Supplementary File 2. Telesimulation Orientation Guide (for students/participants)

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Please, read this document thoroughly, before your class/course. If you have any questions, contact the class/course coordinator or the simulation center staff.

Introduction

The use of telesimulation scenarios is a brand new territory for everyone. Technological limitations/restrictions are expected during scenarios. This can be frustrating! We will try to work around these limitations, as best as possible, and we acknowledge your cooperation and understanding.

Basic Rules

▫ As in a typical face-to-face simulation class, your mobile phones should be turned off.

▫ Try to be in a private place and without interruptions.

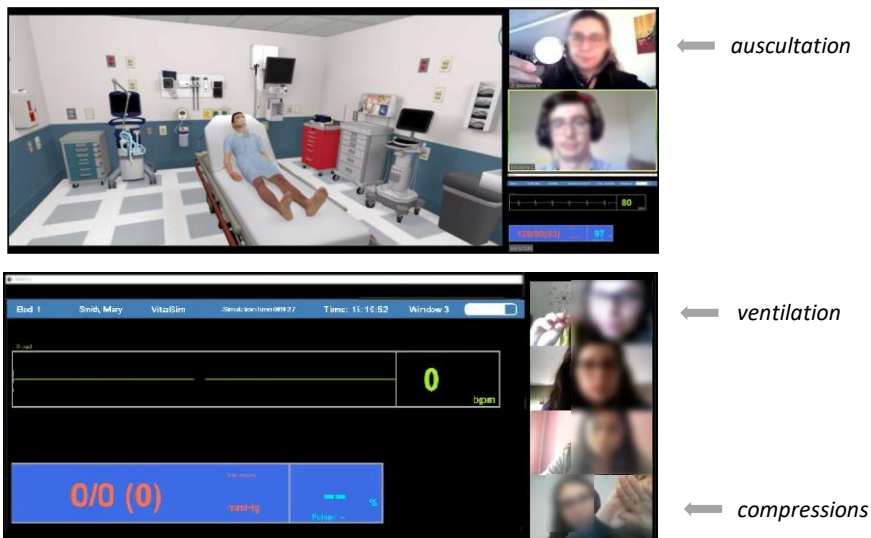▫ Avoid eating or drinking while performing on scenario. You can do this during debriefing.

Zoom configurations

▫ Install Zoom in your computer/tablet, before the scheduled class/course. Use the link sent to join the meeting.

▫ Join the meeting with your camera ON and sound ON.

▫ After joining the meeting:

  - Enable "Full Screen";
  - Enable "Gallery View";
  - Select "view side-by-side", in visualization options;
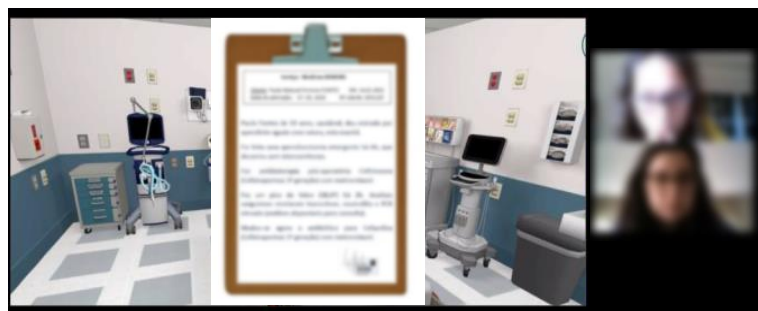 - Select "Hide participants without video" by clicking "..." in any camera.

In the scenario

▫ Although we are in a virtual setting and off-site, we expect that you feel immersive and involved in the action. To increase realism, please <u>wear your white coat and your stethoscope</u>, if available.

▫ **Verbalize everything!** Indicate clearly what you want to evaluate, what you are doing, what you need to have, etc. For example:

  - To assess the patient: I am doing cardiac auscultation. I am checking the peripheral pulse. I am checking patient pupils. I would like to consult patient chart.
  - To monitor: I am placing the sensors to monitor the patient. I am monitoring non-invasive blood pressure and oxygen saturation.
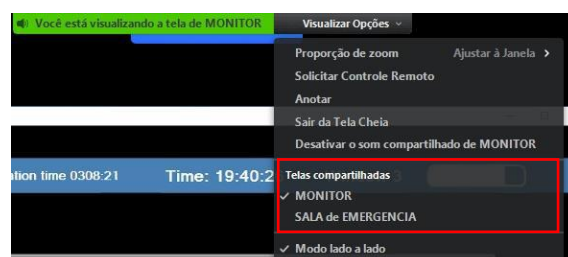
- To perform analytic test/imagology: I am collecting blood for gasometry. I would like a portable X-ray machine for a chest X-ray.
- To make a phone call: I am going to call to the surgery department

□ **Use gestures to demonstrate what you are doing**. For example (see images below):
- If you are auscultating, use the stethoscope pointing the diaphragm/bell to the camera.
- If you are doing CPR, use your hands to mimic compressions and the use of an "ambu".
- If you are making a call, "use" your cell phone.

auscultation

ventilation

compressions

□ Information about the patient (physical examination, laboratory tests, etc) or actions (monitoring, ventilation, drug administration, etc.) will be provided **verbally by the instructor or viewed directly on the screen**, as shown below.

□ **Two screen shares will be available: the EMERGENCY ROOM and the MONITOR**. You should select the screen that suits you (as shown below, red square). Please note that this view is individual, meaning that the other team members may be viewing another screen.

□ The action in the scenario will start with 2 elements, while the rest will be in the SUPPORT TEAM. This team will be in a "breakout room". When the team receiving the patient (first two elements) decides to call for help, the support team will receive an indication that the breakroom room will close in 60 sec. They must **wait for the room to close** and will be automatically integrated into the EMERGENCY ROOM.

Troubleshooting

□ If someone disconnects, the remaining elements should continue the scenario. The element that "left" should try to come back in as soon as possible.

□ If someone "stops"/freezes during a conversation/action, we wait for that element to be able to communicate again.

□ If the audio or video is disconnected, use the "chat" to communicate with the rest of the team. You can also try to exit and re-enter Zoom.