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

<table>
<thead>
<tr>
<th><strong>Scenario Title</strong></th>
<th>Night(shift) Mare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scenario Developer(s)</strong></td>
<td>Anuja Bhalerao</td>
</tr>
<tr>
<td><strong>Contact E-Mail</strong></td>
<td><a href="mailto:Anuja.bhalerao@mail.utoronto.ca">Anuja.bhalerao@mail.utoronto.ca</a></td>
</tr>
<tr>
<td><strong>Date of Development</strong></td>
<td>July 2018</td>
</tr>
<tr>
<td><strong>Target Learning Group</strong></td>
<td>Medical students, residents, physicians and other healthcare professionals</td>
</tr>
<tr>
<td><strong>Expansion Pack Required</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Summary of Scenario</strong></td>
<td>Physician begins an 8 hour shift which involves many critical patients and a high volume of patients. Due to mistakes, lack of workers and bad luck, it becomes difficult to manage such a high volume of patients</td>
</tr>
</tbody>
</table>
| **Learning Goals**       | • Importance of patient safety and how mistakes can lead to severe patient injury  
                           • Lack of team support and morale can prevent efficiency in the workplace  
                           • Lack of workers can lead to an overwhelming amount of stress and prevent workers from providing the care patients need  
                           • Unexpected changes are a frequent occurrence in the ED – important to be prepared for these |
| **Approximate Timing**   | 1 hour                          |
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.

<table>
<thead>
<tr>
<th>Scenario Vignette:</th>
<th>You are ready to begin your 8-hour night shift feeling confident and very positive that you can handle whatever the world throws at you today. You also feel reassured knowing that you have your reliable team of coworkers ready to help you out if needed.</th>
</tr>
</thead>
</table>
| Deck Setup:        | **REMOVE THESE CARDS FROM DECK (and set them aside):**  
|                    |   ● E-2  
|                    |   ● E-3  
|                    |   ● E-4  
|                    |   ● E-6  
|                    |   ● E-10  
|                    |   ● E-11  
|                    |   ● E-16  
|                    |   ● E-17  
|                    |   ● E-18  
|                    |   ● E-19  
|                    | **FIRST TURN**  
|                    | **First 10 cards**  
|                    |   - 3 CTAS 1 (two of these should require the radiologist)  
|                    |   - 2 CTAS 2 (1 of these should require radiologist)  
|                    |   - 2 CTAS 3 (both require radiologist)  
|                    |   - 3 CTAS 4 (all require radiologist)  
|                    | **Three extra cards to pick up:**  
|                    |   - Event card E-7: No radiologist available  
|                    |   - Event card E-8: Draw 3 extra cards next turn  
|                    |   - Third card: Can make it one of CTAS 3 and CTAS 4  
|                    | **Example/Suggestions of the 10 cards:**  
|                    |   ● 1-1  
|                    |   ● 1-3  
|                    |   ● 1-6  
|                    |   ● 2-3  
|                    |   ● 2-17  

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- 3-17
- 3-30
- 4-5
- 4-13
- 5-7

Three cards:
- E-7
- E-8
- 3-11

SECOND TURN:
- Event card E-21: Consult is unavailable
- Event card E-23: Mistriage
- 3 CTAS 1 & 3 CTAS 2
  - Should try to include cards that require consult & are action heavy
- Shuffle remaining cards randomly

Example/Suggestions:
- E-21
- E-23
- 1-9
- 1-10
- 1-11
- 2-1
- 2-2
- 2-5
- 3-20
- 4-24

THIRD TURN:
- Event card E-14: No admission event card
- 1 CTAS 1
- 1 CTAS 2
  - Shuffle remaining cards randomly

Example/Suggestions:
- E-14
- 1-12
- 2-10
- 3-16
- 3-18
- 3-19
- 3-25
● 4-19
● 5-11
● 5-13

[DISCUSSION: What has been causing gridlock so far? How has the lack of consults or residents added to this?]

