Simulation Design Template

George Palo – Simulation #3

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** approx. 20-30 minutes  **Location:** Daughter Maggie’s house  **Today’s Date:** | **File Name:** George Palo  **Student Level:**  **Guided Reflection Time:** Twice the amount of time that the simulation runs  **Location for Reflection:** |

Brief Description of Patient

**Name:** George Palo **Pronouns:** he/him

**Date of Birth:** 11/13/YYYY (reflect age 90) **Age:** 90

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

**Sexual Orientation:** heterosexual **Marital Status:** widowed

**Weight:** 188 pounds (85.09 kg) **Height:** 71 inches

**Racial group:** (Faculty can select) **Language:** English **Religion**: (Faculty can select)

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

**Support Person:** Maggie (daughter) **Support Phone:** 218-777-8877

**Allergies:** Penicillin **Immunizations:** Up to date

**Attending Provider/Team:** Ben Casey, MD; Mary Lake, MS, APRN/Geriatric Nurse Practitioner

**Past Medical History:** Hypertension; minor Neurocognitive impairment due to Alzheimer’s disease v. vascular etiology, andadjustment disorder with depressed mood.

**History of Present Illness:** Fell 8 days ago and suffered a right femoral neck fracture that was repaired with open reduction and internal fixation; discharged yesterday.

**Social History:** George’s wife of 65 years, Anna, died 2 years ago and he moved into a small 1 bedroom apartment in a retirement community independent living setting. Max, his golden retriever, died 3 months ago. Had some difficulty adjusting to loss of dog, but with encouragement, joined a walking group to continue being outdoors and walking and made arrangements to drive with a buddy to the Humane Society to continue his volunteer activities.

**Primary Medical Diagnosis:** Right femoral neck fracture; ORIF repair.

**Surgeries/Procedures & Dates:** Open Reduction Internal Fixation (ORIF) of right femoral neck fracture.

Psychomotor Skills Required Prior to Simulation

* Head-to-toe assessment

Cognitive Activities Required Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Care of the patient following an open reduction and internal fixation of a fracture of neck of femur.

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 Katz Functional Assessment (<https://hign.org/consultgeri/try-this-series/katz-index-independence-activities-daily-living-adl>) tool 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 contains many evidence-based assessment tools.

Become familiar with typical services provided in retirement housing facilities and other resources for older adults in your community.

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. Complete a head to toe assessment.
2. Assess mobility and functional abilities of patient following surgery to repair femoral neck fracture with Katz tool.
3. Discuss criteria for patient’s return to independent living with patient and family.

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>

Nursing Standard of Practice Protocol: Recognition and Management of Dementia - <https://hign.org/consultgeri/resources/protocols/dementia>

Reducing Functional Decline in Older Adults during Hospitalization - <https://hign.org/consultgeri/try-this-series/reducing-functional-decline-older-adults-during-hospitalization>

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 the KATZ Index of Independence in Activities of Daily Living (ADL) – <https://hign.org/consultgeri/try-this-series/katz-index-independence-activities-daily-living-adl>

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: Daughter’s home |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Recommend standardized/simulated patient (SP) for George and daughter Maggie.

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

**Other Props & Moulage:** Props that make setting look like a living room in a home. Walker; pill organizer with pills.

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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  **Medications and Fluids:**  Oral Meds: See chart  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)  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | Observer(s) Any number of observers  Recorder(s)  Family member #1: Daughter Maggie  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.

George is insistent about going home to his apartment. Daughter Maggie is worried about his safety.

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:** 0900

**Person providing report:** Community health nurse supervisor

**Situation:** George Palo is a 90-year-old who fell and fractured the neck of his femur 8 days ago. He had an ORIF – open reduction, internal fixation repair. He did very well post-op and progressed quickly to partial, then full weight bearing. He was discharged yesterday to his daughter Maggie’s home. He will have physical therapy, occupational therapy, and visits by our community health nurses twice a week. Maggie asked us to visit as soon as possible because George is insisting he is ready to go home to his apartment.

