Simulation Design Template

Butch Sampson – Simulation #1

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| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** 20 minutes**Location:** Hospital**Today’s Date:** | **File Name:** Bradley Leonard “Butch” Sampson**Student Level:** **Guided Reflection Time:** Twice the amount of simulation run time**Location for Reflection:**  |

Brief Description of Patient

**Name:** Bradley Leonard “Butch” Sampson **Pronouns**: he/him

**Date of Birth:** 06/19/YYYY (reflect age 68) **Age**: 68

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

**Sexual Orientation:** heterosexual **Marital Status:** Divorced

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

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

**Employment Status:** unemployed/retired **Insurance Status:** Medicare **Veteran Status:** Navy veteran

**Support Person:** None **Support Phone:** N/A

**Allergies:** No known allergies **Immunizations:** Tdap, Influenza, Pneumoccocal (all given today)

**Attending Provider/Team:** Samantha Bell, MD

**Past Medical History:** 68-year-old homeless veteran with documented exposure to Agent Orange during military service in Vietnam. Records from prior VA Hospital confirm diagnosis of type 2 diabetes with surgical removal of two toes on right foot last year. Reports he seeks intermittent care in whatever Emergency Department is nearest his location.

**History of Present Illness:** Presented at the Healthcare for Homeless Veterans office with purulent drainage, edema, erythema, and ulceration of the great toe on the right foot. Blood Glucose 190 in the office with HgA1C of 8.9. Reports he received a prescription for oral diabetic medication last year at a prior VA, but only took it a few weeks before it was stolen.

**Social History:** Reports he has been episodically homeless for several years. Served 3 years in the US Navy after graduation from high school. (History is significant for service time in Vietnam on Riverine Patrol Boat.) Reports he worked several years after honorable discharge from the Navy as a deck hand on various fishing operations but lost his home and work opportunities as a result of Hurricane Katrina. Reports he has been married and divorced twice with no children. Parents and one brother are deceased. Was placed in transitional housing at a prior VA following his surgical amputation last year but was evicted due to multiple “rule” violations involving possession of alcohol and smoking in his room. Reports he relocated here with his friend Joe to avoid harassment by individuals who were preying on “older” homeless men in the area.

**Primary Medical Diagnosis:** Cellulitis right great toe, diabetes mellitus type 2

**Surgeries/Procedures & Dates:** Surgical debridement of right great toe yesterday.

Psychomotor Skills Required of Participants Prior to Simulation

* Sterile dressing change
* Medication administration
* Blood glucose monitoring

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review

* Care of patients with type 2 diabetes including diet recommendations

Read the following:

* Kalinowski, A., Tinker, T., Wismer, B, and Meinbresse, M. (2013). Adapting Your Practice: Treatment and Recommendations for People Who Are Homeless with Diabetes Mellitus. Nashville: Health Care for the Homeless Clinicians’ Network.

<http://content.guidelinecentral.com/guideline/get/pdf/3049>

* Department of Veterans Affairs. (2012). Veteran diseases associated with Agent Orange. <http://www.publichealth.va.gov/exposures/agentorange/diseases.asp>
* American Diabetes Association. 14. Diabetes care in the hospital: Standards of Medical Care in Diabetes—2018. Diabetes Care 2018;41(Suppl. 1):S144–S151. <https://diabetesjournals.org/care/article/41/Supplement_1/S144/29833/14-Diabetes-Care-in-the-Hospital-Standards-of>

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 sterile dressing change.
2. Administer IV medication.
3. Assess knowledge of dietary recommendations related to disease process.
4. Assess needs for discharge planning.

Faculty Reference

American Diabetes Association. (2018) Standards of Medical Care in Diabetes-2018. Diabetes Care 2018;41(Suppl. 1)

<https://diabetesjournals.org/care/article/41/Supplement_1/S144/29833/14-Diabetes-Care-in-the-Hospital-Standards-of>

Conard, P. L., Armstrong, M. L., Yound, C., Lacy, D., & Billings, L. (2016) Person-centered older military veteran care when there are consequences. *Nurse Education Today, 47,* 61-67. [doi:10.1016/j.nedt.2016.01.014](http://dx.doi.org/10.1016/j.nedt.2016.01.014)

Department of Veterans Affairs. (2012). Veteran diseases associated with Agent Orange. <http://www.publichealth.va.gov/exposures/agentorange/diseases.asp>

International Diabetes Federation. Clinical Practice Recommendation on the Diabetic Foot: A guide for health care professionals: International Diabetes Federation, 2017.

<https://www.idf.org/e-library/guidelines/119-idf-clinical-practice-recommendations-on-diabetic-foot-2017.html>

Kalinowski, A., Tinker, T., Wismer, B, and Meinbresse, M. (2013). Adapting Your Practice: Treatment and Recommendations for People Who Are Homeless with Diabetes Mellitus. Nashville: Health Care for the Homeless Clinicians’ Network.

<http://content.guidelinecentral.com/guideline/get/pdf/3049>

Weber, J., Lee, R. C., & Martsolf, C. (2017) Understanding the health of veterans who are homeless: A review of the literature. *Public Health Nursing, 34,* 505-511. [doi:10.1111/phn.12338](https://doi.org/10.1111/phn.12338)

The Healthcare Simulation Standards of Best Practice™

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

Setting/Environment

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| --- | --- |
| [ ]  Emergency Department[x]  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.