FOURTH TURN:

● Event card E-20: Tired of Waiting *also lose 25 points for each patient that leaves the waiting room
● Event card E-9: Nearby hospital activates ambulance by-pass protocol
● 2 CTAS 1
● 2 CTAS 2
● Shuffle remaining cards randomly

Example/Suggestions:

● E-20
● E-9
● 1-7
● 1-8
● 2-14
● 2-26
● 3-33
● 4-26
● 4-25
● 5-5

FIFTH TURN:

● Event card E-13: Shift change card
● Event card E-9: Bad luck event card - Nearby hospital activates ambulance by-pass protocol
● Choose cards that contain many nurse actions
● Include 1 CTAS 1 & 1 CTAS 2
● Shuffle remaining cards randomly

Example/Suggestions:

● E-13
● E-9
● 1-5
● 2-11
● 3-28
● 3-22
● 3-23
● 4-4
● 4-21
<table>
<thead>
<tr>
<th>SIXTH TURN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● 5-10</td>
</tr>
<tr>
<td>Event card: Needle-stick injury (lack of nurse again)</td>
</tr>
<tr>
<td>Event card E-14: No admission event card</td>
</tr>
<tr>
<td>Remaining cards: Nurse heavy cards</td>
</tr>
<tr>
<td>Include 1 CTAS 1 &amp; 3 CTAS 2</td>
</tr>
<tr>
<td>Shuffle remaining cards randomly</td>
</tr>
</tbody>
</table>

**Example/Suggestions:**

- E-22
- E-14
- 1-2
- 2-12
- 2-13
- 2-15
- 4-3
- 4-7
- 4-18
- 5-12

<table>
<thead>
<tr>
<th>SEVENTH TURN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event card E-23: Mistriage</td>
</tr>
<tr>
<td>Event card E-1: Bad luck event card – flood in observation zone</td>
</tr>
<tr>
<td>Include 1 CTAS 2</td>
</tr>
<tr>
<td>Shuffle remaining cards randomly</td>
</tr>
</tbody>
</table>

**Example/Suggestions:**

- 2-19
- 3-15
- 4-6
- 4-13
- 4-15
- 4-20
- 4-22
- 5-7
- 5-13
- 5-11

**[DISCUSSION QUESTIONS:] How can you prevent patients from staying in the waiting room for a long time? What could have been done to prevent gridlock?]**

<table>
<thead>
<tr>
<th>EIGHTH TURN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good luck event card E-18: Thankful patient</td>
</tr>
</tbody>
</table>
- Event card E-5: Bad luck event card – local walk in clinic on vacation
- Event card E-14: Bad luck event card – Gridlocked
- Make remaining cards consultant & radiologist heavy
- Include 3 CTAS 2
- Mention that they will lose 10 points for however many patients are in the waiting room at the end of the game
- Shuffle remaining cards randomly

**Example/Suggestions:**
- E-18
- E-5
- E-14
- 2-23
- 2-24
- 2-25
- 3-5
- 3-17
- 4-8
- 4-17

**[DISCUSSION QUESTIONS: Use the debriefing guide]**

<table>
<thead>
<tr>
<th>Board Setup:</th>
<th>No changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Changes:</td>
<td>No changes</td>
</tr>
</tbody>
</table>
### Section III: Debriefing Guide

| Why is this learning goal important? | It is important to realize the scenarios that can lead to a bad shift – such as making mistakes & less coworkers  
| |  o Helps students then develop a better understanding of how to deal with such situations  
| |  o Motivates students to brainstorm ideas that may prevent these bad events from happening and what positive actions can be taken to overcome these bad events |
| What were the key moments or decisions that took place during the game? | Talk about collaboration between the players – did this help/not help? |
| What went well? |  |
| What went poorly? |  |
| What would you change next time you are in this type of scenario? | How would you deal with the lack of healthcare professionals? Is there a way to prepare for that in advance?  
| |  o Can you prevent this from happening in the real ED? |