
Supplementary Material- Scenario Script: Training together: how another human's presence affects behavior during virtual human-based team training

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This appendix attempts to describe the script used in the Surgical Count scenario. As an actual interaction can proceed non-linearly, this script serves as a general example describing participants' experiences, not an exact copy. When it is a participant's turn to speak, typical responses are shown in italics.

1 STAGE 1: THE PRE-INDUCTION BRIEFING

Surgeon Ok, we're finally back in the OR. It looks like everyone is present. Let's go around and introduce ourselves.

Surgeon Eric, we're going to be taking care of you today. I'm your surgical attending, Dr. Girard.

Anesth My name is Dr. Sanders. I'm the anesthesia attending today.

Nurse *I'm Sandy, I'll be your nurse today.*

Tech *I'm Laura, I'm the surgical technician in the room today.*

Surgeon Great. It's good to be working with you all today. Let's go ahead and start the briefing.

Surgeon Mr. Mason, could you confirm for me your full name and date of birth?

Patient My name is Eric Mason. I was born on December 13th, 1954.

Surgeon Alright, great. And what procedure are you having today?

Patient You're going to take out my pancreas, with cameras and a small incision, I think.

Surgeon That's right, that's what I see here on your consent form.

Surgeon (To nurse) Ok. And Mr. Mason's medical record number is 02119711, correct?

Nurse *Yes, that's correct.*

Surgeon Ok, site markings aren't needed since we're removing his pancreas.

Surgeon And do you have any allergies?

Patient I don't think so. None that I'm aware of.

Surgeon Alright, great.

Surgeon (To anesth) Antibiotics for this procedure? Cefotetan?

Anesth Yes, that's what I was planning to administer. 2 grams?

Surgeon Yeah, 2 grams will be good.

Surgeon I remember Mr. Mason was on some statin preop, so we won't need any anticoagulants or beta blockers.

Surgeon (To nurse) And what was Mr. Mason's H&H?

Nurse *His H&H is 11.5 and 34.*

Surgeon (To nurse) Alright, what about the type-and-screen? Do we have replacement blood available?

Nurse *Uh, the type-and-screen was good, but it looks like the ABO verification wasn't drawn in preop.*

Surgeon (To anesth) Alright, Dr. Sanders, make sure those samples get drawn after we finish this briefing.

Anesth *Ok, I'll take care of that.*

Surgeon *He'll be supine, and I'd like his arms tucked.*

Surgeon *Beta blockade is not indicated. For Dvt prophylaxis we're going to do compression stockings.*

Surgeon (To nurse) He had heparin in preop, right?

Nurse *Yes, that's correct.*

Surgeon (To anesth) Ok, and we'll use an upper and a lower body bair hugger?

Anesth *Yeah, let's do that.*

Surgeon *Uh, we already covered antibiotics, and we'll give him nice warmed IV fluids.*

Surgeon (To nurse) Have Mr. Mason's SCDs been placed?

Nurse *Yes, they're on.*

Surgeon (To tech) Are all the instruments ready and in the room?

Tech *Yes, they're all ready.*

Surgeon *And you've got endo-clips?*

Tech *Yes, we do.*

Surgeon *Great, thanks.*

Anesth (To surgeon) How many units do you want for the procedure?

Surgeon *I don't bleed much. Two units should be sufficient.*

Surgeon *Ok, we don't need any imaging.*

Surgeon *Uh, ok. Post-operative destination? The PACU?*

Nurse *Yes, that's right.*

Surgeon *Alright, that's everything then. Does anyone have any concerns, or are we ready to begin?*

Nurse *I think we're ready*

Anesth *I have no concerns*

Tech *I think we're ready*

Surgeon *Alright, let's get started.*

2 STAGE 2: THE PRE-INCISION TIMEOUT

Surgeon (To anesth) Ok, we've finally induced. You got your lines in right?

