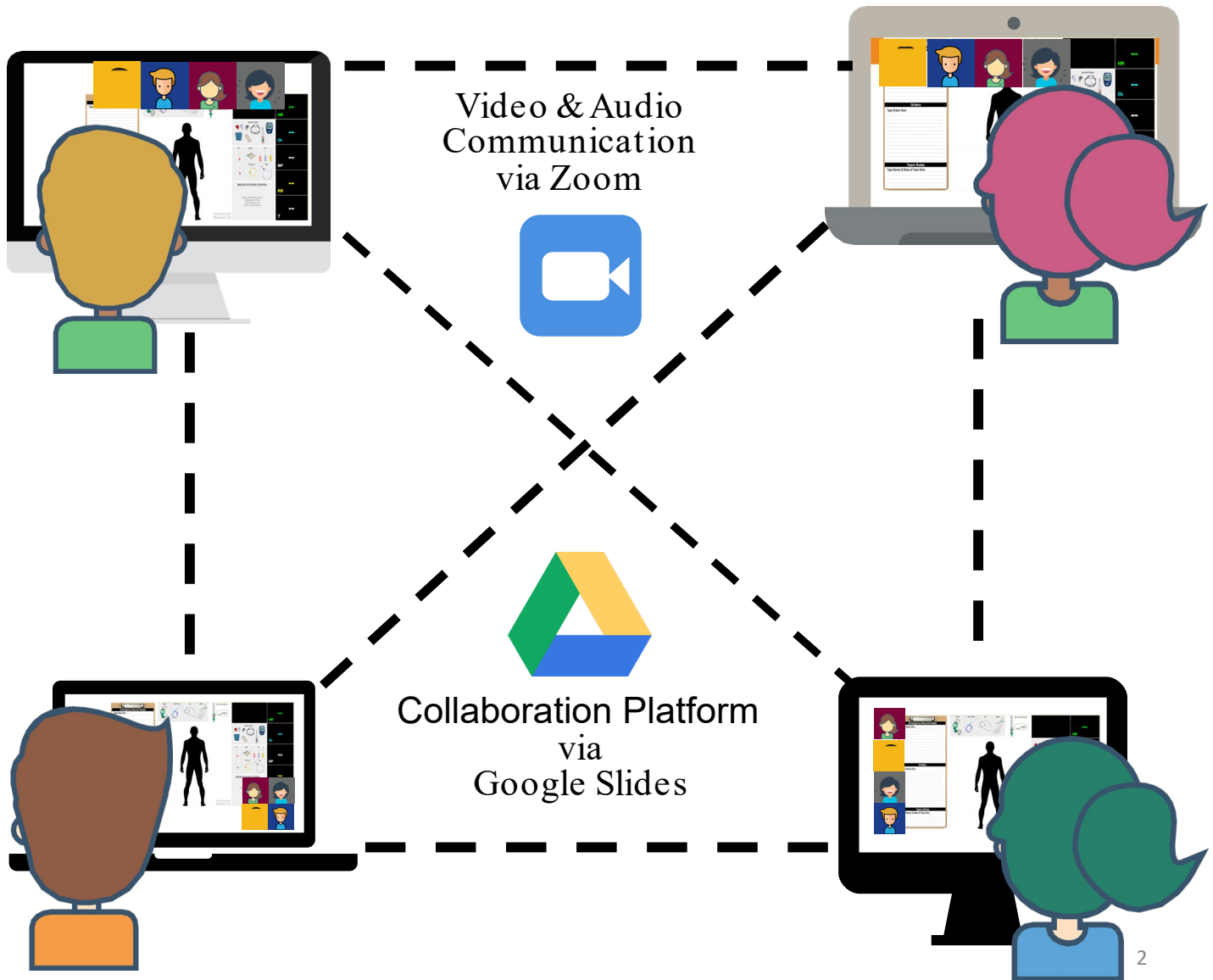


Supplemental digital content for Foohey S, Nagji A, Yilmaz Y, Sibbald M, Monteiro S, Chan TM. Developing the Virtual Resus Room: Fidelity, usability, acceptability, and applicability of a virtual simulation for teaching and learning. Acad Med.

