**R.U.S.T. Guide**

|  |  |  |
| --- | --- | --- |
| **Phase** | **Description** | **Examples of opening or lines of questions** |
| **R**eaction | The debrief should happen as soon as possible after the scenario.  Venting for activated learners – acknowledge the emotions, frustrations, sets the scene for the understanding | ‘Degrief’-  How are you feeling?  How was that?  That looked like a very busy situation – how are you feeling? |
| **U**nderstanding | Ask open ended questions: what, why, how  Explore specific observations, learning objectives and introduce concepts | I observed you.... What did you see/think/ experience when you went into the room? *Recap or clarify to the learners what was wrong with the patient or the event* What did you think was happening?  When you come into the situation, did you have a strategy for prioritizing?  What was the handover like? *– explore this and include structure of ISBAR*  Did you feel like you had specific roles? - How were the roles decided? What would you do clinically with a patient like this? I noticed you looked like you were leading the situation – can we explore this? Has anyone had this or a similar experience? - How was it managed?  - What did you do? |
| **S**ummarize | Recap on what the scenario was about and learning objectives covered in the debrief (these may differ from the pre- determined ones) | Assist them in reviewing the events of the scenario, the learning points touched on and tool(s) introduced  Any other pressing issues anyone would like to bring up? |
| **T**ake home message | One important learning point from each participant – round the room exercise | What are you going to take away from this learning experience? |

Reference; Karlsen, KA (2013) Stable Program. Adaptation of the RUS model.

Original work from the Center for Medical Simulation (D.R.), Cambridge, MA;