Simulation Design Template

Phil Gardner – Simulation # 3

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| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** 20 minutes**Location:** Retirement community meeting room**Today’s Date:** | **File Name:****Student Level:** **Guided Reflection Time:** Twice the amount of time that the simulation runs**Location for Reflection:**  |

Brief Description of Patient

**Name:** Phil Gardner **Pronouns:** he/him

**Date of Birth:** 11-11-YYYY (reflect age 75) **Age**: 75

**Sex Assigned at Birth**: Male **Gender Identity**: Male

**Sexual Orientation**: heterosexual **Marital Status:** widower

**Weight**: 180 lbs. (81.6 kg) **Height**: 6’1”

**Racial Group:** (Faculty can select) **Language:** English **Religion:** (Faculty can select)

**Employment Status**: Retired **Insurance Status:** Medicare **Veteran Status**: N/A

**Support Person:** Son Phil Jr age 50, daughter Kara age 48 **Support Phone:** Phil Jr. 555-623-1212

**Allergies:** None Known **Immunizations:** No record

**Attending Provider/Team:** Sasha Brummond, MD – Medical Director Lakeside Retirement Living

**Past Medical History:** Healthy 75-year-old male

**History of Present Illness:** None, being seen in monthly blood pressure clinic held at Mr. Gardner’s retirement living community. He is a retired firefighter who is in good health.

**Social History:** Mr. Gardner has had borderline hypertension for the past year. He was the caretaker for his wife Lois. They moved to Lakeside Retirement Living about 6 months ago. Phil was out with friends and Lois had a home health aide in attendance when Lois suffered an acute MI and died at home one month ago.

Mrs. Gardner had dementia for several years and also had chronic obstructive pulmonary disease (COPD) and heart failure (HF) and a myocardial infarction (MI) in her 50’s.

**Primary Medical Diagnosis:** Borderline hypertension (Readings in past year were 130/88, 128/80, 134/82).

**Surgeries/Procedures & Dates:** None

Psychomotor Skills Required of Participants Prior to Simulation

Blood pressure assessment

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Grieving process
* Hypertension

Read/review the following:

Caregiver support when the loved one they were caring for dies - examples of resources:

* NextAvenue.org

<https://www.nextavenue.org/when-loved-one-you-cared-dies-what-comes-next/>

* When Caregiving Ends

<https://www.caregiver.org/resource/when-caregiving-ends/>

* The Geriatric Depression Scale

<https://hign.org/consultgeri/try-this-series/geriatric-depression-scale-gds>

Make a list of grief support resources in your community

Simulation Learning Objectives

General Objectives (Note: The objectives listed below are general in nature and once learners have been exposed to the content, they are expected to maintain competency in these areas. Not every simulation will include all of the objectives listed.)

1. Practice standard precautions.
2. Employ strategies to reduce risk of harm to the patient.
3. Conduct assessments appropriate for care of patient in an organized and systematic manner.
4. Perform priority nursing actions based on assessment and clinical data*.*
5. Reassess/monitor patient status following nursing interventions.
6. Communicate with patient and family in a manner that illustrates caring, reflects cultural awareness, and addresses psychosocial needs.
7. Communicate appropriately with other health care team members in a timely, organized, patient-specific manner.
8. Make clinical judgments and decisions that are evidence-based.
9. Practice within nursing scope of practice.
10. Demonstrate knowledge of legal and ethical obligations.

Simulation Scenario Objectives

1. Assess Phil’s understanding and management of his blood pressure.
2. Use therapeutic communication techniques to encourage Phil to talk about how he is coping after spouse’s death.
3. Discuss available resources to support Phil in the grieving process.

