Simulation Design Template

Eileen Suzuki and Angela Foster – Simulation #1

|  |  |
| --- | --- |
| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** 20 minutes**Location:** acute care 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:** Angela Foster **Pronouns**: she/her

**Caregiver:** Eileen Suzuki, friend of Angela **Caregiver Pronouns:** she/her **Caregiver Phone:** 555-555-1234

**Date of Birth:** 07/03/YYYY (reflect age 60) **Age**: 60

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

**Sexual Orientation**: heterosexual **Marital Status**: divorced

**Weight**: 148 lbs (67.1 kg) **Height**: 5’6”

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

**Employment Status**: employed **Insurance Status**: employer insurance **Veteran Status**: N/A

**Allergies:** None known **Immunizations:** Up to date including flu vaccine

**Attending Provider/Team:** Oncology team

**Past Medical History:** C-Sections ages 28 and 30;cholecystectomy age 38; left mastectomy 2 days ago

**History of Present Illness:** Breast cancer diagnosed following lump in breast discovered by patient, mammogram and biopsy revealed HR+, HER2- cancer left breast

**Social History:** Divorced, 2 sons ages 30 and 32. One lives in Japan and one across the country. Both have families and work full-time. Angela has been an elementary school teacher for many years. She is currently using her accumulated sick leave and will be using FMLA (Family Medical Leave Act) during her course of treatment. Angela has health insurance but still has some financial concerns.

**Primary Medical Diagnosis:** PR+, HER2- breast cancer, 5 cm tumor left breast with positive lymph nodes

**Surgeries/Procedures & Dates:** Angela is two days post-op following left mastectomy and lymph node resection.

Psychomotor Skills Required of Participants Prior to Simulation

* Vital signs and assessment
* Wound care including surgical drain management and dressing change

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Care of patient after mastectomy
* Care of surgical drains
* Post-op dressing change
* Discharge teaching

Read/review the following:

* The Preparedness for Caregiving Scale in the *Try This:* ® Series

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

* Breast Cancer: The Basics

<https://www.oncolink.org/cancers/breast/breast-cancer-the-basics>

* Kirkland-Kyhn, H., Generao, S. A., Teleten, O., & Young, H. (2018). Teaching wound care to family caregivers. *American Journal of Nursing*, 118(3), 63-67. doi: 10.1097/01.NAJ.0000530941.11737.1c

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 patient’s wound and perform dressing change with drain care, while teaching skill to patient and caregiver.
2. Assess patient/caregiver abilities and concerns related to discharge with reliable, valid, standardized tool.

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 tool recommended for this scenario is the Preparedness for Caregiving Scale: <https://hign.org/sites/default/files/2020-06/Try_This_General_Assessment_28.pdf>.

Breast Cancer: The Basics

<https://www.oncolink.org/cancers/breast/breast-cancer-the-basics>

Discharge Planning and Teaching

<https://journals.lww.com/ajnonline/Fulltext/2017/05000/Discharge_Planning_and_Teaching.27.aspx>

Kirkland-Kyhn, H., Generao, S. A., Teleten, O., & Young, H. (2018). Teaching Wound Care to Family Caregivers. *American Journal of Nursing*, 118(3), 63-67. doi: 10.1097/01.NAJ.0000530941.11737.1c <https://journals.lww.com/ajnonline/Fulltext/2018/03000/Teaching_Wound_Care_to_Family_Caregivers.29.aspx>

The Healthcare Simulation Standards of Best Practice™

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

Setting/Environment

|  |  |
| --- | --- |
| [ ]  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 for caregiver Eileen, who will change dressing as instructed by learners. Angela can be either a simulated patient or manikin**.**

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

**Other Props & Moulage:** Two surgical drains, one axillary; one at mastectomy site, both draining clear yellow/pink tinged fluid.

|  |  |
| --- | --- |
| **Equipment Attached to Manikin/Simulated Patient:**[x]  ID band [x]  IV tubing with primary line D5LR running at 125 mL/hr[ ]  Secondary IV line running at \_\_ mL/hr[ ]  IVPB with \_\_ running at \_\_ mL/hr[x]  IV pump[ ]  PCA pump [ ]  Foley[ ]  02 [ ]  Monitor attached[ ]  Other: **Other Essential Equipment:** Container for emptying drains, gauze pads and gauze for dressing change, tape**Medications and Fluids:**[ ]  Oral Meds: [x]  IV Fluids: D5LR @ 125 mL/hour[ ]  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

|  |  |
| --- | --- |
| [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 Friend: Eileen Suzuki[ ]  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:** RN going off duty

