### Simulation Design Template

Butch Sampson – Simulation #3

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** 20 minutes  **Location:** Home/Transitional Housing apartment  **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

**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 several days ago with purulent drainage, edema, erythema, and ulceration of the great toe on the right foot. Was subsequently admitted to the hospital where he had a surgical debridement. 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. Discharged to transitional housing 4 days ago.

**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

Psychomotor Skills Required Prior to Simulation

* Use of blood glucose monitor
* Dressing change

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

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 and redress wound.
2. Assess home environment for safety issues.
3. Identify concerns in anticipation of interprofessional team meeting.

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:** Right foot should be moulaged to represent healing diabetic ulceration of right great toe about size of a quarter with granulation tissue in wound bed. No bandage.

Home environment cluttered with newspapers, open bags of chips, beer cans, ashtray with cigarette butts, cane, wheelchair.

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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: Home health bag with dressing change supplies available; Blood glucose monitor, equipment for vital signs assessment |

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)  Recorder(s)  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:** Home healthcare manager

**Situation:** Bradley Leonard Sampson is a 68-year-old patient of Dr. Bell. He prefers to be called “Butch.” He was discharged from the VA hospital four days ago after surgical debridement of his right great toe.

**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 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. He was discharged to transitional housing as a part of a VA program and has been assigned a case manager, Bill Trenton. He is receiving home health visits from nursing and PT for follow-up care regarding his diabetic foot ulcer. He is a smoker x1 pack a day x40 years and consumes alcohol regularly. These lifestyle issues have created a problem for him in the past at transitional housing at other locations. His fasting blood sugar record is with his chart. He is supposed to be taking metformin twice daily and an oral antibiotic.

**Assessment:** He needs a lot of reinforcement to stick with the program that he agreed to with Dr. Bell. The home health nurses who visited earlier in the week report that they did not see any blood sugars recorded by Butch, so they have done blood sugars for him when they visit. They are running between 135 and 150. They report his wound seems to be healing and they noted granulation tissue in the wound bed. Wound remains the size of a quarter. I’m concerned he may get kicked out of transitional housing because of his violation of the smoking and drinking rules. We may be visiting him where he was living under the interstate by next week if he doesn’t change his ways.

**Recommendation:** You will need to assess and redress his foot, assess his blood sugar and dietary and medication compliance and perform a safety assessment of his home environment. We have an interprofessional team meeting scheduled in 2 days and Butch has a follow-up appointment at the Healthcare for Homeless Veterans office next week.

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** | In chair dressed in street clothes. Has boot on right foot; no dressing on foot. Has cane.  “Hey, just come on in. Throw those papers on the floor and have a seat. I took a bath this morning and left the dressing off so you could see my foot.”  Environment very cluttered - newspapers on chairs, throw rugs on floor all bunched up, open bags of chips and cookies, ashtrays with cigarette butts, beer cans. Dirty dishes in the sink.  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 reason for visit * Assess foot and redress | **Role member providing cue:**  **Cue:** |
| **5-10 min** | “I finished up taking the antibiotic horse pill and I take the diabetes pill twice a day.” | **Learners are expected to:**   * Ask Butch about medications he is taking | **Role member providing cue:** Butch  **Cue:** If students do NOT ask about meds, Butch can say, “I finished up all them horse pills.” |

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| **10-15 min** | “I haven’t been taking my blood sugar as much as the doctor likes. I don’t like to poke my fingers. Here’s that little book the dietician gave me to write down my blood sugars.” (Only blood sugars are written in by home health nurses.)  “I ate something about 2 hours ago. And here is where I write down what I’ve been eating.”  (Blood sugar record and food diary provided in chart) | **Learners are expected to:**   * Do finger stick and take blood sugar (glucose reading is 135) * Assess understanding of need for monitoring sugars * Ask what he has been eating | **Role member providing cue:** Butch  **Cue:** If learners do not ask about diet and blood glucose readings, Butch can say:  “I bet you want to know if I’ve been following that diet and what my sugar has been.” |
| **15-20 min** | “OK, time for a smoke. At least I can smoke at this place - outside on the porch. 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.”  (if student initiates rule violation discussion)  “You know, I figure I served my country and I’m an adult, and I can eat, drink, or smoke whatever I want and wherever I want.”  “If they kick me out, it won’t be the first time it’s happened. I can take care of myself. I have before.” | **Learners are expected to:**   * Discuss reasons for need to wear boot, elevate leg, and limitations on activity * Can offer some exercise ideas * Discuss home visits and follow-up at Healthcare for Homeless Veterans (HCVC) clinic * Initiate discussion about rule violations | **Role member providing cue:** Butch  **Cue:** If learners do not initiate discussion of housing rules, Butch can say: “This place is better than the last one, but I just don’t know if I can last here.” |

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:**

* Differences in nursing care in a home vs a hospital setting
* Discussion of Butch’s has difficulty following rules
* Identifying items for discussion at the interprofessional team meeting

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).