Simulation Design Template

Eileen Suzuki and Angela Foster – Simulation #3

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| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** 20 minutes**Location:** Outpatient chemotherapy 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

**Weight:** 139 lbs (63.0 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 3 months ago

**History of Present Illness:** Breast cancer diagnosed following lump in breast discovered by patient, mammogram and biopsy revealed cancer left breast. Mastectomy left breast done 3 months ago. Completed 6 weeks of radiation

**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 has used all her sick time and is now on FMLA (Family Medical Leave Act). 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 three months post-op following left mastectomy and lymph node resection.

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:

* Chemotherapy side effects and management
* Issues related to cannabis and side effect management – laws in your state
* Caregiver strain

Read/review the following:

* ANA Position Statement on Therapeutic Marijuana
* <https://www.nursingworld.org/~49c0a0/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/therapeutic-use-of-marijuana-and-related-cannabinoids-position-statement-final-2021.pdf>
* Berry, L.L, Dalwadi, S.M. & Jacobson, J.O. (2017) Supporting the supporters: What family caregivers need to care for a loved one with cancer. *Journal of Oncology Practice*, 13(1). Available at <https://ascopubs.org/doi/full/10.1200/JOP.2016.017913>
* Walton, M.K. (2011) Supporting family caregivers: Communicating with family caregivers. *American Journal of Nursing*, 111(12) pp 47-53. doi: 10.1097/01.NAJ.0000408186.67511.b9. Available at <https://journals.lww.com/ajnonline/pages/articleviewer.aspx?year=2011&issue=12000&article=00027&type=Fulltext>

Research resources in your own community for transportation, meals, and assistance in home.

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 Angela’s tolerance and reaction to chemotherapy.
2. Address Eileen and Angela’s questions related to cannabis.
3. Explore other options and resources to decrease the caregiving time that Eileen is providing while still meeting Angela’s needs.

Faculty Reference

Managing Chemotherapy Side Effects:

<https://www.breastcancer.org/treatment/chemotherapy/side_effects>

ANA Position Statement on Therapeutic Marijuana

<https://www.nursingworld.org/~49c0a0/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/therapeutic-use-of-marijuana-and-related-cannabinoids-position-statement-final-2021.pdf>

Berry, L.L, Dalwadi, S.M. & Jacobson, J.O. (2017) Supporting the supporters: What family caregivers need to care for a loved one with cancer. *Journal of Oncology Practice*, 13(1). Available at <https://ascopubs.org/doi/full/10.1200/JOP.2016.017913>

Walton, M.K. (2011) Supporting family caregivers: Communicating with family caregivers. *American Journal of Nursing*, 111(12) pp 47-53. doi: 10.1097/01.NAJ.0000408186.67511.b9. Available at <https://journals.lww.com/ajnonline/pages/articleviewer.aspx?year=2011&issue=12000&article=00027&type=Fulltext>

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 [x]  Outpatient Clinic: Chemotherapy unit[ ]  Other:  |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Simulated patient recommended for both Angela and Eileen.

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

**Other Props & Moulage:** Optional: IV pump, IV fluids, chemotherapy labeled IV bag

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| **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 [ ]  Other:  |

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[ ]  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:** 1100

**Person providing report:** Cancer Care Center, Chemotherapy team charge RN

**Situation:** Angela is a 60-year-old patient with breast cancer. She is here for her second weekly chemotherapy appointment.

**Background:** Angela will be receiving chemotherapy weekly for several months. She comes here to the Cancer Care Center for treatments and is here for 2 hours each time. Angela is divorced and her friend Eileen was able to bring her for her first treatment. She is here today for the second chemotherapy treatment. Eileen has some other family commitments and she is worried she will no longer be able to bring her friend to appointments.

**Assessment:** Angela reports weakness, lack of appetite, and 2 days of severe nausea following her last treatment. She has lost 9 pounds since she had her mastectomy a few months ago.

**Recommendation:** The meds are being mixed in pharmacy. The chemotherapy RN will be here to administer them. Please do vital signs and check her lungs. She needs an assessment of how she did with last week’s treatment. Her labs were drawn today, and results are pending. Assess whether she is in need of any other resources since she lives alone.

Scenario Progression Outline

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

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Angela: “I’m not looking forward to this at all.”Eileen: “You can do it. We’ll get through this.”VS (either provide normal vital signs or accept actor’s VS.) | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID
 | **Role member providing cue:** Angela**Cue:** If learners don’t assess lungs: “I had a little cough last week, but it’s gone.” |
| **5-10 min** | Angela: “I was already tired before I came but it’s been getting worse.”“I was really nauseated for a few days, and the rest of the time I just don’t have any appetite. I don’t feel like cooking.”“I don’t have severe pain, but my surgical site and my arm still get sore sometimes. I don’t have all my strength back.” | **Learners are expected to**:* Assess Angela’s response to last week’s chemotherapy
* Provide information on managing nausea, weakness, and upper body strength and movement
 | **Role member providing cue:** Eileen**Cue:** If learners do not offer suggestions for managing side effects of chemo, Eileen can say: “Isn’t there anything you can give her to help her manage all these side effects?” |
| **10-15 min** | Eileen: “We’ve been wanting to ask this…we’ve heard about using, you know, a little weed, to see if it helps with the nausea.”Angela: “I don’t want you to think I’m a druggie or anything, but I’m willing to try anything. My cousin used it with good results.” | **Learners are expected to:*** Listen to patient and friend’s concerns and ideas
* Be aware of and discuss legal issues around cannabis
* Provide resources about cannabis and/or other remedies for nausea and anorexia
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| **15-20 min** | Angela to Eileen: “I’m so thankful for your help.”Eileen: “I’m happy to help. This month is tough for me. My daughter Jennifer wants to go to a work conference. Out of town! For a whole week! I’d have Harper full time all that time. And I was supposed to be going on a cruise with my sister later this month. I’m afraid that’s out of the question now too.”Angela: “I’m sorry I forget sometimes. You have a life too, and enough on your plate. My son and daughter-in-law visited for a few days before I started my chemo. Maybe they could come back. I hate to ask…” | **Learners are expected to:*** Listen to patient and caregiver concerns related to conflicting responsibilities
* Offer support in the community – groups, organizations, volunteers, asking other friends and family members
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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:**

* Cancer treatment and its effect on patient
* Nurse’s responsibility related to cannabis
* Caregiver strain, sacrificing personal life

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).