**Background:** George took residence in his retirement community apartment about one year ago -- 2 years after Anna, his wife of 65 years, died. The community health nurse made a visit 6 months ago at the request of his daughter Maggie. She was concerned about his memory loss. He missed paying some bills and the retirement community nurse noted an increase in his BP and thought he might not be taking his meds. The nurse recommended a visit to his physician, who diagnosed him with minor neurocognitive impairment due to Alzheimer’s disease v. vascular etiology and started him on galantamine. He did well until Max, his golden retriever, died 3 months ago. Maggie requested we visit again to assess him for depression. Dr. Casey, his primary care physician, decided it was an adjustment disorder with depressed mood, and did not feel he needed antidepressant medication. With encouragement, George joined a walking group to continue being outdoors and walking and arrangements were made for George to drive with a buddy to the Humane Society to continue his volunteer activities there.

**Assessment:** Discharge vitals were T-98.6, R-18, P-80, BP 135/84. Reports from the hospital indicate that he has had no complications and is doing well with his rehab. He did not experience any delirium during hospitalization and progressed to weight bearing but uses a walker. His BP remains under control and pain is managed with acetaminophen. He has trazodone ordered for sleep.

**Recommendation:** Do a complete physical assessment and assess using the Katz tool to see how he is managing with activities of daily living. Report your findings to the physical therapist so you can collaborate on criteria and goals to determine when George can return to his apartment.

Scenario Progression Outline

**Patient Name:** George Palo **Date of Birth:** 11-13-YYYY (reflect age 90)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-10 min** | George is cooperative – repeats the following during the scenario:  “I just stepped off the curb when I was walkin’ those good ole dogs. I hope they’re OK.”  “I had surgery, you know. They did a good job.  “When can I go home and quit being a burden to my daughter?  I’m doing very well. I want to go home to my own apartment.”  Maggie: “Dad, I agreed to bring you to my house because you didn’t want to go to the rehab center. You are NOT ready to go home. I would just worry all the time!”  T-98.6, P-78, BP 130/80, R-16  Assessment findings all within normal limits.  Incision on hip healing well.  Strength and mobility greater in left extremity compared to right.  George: “I’m not having any pain – and when I do the acetaminophen takes care of it.” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID. * Explaining goals for the visit. * Taking vital signs. * Conducting a head-to-toe assessment. * Assessing incision. * Assess pain.   Respond therapeutically to George and Maggie. | **Role member providing cue:** George  **Cue:** If students do not introduce themselves, George says, **“**Who are you? Are you the nurse they were sending over?”  **Role member providing cue:** Maggie  **Cue**: If students do not take vitals/perform assessments, Maggie will ask, **“**Do you need to check my dad’s BP or look at his hip?” |

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| **10-20 min** | George/Maggie answers to questions on the KATZ:  BATHING: Maggie: “I just do his back.”  DRESSING: George: “I can do everything but tie my shoes.”  TOILETING: Maggie: “I’ve been helping him on and off the toilet. It’s a little tricky with the walker.”  TRANSFERRING: George: “I’m learning to do this by myself. I almost have it down pat.”  Maggie: “But you still need help. You don’t want to fall again, do you?”  CONTINENCE: George: “I NEVER have an accident!”  FEEDING: Maggie: “He isn’t ready to prepare his own meals yet – he can’t really stand too long.” George: “Oh, just get me some frozen dinners that I can pop in the microwave at home. I’m not fussy about what I eat.”  George still wants to go home but agrees to stay awhile longer and work on getting stronger. | **Learners are expected to:**  Administer KATZ  Based on the findings from the above assessments, discuss a plan for transitioning George back to his apartment when the safety risk diminishes.  Use SBAR to report findings to physical therapist. | **Role member providing cue:** Maggie  **Cue:** If student does not begin KATZ Maggie will say, “I’m most concerned about his safety with his recent fracture and surgery – how can we best determine what he can do?”  If student does not initiate a discussion of findings, Maggie will ask, “What did the findings of your assessment show? What are our next steps?” |

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:**

* George’s ability to care for himself safely
* Use of tools to assess ability to remain independent
* Strategies for resolving conflict between George and Maggie

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).