**ORP Simulation Day Organization and Monitoring**

1. **Organization**

Participants will be split into 4 groups with a mix of background in each group. Ideally there should be 5 or 6 people in each group. Any more than this and it will be hard to give people specific roles in the ORP set up.

At least one and preferably two observers should be allotted for each of the two ORPs. A WASH or IPC specialist will be doing practical training around preparing and mixing various solutions with two groups while the other two groups set up an ORP. One person should oversee all the activities, keep an eye on the timing and *oversee the ‘patient sending*’ in the simulation. Thus the training team should be 4 to 6 persons.

1. **Timing**

**45 – 60 minutes:** Setting up of ORPs with the two groups reviewing each-others’ set-up and being allowed to develop changes discussed. During this time the other two groups go through IPC and the mix of chlorine solutions as well as being briefed on their role as patients.

**45 – 60 minutes:** the ORPs go operational and deal with patients. The ORP should have to deal with between 15 and 20 patients in this time. Patient profiles are given to trainees who act this profile at each of the ORPs in turn. Patients should be encouraged to play the role realistically whilst also observing and mentally noting the care they receive.

**30 – 45 minutes:** Feedback to the ORP groups

1. **Scenario additions**

Whilst those playing patients will have details of the role the person overseeing the simulation should add in some extra complications. The following are suggested.

Rumours regarding ORS, the ORP or being referred to a CTC

Vomiting over a volunteer, defecating across the treatment area, running into the ORP as patient needs toilet without any check or registration.

Stealing of stock (children thinking they are sweets), complaining that they have not been given enough medication and that others got more.

The table below indicates talking points which can be extracted from the above:

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| Scenario add on | Talking point | Discussion points |
| Don’t take ORS | Rumour management | Find out if there is a rumour. What is it about ORS they do not like? Is it an option to mix salt and sugar solution in front of the patient so they will take something. Is it the flavor, is it the fact it is in a package? |
| Don’t go to the ORP | Rumour management | Break down why they will not go into the ORP – is it the site itself or is it what happens there and the treatment. Explain why the ORP is there and what its purpose is. If still resistance and it is going in to the ORP that scares people, find a way to register and treat them outside. If it is the treatment rather than the place, ask if they will sit in the ORP and observe the treatment given to others. |
| Don’t let them refer you | Rumour management | Is this rumour based ? Involve trusted people in the discussion. This is a life threatening situation and you will need to put in place as many reassurances and conditions as are required to get the patient to the CTC |
| Vomit over a volunteer | IPC | What actions were taken after the volunteer had vomited on them ? Was the area around this disinfected ? |
| Defecate over treatment area | IPC | Was the whole area disinfected ? What should be the actions taken with people with soiled clothing ? |
|  |  |  |
| Run into the ORP to use the toilet | IPC, access and security | Location of toilets in ORP; offering services to those who have not been registered eg. ORS, shade and toilet available before registration.  Controlling patient flow (put in zigzag at entrance so cant run in straight) |
| Stealing consumable supplies | Security and storage | Are items given to patients being logged to keep a stock count? Are the consumables in a safe storage area away from the patients? The dangers of people and especially children taking things when they are unsure of what they are for. |
| Complaints from patients that they have not received enough medication or the wrong medication | Patient treatment and transparency | Why do they think this ? Show the treatment regimes so that patient can see for themselves what they should get. Explain that they can return if they are not improving or they need more items.  Discuss with trainees whether there is any time they would give more medication to a patient. |

1. **Feedback**

**From Observers**

One or two observers should watch the simulation and make notes on how the team work. The main things they should look at are leadership and teamwork; IPC; patient flow and management and correct logging, diagnosis and treatment. Two observers is better here as one can follow the logging and the diagnosis and treatment and the other can follow IPC, patient flow and teamwork. Both observe responses to rumour management.

**From Patients**

How were they treated and looked after. Did they feel ignored. How did the team cope with the rumours started and patient resistance.

**From the ORP Group**

Encourage them to say what they thought they did well and what they thought went badly. What were the areas they found most difficult to deal with and how would they have done things differently.