

Instructor's Toolkit for Eugene Shaw Simulations

The cases were written so that they can be modified to meet the needs of diverse curricula. Since preparation is key to a successful simulation experience, faculty should plan to read through each unfolding case before using it.

Students will be more successful in the simulation scenarios if they review the introductory monologues and the recommended resources and tools prior to the simulation.

We have included best practices but realize that treatments vary by region. Faculty may wish to include medications, treatments, and standards of care that are current practice in their own geographic areas.

No intentional errors were included in these cases, such as incorrect treatments or medication doses. Faculty may wish to increase or decrease the complexity of the scenario depending on the level of students who are participating.

Faculty may also wish to modify them to provide an interprofessional educational experience for students. When redesigning for this purpose we urge you to include the other health care professional(s) in the redesign process to ensure that the simulation accurately reflects their scope of practice.

Here are a few ideas for using the simulation scenarios.

- Conduct the simulation in the classroom; debrief in a separate room as a group or break up into small groups and have one member of each group summarize the debriefing session.
- Video-record the simulation and show it in the classroom; debrief as a group or in small groups as above.
- Use in a web assignment: students view video on your website, debrief in small groups using synchronous tools.
- Plan a simulation day, using all three scenarios
- Plan a day that rotates groups of students through the simulation and a variety of other “stations” where they practice skills or research information for the case.
- Develop new simulation scenarios that include content and skills that match your curriculum.
- Have students develop new simulation scenarios.

Here are a few ideas for modifications that could be made to the Eugene Shaw simulations.

Simulation 1

- Add additional assessments from the *Try This:*® resources on <https://hign.org/consultgeri-resources/try-this-series>. Examples include the *Alcohol Use Screening and Assessment*, *Perioperative Assessment of the Older Adult*, and *Geriatric Depression Scale*.
- Follow the simulation with an interdisciplinary care meeting. Team members could be recruited from other health related programs at your school. Examples include nutrition/dietary, social work, physical therapy, etc.
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Simulation 2

- Have Gene develop an allergic reaction or anaphylaxis after antibiotic administration.
- Add other skills to the simulation, such as insertion of a Foley catheter or wound care.
- Have the patient eat something while NPO. What is the nurse's role? After surgery, administer blood to Gene and have him develop a transfusion reaction that students must manage.

Simulation 3

- Create an infection in the surgical incision or the ulceration on the patient's heel.
- Have the graft hemorrhage. Discuss how to respond.
- Have the students teach wound care for discharge planning.
- Have students prepare an SBAR report to the nurse who will be making a home visit to Eugene after discharge.
- Use the Transitional Care Model (TCM): Hospital Discharge Screening Criteria for High-Risk Older Adults
- Assign students to explore community and VA resources that might help with providing both Eugene and his wife with supportive services and increased social support.

The *Have You Ever Served?* pocket guide can assist faculty and students with assessment questions and provide guidance about interacting with veterans in the simulations are recommended.

- Pocket Guide:
https://www.haveyoueverserved.com/uploads/2/3/0/6/23069410/have_you_ever_served_2023_pocket_card.pdf
- Have You Ever Served? Website:
<http://www.haveyoueverserved.com/index.html>