



EXERCISE 3 – SETTING PRIORITIES

I. CONCEPT NOTE

1. Title

SETTING PRIORITIES

2. Type of exercise

Tabletop exercise

3. Phase of the disaster response

Operational

4. Purpose

The purpose of this exercise is to expose participants to ethical and conflicting decisions frequently encountered during EMT deployments. Emergency operations are marked by an imbalance between the huge needs and the scarcity of resources available. This lack of resources can sometimes have fatal consequences for patients that in normal conditions will survive. This imbalance means a high burden for EMT staff who has to take decisions in this difficult circumstances and face its consequences. While caring for their patients, EMT members also have to inform and support patients' family and relatives, who are also going through a stressful situation.

5. Scope

During this exercise the EMT members will be confronted with patients in very critical conditions and a set of resources to treat these patients. The team will have to decide how to allocate the available resources in order to save the highest number of patients. A role player will also intervene during the exercise, taking the role of a father whose child is admitted within the EMT facility in a critical state. The team members will have to deal with the father while rapidly decide on the treatment to the critical patients, whose state will change and worsen as the exercise advances.

6. General objectives

To manage situations involving difficult ethical decisions

To navigate between needs and resources in a critical situation

To maximise the response to a critical event with the available resources and the network around

See the complete table with learning objectives in the [annex 'Exercise 3 - Learning Objectives'](#).

7. Exercise description

EXERCISE 3 - SCRIPT		
Approximate time required	Task	Instructions for delivery
5 min	Exercise briefing	<p>Delivered out of role. The training manager will explain the scope of the exercise to participants, disclosing only the information needed for them to understand the scenario and get immersed in the role.</p> <p><i>Simulated setting:</i> 10 am, 2 days after deployment. The team is working at the EMT facility in Montyland</p>
5 min	Split in groups	<p>The training manager will ask the team to divide in groups of 5-7 people (each group should include different EMT profiles). It must be clarified that each group will perform the same exercise, so the groups are not supposed to interact with each other.</p>
10 min	Resource familiarization	<p>Once every group is located in a different space, the trainers will hand over the cards with the available resources.</p> <p><i>Add inject 1:</i> Each group will receive the set of cards with resources and start to familiarise with the resources they have in their EMT before patients arrive.</p>
10 min	First 3 patients arrive	<p><i>Add inject 2:</i> Each group will receive the cards of the first 3 patients, who arrive at the same time in the facility, and start working together to decide how to treat them.</p> <p>Trainers will leave each group to discuss about what to do with the patients.</p>
10 min	Father arrives	<p><i>Add inject 3:</i> The father of the child being treated by the team arrives at the EMT facility, showing a very anxious and threatening behaviour and asking to see his son immediately. He claims his son is being treated without his consent.</p> <p>Each group will have to deal with this situation while treating the patients.</p>
15 min	Next 2 patients arrive	<p><i>Add inject 4:</i> Each group will receive the cards of the next 2 patients, who arrive at the same time in the facility. The team will need to manage the situation with the father and the new patients.</p>



		Trainers will leave each group to discuss about what to do with the patients.
15 min	Worsening conditions	<i>Add inject 5:</i> Each group will receive information about the changes in one of the patients conditions, which are worsening and will lead to a cardiac arrest. The team will have 15 more minutes for discussion.
30 min	Exercise debriefing	Delivered out of role. Refer to the annex ' Exercise debriefing '
Total time (approx.): 1h 45 min		

8. Injects

Exercise 3 – INJECT MATRIX			
Inject number	When?	To whom?	Inject summary
1	Once the team has splitted in groups	To each group	Resources available
2	10 min after inject 1	To each group	First 3 patients arrive
3	10 min after inject 2	To each group	Father arrive
4	10 min after inject 3	To each group	Next 2 patients arrive
5	15 min after inject 4	To each group	Worsening of patient conditions

See the detailed description of the injects in the [annex 'Exercise 3 - Injects'](#).

