### Simulation Design Template

Butch Sampson – Simulation #2

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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 (given on hospital admission)

**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 from 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 3 days ago.

Psychomotor Skills Required Prior to Simulation

None

Cognitive Activities Required Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Care of patients with type 2 diabetes including diet and medications
* Discharge Planning

Review:

* Sample VA description of Transitional Housing.

<https://www.va.gov/greater-los-angeles-health-care/stories/a-home-away-from-home-temporary-housing-programs-vital-to-mission-of-ending-veteran-homelessness/>

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. Assess knowledge of self-care for type 2 diabetes including diet, medications, and care of foot.
2. Complete medication reconciliation.
3. Provide discharge teaching.

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. <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

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.

**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:**  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  Other: Dressing change supplies, Surgical shoe, cane, bag with belongings for discharge |

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  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:** 1100

**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 3 days ago for cellulitis of right great toe. He had a debridement of his right great toe and he was treated with IV antibiotics.

**Background:** Butch has diabetes mellitus type 2, but because of his chronic and episodic homelessness, he has had difficulty managing this condition. He is a Navy veteran with known Agent Orange exposure from the Vietnam War. He says after he was discharged he worked as a deck hand for several years with various fishing operations, but lost his home and job 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. He is being discharged today to transitional housing as part of a VA program and has been assigned a case manager. Dr. Bell has also ordered home health and PT visits for follow-up care for his diabetic foot ulcer. He is a smoker - 1 pack a day x 40 years and consumes alcohol regularly. These lifestyle issues have created a problem for him in the past in previous transitional housing. His fasting blood sugar today was 130. It has improved from 190 on admission with control of the infection, balanced diet and use of metformin.

**Assessment:** He is willing to give the transitional housing unit a try and will also consider permanent housing if it becomes available through the VA program. He’s just getting ready for discharge. His social worker, Bill, will take him to his new place. I just took his discharge vital signs and they are stable: BP 120/80, Pulse 72, Resp. 16, Temp 98.6 F

I also re-dressed his toe this morning and the surgical wound was pink and moist with scant serous drainage.

**Recommendation:** Go over the discharge instructions that are on his chart and see if he understands all of them. Please complete the medication reconciliation form too. Make sure he gets the surgical shoe before he leaves.

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 wheelchair dressed in street clothes with right foot elevated on a pillow. Dressing dry and intact with no visible drainage. Has cane and belongings in bag.  “You can just call me Butch.  I’m ready to get out of here! My case manager said he’d give me a ride to the new place.”  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 should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID * Establish therapeutic communication (interest and concern) * Explain purpose | **Role member providing cue:** Butch  **Cue:** If learners forget to introduce themselves, Butch can say, “Who are you and what do you want with me?” |
| **5-10 min** | “I take that antibiotic horse pill three times a day, right? Eat something with it, too.”  “I’m supposed to take that diabetes pill—metformin—twice a day before breakfast and before supper.” | **Learners are expected to:**   * Ask Butch to describe how he will take his medications. May offer other written materials about medications. * Complete medication reconciliation form | **Role member providing cue: Butch**  **Cue:** If learners forget to ask about medications, Butch can say: “Do you want to know about my pills?” |

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| **10-15 min** | “The dietician said I should try to have a half a plate with vegetables and fruit. A quarter of a plate with some kind of meat and a quarter of a plate with something like potatoes, rice, or noodles. She also gave me this sheet for keeping track.” | **Learners are expected to:**   * Assess understanding of diet by asking Butch what he knows about food choices * Can provide additional resources about diet | **Role member providing cue:** Butch  **Cue:** If learners forget to ask about diet, Butch can say: “Take a look at what the dietician gave me.” |
| **15-20 min** | “I know I need to take better care of myself but being cooped up inside all day just doesn’t seem like any way to live.”  “OK, I’m ready to get out of here. Need to stop downstairs and have a smoke. They say at least I can smoke at this new place outside on the porch.” | **Learners are expected to:**   * Discuss reasons for elevation of leg and limitations on activity, need to wear surgical shoe. Discuss home visits and follow up at Healthcare for Homeless Veterans (HCVC) clinic. | **Role member providing cue:** Butch  **Cue:** If learners forget to talk about activity, Butch can say: “I have to be able to move around, I just can’t sit in a chair all day.” |

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:**

* + Butch’s strengths
  + Obstacles that may prevent Butch from following discharge plan
  + How to determine if patients understand discharge instructions
  + Other members of health care team who could help to manage Butch’s care

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).