Simulation Design Template

Ertha Williams – Simulation #1

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** approx. 20 minutes  **Location:** Assisted Living Facility  **Today’s Date:** | **File Name:** Ertha Williams  **Student Level:**  **Guided Reflection Time:** Twice the amount of simulation run time  **Location for Reflection:** |

Brief Description of Patient

**Name:** Ertha Williams **Pronouns**  she/her

**Date of Birth:** 01-19-YYYY (reflect age 74) **Age**: 74

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

**Sexual Orientation:** heterosexual **Marital Status:** married

**Weight**: 140 lb (63.5 kg) **Height**: 64 in

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

**Employment Status:**  retired **Insurance Status:** Medicare **Veteran Status:** N/A

**Support Person:** Henry Williams (husband) and Betty Williams (daughter-in-law)

**Support Phone:** Betty Williams 320-222-1111

**Allergies:** No known allergies **Immunizations:** up to date

**Attending Provider/Team:** Joan Rivers, MD, and Mary Lake, MS, APRN/Geriatric Nurse Practitioner

**Past Medical History:** Hypertension, depression, hyperlipidemia, arthritis

**History of Present Illness:** Increasing confusion, minor neurocognitive disorder

**Social History:** Son killed during the Gulf War. Daughter-in-law Betty and her son visit frequently. Used to be very active in her church and loved to cook, read, and do quilting. Cannot concentrate long enough to engage in these activities now.

**Primary Medical Diagnosis:** Minor neurocognitive disorder Alzheimer’s vs. vascular type

**Surgeries/Procedures & Dates:** Hysterectomy at age 38

Psychomotor Skills Required Prior to Simulation

none

Cognitive Activities Required Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Dementia, Alzheimer’s disease, cognitive changes in older adults

Become familiar with typical services provided to older adults in assisted living facilities and in your community.

Review the Brief Evaluation of Executive Dysfunction - <https://hign.org/consultgeri/try-this-series/brief-evaluation-executive-dysfunction-essential-refinement-assessment> and the Geriatric Depression Scale (GDS) - <https://hign.org/consultgeri/try-this-series/geriatric-depression-scale-gds>.

Review the Essential Nursing Actions in the ACE.Z Framework at: <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-z/nln-ace-z-framework-7faac35c-7836-6c70-9642-ff00005f0421>

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. Conduct an assessment using the Brief Evaluation of Executive Dysfunction: An Essential Refinement in the Assessment of Cognitive Impairment.
2. Assess for depression using the Geriatric Depression Scale.
3. Suggest appropriate resources to meet physical and emotional needs of patient and family and maintain independence.

Faculty Reference

Essential Nursing Actions in the ACE.Z Framework

<https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-z/nln-ace-z-framework-7faac35c-7836-6c70-9642-ff00005f0421>

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. Tools recommended for this scenario are the Brief Evaluation of Executive Dysfunction - <https://hign.org/consultgeri/try-this-series/brief-evaluation-executive-dysfunction-essential-refinement-assessment> and the Geriatric Depression Scale: GDS - <https://hign.org/consultgeri/try-this-series/geriatric-depression-scale-gds>.

**Additional Screening Tools and Resources:**

* The AD8: The Washington University Dementia Screening Test: Eight-item Interview to Differentiate Aging and Dementia -<https://hign.org/sites/default/files/2020-06/Try_This_Dementia_14.pdf>
* Dementia: Nursing Standard of Practice Protocol: Recognition and Management of Dementia - <https://hign.org/consultgeri/resources/protocols/dementia>
* Therapeutic Activity Kits - <https://hign.org/sites/default/files/2020-06/Try_This_Dementia_4.pdf>
* Waszynski, C., Veronneau, P., Therrien, K., Brousseau, M., Massa, A. & Levick, S. (2013). Decreasing patient agitation using individualized therapeutic activities. [*AJN, American Journal of Nursing*](http://www.nursingcenter.com/library/journals.asp?journal_id=54030), 113 (10), 32-39. Available at: <https://www.nursingcenter.com/cearticle?an=00000446-201310000-00024&Journal_ID=54030&Issue_ID=1606223>

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: Assisted living facility |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Recommend simulated patient (SP) for both Ertha and Henry, but Henry can be manikin if SP not available.

**Recommended Mode for Simulator:** Manual, if used.

**Other Props & Moulage:** Props that make setting look like a room in an apartment (phone, books, chair with quilt or blanket, flowers in a vase, clock with large numbers, pictures, rug, etc.)

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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:** telephone to call provider  **Medications and Fluids:**  Oral Meds: see chart  IV Fluids:  IVPB:  IV Push:  IM or SC: | **Equipment Available in Room:**  Bedpan/urinal  02 with nasal cannula (for Henry)  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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| --- | --- |
| Nurse 1  Nurse 2  Nurse 3  Provider (physician/advanced practice nurse) on phone  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | Observer(s) Any number of observers  Recorder(s)  Family member #1 Henry (husband)  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. In this scenario, Ertha is confused, but can be re-oriented.

Henry is protective of Ertha and tends to answer questions for her.

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:** 1300

**Person providing report:** Day shift nursing supervisor

**Situation:** Several staff members at our assisted living facility have reported that Ertha is getting more forgetful and confused. She was diagnosed with minor neurocognitive impairment, Alzheimer’s vs. vascular type, about a year ago. Two days ago, she had a routine visit to her doctor who prescribed a rivastigmine transdermal patch. Orders are for us to do some additional assessments.

