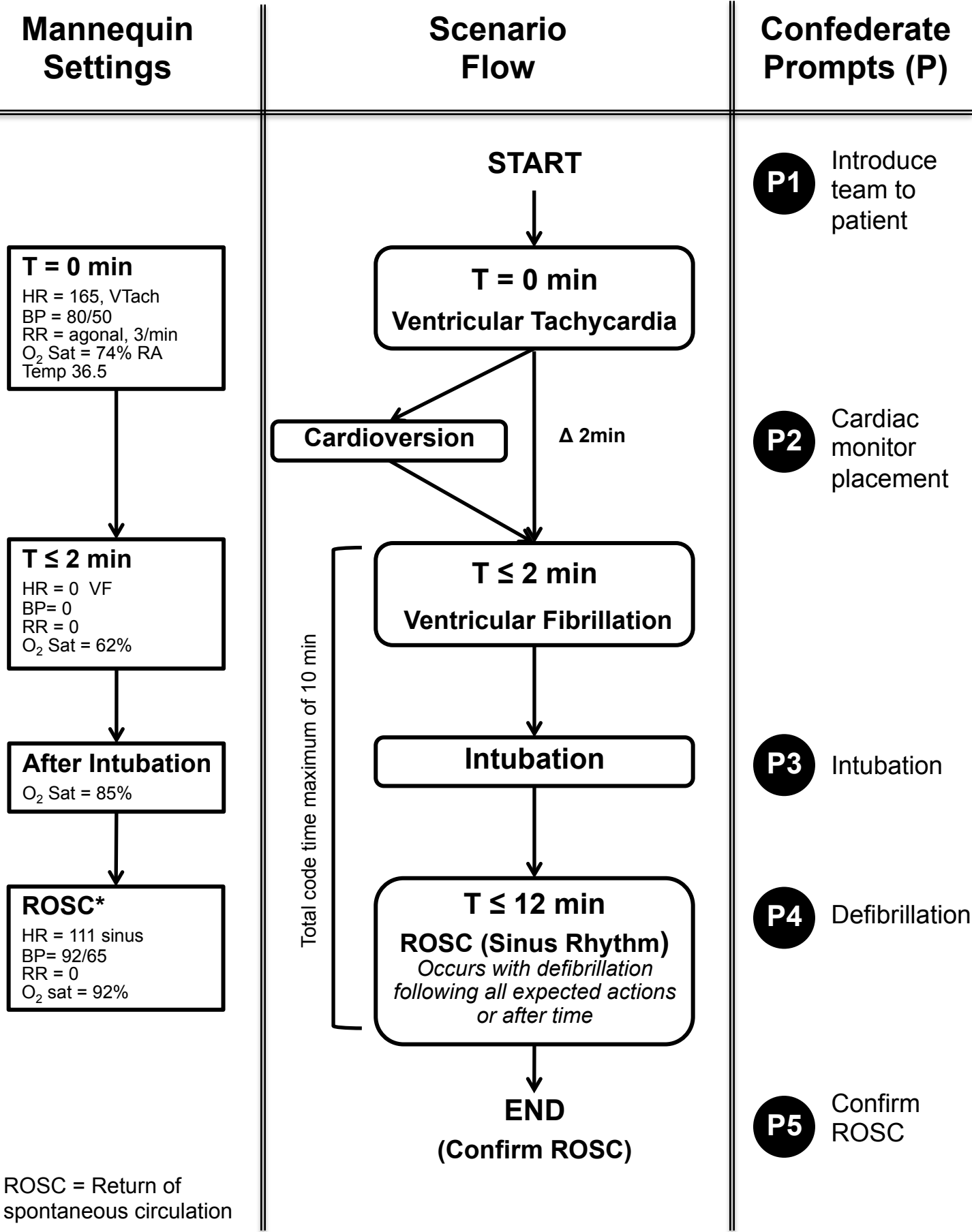


# Supplemental File 1: Scenario



**Scenario overview:**

A young 20 – 30 year old male is found down at a park near the emergency department. EMS providers, finding the patient in a place where intoxicated patients are often found, felt the patient was likely intoxicated. He was transported rapidly to the emergency department. Upon arrival, they provided a brief report to the nurse (confederate) and were immediately called out again to a mass casualty. No further information is available.

The patient is on a stretcher in the emergency department. Upon the start of the scenario, the team is led to the bedside where the confederate (nurse) states “Thanks for coming, I am just getting him settled. EMS dropped him off and had to go on a run, but they thought he was just intoxicated. He doesn’t look right to me, so I thought I should get some help.”

The patient is initially in unstable ventricular tachycardia. He quickly progresses to ventricular fibrillation (see flow sheet). After the team recognizes the need for chest compressions, the confederate nurse tells intervention teams that there is a LUCAS device available. Control teams are given no such option. After ventricular fibrillation, the patient is persistently hypoxic. If the team does not initiate intubation, the nurse confederate prompts it. The patient remains in ventricular fibrillation until the defibrillation after his second dose of antiarrhythmic medication OR 10 minutes, whichever comes first. Once the patient has return of spontaneous circulation in a sinus rhythm, the confederate nurse announces that the case has ended.

**Confederate Role:**

- The confederate plays the role of an emergency department nurse. S/he is familiar with the LUCAS device, is familiar with the mannequin, and helps the team overcome any issues that are specific to a simulated environment.
- Training for the confederate role takes approximately 8 – 10 hours if the individual is familiar with the concept of a simulation confederate.
- The confederate is pleasant and answers all questions posed by the team; however, s/he does not offer additional information, does not provide any help with decision-making, and only prompts the team when indicated (see flow sheet and Table below).
- The confederate can fill roles such as medication administration, placing the patient on oxygen, placing an IV line, but only after being ordered to do so by the team.
- The confederate CANNOT perform chest compressions or keep time for the team. If asked to do chest compressions, the confederate reports that s/he has a back problem and is unable to do so. If asked to keep time, the confederate states that s/he can, but it is very difficult to do so and provide meds at the same time. The confederate does not provide any verbal prompts for activities outside of those described in the table below.

Prompt	Purpose	Script
P1	Initiate case	Thank you for coming, this is Mr. Smith, EMS just dropped him off and went on another run. They picked him up at the park after bystanders called saying there was a drunk man sleeping on a bench. I am not sure he is drunk, he doesn’t look so good to me
P2	Remind the team to place patient on a cardiac monitor if they fail to do so in the first 1.5 min of the case	Oh, should we get him on a monitor?
P3	Encourage the team to intubate the patient	I really think we should intubate, he is so hypoxic.
P4	Prompt the team to defibrillate in the case they do not correctly identify defibrillation as a necessary action	I just took ACLS and I am sure we should defibrillate, that rhythm looks like v-fib.
P5	Confirm return of spontaneous circulation in the event the team cannot palpate a pulse	Oh, I have a femoral pulse that correlates with the monitor.