**Situation:** Angela Foster is a 60-year-old woman who had a left mastectomy the day before yesterday for PR+, HER2- breast cancer

**Background:** Patient Angela is a gravida 2 para 2 divorced woman who lives alone. She has 2 sons who do not live nearby. She discovered a lump in her left breast a few weeks ago, and her biopsy revealed cancer. Patient’s mother died of breast cancer at age 70. She is an elementary school teacher who is on medical leave, she has no other health problems and was on no medications. She will be going home this morning with 2 surgical drains. Plans include radiation and chemotherapy. Her friend Eileen has been here and plans to help her out at home, but she seems pretty worried about the dressing change.

**Assessment:** The surgical team changed her dressing yesterday, she had a moderate amount of drainage on the dressing and her surgical drains, one in left axilla and one at mastectomy site, both have slightly bloody drainage, 30 mL’s from each after 24 hours. Her IV of D5LR is running at 125/hour into her right forearm.

Vital signs were just taken: temp 37.2, HR 80, RR 20, BP 128/70. She is alert and responsive, pain levels have been 6-7/10, decrease to 2/10 with her pain med: oxycodone hydrochloride 5 mg/ acetaminophen 325 mg, which she took every 4 hours on day of surgery. Today she is taking acetaminophen 1000 mg every 4 hours. Last dose 90 minutes ago.

Angela has been up walking to the bathroom and once out in the hallway. She tolerated liquids and is now on regular diet as tolerated.

**Recommendation:** I would consider using the Preparedness for Caregiving Scale with patient’s friend Eileen. We’ve started discharge teaching. The focus for today is the dressing change. It would be best to coach caregiver Eileen through the dressing change, since she says she’s never done anything like this.

Scenario Progression Outline

**Patient Name:** Angela Foster **Date of Birth:** 07-03-YYYY (reflect age 60)

|  |  |  |  |
| --- | --- | --- | --- |
| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Angela: “I am so thankful that you are here to help me with this.”Eileen: “I hope I can do this right. I’m worried. You know medical care isn’t my area of expertise! I’m not even sure if I can do this.” | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID
* Verifying identity and role of friend
 | **Role member providing cue:****Cue:**  |
| **5-10 min** | Eileen’s answers to Preparedness for Caregiving Scale1. How prepared? (2, somewhat)
2. Emotional needs: (3, pretty well)
3. Services (2, somewhat)
4. Prepared for stress (3, I manage stress every single day!)
5. Make caregiving pleasant? (2, well if you tell me how to do this right, I’ll be OK!)
6. Respond to emergencies? (3)
7. Get help from healthcare system (3)
8. Overall (3)
 | **Learners are expected to**:* Administer Preparedness for Caregiving Scale
* Counsel Eileen on her perceived needs
 | **Role member providing cue:** Eileen**Cue:** If student does not administer Caregiving Scale, Eileen states “I’m not sure I can do this.” |
| **10-15 min** | Angela: “Once I can move better I will do this myself. Right now, I’m too stiff and sore, I just don’t think I can manage.”Eileen: “I’ll do the best I can.” | **Learners are expected to**:* Coach Eileen through hand hygiene, gloves, dressing removal
* Explain normal appearance of wound vs signs and symptoms of infection
* Coach Eileen through application of new dressing
 | **Role member providing cue:** Eileen**Cue:** If nurses don’t begin dressing change: “I need to pick up my granddaughter in about 30 minutes. Can we please do the dressing now so I can go get her? Then I’ll be back in a few hours to take Angela home.” |
| **15-20 min** | Eileen: “I’ll have my 2-year-old granddaughter with me when I come over, at least some of the time. We might need to do some babyproofing” | **Learners are expected to:*** Assess discharge needs
* Consider safety issues r/t child (meds, dressing supplies)
* Discuss ways to contain and distract child during Angela’s care
* Counsel regarding safekeeping of meds and supplies
 | **Role member providing cue:** Eileen**Cue:** If nurses don’t discuss child safety, ask “Is there anything I should especially worry about with a 2-year-old in the house?” |

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:**

* Caregiver’s capabilities and hesitancy regarding ability to assist patient
* Skills needed by caregiver to assist friend
* Implications of caregiver responsibilities with her grandchild

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).