### Simulation Design Template

Randy Adams – Simulation 1

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** approx. 20 minutes  **Location:** Hospital Emergency Department  **Today’s Date:** | **File Name:** Randy Adams  **Student Level:**  **Guided Reflection Time:** Twice the amount of simulation run time  **Location for Reflection:** |

Brief Description of Patient

**Name:** Randy Adams **Pronouns:** he/him

**Date of Birth:** 07-26-YYYY (reflect age 32) **Age**: 32

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

**Sexual Orientation:** heterosexual **Marial Status:** married

**Weight**: 176 lbs (80 kg) **Height**: 70 in

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

**Employment Status:** employed **Insurance Status:** insured

**Veteran Status:** member of Army National Guard

**Support Person:** Wife Joy Adams **Support Phone:** 222-345-7799

**Allergies:** No known allergies **Immunizations:** Current

**Attending Provider/Team:** Joe Reynolds, MD

**Past Medical History:** 32-year-old male treated for severe headaches for the past several months

**History of Present Illness:** Transported to the emergency room by ambulance after a single vehicle roll over. He was confused and disoriented and suffering from a concussion.

**Social History:** Randy is married and he and his wife, Joy, have twin sons, Jeff and Jarod (age 18 months). A few years ago, Randy was deployed to Iraq for 12 months with the US Army National Guard. He never sustained a life-threatening injury but was involved in four separate convoy incidents and was placed under observation after two of the improvised explosive device - IED - incidents. He currently works at a computer repair shop.

**Primary Medical Diagnosis:** Concussive head injury from motor vehicle accident (Grade II or III)

**Surgeries/Procedures & Dates:** None

Psychomotor Skills Required Prior to Simulation

* Medication Administration
* Removal of saline lock device

Cognitive Activities Required Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Care of the patient with a concussion

Review content on these websites:

* <https://www.cdc.gov/traumaticbraininjury/mtbi_guideline.html>

* <http://www.va.gov/healthbenefits/apply/returning_servicemembers.asp>
* <https://www.ptsd.va.gov/publications/print/WhatIsPTSDtri-foldBrochure-HiRes.pdf>
* <https://www.defense.gov/News/Special-Reports/0315_tbi/>

Read the following articles about characteristics of veterans of this era:

* Allen, P. E., Armstrong, M. L., Conard, P. L., Saladiner, J. E., & Hamilton, M. J. (2013). Veterans' Health Care Considerations for Today’s Nursing Curricula. Journal of Nursing Education, 52(11), 634-640. doi:10.3928/01484834-20131017-01. Available at <https://www.researchgate.net/publication/257815279_Veterans'_Health_Care_Considerations_for_Today's_Nursing_Curricula>
* Waszak, D. L., & Holmes, A. M. (2017). The Unique Health Needs of Post-9/11 U.S. Veterans. Workplace Health & Safety, 65(9), 430-444. doi:10.1177/2165079916682524

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. Perform discharge teaching.
2. Apply knowledge of concussion to nursing interventions.
3. Identify characteristics of veterans from this era.

Faculty Reference

**Resources for concussion, posttraumatic stress disorder and traumatic brain injury:**

* <http://www.polytrauma.va.gov/understanding-tbi/>
* <https://www.cdc.gov/traumaticbraininjury/symptoms.html>
* <http://www.cdc.gov/headsup/providers/index.html>
* <https://www.cdc.gov/traumaticbraininjury/mtbi_guideline.html>
* <http://www.va.gov/healthbenefits/apply/returning_servicemembers.asp>
* <https://www.ptsd.va.gov/publications/print/WhatIsPTSDtri-foldBrochure-HiRes.pdf>
* <https://www.defense.gov/News/Special-Reports/0315_tbi/>

**Resources for characteristics of veterans of this era:**

* Allen, P. E., Armstrong, M. L., Conard, P. L., Saladiner, J. E., & Hamilton, M. J. (2013). Veterans' Health Care Considerations for Today’s Nursing Curricula. Journal of Nursing Education, 52(11), 634-640. doi:10.3928/01484834-20131017-01. Available at <https://www.researchgate.net/publication/257815279_Veterans'_Health_Care_Considerations_for_Today's_Nursing_Curricula>
* Waszak, D. L., & Holmes, A. M. (2017). The Unique Health Needs of Post-9/11 U.S. Veterans. Workplace Health & Safety, 65(9), 430-444. doi:10.1177/2165079916682524

The Healthcare Simulation Standards of Best Practice™

<https://www.inacsl.org/healthcare-simulation-standards>

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  Other: |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Simulated patient recommended for Randy and Joy.