Anesth *Yes, we've got them in*

Surgeon *Alright, great. We're running behind schedule, so let's see if we can finish the timeout quickly.*

Surgeon *This is still the correct patient, right? His tag still says Eric Mason, right?*

Nurse *Yes, this is Eric Mason.*

Surgeon *And his medical record number is still 02119711?*

Nurse *Yes, that's right.*

Surgeon *And we are still planning to do a laparoscopic whipple, correct?*

Nurse *Yes, that is correct.*

Surgeon (To tech) Ok. You've got all the equipment ready?

Tech *Yes, we do.*

Surgeon *Do we have a 0 degree, 5 millimeter scope?*

Tech *Yes, I've got one right here.*

Surgeon *Perfect, thanks.*

Surgeon (To anesth) Have the antibiotics been administered?

Anesth Yes, I've administered the antibiotics.

Surgeon (To anesth) Great, do we have blood available?

Anesth We sent the samples down, but it looks like the blood bank never received them.

Surgeon What? Are you kidding me? And you're just telling me this now? Why didn't you re-send the samples?

Anesth Look, I'm sorry, things were hectic while we were getting him ready.

Surgeon Whatever, I don't care what your excuse is. Just send the samples down now.

Surgeon We're going to have to get started while the labs are being processed. We're already running behind today

Surgeon Any objections?

Nurse *So what are we supposed to do if he needs blood earlier than expected?*

Surgeon We can always use uncrossmatched blood if we have to. That happens all the time, I don't see why you're making this such a big deal.

Nurse *I'm not comfortable starting without any blood available.*

Surgeon So what are we supposed to do while we're waiting? Just keep him under anesthesia, getting brain damage for all I know?

Nurse *This policy is intended to help prevent us from transfusing the wrong type of blood. Requiring a second sample helps us prevent a wrong blood in tube event.*

Surgeon Well look, we're at least an hour away from any significant blood loss, maybe even more. The labs should be processed in, what, 30 minutes? That's more than enough time.

Nurse *I understand your concerns, but it is not safe to proceed. The blood bank won't release us replacement blood until they get an ABO verification.*

Surgeon Look, the blood bank's policy of needing two samples is silly, this is unnecessary. We already know his blood type from his type and screen and we know that he doesn't have antibodies.

Surgeon You know what, I'm just going to get started. I don't have time to waste, I've got other patients I have to attend to after this guy. Send the blood now and I'm going to get started.

Surgeon (To tech) Give me the knife.

Tech *I'm not going to give you the knife. We need to wait until blood is available.*

Surgeon I'll get the knife myself then. We're starting this surgery now.

Nurse *Now hold on, this isn't safe for the patient.*

Surgeon I'm already running behind schedule. We are starting this surgery now.

Nurse *If you insist on proceeding, then I'm going to have to call my charge nurse*

Surgeon Fine. You do that.

3 STAGE 3: THE CLOSING COUNT

Surgeon Alright, I'm finished and ready to close. Good job everyone. Can you go ahead and start the closing count?

Tech *Sure, we'll start the count.*

Surgeon Ok, let me know when you're finished.

Tech (To nurse) *Ok, we'll start with the laps. Are you ready to start the count?*

Nurse *Yes, I'm ready.*

Tech *Alright*

Tech (Laps on surgical field) *One, Two, Three –*

Tech (Laps on mayo stand) *Four, Five, Six, Seven, Eight. Ok, I've got eight here. What do you have in the sponge counting bag?*

Nurse (Laps in sponge bag) *Nine, Ten, Eleven, Twelve, Thirteen, Fourteen, Fifteen, Sixteen, Seventeen, Eighteen, Nineteen, Twenty, Twenty-one, Twenty-two, Twenty-three, Twenty-four, Twenty-five, Twenty-six, Twenty-seven, Twenty-eight, Twenty-nine, Thirty. Thirty laps.*

Nurse *Ok, thirty laps, that's correct.*

Tech *Alright, now raytecs.*

Tech (Raytecs on surgical field) *I have two up.*

Tech (Raytecs on mayo stand) *Three, Four, Five, Six, Seven, Eight. I've got eight raytecs here. How many are in the bag?*