Faculty Reference

Bereavement after Caregiving. Geriatrics. 2008 Jan; 63(1): 20-22. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2790185/>

Experts Talk about Symptoms, not Stages, of Grief

<https://www.crossroadshospice.com/hospice-palliative-care-blog/2017/august/30/why-experts-talk-about-symptoms-not-stages-of-grief/>

Hospice Foundation of America, Caregiving & Grief

[https://hospicefoundation.org/Grief-(1)/Caregiving](https://hospicefoundation.org/Grief-%281%29/Caregiving)

Family Caregiving Alliance: Caregiving and Ambiguous Loss

<https://www.caregiver.org/caregiving-and-ambiguous-loss>

When Caregiving Ends: The Experiences of Former Family Caregivers of People with Dementia. Gerontologist, 2018, Vol. 58, No. 2, e87–e96 doi:10.1093/geront/gnw205

<https://academic.oup.com/gerontologist/article/58/2/e87/2869614>

Setting/Environment

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| [ ]  Emergency Department[ ]  Medical-Surgical Unit[ ]  Pediatric Unit[ ]  Maternity Unit[ ]  Behavioral Health Unit | [ ]  ICU[ ]  OR / PACU[ ]  Rehabilitation Unit[ ]  Home [ ]  Outpatient Clinic[x]  Other: Small meeting room in apartment complex. Table, chairs, and blood pressure equipment |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Simulated patient recommended.

**Recommended Mode for Simulator:**

**Other Props & Moulage:**

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| **Equipment Attached to Manikin/Simulated Patient:**[ ]  ID band [ ]  IV tubing with primary line fluids running at \_\_ mL/hr[ ]  Secondary IV line running at \_\_ mL/hr[ ]  IVPB with \_\_ running at \_\_ mL/hr[ ]  IV pump[ ]  PCA pump [ ]  Foley catheter with \_\_ mL output[ ]  02 [ ]  Monitor attached[ ]  Other: **Other Essential Equipment:****Medications and Fluids:**[ ]  Oral Meds: [ ]  IV Fluids: [ ]  IVPB: [ ]  IV Push: [ ]  IM or SC:  | **Equipment Available in Room:**[ ]  Bedpan/urinal[ ]  02 delivery device (type) [ ]  Foley kit[ ]  Straight catheter kit[ ]  Incentive spirometer[ ]  Fluids[ ]  IV start kit[ ]  IV tubing[ ]  IVPB tubing[ ]  IV pump[ ]  Feeding pump[ ]  Crash cart with airway devices and emergency medications[ ]  Defibrillator/pacer[ ]  Suction [x] Other: Blood pressure cuff and stethoscopePatient teaching materials about hypertension |

Roles

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| --- | --- |
| [x]  Nurse 1[x]  Nurse 2[ ]  Nurse 3[ ]  Provider (physician/advanced practice nurse)[ ]  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | [x]  Observer(s) (Any number of observers)[ ]  Recorder(s)[ ]  Family member #1[ ]  Family member #2[ ]  Clergy[ ]  Unlicensed assistive personnel [ ]  Other: |

Guidelines/Information Related to Roles

Learners in role of nurse should determine which assessments and interventions each will be responsible for, or facilitator can assign nurse 1 and nurse 2 roles with related responsibilities.

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be created from Scenario Progression Outline.

Pre-briefing/Briefing

Prior to report, participants will need pre-briefing/briefing. During this time, faculty/facilitators should establish a safe container for learning, discuss the fiction contract and confidentiality, and orient participants to the environment, roles, time allotment, and objectives.

For a comprehensive checklist and information on its development, go to <http://www.nln.org/sirc/sirc-resources/sirc-tools-and-tips#simtemplate>.

Report Students Will Receive Before Simulation

**Time:** 1000

**Person providing report:** RN who normally runs BP clinic giving report to new RNs

**Situation:** Mr. Gardner is a 75-year-old man with borderline BP of 134/82 at last screening.

**Background:** Mr. Gardner has had some personal stress in the past month. He was the caregiver for his wife who had dementia and some physical challenges. He had hired a home care assistant for some respite care and he was out bowling with his friends when his wife had an MI and died. He’s been having some difficulty adjusting to his new circumstances.