**Recommended Mode for Simulator:** Manual, if used. Mode will not change for this scenario.

**Other Props & Moulage:** Bandage to head. Ice pack to head. Room will be darkened to reduce stimuli in light of head injury.

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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: Saline lock  **Other Essential Equipment:**  **Medications and Fluids:**  Oral Meds: see chart  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  Other: |

Roles

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| Nurse 1  Nurse 2  Nurse 3  Provider (physician/advanced practice nurse)  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | Observer(s) Any number of observers  Recorder(s) Optional  Family member #1: Wife Joy  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.

Joy is concerned about her husband and reassures him when he becomes emotional.

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:** 0800 Tuesday (24 hours after the accident)

**Person providing report:** Nurse going off duty

**Situation:** Randy Adams is a 32-year-old male patient of Dr. Joe Reynolds who was admitted for 24-hour observation for mild concussion following a motor vehicle accident yesterday morning. His wife, Joy, is here to transport him home.

**Background:** Randy lost consciousness during the accident and was very confused when he arrived in the ER after EMS transport. He is an Iraq war veteran and after the accident he seemed to think that this all happened in Iraq. Dr. Reynolds is concerned that he has some residual problems from a couple of explosive incidents while he was in Iraq. He is unsure whether Randy’s current symptoms are from the car accident or from prior injuries, so he has referred him for a consultation with the neurologist and with behavioral health.

**Assessment:** He settled down after his wife arrived. His CT scan and X-ray were negative, and his neuro checks have been fine. He was medicated with acetaminophen x 2 and we gave him an ice pack, but he still complains of a headache. We have not been asking for orientation to time, since he does not have a watch and there is no clock in the room.

**Recommendation:** He is due for one more neuro check and then you can take out his saline lock, go over his discharge paperwork with the patient and his wife, and do the medication reconciliation form. The appointments are already made for the consultations and he takes sumatriptan at home for migraines so it’s mainly the post head injury counseling you’ll need to discuss with them.

Scenario Progression Outline

**Patient Name:** Randy Adams **Date of Birth:** 07-26-YYYY (reflect age 32)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Patient is resting in bed with ice pack to the head and eyes covered from the light. Wife, Joy, is at the bedside.  “Can I get something for this headache besides an ice pack? My head is killing me.”  Randy: “Pain is a 9 out of 10” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID * Perform initial assessment and neuro check * Assess pain * Administer pain medication | **Role member providing cue:** Patient  **Cue:** |
| **5-10 min** | As instructions are being given, Randy will interrupt several times and ask nurse to repeat them.  “Why do I have to go to the neurologist and the psychiatrist? I don’t want anyone trying to make out like I’m one of those crazy war vets we’re always reading about. Dr. Reynolds has always been my doctor and I just want to see him.”  Wife Joy: “Randy, we just want to make sure you’re OK from this car accident. If Dr. Reynolds recommended these doctors I’m sure they will be excellent.”  Joy says to nurse: “I’ll make sure he keeps his appointments. | **Learners are expected to:**   * Remove saline lock * Review discharge instructions | **Role member providing cue:** Joy  **Cue:** If the nurses do not explain something fully Joy will ask them to explain further. |

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| **10-15 min** | “I’m sorry I’ve been such a difficult patient. You all must think I’m nuts or something. And Joy, I’m sorry I’ve caused all this trouble and wrecked the car.” (starts to sob and cry) “I just don’t know what’s wrong with me.”  Wife Joy, will take his hand and try to comfort him. | **Learners are expected to:**   * Reassure that it can be normal to have trouble with emotions or to have thinking or memory problems after a head injury | **Role member providing cue:**  **Cue:** |
| **15-20 min** | Joy will say, “Well, Randy, we need to stop by and pick up the boys before my mother has to go to work. Do we need to wait for an escort out or can we just gather his things and leave now?”  Randy: “OK, is there paperwork for me to sign?” (Even if he has just signed it he will ask anyway.) | **Learners are expected to:**   * Complete paperwork, review instructions with patient and give him a copy. | **Role member providing cue:** Joy  **Cue:** If students forget to provide discharge instructions, Joy will say, “Is there anything else we need to know or watch out for?” |

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:**

* Providing care and comfort for a patient who is distressed
* Nursing interventions for patient with a head injury
* Health risks of veterans related to exposure and events during military service
* Concerns about Randy following discharge

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).