**Background:** Ertha has been healthy, except for arthritis pain that is relieved by acetaminophen. She has hypertension that is controlled with atenolol, and she is taking rosuvastatin for her hyperlipidemia. She had a bout of depression several years ago when her son died while serving in the war. She and her husband Henry moved into our facility four months ago, shortly after Henry was hospitalized with an exacerbation of his COPD.

**Assessment:** Ertha is always pleasant and friendly to the staff and other residents, but she is forgetful and Henry often corrects her and answers a lot for her when she is slow to respond. They stay in their apartment most of the time and have not participated much in any of the activities we have here. Their daughter-in-law and grandson visit about every two weeks and take them out to shop and to dinner.

**Recommendation:** We think that Ertha may have some depression brought on by having to leave her home, so administer the Geriatric Depression Scale. Also do the Brief Evaluation of Executive Dysfunction and go over her medications and make sure she and Henry understand how to take them correctly. Find out if she is taking any over the counter medications. Also see if they need any additional services so they can stay as independent as possible. Encourage them to participate more in activities that we have in the community room. Let Dr. Rivers or Ms. Lake, the geriatric nurse practitioner, know what you find.

Scenario Progression Outline

**Patient Name:** Ertha Williams **Date of Birth:** 01-19-YYYY (reflect age 74)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Henry is in a chair. Ertha is walking around the room.    Henry: “Are you going to help me with Ertha? She needs a shower and a change of clothes.”  Ertha can focus and answer questions but is easily distracted. Always pleasant, and often says, “Oh, I knew that.” Frequently repeats same questions & answers.  Ertha will sit for a few minutes, then get up and wander around the room. | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Verify identity of Henry and Ertha. * Explain reason for visit. Get agreement to proceed with administration of assessment tools. * Establish therapeutic communication. | **Role member providing cue:** Ertha  Cue:If students do not introduce themselves, Ertha asks, “Who are you? Why are you here?” |
| **Note:** Over the next 15 minutes, students can do assessments and administer tools in any order. | **Geriatric Depression Scale**  Henry frequently tries to answer questions for her, especially when she hesitates before answering.  1. Satisfied with life? NO, I want to go home.  2. Dropped activities? YES. Henry can’t drive; I can’t drive. I don’t like noise.  3. Life is empty? NO. I don’t know.  4. Get bored? YES  5. Good spirits most of the time? YES. I don’t know… if Henry is here.  6. Afraid that something bad is going to happen to you? YES. Our son did not come home.  7. Happy most of time? NO. I don’t want to answer.  8. Feel helpless? YES  9. Prefer to stay at home? YES  10. Problems with memory than most? YES. People tell me that. It’s not nice.  11. Wonderful to be alive now? NO. I want to go home.  12. Feel worthless? YES  13. Feel full of energy? NO  14. Feel situation is hopeless? I don’t know. Leave me alone.  15. Do you think that most people are better off than you are? No response. Says: “Where is Betty and Ty? Why don’t they visit us?”  **Executive Dysfunction**  Ertha’s 1st clock drawing is below – Hand to student. Ertha refuses to copy the 2nd clock.  Ertha: “Fish, Friday F F F . . . enough!”  Ertha: “A B C D, 1 2 3 4 5 6 7 8 9 10, I’m done. Thank you!”  **Medications**  Henry: “I use the little boxes with the days of the week for both me and Ertha. I make sure she takes her meds and takes them on time.”  Ertha: “I don’t like to take pills.”  Henry: “The move has been hard on Ertha. She hasn’t been sleeping well and is often anxious during the day. I started giving her diphenhydramine at night. The doctor said her could order a sleeping pill for her, but I think I’ll stick with the diphenhydramine. I will continue to use the chain lock so she doesn’t leave the apartment.”  Henry: “What about some help with bathing Ertha?” | **Learners are expected to**:   * Administer GDS. When Henry answers for Ertha, learner should gently tell him that Ertha needs to answer for herself and there are no right or wrong answers. * Administer Executive Dysfunction tool * Ask Ertha to draw clock. * Ask Ertha to give you 10 words beginning with the letter F. * Ask Ertha to count from 1-25 and recite the letters of the alphabet. * Discuss current medications and when and how she is taking them. Ask if taking any over the counter medications. * Explain reason for not using diphenhydramine. * Discuss assistance with bathing and dressing and other resources available to them (e.g., adult day care, senior center). * Encourage them to come to activities in community room at assisted living center. | **Role member providing cue:** Henry  Cue: If students do not administer GDS, Henry will say,“Someone said Ertha might be depressed because we had to move out of our home. What do you think?”  **Role member providing cue:** Henry  Cue:If students forget to ask about medications Henry will say, **“**Diphenhydramine is really good for calming Ertha down when she’s restless or can’t sleep.”  **Role member providing cue:** Henry  Cue: If students do not suggest other resources, Henry will say, “Are there other things we can do for Ertha? I can’t drive yet and she needs to get out and socialize… and I need some time to myself too.” |
|  |  | Call Dr. Rivers or Ms. Lake and provide report using SBAR. | **Role member providing cue:** Dr. Rivers or Ms. Lake  Cue: If students do not include all appropriate information in SBAR, Dr. Rivers/Ms. Lake will ask for missing information and sound annoyed. |

**Ertha’s Mini-Cog Clock Drawing:**

**Ertha's clock drawing showing a clock face with the hands of equal length pointing at 1 and 9.**

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:**

* Behaviors associated with dementia
* Selected Essential Nursing Actions from ACE.Z Framework
* Value of assessment tools
* Services needed to maintain independence as long as possible

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).