Simulation Design Template

Peggy Nelson and Daughter Bridget Simulation #2

|  |  |
| --- | --- |
| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** 20 minutes**Location:** Rehabilitation unit**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:** Peggy Nelson **Pronouns:** she/her

**Caregiver**: Bridget Nelson Hardy (daughter) **Caregiver Pronouns:** she/her **Caregiver Phone**: 888-888-8888

**Date of Birth:** 7/12/YYYY (reflect age 83) **Age**: 83

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

**Sexual Orientation:** heterosexual **Marital Status:** widow

**Weight**: 138 lbs. **Height**: 5’3”

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

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

**Allergies:** Grass, tree pollen, pet dander **Immunizations:** Up to date including influenza & pneumococcal

**Attending Provider/Team:** Tremont Orthopedic Associates PA

**Past Medical History:** Hypertension, rheumatoid arthritis, hypothyroidism. Fitted for a right ear hearing aid 2 months ago

**History of Present Illness:** Fractured left hip after a fall at home

**Social History:** Widowed 15 years ago, has 2 grown children. Lives alone in a split-level home. Retired teacher.

**Primary Medical Diagnosis:** Fractured left hip; new onset delirium

**Surgeries/Procedures & Dates:** Cataract removal 1 year ago; ORIF left hip 14 days ago

Psychomotor Skills Required of Participants Prior to Simulation

None

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Preparation for discharge
* Role of occupational therapist and physical therapist in care of patient and home assessment
* Caregiver strain

Read/review the following:

* The Preparedness for Caregiving Scale

<https://hign.org/sites/default/files/2020-06/Try_This_General_Assessment_28.pdf>

* A Guide to Taking Care of Yourself from the Family Caregiver Alliance, National Center on Caregiving <https://www.caregiver.org/guide-taking-care-yourself>

Identify community resources for help with care of patient.

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 caregiver for preparedness to care for patient after discharge with reliable, valid, and standardized tool.
2. Review recommendations of occupational therapist in preparation for discharge.
3. Discuss importance of self-care measures for the caregiver.

Faculty Reference

The [Try This:® Series](https://hign.org/consultgeri/try-this-series) from the Hartford Institute for Geriatric Nursing (HIGN) at the NYU Rory Meyers College of Nursing contains many evidence-based assessment tools. The specific tool recommended for this scenario is the Preparedness for Caregiving Scale.

# Geriatric Nursing Education Consortium (GNEC) Webinar Series and Faculty Resources. Available at <https://hign.org/consultgeri/elearning/geriatric-nursing-education-consortium-gnec-webinar-series>

Hartford Institute for Geriatric Nursing, New York University College of Nursing, Overview of Resources. Available at [https://www.johnahartford.org/images/uploads/resources/HIGN\_Resources\_List\_03\_13(2).pdf](https://www.johnahartford.org/images/uploads/resources/HIGN_Resources_List_03_13%282%29.pdf)

A Guide to Taking Care of Yourself from the Family Caregiver Alliance, National Center on Caregiving <https://www.caregiver.org/guide-taking-care-yourself>

The Healthcare Simulation Standards of Best Practice™

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

Setting/Environment

|  |  |
| --- | --- |
| [ ]  Emergency Department[ ]  Medical-Surgical Unit[ ]  Pediatric Unit[ ]  Maternity Unit[ ]  Behavioral Health Unit | [ ]  ICU[ ]  OR / PACU[x]  Rehabilitation Unit[ ]  Home [ ]  Outpatient Clinic[ ]  Other:  |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Simulated patient recommended for caregiver Bridget. Peggy can be either simulated patient or manikin**.**

**Recommended Mode for Simulator:** If using a manikin, no programming required

**Other Props & Moulage:** Patient in street clothes and tennis shoes while in the rehab setting

|  |  |
| --- | --- |
| **Equipment Attached to Manikin/Simulated Patient:**[x]  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: Commode chair, walker |

Roles

|  |  |
| --- | --- |
| [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)[x]  Family member #1- Caregiver Bridget [ ]  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

Please remind learners that this simulation is somewhat different than those they may have experienced in the past. While they will be caring for both the patient and the caregiver, the focus of the simulation is the caregiver.

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:** 0700

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

**Situation:** Mrs. Nelson is an 83-year-old female patient recovering from a left fractured hip 2 weeks ago. She had an open reduction internal fixation (ORIF) and was inpatient for 7 days and has been here in our rehab facility for 7 days.