9. Resources

Human resources

- 3 trainers (one of them will be the training manager). **NOTE:** At least one of the trainers must have a medical background in order to follow the team decisions and adapt patient condition according to those
- 2 facilitators (one or two of them will take the role of the '*child father*')

Materials

- Printed cards with patients and resources (Refer to [injects 1, 2 and 4](#))

10. General considerations

Before starting the exercise make sure:

Trainers and facilitators have carefully read the exercise objectives and description

There is a medical doctor within the trainers/facilitator team who can follow the exercise and adapt patient conditions according to the decisions made by the team

There is an appropriate space for the groups to separate and work independently

All the needed materials (see Resources section) are available

11. Key reference/ supporting documents

WHO, 2015. Ethics in epidemics, emergencies and disasters: research, surveillance and patient care. Training manual

http://apps.who.int/iris/bitstream/handle/10665/196326/9789241549349_eng.pdf;jsessionid=3893C13CB2A8C0961FDD978FB627E7F5?sequence=1

12. Annexes

Exercise 3 - Learning objectives

Exercise 3 - Injects

Exercise 3 - Exercise debriefing

II. LEARNING OBJECTIVES

General Learning objectives	Specific learning objectives	Performance learning objectives
1. To manage situations involving difficult ethical decisions	1.1. To be aware of the ethical issues often present during deployments 1.2. To take ethical clinical decisions in a structured way 1.3. To appropriately communicate ethical decisions to the rest of the team 1.4. To show empathy and respect for other opinions in the team	<ul style="list-style-type: none"> - The team reflect on the difficulties to take decisions - The clinical team has an open empathic approach to take ethical decisions - The final decision is taken and shared with the team in a way that creates understanding and support by the team members - Team members can respectfully and openly discuss ethical questions, with respect for other opinions
2. To navigate between needs and resources in a critical situation	2.1. To show awareness that needs and resources are imbalanced in emergency situations 2.2. To realize that assets are limited in use 2.3. To consider long term consequences of decisions made in a critical moment 2.4. To acknowledge patients' relatives stress and worries during critical moments while caring for the patients	<ul style="list-style-type: none"> - The team has a constant awareness that resources are limited and their use can impact the care for others, now and in the future - The team understand the worry of the father who comes in the facility and try to comfort him with a professional and empathetic attitude - The team does not postpone the care of the patients when the father comes in
3. To maximise the response to a critical event with the available resources and the network around	3.1. To respectfully and effectively liaise with other actors in search for solutions 3.2. To show understanding for the limited capacities of other partners/organizations 3.3. To find creative solutions to the problems arising	<ul style="list-style-type: none"> - The team tries to call Hiking Hospital and the EMT HQ office to find possible partners to transfer the patients they cannot treat - The team does not blame other partners for the lack of resources and their inability to help the patients



III. INJECTS

Inject 1: Resources available

Each group will receive these cards with the resources available at their EMT (**NOTE:** cut the table into cards). The team will have 10 minutes to look at what resources they have in the facility.

Clarify this information to all team members:

- Morphine will comfort a patient for 30 minutes
- Referral hospital only accepts patients after a phone call

ER-bed: equipped with airway management stuff: 1 ambu-bag, suction, no ventilator	1 minor surgery set: autoclaving after use takes 2 hours	ER-bed: wound dressing equipment
ER-bed: wound dressing equipment	Hiking hospital: 1 burns bed available (adult and/or pediatric), 2 hour drive single way, only after phone call	Hiking hospital: 1 neurosurgical bed, available 2 hour drive single way, only after phone call
Hiking hospital: 1 burns bed available (adult and/or pediatric), 2 hour drive single way, only after phone call	General Practitioner 1	General Practitioner 2
Nurse 1	Nurse 2	Nurse 3



Morphine 1 (30 minutes)	Morphine 2 (30 minutes)	Morphine 3 (30 minutes)
Morphine 4 (30 minutes)	Morphine 5 (30 minutes)	Morphine 6 (30 minutes)
Morphine 7 (30 minutes)	Morphine 8 (30 minutes)	Morphine 9 (30 minutes)
Morphine 10 (30 minutes)	10 minutes phone call with Hiking hospital	10 minutes phone call with Hiking hospital
<p>Ambulance: place for 1 patient, no nurse or paramedic (if needed, you need to allocate a staff member to accompany the patient)</p>	Ambulance driver	Ambulance driver



Extra resources for EMT 2 and 3:

<p>OT: 1 surgical table, anesthesia-machine with integrated ventilator and oxygen concentrator, all anesthesia and surgical equipment, NO SURGICAL SET, surgical procedure takes 2 hours</p>	<p>2 OT nurses, can't be separated</p>	<p>Surgeon</p>
<p>Anesthesiologist</p>		

Inject 2: First patients arrive

Each group will receive the cards of 3 patients arriving simultaneously at the EMT facility. They are brought in by people at the transit camp located close to the facility.