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

**Other Props & Moulage:** Foot moulaged to represent diabetic ulceration of great toe.

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| **Equipment Attached to Manikin/Simulated Patient:**[x]  ID band [x]  IV tubing with normal saline running at 50 mL/hr[x]  Secondary IV of ampicillin sodium/sulbactam sodium 1.5 grams running at 100 mL/hr [ ]  IVPB with \_\_ running at \_\_ mL/hr[x]  IV pump[ ]  PCA pump [ ]  Foley catheter with \_\_ mL output[ ]  02 [ ]  Monitor attached[ ]  Other: **Other Essential Equipment:****Medications and Fluids:**[x]  Oral Meds: see chart[x]  IV Fluids: see chart[x]  IVPB: see chart[ ]  IV Push: [ ]  IM or SC:  | **Equipment Available in Room:**[x]  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: Dressing change supplies |

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[x]  Recorder(s) Optional[ ] 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:** 1130

**Person providing report**: Staff nurse on unit

**Situation:** Bradley Leonard Sampson is a 68-year-old patient of Dr. Bell. He prefers to be called “Butch.” He was admitted yesterday with cellulitis of great right toe and had surgical debridement of his right great toe shortly after admission.

**Background:** Butch is a chronically and episodically homeless Navy veteran who presented yesterday at the Healthcare for Homeless Veterans office. The nurse practitioner referred him to the VA hospital after noting purulent drainage to his right great toe and noting blood glucose of 190. His HgA1c was 8.9 on admission. He reports that he had received a prescription for oral diabetic medication last year at a VA in another community, but only took it a few weeks before it was stolen. He has documented Agent Orange exposure from his service time in on a patrol boat on the Mekong Delta in Vietnam. He says after he was discharged he worked as a deck hand for several years with various fishing operations, but lost his home and work opportunities in Hurricane Katrina. He has no known relatives. He says his parents and brother are deceased and although he was married and divorced twice he has no known children.

**Assessment:** His vital signs are stable. His toe is pink. The surgical wound bed is red and left open to heal by secondary intention. Wound is approximate size of a quarter on its anterior aspect (pad of big toe, not the top) and ¾ of a centimeter deep. There is some sero-sanguinous drainage on the dressing. He’s getting ampicillin sodium/sulbactam sodium by IV piggyback every six hours and it’s about time for his next dose. Dr. Bell started him on metformin 1000 mg twice daily. He’s a long-time smoker and Dr. Bell wrote him an order so he can go out and smoke after his nurse yesterday caught him smoking in his room.

**Recommendation:** He didn’t fill out his choices for supper yet. Dr. Bell wants him on a medium calorie-carbohydrate consistent diet, so you can help him look over the options and see what he understands about his diet. He needs his dressing changed on his foot and his next dose of ampicillin sodium/sulbactam sodium. We really need to begin his discharge planning and teaching**.** Dr. Bell hopes we can discharge him to transitional housing, so she wants us to do as much teaching as we can, given the limitations of his potential return to homelessness. He was in transitional housing for a little while last year, but left because he says there were too many rules. The social worker is trying to arrange some “low demand” housing options.

Scenario Progression Outline

**Patient Name:** Bradley Leonard “Butch” Sampson **Date of Birth:** 06/19/YYYY (reflect age 68)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Resting in a wheelchair with right foot elevated on a pillow.“You can just call me Butch.”(BP 120/80, pulse 80, resp 16, temp 98.6) | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID
* Establishing therapeutic communication (interest and concern)
* Explaining reason for assessments
 | **Role member providing cue:** Patient**Cue:** If pain assessment done, Butch says, “It doesn’t hurt as much as you’d think really. Only about a 3/10.” |
| **5-10 min** | Dressing intact with slight amount of drainage.“How’s my foot looking? It’s the only way for me to get around so I hope it heals up good. The doctor said she’d give me some kind of special shoe or boot to wear when I leave.”“I know if you don’t take care of diabetes lots of bad things can happen – like these toes -- and you can go blind. That’s kinda scary.”Answers questions appropriately. If students ask personal questions about why he is homeless or specifics about his military combat patient will say, “That’s none of your business.” | **Learners are expected to:*** Remove dressing, assess wound and reapply dressing using sterile technique
* Administer IV medication
* Assess knowledge of type 2 diabetes.
 | **Role member providing cue:** **Cue:** |
| **10-15 min** | “I know I should try to eat better, but it’s hard to get the right things that are really good for you at the soup kitchen. We get a lot of spaghetti and macaroni.”“I like fruits and vegetables and I’ve always liked fish, but that’s just not what they serve unless it’s tuna casserole.”“I tried that medicine they gave me down south, but if anyone sees you taking pills or shots, the next thing you know someone’s trying to steal from you no matter what the medicine is for.” | **Learners are expected to:*** Assess understanding of diet by helping Butch make selections from hospital menu
* Assess knowledge of medications
* Conduct dietary teaching.
* Gather further information for discharge planning
 | **Role member providing cue:** Patient**Cue:** “Hey, I’m hungry. Are they going to bring me dinner or do I need to go somewhere to get it?” |
| **15-20 min** | “Hey, can one of you unhook me from some of this stuff so I can go out and smoke? That nurse got mad at me for smoking in here yesterday. That’s the problem…just too many rules in a place like this.” | **Learners are expected to:*** Discuss and check orders
 | **Role member providing cue:** Patient**Cue:** “You can look in my chart. The doctor said she’d write something about letting me go smoke.” |

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:**

* Challenges to providing care when a patient is homeless
* Determining readiness and approaches to teaching
* Prioritizing teaching needs in preparation for discharge, considering the uncertainties inherent in this case

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).