**Assessment:** Borderline hypertension. Grieving recent loss of spouse and personal stressors

**Recommendation:** Assess blood pressure. Assess Mr. Gardner’s current emotional status and potential need for support.

Scenario Progression Outline

**Patient Name:** Phil Gardner **Date of Birth:** 11-11-YYYY (reflect age 75)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Phil: “I’m here to have my blood pressure checked again.” | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID
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| **5-10 min** | Phil: “I think it was 130 or 140 or something last time.”(Learners should either check blood pressure of SP or be provided with BP results in note form) | **Learners are expected to**:* Take blood pressure
* Explain to Phil his last reading and what that means
 | **Role member providing cue:** Phil**Cue:** If learners don’t inform Phil of BP numbers, “What exactly was it last time, and what is it now?” |
| **10-15 min** | Phil: “There’s other things I’m more worried about than my blood pressure, to be honest with you.”“My wife Lois died last month. I was the one who took care of her. And I wasn’t even there with her when she died. Had a heart attack. Her second one.”“I am not sleeping much, and I have no appetite. I keep wondering if this is my fault. Could I have done something? Should I have stayed home that night” | **Learners are expected to:*** Encourage Phil to say more about his current situation
* Listen to concerns
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| **15-20 min** |  | **Learners are expected to:*** Discuss grief and normal responses
* Reassure Phil about his reactions and feelings
* (if time and appropriate, could consider Geriatric Depression Scale)
* Provide information about possible sources of support in the community: healthcare provider, support groups, etc.
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Debriefing/Guided Reflection

Note to Faculty

We recognize that faculty will implement the materials we have provided in many ways and venues. Some may use them exactly as written and others will adapt and modify extensively. Some may choose to implement materials and initiate relevant discussions around this content in the classroom or clinical setting in addition to providing a simulation experience. We have designed this scenario to provide an enriching experiential learning encounter that will allow learners to accomplish the listed objectives and spark rich discussion during debriefing. There are a few main themes that we hope learners will bring up during debriefing, but if they do not, we encourage you to introduce them.

**Themes for this scenario:**

* Blood pressure assessment and Phil’s care of self
* Phil’s grieving
* Phil’s guilt over Lois’ death
* Loss of caregiver role

We do not expect you to introduce all of the questions listed below. The questions are presented only to suggest topics that may inspire the learning conversation. Learner actions and responses observed by the debriefer should be specifically addressed using a theory-based debriefing methodology (e.g., Debriefing with Good Judgment, Debriefing for Meaningful Learning, PEARLS). The debriefing questions for consideration are organized into the phases of debriefing, as recommended by the Healthcare Simulation Standard of Best Practice™ The Debriefing Process. The following phases are included below: Reactions/Defuse, Analysis/Discovery and Summary/Application. Remember to also identify important concepts or curricular threads that are specific to your program.

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| **Debriefing Phase** | **Debriefing Questions for Consideration** |
| Reactions/ Defuse  | How did you feel throughout the simulation experience? |
| Give a brief summary of this patient and what happened in the simulation. |
| What were the main problems that you identified? |
| Analysis/ Discovery | Discuss the knowledge guiding your thinking surrounding these main problems. |
| What were the key assessment and interventions for this patient? |
| Discuss how you identified these key assessments and interventions. |
| Discuss the information resources you used to assess this patient. How did this guide your care planning? |
| Discuss the clinical manifestations evidenced during your assessment. How would you explain these manifestations? |
| Explain the nursing management considerations for this patient. Discuss the knowledge guiding your thinking. |
| What information and information management tools did you use to monitor this patient’s outcomes? Explain your thinking. |
| How did you communicate with the patient? |
| What specific issues would you want to take into consideration to provide for this patient’s unique care needs? |
| Discuss the safety issues you considered when implementing care for this patient. |
| What measures did you implement to ensure safe patient care? |
| What other members of the care team should you consider important to achieving good care outcomes? |
| How would you assess the quality of care provided? |
| What could you do improve the quality of care for this patient? |
| Summary/ Application | If you were able to do this again, how would you handle the situation differently? |
| What did you learn from this experience? |
| How will you apply what you learned today to your clinical practice? |
| Is there anything else you would like to discuss? |

Guided Debriefing Tool

The NLN created a Guided Debriefing Tool to provide structure from which facilitator observations can make objective notes of learner behaviors in simulation in direct relationship to the learning outcomes. [Download the NLN Guided Debriefing Tool](https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/sirc/guided-debriefing-tool.docx?sfvrsn=f659d27e_3).