Simulation Design Template

Ertha Williams – Simulation #2

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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**: 130 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:** Betty Williams (daughter-in-law) **Support Phone:** 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, Major 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. Husband Henry died 4 weeks ago.

**Primary Medical Diagnosis:** Major neurocognitive disorder; Alzheimer’s v. Vascular etiology

**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

Review the Mental Status Assessment of Older Adults: The Mini-Cog™ (<https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog>) available from 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.

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. Administer the Mini Cog tool.
2. Compare results of Mini Cog with previous results on Brief Evaluation of Executive Dysfunction tool.
3. Use non-medication interventions to calm an agitated patient.

Faculty Reference

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>

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 Mental Status Assessment of Older Adults: The Mini-Cog -<https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog>.

**Additional Screening Tools and Resources:**

* 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>
* Therapeutic Activity Kits - <https://hign.org/sites/default/files/2020-06/Try_This_Dementia_4.pdf>

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 Ertha and Betty.

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

**Other Props & Moulage:** Apartment setting with chair, photos, phone, books, tablets and pencils, pill tray, clothing, shoes, etc. Very messy from Ertha “looking for things.”

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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:  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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| 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: Daughter-in-law Betty  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.

Ertha: increasing agitation, sad, crying. Cannot find Henry, looks unkempt (wrinkled clothing, buttons not buttoned correctly, etc

Betty is upset to see that Ertha’s is more confused and less able to care for herself.

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:** 1800

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

**Situation:** Ertha has shown some marked deterioration since Henry died 4 weeks ago. She is unkempt, more confused and agitated, cries frequently, and looks everywhere for Henry. We called her daughter-in-law Betty and she will be here shortly.

**Background:** Ertha was diagnosed with major neurocognitive impairment, Alzheimer’s vs. Vascular etiology, about 2 years ago. Other than that, she 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 the facility four months ago; Henry passed away 4 weeks ago.

**Assessment:** Ertha is not eating well. A staff member has to go and get her and take her to the dining room. She can’t sit at the table very long and eats very little. Other residents have tried to be supportive, but she cannot socialize. Ertha had clear deficits on the Brief Evaluation of Executive Dysfunction when it was done a few months ago, but we think she is worse. Her living space is very messy and she only comes out of her room when we go to get her. Dr. Rivers prescribed fluoxetine and trazadone and increased the dose on her rivastigmine transdermal patch a few days ago, but it has not helped. We now have staff administering her medications, but we all feel that Ertha needs a higher level of care now. We called our long term care facility and there is a room available.

**Recommendation:** Get some vital signs on Ertha and do a Mini-Cog™. Meet with Betty and help her see that Ertha needs more care than we can provide in assisted living. If she agrees, we can move her tomorrow. Dr. Rivers will be waiting for your call and is prepared to write a transfer order, so call as soon as you finish your visit.

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** | Ertha is up wandering in her room; the room is messy and papers are all over. She cries and keeps repeating herself throughout the scenario.  Betty: “I can’t believe how thin she is and how sad! I got real busy at work after taking time off for the funeral and getting Henry’s affairs in order, so I haven’t been here in 2 weeks, but I’ve been calling almost every day.”  Ertha: “I’m looking for something…Where is Henry? He never leaves me…Stop bothering me.” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Verify identity of Ertha. * State purpose of visit. * Take vital signs. * Make attempts to calm Ertha. * Communicate therapeutically with Ertha and Betty. * Use distraction with Ertha | **Role member providing cue:** Ertha  Cue:If students do not introduce themselves and state purpose of visit, Ertha will ask, “Who are you? What do you want with me?” |
| **5-10 mins** | Ertha remains agitated. Can recall only one of three words. Makes attempt to draw clock.  Completed clock drawing  attached  When asked to repeat 3 words, she says, “Word, word, word! How would you like it if I was asking you all of these questions?” | **Learners are expected to**:  Administer the Mini Cog   * Give Ertha three words to remember. * Ask Ertha to draw a clock reading 11:10. * Ask Ertha to repeat the three words. | **Role member providing cue:** Dr. Rivers  Cue:If students do not do Mini-Cog, during report to Dr. Rivers at conclusion of simulation, Dr. Rivers will ask why it was not done. |
| **10-15 mins** | Betty: “Ertha likes music, especially the hymns they play in church. And Henry used to rub her back and that seemed to help her be calmer.” | **Learners are expected to**:   * Make attempts to calm Ertha. * Can ask Betty if she knows of things that help to calm Ertha. | **Role member providing cue:** Betty  Cue: If students do not attempt any interventions to calm Ertha, Betty will ask, “Isn’t there anything else you can do to help her calm down?” |
| **15-20 mins** | Betty: “Can’t we try some new medications?  Betty: “I can see that she is not able to care for herself. I wish I could take her home with me, but I have to work. OK, let’s try the nursing home and see how it works out.” | **Learners are expected to**:   * Explain to Betty that while medications can help, they cannot increase her level of functioning. * Summarize reasons why Ertha needs more care than assisted living facility can provide. Include the need for dietary assistance and possible consult upon transfer to NH.   Call provider and use SBAR to provide report. | **Role member providing cue:** Dr. Rivers  Cue: If students do not include all appropriate information in SBAR, Dr. Rivers will ask for missing information and sound annoyed. |

**Ertha’s Mini-Cog Clock Drawing:**

Ertha's clock drawing showing a clock face with the small hands of equal length pointing at 1 and 8. Clock face has two 12's and the 6 is outside the squiggly clock outline.

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:**

* Changes in Ertha’s behavior and learner reactions to those changes
* Various interventions for dealing with agitation
* Preparing Ertha and Betty for the move to a skilled nursing facility

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).