

### Introduction

Gridlocked is an interactive game meant to teach those involved in emergency care about the systems level considerations involved in running an emergency department. This game was co-designed with emergency medicine faculty and medical students and can also be used as an important learning tool by incorporating the use of tailored lesson plans to allow players to focus on learning certain objectives.

Lesson plans can be developed in order to tailor learning towards specific objectives. See our website for lesson plans we have created with objectives we consider important in mind. You may also complete the lesson plan template below to develop your own lesson plan. This will involve you filling out the specific goals of the plan, as well as the changes to game setup and gameplay required to achieve these learning goals. Be sure to share your plans with us @GridlockedGame on Twitter.

### Section I: Scenario Details

<b>Scenario Title</b>	Rural Hospital: Fewer Resources, Same High Stakes
<b>Scenario Developer(s)</b>	Sonja Wakeling
<b>Contact E-Mail</b>	sonja.wakeling@medportal.ca
<b>Date of Development</b>	July 2018
<b>Target Learning Group</b>	Healthcare practitioners (all allied health and levels of training)
<b>Expansion Pack Required</b>	No
<b>Summary of Scenario</b>	Working in a tertiary level care centre provides you with a wide variety of support and specialty services to call on. Now imagine working in a rural hospital where you have minimal resources, fewer specialty services, and no resident working alongside you. These are challenges that emergency setting practitioners face every day in rural centres. In this learning plan, you will learn to adjust your approach and manage patients of all acuity levels where it may only be you and a small team of nurses and specialists.
<b>Learning Goals</b>	<ul style="list-style-type: none"> <li>Recognize the similarities and differences between tertiary-care and rural-care settings</li> <li>Gain an appreciation for the real-life challenges faced in a rural healthcare setting</li> <li>Develop an approach to managing the steady flow of patients with limited resources</li> </ul>
<b>Approximate Timing</b>	60 minutes



### Section II: Scenario Setup

This section will teach you how to set up the game to achieve the learning goals mentioned above. Most of the variation in setup comes from the deck setup section, which will outline the desired order of the patient and event cards. The board setup will tell you how (if at all) you should set up the board differently to start the game.