## **Supplemental Digital Appendix 1**

**Two Figures Depicting How Participants (Students and Facilitators) Engage via the Virtual Resus Room (VRR; Page 2) and How the Key Elements and Interactive Components of the VRR Interface (Page 3)**



## PREPARATION:

To set up, two things must first occur:

- All participants including the facilitator must be on the same audio video conferencing platform;
- Participants should be sent a copy of the virtual resuscitation room (VRR) Google Form. All participants and the facilitator must have editing access

## FACILITATION:

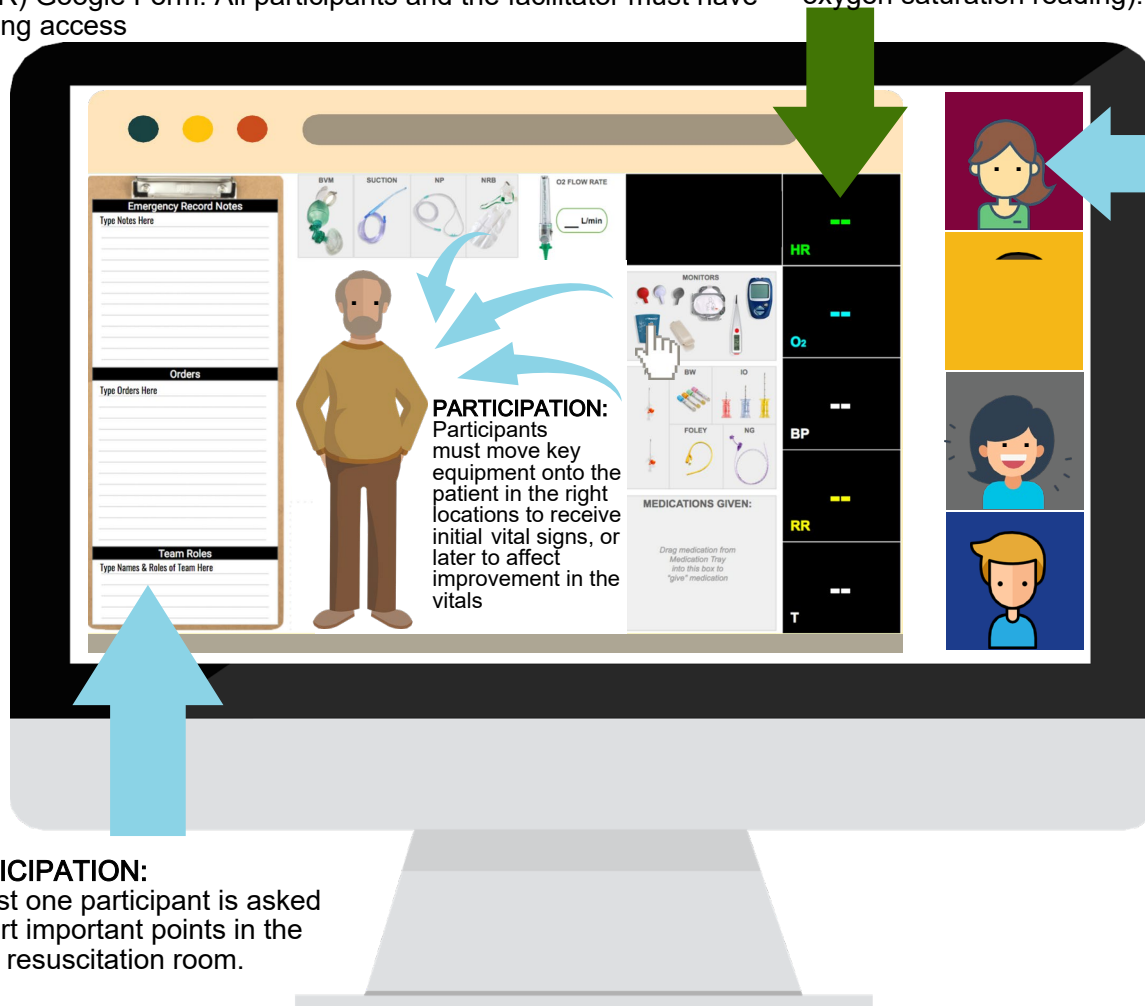
Facilitator can alter these fields to add vital signs as students place monitors, blood pressure cuff, or initiate interventions during the case flow (e.g. applying oxygen mask may trigger case facilitator to increase oxygen saturation reading).

## COMMUNICATION:

Participants connect via a video conferencing software to ensure they have audio and face-to-face connection.

This acts as the communication vehicle for participants to discuss the clinical care driven by the case.

The use of platforms that allow for breakout rooms (e.g. Zoom or Webex) means that a single link can be used for an entire group, provided that there are multiple facilitators that can be deployed to each breakout room.



## PARTICIPATION:

At least one participant is asked to chart important points in the virtual resuscitation room.