* 23. What are the **transport issues** noted during your COVID simulation(s)?

	Never encountered	Occasionally seen	Sometimes seen	Frequently seen	Almost always seen
difficulties in communicating with the other receiving team inside the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lack of transport policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
transport with plastic sheet wrap not done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
transport plan inside the hospital was not clear, including a pre-determined route for COVID suspected patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other issues (up to three points)

* 24. What are the main challenges you faced in your COVID simulation(s)?
(choose all that apply)

- ☐ high number of hospital units asking for COVID simulation drills beyond your abilities
- ☐ risk of crowded HCWs during the simulation session while social distancing is advised
- ☐ busy Infection Control colleagues to be able to attend your drills
- ☐ busy simulation center staff to be able to attend your drills
- ☐ depletion of PPEs while there is actually a limited stock during the pandemic
- ☐ lack of administrative support for COVID simulation
- ☐ Other (please specify)

* 25. What showed high yield in your COVID simulation outcome/debriefings:

- ☐ making the drill suddenly without previous knowledge of the healthcare workers (HCWs)
- ☐ scheduled drill so the HCWs could get ready
- ☐ Both sudden or scheduled drills showed important findings for debriefing
- ☐ Other points?
Could you explain why you choose these options?

26. Was in situ training:

- ☐
- ☐
- ☐
- ☐

* 27. Did you face any risky encounter during your COVIS simulations?

- ☐ No
- ☐ Yes (please specify)

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* 28. How likely is it that you would recommend the COVID simulation to a colleague?

NOT AT ALL LIKELY

EXTREMELY LIKELY

0 1 2 3 4 5 6 7 8 9 10

* 29. Overall, how would you rate the interactions of the simulation audience during the practice drill?

☐ Excellent

☐ Fair

☐ Very good

☐ Poor

☐ Good

* 30. How well did COVID simulations meet your expectations?

☐ Much better than expected

☐ Worse than expected

☐ Better than expected

☐ Much worse than expected

☐ About what I expected

* 31. Do you think COVID drill you conducted was too long, too short, or about right?

☐ Much too long

☐ Too short

☐ Too long

☐ Much too short

☐ About right

* 32. What were the most important 3 valuable things that your HCWs learned at the COVID drill?

33. What is the single thing that you would like to change in future COVID drills?

* 34. Your Simulation center is:

- ☐ Hospital-based
- ☐ university-based
- ☐ Stand-alone simulation center
- ☐ Other (please specify)

35. If you know: who was briefed about the drill before it started?

- ☐ Nobody
- ☐ Key managers
- ☐ Site manager
- ☐ Other (please specify)

36. For Simulation Center leaders:

Number of dedicated staff
for COVID Simulation:

Number of rooms in your
simulation center:

Manikins available: low or
high fidelity

37. Do you have any other comments, questions, or concerns?