**Background:** Mrs. Nelson experienced delirium following her surgery. Her delirium has improved but she continues to have symptoms of mild dementia. She is alert and oriented to person and place but exhibits some mild confusion and easily forgets the time and date. She is taking acetaminophen as needed for pain. Her daughter, Bridget Hardy, has been here on a consistent basis; comes to visit during breaks from work once or twice a day with lengthy visits in the evening.

**Assessment:** At 0600 her vitals were BP 138/84, P 78, T 37C, RR 18, O2 sat 93%. Mrs. Nelson is making some progress in physical therapy and is able to take a shower with assistance from an aide but needs frequent cueing to use walker and reminders to wear her glasses and hearing aid. The caregiver, her daughter Bridget, is concerned about her mother going home. She thinks her mom needs 24 hours/day supervision to keep her safe, and she cannot fill that role since she works full time, travels often as part of her job, and her family is dependent on her income. She is concerned about finding people to help her mother at home and about the cost to do so.

**Recommendation:** The occupational therapist made a home visit yesterday and her report is on the chart. Please review this with her daughter and make sure that she knows how to contact the social worker to check on progress for equipment delivery to the home. We expect she will be discharged as soon as equipment is delivered. Her daughter seems very worried about caring for her mother. The caregiver preparedness tool is on the chart and may be helpful.

Scenario Progression Outline

**Patient Name:** Peggy Nelson **Date of Birth:** 07-12-YYYY (reflect age 83)

|  |  |  |  |
| --- | --- | --- | --- |
| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Patient is oriented to person and place. She does not know today’s date or time of day but tries to guess. Patient is pleasant and cooperative.Caregiver Bridget to her mother Peggy: “Mom, I’m worried about you being home alone. Do you think you are ready? I have to keep reminding you to use your walker and you can’t remember the time of day. How are you going to remember when to eat? I have to think about keeping you safe in your home but am not sure how to make this happen now.”Peggy tearfully says: “I need you to promise me that you are not going to put me in a nursing home...I might as well die!”Caregiver Bridget is tearful and replies “Mom, I promise that I will never put you in a nursing home.” | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID
* Verify identity and role of the caregiver who is present in the room
* Inquiring about plans for discharge.
 | **Role member providing cue:** Patient**Cue:** If learners forget to ask about discharge arrangements**,** Peggy can say: “Don’t you think it will be better for me to be in my own house? I hate the thought of going to a nursing home.” |
| **5-10 min** | Preparation for Caregiving Scale ScoreQ1. **1**Q2. **2**Q3. **1**Q4. **1**Q5. **2**Q6. **1**Q7. **1**Q8. **1**Q9. “How can I go about getting some help to care for my mom?”Bridget: “Really, I’m scared that something will happen to mom when I’m not there. Am I a terrible daughter for thinking I can’t care for my mom at home?” | **Learners are expected to**:Administer Preparedness for Caregiving ScaleUse of therapeutic communication to acknowledge stressors related to caregiver role. | **Role member providing cue:** Caregiver Bridget **Cue:** If learners do not administer Preparedness for Caregiving Scale, Bridget will say: “The other nurse said you had some questions to ask me about getting ready to take care of mom after discharge.” |
| **10-15 min** | Bridget: “I am very anxious about taking mom home. This whole situation is making me very nervous. I had to go see my doctor recently and had my antidepressant dose adjusted to deal with all of this!”  | **Learners are expected to:**Discuss self-care measures for the caregiver: *A Guide to Taking Care of Yourself*  | **Role member providing cue:** Caregiver Bridget**Cue:** If learners forget to discuss self-care measures with caregiver**,** Bridget can state tearfully “I have no time to take care of myself. What am I supposed to do?” |
| **15-20 min** | Caregiver Bridget: “They tell me that I have to order a hospital bed and a commode chair, and someone mentioned a raised toilet seat? This is so much, how much will this cost? My husband Tom will have to rearrange the furniture to make room for my mother’s walker. I sure hope he doesn’t pull his back out! I also think I will need to get a nurse’s aide to come to mom’s house and help her. I’m not sure how to go about finding someone.” | **Learners are expected to:**Review occupational therapist’s report and recommendations with caregiver Bridget.Identify community resources that may be available for assistance with care of Peggy. | **Role member providing cue:** Caregiver Bridget**Cue**: If learners forget to review OT report, Bridget will say: “The OT person came to look at mom’s house yesterday and I think she made some recommendations, but I don’t even remember what she said.” |

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:**

* Concerns about Peggy’s ability for care for her mom after discharge
* Possible community resources that may provide assistance with caregiving
* Expectations in different cultures about care of elderly family members

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.

|  |  |
| --- | --- |
| **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).