

## **Instructor's Toolkit for George Palo 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.

Assessment techniques are very important in the care management of this population. Use of multiple assessment tools have been intentionally incorporated into these simulation scenarios. Faculty may want to review the tools in advance to determine best strategies for student preparation to enhance simulation and debriefing.

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. In these simulation scenarios, George works with both the retirement community resident nurse as well as a visiting community health nurse. We are considering the role of the resident nurse to be more of a case manager for the retirement community, securing necessary resources for residents. The role of the community health nurse is to provide the direct assessment, planning, intervention, and evaluation of care in the home.

Care management and complexity of the care with the older adult often include polyprovider and polypharmacy issues. In an effort to highlight these complexities, the simulation scenarios presented here include the use of drugs or combination of drugs that may not be appropriate or safe for this population. The goal for this intentional teaching strategy is for students to develop their assessment techniques, use the BEERS criteria and other tools specific for the older adult. Instructors should include these issues in their debriefing conversations with students. No other intentional errors were included in these cases.

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 these scenarios to provide an interprofessional educational (IPE) 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.

In the George Palo simulations, Scenario 3 specifically provides an opportunity to incorporate an IPE experience. Here are a few ideas for using the simulation scenarios:

- Conduct the simulation in the classroom; debrief 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 and debrief in small groups using synchronous tools.
- Plan a simulation day, using all three scenarios in one day. Have students rotate through different roles in each simulation.
- 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.
- Please refer to the [teaching strategy section](#) for more ideas on teaching strategies to help students better understand management of dementia, delirium, and depression.

Here are a few ideas for modifications that could be made to the George Palo simulations.

### **Simulation 1**

- Add a driving assessment report to this scenario to enhance a conversation on safety and other options for independence and getting around.
- Add a prep assignment explaining the pathophysiology of and differentiating between 1) mild cognitive impairment; 2) vascular dementia; and 3) Alzheimer's type dementia. Highlight this discussion in the debriefing.

### **Simulation 2**

- Add a Katz Functional Assessment report completed by the retirement community resident nurse to enhance a conversation on Basic ADLs and Instrumental ADLs in their planning.
- Add a driving assessment report indicating that George should no longer drive to add complexity to sustaining independence.
- Add a prep assignment explaining the connections between mood alterations and dementia. Highlight this discussion in the debriefing.

### **Simulation 3**

- Have George exhibit increased agitation and paranoia not initially recognizing the community health nurse, his daughter Maggie, or where he is. Have students focus on

communication techniques to redirect George and counsel Maggie. Adjust the Mini-cog to reflect worsening dementia.

- Give students the medication list before the simulation. Have them complete the BEERS before the simulation so they can discuss the implications of the medications and the OTC medications being used with George.

### **Additional Resources**

Alzheimer's Association

<http://www.alz.org/what-is-dementia.asp>

Loneliness, Depression and Sociability in Old Age

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3016701/>

Review the material in the [ACE.Z Teaching Strategies](#) section for other ideas.