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

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| **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.

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