Simulation Design Template

Ertha Williams – Simulation #3

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** approx. 20 minutes  **Location:** Long term care 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**: 124 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 dementia

**Social History:** Son killed during Gulf War. Daughter-in-law Betty and her son Ty 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. Ertha and husband Henry moved into assisted living facility approximately 11 months ago. Henry died about 7 months ago, shortly before her transfer to this long term care facility.

**Primary Medical Diagnosis:** Major neurocognitive disorder Alzheimer’s vs. Vascular Type

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

Psychomotor Skills Required Prior to Simulation

* Administration of oral medications

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 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>

Review the Mini-Cog™ - <https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog> and Assessing Pain in Persons with Dementia - <https://hign.org/sites/default/files/2020-06/Try_This_Dementia_2.pdf> in 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.

Read Alzheimer’s Behavior Management: <https://www.helpguide.org/articles/alzheimers-dementia-aging/alzheimers-behavior-management.htm>

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 a pain assessment using the Pain Assessment in Advanced Dementia Scale.
2. Administer oral medications.
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. Tools recommended for this scenario are Mental Status Assessment of Older Adults: The Mini-Cog - <https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog> and Assessing Pain in Persons with Dementia -<https://hign.org/sites/default/files/2020-06/Try_This_Dementia_2.pdf>

**Additional Screening Tools and Resources:**

* Alzheimer’s Behavior Management -<https://www.helpguide.org/home-pages/alzheimers-dementia-aging.htm>
* 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: Long term care unit |

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:** Room in long term care facility with chair, quilt, clothing, shoes, and personal things such as pictures, family photos. On wall is Ertha’s name and room number in large letters. Large calendar on the wall or desk.

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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: |

Roles

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| Nurse 1  Nurse 2  Nurse 3  Provider (physician/advanced practice nurse) on phone optional  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 is very agitated.

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:** Nursing unit supervisor

**Situation:** Ertha has been getting progressively more confused, going into other patients’ rooms, stealing items, and looking for her husband, who died a few weeks before she came here. Staff is finding food stashed under her mattress and she recently began striking out at staff, especially at bath time. This morning she was particularly combative. We called Dr. Rivers and she prescribed haloperidol, but it has not helped. We think we need to move her to the behavioral health unit. We need to discuss with her daughter-in-law Betty, who just came to visit.

**Background:** Ertha was diagnosed with major neurocognitive disorder with likely Alzheimer’s etiology vs vascular etiology about 2½ years ago. She came to us from assisted living 6 months ago, a few weeks after her husband Henry died. She is in good health, but has had to deal with many changes in this last year.

**Assessment:** Ertha’s aggressive behavior began getting considerably worse a few days ago. We are really afraid she could hurt someone. She has been taking two antidepressant medications and the rivastigmine transdermal patch for the past 6 months, but there has been little to no improvement. This past week she is walking more slowly and her appetite has not been good, which is unusual for her.

**Recommendation:** Please assess Ertha and see if you can do a Mini-Cog. One of the aides suggested that maybe Ertha is having some pain. Use the tool for assessing pain in patients with dementia and see what you think. She does have an order for acetaminophen. Talk with Betty about a move to a behavioral health unit.

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 very agitated. When students attempt to assess her, she pushes them away.  “Stay away from me…stop trying to hurt me…! Who took all my things? Give them back to me…” (crying, repeats statements like this several times during scenario). Can push people away (gently).  Betty: “She’s much worse than she was last week. What’s happening to her?” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Identify patient. * Explain purpose of visit. * Take vital signs; begin assessment. * Make attempts to calm Ertha. * Use distraction with Ertha * Communicate therapeutically with Ertha and Betty. | **Role member providing cue:** Ertha  Cue:If students forget to introduce themselves, Ertha will say, “Who are you? I don’t know you. Go away.” |
| **5-10 mins** | NOTE: Areas being assessed for pain are noted below. Ertha should demonstrate these responses during the simulation whether assessed or not. Anticipated score identified (higher number = more pain factors noted).  Breathing = 0 (Ertha demonstrates by independent normal breathing)  Negative vocalization = 1 (Ertha demonstrates by occasional moan or groan. Low level speech with a negative or disapproving quality.)  Facial expression = 1 (Ertha demonstrates by being sad, frightened, frowning.)  Body language = 2 (Ertha shows signs of pain, rubbing her knees. Says “ouch” when students touch her during assessment and pushes them away.)  Consolability = 2 (Ertha demonstrates by inability to be consoled, distracted,  or reassured.) | **Learners are expected to**:   * Make observations from those listed on Pain Assessment in Advanced Dementia Scale. * Administer acetaminophen. | **Role member providing cue:** Betty  Cue: If students do not assess pain, Betty will say, “Are they giving her anything for her arthritis? She has it pretty bad and used to take acetaminophen several times a day to manage her pain.” |
| **10-15 mins** | Ertha: “No, I won’t answer. No words! Do your own clock! Betty, take me home. Take me to Henry.” | **Learners are expected to**:   * If students attempt to administer Mini-Cog, Ertha will not cooperate in any way. | **Role member providing cue:**  Cue: |
| **15-20 mins** | Betty: “If it will be better for Ertha, then move her. I don’t want her to hurt anyone and I can see she needs more care and supervision. It’s so hard to see her like this. It’s not the Ertha I’ve known all these years.” | **Learners are expected to**:   * Take Betty to another location. Talk with Betty about moving Ertha to a behavioral health unit. Answer questions she may have about the kind of care provided there and why it will be better for Ertha. | **Role member providing cue:** Ertha  Cue: If students do not take Betty to a separate location, Ertha will say, “I hear you talking about me. What are you saying? I’m not going anywhere!” |

If there is time and learners still need practice on handoffs, have students call Dr. Rivers to report their findings using SBAR or other standardized communication tool.

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
* Usefulness of reliable, valid assessment tools
* Various causes and treatments for agitation
* Preparing Ertha and Betty for the move to a behavioral health unit

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).