

Supplement #1 – Study protocol for a framework analysis using video review to identify latent safety threats: Trauma Resuscitation Using in-situ Simulation Team Training (TRUST)

Debrief Questionnaire - TRUST Study REB. No. 15-046

Please check (☑) the safety barriers* that affected this simulated case and describe them in the “Comments” column. Safety barriers are defined as any condition that if left uncorrected, could potentially threaten staff or patient safety or effective patient care.

Safety Barriers Affecting This Simulated Case	Comments
1. The Patient	
<input type="checkbox"/> Language and communication (e.g., non-communicative patient) <input type="checkbox"/> Personality (e.g., disruptive patient) <input type="checkbox"/> Other: _____	
2. Staff Members (including yourself)	
<input type="checkbox"/> Education, skills or knowledge (e.g., technical skills) <input type="checkbox"/> Personality (e.g., abrasive, abrupt, disruptive) <input type="checkbox"/> Fatigue and stress <input type="checkbox"/> Other: _____	
3. The Team	
<input type="checkbox"/> Leadership <input type="checkbox"/> Staffing (e.g., delayed, absent and insufficient team members) <input type="checkbox"/> Role and responsibility clarity <input type="checkbox"/> Communication (e.g., orient new staff, transparent thinking, closed loop com) <input type="checkbox"/> Teamwork (e.g., co-ordinating activities, supporting others) <input type="checkbox"/> Situation awareness (e.g., target fixation, anticipating) <input type="checkbox"/> Decision making (e.g., identifying options, prioritizing, re-evaluating) <input type="checkbox"/> Other: _____	
4. The Work Environment	
<input type="checkbox"/> Layout (e.g., work station design, clutter, storage, organization) <input type="checkbox"/> Noise <input type="checkbox"/> Lighting <input type="checkbox"/> Distractions (e.g., interruptions) Equipment: <ul style="list-style-type: none"> <input type="checkbox"/> Design (difficult to use, confusion) <input type="checkbox"/> Availability (missing, unable to locate) <input type="checkbox"/> Malfunctioning Medication and supplies: <ul style="list-style-type: none"> <input type="checkbox"/> Availability <input type="checkbox"/> Confusion <input type="checkbox"/> Other: _____	
5. Tasks	
<input type="checkbox"/> Demands (e.g., workload, time pressure, cognitive load) <input type="checkbox"/> Established/known protocols and procedures <input type="checkbox"/> Availability and accuracy of test results (e.g., Labs) <input type="checkbox"/> Availability of support services (e.g., Radiology) <input type="checkbox"/> Other: _____	