Simulation — Performance Scoresheet

Scored **live**, by a facilitator who is not running the scenario. Retrospective scoring drifts towards kindness. Print two — one per simulation. **Scores are not read out to the group.** Debrief on behaviour; the numbers go to the programme record.

Simulation **Team / group** **Leader** **Date** **Scored by**

#	DOMAIN	GROUP	NOT DONE 0	PARTIAL 1	DONE 2
1	Recognises critical illness	ABCDE			
2	Calls for help early	ABCDE			
3	Uses ABCDE systematically	ABCDE			
4	**Treats life-threatening abnormalities before moving on**	Treatment			
5	Uses oxygen and ventilation appropriately	Treatment			
6	Initiates monitoring and access appropriately	Treatment			
7	Checks glucose when relevant	Treatment			
8	**Reassesses after intervention**	Treatment			
9	Makes an appropriate escalation / transfer decision	Communication			
10	Gives structured SBAR communication	Communication			

SUB-SCORE	POINTS	MAXIMUM	%	WHAT A LOW SCORE HERE MEANS
ABCDE (items 1–3)		6		The sequence itself is not yet automatic — repeat Station 1.
Treatment & reassessment (4–8)		10		They assess well and act late. Drill “treat at the letter, then reassess”.
Communication & escalation (9–10)		4		Recognition without escalation. Repeat Station 4 and re-audit next drill.
OVERALL		20		—

System gaps found during this simulation — equipment missing, drug not stocked, expiry passed, pathway unclear. These go to the Corrective Action Register the same day.

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DEBRIEF COMPLETED YES NO

Facilitator signature

1 ABCDE drill — spoken aloud

In pairs. One is the patient, one assesses out loud. 4 minutes each, then swap.

Assessor

Participant

Date

#	OBSERVED BEHAVIOUR	NOT DONE	PARTIAL	DONE
1	States safety and first impression before touching the patient			
2	Speaks to the patient — uses the reply to answer A, B and C			
3	**Names each letter aloud** as they reach it			
4	Announces each finding in a form a colleague could write down			
5	**Declares the treatment at the letter** — does not defer it			
6	Counts the respiratory rate rather than estimating it			
7	Checks glucose at D without prompting			
8	**Returns to A** after the loop and says so			

Critical: moving past an untreated life-threatening finding is an automatic “not yet” for the station, whatever the rest of the score.

One thing done well

One thing to change next time

RESULT PASS REPEAT

Assessor signature

2 NEWS2 scoring & escalation

Three written observation sets. Score on paper in under a minute each, then confirm against the calculator.

Assessor

Participant

Date

#	OBSERVED BEHAVIOUR	NOT DONE	PARTIAL	DONE
1	Set A total correct			
2	Set B total correct			
3	Set C total correct			
4	**Identifies a single parameter scoring 3** and says why it matters			
5	States the required response for the score obtained			
6	Knows when Scale 2 applies — and that it needs a confirmed prescription			
7	Says that clinical concern overrides a reassuring score			
8	Completes each set in under one minute			

Critical: a participant who scores correctly but cannot name the escalation has not passed this station. The number exists to make someone come.

- [ ] One thing done well
- [ ] One thing to change next time

RESULT PASS REPEAT

Assessor signature

3 Oxygen & delivery devices

Our actual equipment on the table. Handle each device and state the target and the reason.

Assessor

Participant

Date

#	OBSERVED BEHAVIOUR	NOT DONE	PARTIAL	DONE
1	States the usual acute target **94–98%**			
2	States **88–92%** where hypercapnic risk is known			
3	States asthma oxygen: **only if SpO_2 <92%, upper limit 95%**			
4	Selects an appropriate device for a stated target and flow			
5	Assembles the bag-mask correctly and achieves a seal			
6	Ventilates at **1 breath every 6 seconds** in respiratory arrest with a pulse			
7	Assembles and uses a spacer correctly with a pMDI			
8	Says that oxygen is a drug, given for hypoxaemia and titrated			

Critical: reflex high-flow oxygen for every acutely unwell patient, with no stated target, is a fail — as is a bag-mask assembled without a reservoir when one is available.

One thing done well

One thing to change next time

RESULT PASS REPEAT

Assessor signature

4 SBAR — the escalation call

Delivered aloud to the room as if on the telephone, immediately after the simulation.

Assessor

Participant

Date

#	OBSERVED BEHAVIOUR	NOT DONE	PARTIAL	DONE
1	**S** — identifies self, place, patient and what is happening now			
2	Signals severity in the **first ten seconds**			
3	**B** — relevant background only, no narrative			
4	**A** — ABCDE findings with numbers, including NEWS2			
5	States what was given and the response to it			
6	**R** — an explicit request (“I need you here now”)			
7	The request is **time-bound** and confirms what happens next			
8	Delivers it in under 60 seconds			

Critical: a handover with no Recommendation is a fail, however complete the rest. The listener must know exactly what is being asked of them.

One thing to change next time

RESULT PASS REPEAT Assessor signature