

**Supplemental Digital Content 1. Representative Scripted Scenarios for Initial and
Refresher Course Webinars**

<p style="text-align: center;">Scripted Webinar Scenario for the Initial Training Course</p> <p style="text-align: center;">“Routine Handover”</p>	<p style="text-align: center;">Scripted Webinar Scenario for the Refresher Training Course</p> <p style="text-align: center;">“The Cold Patient”</p>
<p><i>Location:</i> PACU.</p> <p><i>Actors:</i> Simulated AP, Simulated RN, and Standardized Patient.</p> <p><i>Props:</i> Surgical gurney, monitors with cables, routine PACU supplies/equipment.</p> <p><i>Camera Position:</i> Straight on – showing AP, RN, and Patient.</p> <p><i>Setting:</i> Two APs wheel the patient into the PACU. Gurney is parked and RN begins attaching monitor cables. Both APs begin writing on their forms at base of bed, opposite sides, one at bedside table. After about 15 seconds, AP turns to the other AP and asks something. He nods and first AP departs.</p> <p><i>AP to RN:</i> Hi, Betty. Let me know when you’re ready for the information. <i>AP continues writing while RN continues working to attach the monitor and check the intravenous lines, monitors, etc.</i></p> <p><i>Patient moaning at low volume, slight movement of head from side-to-side.</i></p> <p><i>RN to AP:</i> Thanks, Dr. Dorfman. Just give me</p>	<p><i>Location:</i> PACU.</p> <p><i>Actors:</i> Simulated AP, Simulated RN, and Standardized Patient.</p> <p><i>Props:</i> Surgical gurney, monitors with cables, routine PACU supplies/equipment.</p> <p><i>Camera Position:</i> Straight on – showing AP, RN, and Patient.</p> <p><i>Setting:</i> Patient arrives with AP from the Operating Room with blood infusing. Patient is visibly shivering despite a tympanic temp of 35.3°. The AP tries to quickly give the report so that he can get to his next case, another ortho-trauma. The PACU nurse receiving the report begins to wonder if the patient is having a side effect of anesthesia or a transfusion reaction.</p> <p><i>AP to RN:</i> Hi Laura, this is Mr. John Stern. He had a left tib-fib ORIF repair today.</p> <p><i>RN to AP:</i> Great, Allen. Can you help me get him settled before we start the report?</p> <p><i>RN begins to put on a BP cuff, and AP puts on monitor leads.</i></p>

<p>a minute to make the patient comfortable.</p> <p><i>RN speaks to patient:</i> Mrs. Braverman, are you in pain? Are you okay?</p> <p><i>Patient nods “yes” without opening eyes.</i></p> <p><i>RN to AP:</i> Okay. Thanks for waiting. I’m ready now. <i>AP moves to head of the bed opposite the RN and begins talking while RN keeps working, her back either to the AP or concentrating on the patient.</i></p> <p><i>AP (looking at patient and RN):</i> Okay, Betty, this is Mrs. Braverman, a 52 year old female ASA Class II who received general anesthesia. Today she underwent a partial nephrectomy of the right kidney and a total hysterectomy by Dr. Miller. No drug allergies, and you can see her armband on her left arm.</p> <p>Induction was uneventful and she ventilated easily. She has a previous history of hypertension on ACE inhibitors and metoprolol. She took her metoprolol this morning. She was given 3 liters normal saline during the procedure and she has had about 800 mls blood loss.</p> <p>Pretty much everything went well. We did have a little problem with labile blood pressure and hypotension throughout surgery that required intermittent pressors. She is currently stable with no issues. I gave her Zofran for nausea prophylaxis. No evidence of</p>	<p><i>RN to PATIENT:</i> Are you doing okay? I need to take your blood pressure. <i>Begins putting BP cuff on arm and takes BP. Blood pressure is 90/50 torr and heart rate 115 beats/min.</i></p> <p><i>RN to PATIENT:</i> Are you in pain? Patient shivering. How do you feel?</p> <p><i>PATIENT:</i> I’m vvvery ccccold ... my back hurts.</p> <p><i>After providing the report contained in the script, the dialogue continues ...</i></p> <p><i>RN to AP:</i> So, did the patient have any other blood products or is this it?</p> <p><i>AP to RN:</i> Just that unit. OK, that it?</p> <p><i>RN to AP:</i> I’m concerned his blood pressure seems low and he’s really shivering.</p> <p><i>AP to RN:</i> His BP was about this same level throughout the case. I wrote him for some Demerol.</p> <p><i>RN to AP:</i> He is a bit cold and I know that shivering is common after anesthesia, but this looks different. I feel uncomfortable with this patient.</p> <p><i>AP to RN:</i> Laura, trust me, the patient will be fine. Gotta go. <i>AP starts walking away and says over his shoulder as he leaves:</i> You can always call the PACU resident if you have any problems.</p> <p><i>RN to AP:</i> Alan, please stop, something is not</p>
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<p>nausea. She should continue to receive morphine as needed for pain. Call me if there are any problems. <i>Three second pause.</i> Any questions or do you need more information?</p> <p><i>RN to AP:</i> Okay, everything went well, but she needed pressors? What was her urine output?</p> <p><i>AP to RN:</i> About 400 mls.</p> <p><i>RN to AP:</i> What was her last hematocrit?</p> <p><i>AP to RN:</i> Started at 36 and fell to 30. I measured it less than an hour ago.</p> <p><i>RN to AP:</i> Thanks, Kent. Just checking to make sure I didn't need to give blood. <i>RN looks a bit concerned.</i></p> <p><i>AP to RN:</i> Well, midway through the procedure, she had sudden blood loss, but it was well controlled and we needed to catch up on the volume. We gave pressors for a brief episode of hypotension and she recovered. I agree it'd be a good idea to re-check the hematocrit.</p> <p><i>RN to AP:</i> I'll take care of it. Thanks for the info. That should be it.</p> <p><i>AP departs. Fade out.</i></p>	<p>right with this patient and I'm really concerned with his safety.</p> <p><i>AP to RN:</i> What concerns you, Laura?</p> <p><i>RN to AP:</i> I saw a transfusion reaction before that looked just like this. Let me take another set of vitals while you examine him a bit more closely.</p> <p><i>AP to RN:</i> OK, hand me your stethoscope. <i>AP begins examining patient.</i></p> <p><i>Fade out.</i></p>
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PACU = post-anesthesia care unit; AP = anesthesia provider; RN = PACU nurse; ORIF = open reduction internal fixation; BP = blood pressure; ASA Class II = American Society of Anesthesiologists physical status classification system II – a patient with mild systemic disease; ACE = angiotensin-converting enzyme.