PATIENT 1:

49 year old female
60% burned
Unconscious, impaired airway
HR 130 bpm, BP 80/56 mmHg

PATIENT 2:

35 year old male (he is one of the EMT staff)
65% burned on torso, legs and arms
Breathing, airway is free, no signs of smoke inhalation or burns in the airway
Consciously, screaming in pain

PATIENT 3:

8 year old female

50% burned

Crying in pain, scared

HR 158 bpm, BP 70/60 mmHg

Follow up during the exercise:

One of the trainers or facilitators will follow team decisions. If patients are treated sequentially and not in parallel, the condition of untreated patients will worsen and could eventually lead to death. The trainer can write the updated vital signs on patients cards as the exercise evolves.

Inject 3: Father of the child arrives

Around 15 minutes after inject 1, a role player will enter the room where each group is working and declare he is the father of the child patient who is being treated at the facility.

The father of the child is upset and very anxious because he doesn't know what happened to his child and why she was brought in to the hospital and had treatment without his consent.

He will have the following reaction towards the team:

- The father is in an anxious state and enters the room asking where is his child, and why he was brought in the facility without his consent. He wants to see the child and talk to the responsible person immediately
- The father states that in Montyland it is illegal to treat minors without parents consent. If he cannot get clear answers he will call the police.
- If the father is not getting any answer from the team members or is treated aggressively, he will increase his voice and show a more angry attitude.
- He will insist on seeing the child.
- Only if the team does not manage to calm down the father and give him reasonable arguments, the father will take out his phone to call the police and say he will sue the team for kidnapping his child.

The father should be around for 10 min at least, depending on the performance of the team (he will stay longer if the team does not manage to calm him down).

**Inject 4: Next 2 patients arrive**

Each group will receive the cards of 2 other patients arriving simultaneously at the EMT facility.

PATIENT 4:

41 year old male

Blunt trauma to the head, on palpation you can feel the impact as a hole in the skull

Gasping

GCS: 8/15, HR 100 bpm, BP 100/70, SaO₂: 97%

PATIENT 5:

38 year old male

Gun Shot Wound in Abdomen, entry 1cm, no exit

Conscious, shivering

Muscle resistance on palpation

HR 130 bpm, BP 80/60 mmHg

Inject 5: Worsening patient conditions

Around 5 minutes after inject 4, simulate that patient 5 is worsening.

Let each group know about the changes:

- Patient 5 develops tachycardia with a HR of 180 bpm
- (3 minutes after) Due to the blood loss, the patient has gone into cardiac arrest


IV. DEBRIEFING TOOL

Debriefing steps	Actions	Proposed steering questions
1. Recognise and express the emotions generated by the exercise	<ul style="list-style-type: none"> - Encourage participants to share the feelings and emotions experienced during the exercise (e.g. stress, concern, reward, excitement, challenge) 	<ul style="list-style-type: none"> - How did you feel during the exercise? - Did you feel stressed by the lack of resources? - Did you feel comfortable having to take decisions about an EMT staff among other patients? - How did you feel about the presence of the father?
2. Analyse team performance during the exercise	<ul style="list-style-type: none"> - Encourage participants to reflect about their performance during the exercise - Encourage participants to reflect on the factors that lead to positive outcomes (e.g. good leadership, collaborative work, experience team members) or negative outcomes (e.g. lack of information, lack of previous training or experience, bad communication) - Encourage participants to think about ways to improve their performance in the future 	<ul style="list-style-type: none"> - How did you functioned as a team? - Do you think the team communicated effectively to decide on the strategy to treat patients? - What would you do differently in the future? - What do you think would help the team to take ethical decisions in the field?
3. Acknowledge views and impressions from observers outside the team	<ul style="list-style-type: none"> - Trainers share their observations about team performance during the exercise (the performance objectives should be considered) - Facilitators and role players share their impressions and feelings while interacting with the team during the exercise 	

<p>4. Summarise main lessons learnt</p>	<ul style="list-style-type: none"> - Encourage participants to briefly highlight the main lesson(s) learnt during the exercise - Trainers can summarize the main take-home messages, if needed 	<ul style="list-style-type: none"> - What did you learn from this exercise?
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The **trainer/facilitator leading the debriefing session** should:

Before the session

- Prepare notes about the team performance in relation to the established performance objectives
- Explain the aim of the debriefing session (E.g. Debriefing is a crucial part of the learning process. It provides a safe space for trainees to share the feelings arose during the exercise, reflect about their performance and use this reflection to learn and improve performance in the future)
- Place participants in a comfortable position so they can share their feelings and ideas freely – organise it in a casual way, avoid a formal setting

During the session

- Ensure discussions stay within the focus of the debriefing exercise
- Avoid confrontation between participants - this is not a blaming exercise
- Share information about best performance when needed

After the session

- Provide participants with available tools and resources that could contribute to their learning and development in the topic - supporting material recommended in the TEAMS package, specific EMT protocols and SOPs and training opportunities