

### 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>	Safety Worries
<b>Scenario Developer(s)</b>	Sam Lambert
<b>Contact E-Mail</b>	sam.lambert@medportal.ca
<b>Date of Development</b>	July 2018
<b>Target Learning Group</b>	Medical Learners
<b>Expansion Pack Required</b>	No
<b>Summary of Scenario</b>	The Emergency Department is fast-paced and high stakes. Decisions need to be made quickly, and sometimes, dangerous and unsafe things take place. Learning to work through these obstacles while providing patients with the best possible care is an important part of being a successful health care provider in an emergency setting.
<b>Learning Goals</b>	<ul style="list-style-type: none"> <li>Recognizing that difficult things happen in the ER all the time, and that HCPs need to be able to work through the issues to continue treating patients</li> <li>Learning to prioritize patient needs in a high-stress and accident-prone environment</li> <li>Managing the stress of a perfect storm of difficult situations while keeping patients' needs top of mind</li> </ul>
<b>Approximate Timing</b>	1 hour per round of gameplay. HOWEVER, can be done as a Quality Improvement activity, where the team gets to "redo" the game after deciding to improve 1-2 rules or processes.

### 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.

<b>Scenario Vignette:</b>	<p>You're a group of doctors and nurses in the ED and you can just feel that tonight is going to be one of those nights. Your colleagues handing things off to you are exhausted, and you can only imagine what's to come. You brace yourselves, and think:</p> <p>"There's no way it can be that bad, is there?"</p>											
<b>Deck Setup:</b>	<table border="1"> <thead> <tr> <th>Cards 1-10</th> <th>Cards 11-20</th> <th>Cards 21-30</th> <th>Cards 31-33</th> </tr> </thead> <tbody> <tr> <td>3 CTAS 4/5 3 CTAS 3 2 CTAS 2 2 CTAS 1 2 CTAS 3 1 CTAS 4/5 E-24 Code Blue 1 CTAS 2 2 CTAS 3 2 CTAS 4/5</td> <td>E-9 Nearby Hospital Ambulance Protocol 2 CTAS 4/5 2 CTAS 3 2 CTAS 4/5 E-24 Code Blue 2 CTAS 3  E-23 Mistrriage <i>[This is a good point to bring up the idea of an extra bed or another doctor/nurse]</i>  1 CTAS 1 1 CTAS 2  E-22 Needlestick Injury <i>[This is a good place to talk about the Needlestick protocol. Why is immediate treatment so important? What factors lead to needlestick injury?]</i></td> <td>3 CTAS 4/5 1 CTAS 3  E-23 Mistrriage <i>[Talk about why mistrriages happen? What are ways we can try to reduce it?]</i>  1 CTAS 2 2 CTAS 3 2 CTAS 4/5 E-15 Code White 2 CTAS 4/5  E-13 Shift Change <i>[This is a good time to talk about hiring another nurse]</i>  1 CTAS 1</td> <td>1 CTAS 2 2 CTAS 3  E-14 Gridlocked <i>[Bring up the impact of gridlock, especially towards the end of a shift]</i></td> </tr> </tbody> </table>	Cards 1-10	Cards 11-20	Cards 21-30	Cards 31-33	3 CTAS 4/5 3 CTAS 3 2 CTAS 2 2 CTAS 1 2 CTAS 3 1 CTAS 4/5 E-24 Code Blue 1 CTAS 2 2 CTAS 3 2 CTAS 4/5	E-9 Nearby Hospital Ambulance Protocol 2 CTAS 4/5 2 CTAS 3 2 CTAS 4/5 E-24 Code Blue 2 CTAS 3  E-23 Mistrriage <i>[This is a good point to bring up the idea of an extra bed or another doctor/nurse]</i>  1 CTAS 1 1 CTAS 2  E-22 Needlestick Injury <i>[This is a good place to talk about the Needlestick protocol. Why is immediate treatment so important? What factors lead to needlestick injury?]</i>	3 CTAS 4/5 1 CTAS 3  E-23 Mistrriage <i>[Talk about why mistrriages happen? What are ways we can try to reduce it?]</i>  1 CTAS 2 2 CTAS 3 2 CTAS 4/5 E-15 Code White 2 CTAS 4/5  E-13 Shift Change <i>[This is a good time to talk about hiring another nurse]</i>  1 CTAS 1	1 CTAS 2 2 CTAS 3  E-14 Gridlocked <i>[Bring up the impact of gridlock, especially towards the end of a shift]</i>			
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<p><i>The rest of the cards can be shuffled and arranged randomly</i></p>												
<b>Board Setup:</b>	<p>No changes</p>											
<b>Other Changes:</b>	<p>None</p>											

### Section III: Debriefing Guide

<p><b>Why is this learning goal important?</b></p>	<p>The ER is fast-paced, and mistakes happen. There will be codes and misriage, but the HCPs need to stay cool and continue to work through issues with patients.</p>
<p><b>What were the key moments or decisions that took place during the game?</b></p>	<p>Key moments around codes, misriage and needle stick injuries should prompt discussions on safety in the ER, best practices, and how exhaustion can bring on mistakes and errors (questions listed in section II above can be discussed during gameplay or during debrief).</p>
<p><b>What went well?</b></p>	<p>Did you work together well as a team?          Was there any point where you felt particularly stressed or out of control?          Do you think this is an accurate representation of a real ER?          Why or why not?</p>
<p><b>What went poorly?</b></p>	<p>Did you work together well as a team?          Was there any point where you felt particularly stressed or out of control?</p>
<p><b>What would you change next time you are in this type of scenario? (i.e. if this was a real hospital, what changes would you suggest that we make for staff or patient safety?)</b></p>	