

Instructor's Toolkit for Ertha Williams Simulations

The cases were written so that they can be modified to meet the needs of diverse curricula. Since preparation is key to a successful simulation experience, faculty should plan to read through each unfolding case before using it. Students will be more successful in the simulation scenarios if they review the introductory monologues and the recommended resources and tools prior to the simulation.

We have included best practices but realize that interventions vary by region. Faculty may wish to include medications, treatments, and standards of care that are current practice in their own geographic areas. Care management and complexity of the care with the older adult often include polyprovider and polypharmacy issues. In an effort to highlight these complexities, the simulation scenarios presented here include the use of drugs or combination of drugs that may not be appropriate or safe for this population.

The goal for this intentional teaching strategy is for students to develop their assessment techniques, use the Beers Criteria and other tools specific for the older adult. Instructors should include these issues in their debriefing conversations with students. No other intentional errors were included in these cases.

Faculty may wish to increase or decrease the complexity of the scenario depending on the level of students who are participating. Faculty may also wish to modify these scenarios to provide an interprofessional educational (IPE) experience for students. When redesigning for this purpose we urge you to include the other health care professional(s) in the redesign process to ensure that the simulation accurately reflects their scope of practice.

Assessment techniques are very important in the care management of this population. Use of multiple assessment tools have been intentionally incorporated into these simulation scenarios. Faculty may want to review the tools in advance to determine best strategies for student preparation to enhance simulation and debriefing. You can vary the length of the scenario by adding or eliminating assessments depending on your objectives and timeframes.

Here are a few ideas for using the simulation scenarios:

- Have students listen to or read the monologue during pre-briefing.
- Conduct the simulation in the classroom; debrief as a group or break up into small groups and have one member of each group summarize the debriefing session.
- Video record the simulation and show it in the classroom; debrief as a group, or in small groups as above.
- Use in a web assignment: students view video on your website, debrief in small groups using synchronous tools.

- Plan a simulation day, using all three scenarios in one day. Have students rotate through different roles in each simulation.
- Plan a day that rotates groups of students through the simulation and a variety of other “stations” where they practice skills or research information for the case.
- Develop new simulation scenarios that include content and skills that match your curriculum.
- Have students develop new simulation scenarios.

Here are a few ideas for modifications that could be made to the Ertha Williams scenarios:

Simulation 1

- Focus on Henry and his needs for socialization and respite from the caregiver role.

Simulation 2

- Modify Ertha's behavior to show less deterioration. Conduct a SPICES assessment followed by other tools to assess sleep, nutrition, oral health, etc. Explore involvement in more activities in assisted living facility or adult day care center.

Simulation 3

- Moulage manikin or standardized patient with an injury that would produce significant pain. Have Ertha's behavior improve after treatment of the injury and medication.

Review the material in the [Teaching Strategies](#) section for other ideas.