<p><b>Scenario Vignette:</b></p>	<p>It is a beautiful Saturday afternoon and you have just come in for your 8-hour shift at the rural hospital in your community. You are expecting a pretty standard shift with your favourite nursing team, but something in your gut tells you that you may be in for a wild ride...</p> <p>Can you handle the pressure when you feel like you're being pulled in many directions?</p>																																																											
<p><b>Deck Setup:</b></p>	<p>The following cards should be placed at the top of the deck in the order provided below:</p> <table border="1" data-bbox="412 800 1404 1323"> <thead> <tr> <th>Cards 1-10</th> <th>Cards 11-20</th> <th>Cards 21-30</th> <th>Cards 31-40</th> <th>Cards 41-46</th> </tr> </thead> <tbody> <tr> <td>CTAS 3-3</td> <td>CTAS 2-1</td> <td>CTAS 3-11</td> <td>CTAS 4-22</td> <td>CTAS 2-4</td> </tr> <tr> <td>CTAS 3-4</td> <td>CTAS 4-24</td> <td>CTAS 4-15</td> <td>CTAS 5-1</td> <td>CTAS 4-3</td> </tr> <tr> <td>CTAS 3-12</td> <td>CTAS 4-25</td> <td>CTAS 5-10</td> <td>E-17 – Pizza Party</td> <td>CTAS 4-4</td> </tr> <tr> <td>CTAS 3-18</td> <td>CTAS 3-23</td> <td>CTAS 5-13</td> <td>E-7 – Radiology is Backed Up</td> <td>CTAS 4-13</td> </tr> <tr> <td>CTAS 3-33 (consultant out of hospital)</td> <td>CTAS 4-6 Coffee for Nurses (E-4)</td> <td>CTAS 1-3 (consultant out of hospital)</td> <td>CTAS 3-22 (consultant out of hospital)</td> <td>CTAS 5-2</td> </tr> <tr> <td>CTAS 4-11</td> <td>CTAS 3-10</td> <td>CTAS 1-10 (consultant out of hospital)</td> <td>CTAS 4-23</td> <td>CTAS 5-3</td> </tr> <tr> <td>CTAS 4-17</td> <td>CTAS 4-2</td> <td>CTAS 3-20</td> <td>CTAS 5-5</td> <td></td> </tr> <tr> <td>CTAS 4-18</td> <td>CTAS 5-3</td> <td>CTAS 4-8</td> <td>CTAS 5-6</td> <td></td> </tr> <tr> <td>CTAS 4-22</td> <td>CTAS 5-9</td> <td>CTAS 4-26</td> <td>CTAS 5-12</td> <td></td> </tr> <tr> <td>CTAS 5-11</td> <td></td> <td>CTAS 4-14</td> <td>E-24 – Code Blue</td> <td></td> </tr> </tbody> </table> <p><i>The remaining cards may be shuffled and placed at the bottom of the deck randomly should you require further plays.</i></p> <p><b>Before Round 1 starts says:</b>          “What are your initial thoughts or approach to tackle these initial patients? Where would you prioritize your resources? Do you feel you have enough resources/staff?”</p> <p><b>After Round 1 ask:</b>          “Do you feel your prioritization in the previous round was appropriate given your new patient load? What challenges are you currently facing?”</p> <p><b>After Round 2 ask:</b>          “What preparations did you make in this round to help your department run more smoothly in the future? Do you feel you need additional resources or staff?”</p>					Cards 1-10	Cards 11-20	Cards 21-30	Cards 31-40	Cards 41-46	CTAS 3-3	CTAS 2-1	CTAS 3-11	CTAS 4-22	CTAS 2-4	CTAS 3-4	CTAS 4-24	CTAS 4-15	CTAS 5-1	CTAS 4-3	CTAS 3-12	CTAS 4-25	CTAS 5-10	E-17 – Pizza Party	CTAS 4-4	CTAS 3-18	CTAS 3-23	CTAS 5-13	E-7 – Radiology is Backed Up	CTAS 4-13	CTAS 3-33 (consultant out of hospital)	CTAS 4-6 Coffee for Nurses (E-4)	CTAS 1-3 (consultant out of hospital)	CTAS 3-22 (consultant out of hospital)	CTAS 5-2	CTAS 4-11	CTAS 3-10	CTAS 1-10 (consultant out of hospital)	CTAS 4-23	CTAS 5-3	CTAS 4-17	CTAS 4-2	CTAS 3-20	CTAS 5-5		CTAS 4-18	CTAS 5-3	CTAS 4-8	CTAS 5-6		CTAS 4-22	CTAS 5-9	CTAS 4-26	CTAS 5-12		CTAS 5-11		CTAS 4-14	E-24 – Code Blue	
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	<p><b>After Round 3 ask:</b> “If there was one important lesson you’ve learned thus far, what would it be?”</p> <p><b>Before Round 5 say:</b> “I hope you’re prepared for what comes next...”</p> <p><b>After Round 5 ask:</b> “How did you handle the pressure this round? Were you surprised by the emergent patients in your department? At this point, do you require additional resources?”</p> <p><b>After Round 6 ask:</b> “At this point, who do you feel is the most valuable staffing resource in your hospital? Where were you priorities in this last round of play?”</p> <p><b>After Round 7 say:</b> “One patient crashed while waiting for care after the MVC crisis management. Were you prepared for this? How could you have prepared better?”</p> <p><b>After Round 8 say:</b> “You made it! What was your biggest strength and biggest challenge throughout this game? What important changes would you make if you were to play this again?”</p>
<p><b>Board Setup:</b></p>	<p><b>Before starting, please set up the game board according to the following configuration</b></p> <p><b>Board Set-up Changes throughout Game:</b></p> <ul style="list-style-type: none"> <li>● Only 2 Resuscitation/Trauma beds available (Use a sheet of paper to cover up the two other beds.</li> <li>● Only 2 Step Down beds available (Use a sheet of paper to cover up the other two beds)</li> <li>● No multiplication factors during rounds (You do NOT have to roll the die at any point)</li> </ul> <p><b>Healthcare Providers in Play at Start of Game:</b></p> <ul style="list-style-type: none"> <li>● ED Doc 1</li> <li>● Nurse 1</li> <li>● Nurse 2</li> <li>● Nurse 3</li> <li>● Radiologist</li> <li>● Consultant – General Surgery/Internal Medicine/Hospitalist/ICU</li> <li>● Note: For all other specialty services, the patient must be transferred to another</li> </ul>

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<b>Other Changes:</b>	<ul style="list-style-type: none"><li>• In this lesson plan, you only require 250 points to win the game. This is a result of more CTAS 4 and 5 patients on the board (which are worth less points), and fewer actions you will be able to use throughout the game. All conditions that cause patient safety events are still in play.</li><li>• You may call in ED Doc 2 and Nurse 4 at any time. You cannot play with the Resident or Nurse 5. There will be no Medical student to help or hinder you.</li><li>• You may need to consult a service not available at your hospital (i.e. any service other than General Surgery, Internal Medicine, Hospitalist, ICU). If you require their service, you will need to deploy a Nurse for a patient transfer to a tertiary care centre via EMS. In this case, your Nurse is out of play for 1 round.</li></ul>

### Section III: Debriefing Guide

<p><b>Why is this learning goal important?</b></p>	<p>In a rural setting, healthcare practitioners face multiple challenges, including fewer staff, less specialty support, and fewer resources. While they often see low acuity patients, any CTAS level may be encountered and these staff must be knowledgeable and prepared to manage these patients as quickly as possible. Often this means stabilizing and transferring them out to a centre with more services available. It is important to recognize how fortunate it is to have all specialty services available to you in house when your patients truly need them.</p>
<p><b>What were the key moments or decisions that took place during the game?</b></p>	<ul style="list-style-type: none"> <li>● How did you handle the patients that needed to be transferred out for specialty consults not available to you?</li> <li>● How did you handle the two CTAS 1 patients that required your immediate attention?</li> <li>● How did you handle the Code Blue situation?</li> <li>● Did you feel overwhelmed with the number and variety of patients needing to be seen with such few staff available?</li> </ul>
<p><b>What went well? Why do you think this was the case?</b></p>	
<p><b>What went poorly? Why do you think this was the case?</b></p>	
<p><b>What would you change next time you are in this type of scenario?</b></p>	<ul style="list-style-type: none"> <li>● What was your biggest strength and biggest challenge throughout this game?</li> <li>● What important changes would you make if you were to play this again?</li> </ul>