Nurse (Raytecs in sponge bag) *Nine, Ten. Ten Raytecs.*

Nurse *Ok, ten raytecs, that's right.*

Tech *OK, KD's next.*

Tech *KDs on mayo stand One, Two, Three, Four, Five.*

Nurse *Ok, five KDs, that's good.*

Tech *Alright, let's do needles now.*

Tech (Needles on mayo stand) *One, Two, Three, Four, Five, Six, Seven, Eight, Nine, Ten, Eleven, Twelve, Thirteen, Fourteen, Fifteen, Sixteen.*

Nurse *Ok, sixteen needles. that's good.*

Tech *Alright, bovie tips next.*

Tech (Bovie tips on mayo stand) *One, Two, Three bovie tips.*

Nurse *Ok, three bovie tips, that's right.*

Tech *Alright, blades next.*

Tech (Blades on mayo stand) *One, Two, Three, Four, Five blades.*

Nurse *Ok, five blades, that's right.*

Tech *Alright, hypos next.*

Tech (Hypos on mayo stand) *One, two hypos.*

Nurse *Ok, two hypos, that's right.*

Tech *Alright, boats next.*

Tech (Boats on mayo stand) *Ok, I've got one boat.*

Nurse *Uh, I've got two boats written here. You're sure there's only one boat?*

Tech *Let me check again. Yeah, I've only got one boat here.*

Surgeon *You're missing something? What happened?*

Tech *A boat is missing. There were two at the initial count, but we've only got one now.*

Surgeon *Alright, well we're going to need to find it. Everyone start searching for a missing boat.*

Surgeon *Are you finding anything? I'm not finding anything inside the patient.*

Tech *We're still looking. We haven't found anything yet.*

Surgeon *I'm not seeing anything inside the patient. Are you sure the count was off? I've never had a count be off like this before.*

Tech *We're sure the count is off. There's only one boat accounted for.*

Surgeon *Ok, well, I'm very positive that nothing is in the patient. And you're telling me you haven't found it in the room? Did you check in the drapes?*

Tech *We looked in the drapes, but we didn't find anything.*

Anesth *Are we going to need to get an x-ray? I need to know if I need to keep this guy asleep. He's already almost woken up once.*

- Surgeon** Yeah, I guess we need to order an x-ray. I still don't think it's in the patient though. I didn't see anything in there.
- Surgeon** Ok, the x-ray is back. Like I said earlier, I don't see anything inside the patient. Let's close him up. The boat must be in the room somewhere.
- Tech** *Sir, the policy states the attending radiologist has to look at the film.*
- Surgeon** Look, I can see the x-ray right now and there's nothing there. I don't want to waste more time when there's clearly nothing on the x-ray.
- Tech** *Yes sir, but the policy states the attending radiologist has to look at the film.*
- Surgeon** I'm just as qualified to read an x-ray as any radiologist is. This is a stupid policy, and I don't agree with it.
- Tech** *I understand sir, but this policy exists for the patient's safety.*
- Surgeon** Look, I've been here for 36 hours, I was supposed to go home six hours ago, I'm exhausted. There's nothing on the x-ray, I'm going to close the patient now. The boat isn't inside him.
- Tech** *I'm sorry, but I can't let you close the patient until you've spoke with the radiologist.*
- Surgeon** This is ridiculous. You can see the x-ray yourself, there's nothing in there that's not supposed to be. Why are you being so difficult? I'm closing the patient now.
- Tech** *Would you like me to get the radiologist on the phone for you?*
- Surgeon** I'm not talking to the radiologist. This is a waste of time. I'm closing the patient now.
- Tech** *It will only take a minute sir.*
- Surgeon** You know what, I'm the surgeon here, I'm making this decision. I'm not waiting to talk to the radiologist. We're closing the patient now.
- Tech** *Alright, well I'm going to have to call the charge nurse.*
- Surgeon** Fine, you do that.