Simulation Design Template

George Palo – Simulation #1

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** approx. 20-30 minutes  **Location:** Apartment in retirement community  **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

**History of Present Illness:** George was evaluated a year ago by his primary care provider for concerns addressed by the family regarding his affect and some confusion. He was diagnosed with minor neurocognitive disorder (mNCD).

**Social History:** George’s wife of 65 years, Anna, died 2 years ago. He moved into a small one-bedroom apartment in a retirement community for independent living six months ago. He is very independent and loves to be outdoors, walking his 13-year-old golden retriever, Max. He volunteers at the Humane Society.

**Primary Medical Diagnosis:** Minor Neurocognitive Disorder

**Surgeries/Procedures & Dates:** None

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:

* Dementia, Alzheimer’s disease, cognitive changes in older adults

Review the Brief Evaluation of Executive Dysfunction (<https://hign.org/consultgeri/try-this-series/brief-evaluation-executive-dysfunction-essential-refinement-assessment>) 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.

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>

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. Conduct a head-to-toe physical assessment.
2. Assess the patient’s individual aging pattern and cognitive status using the Brief Evaluation of Executive Dysfunction tools.
3. Interpret findings from assessments and recommend a plan of care.
4. Discuss appropriate resources to support maintaining patient independence.

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>

Decision Making in Older Adults with Dementia - <https://hign.org/consultgeri/try-this-series/decision-making-older-adults-dementia>

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 are the Brief Evaluation of Executive Dysfunction - <https://hign.org/consultgeri/try-this-series/brief-evaluation-executive-dysfunction-essential-refinement-assessment>

**Additional Cognitive Screening Tool:**

* The AD8: The Washington University Dementia Screening Test is an eight-item interview to differentiate aging and dementia - <https://hign.org/consultgeri/try-this-series/ad8-washington-university-dementia-screening-test>

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: Apartment in retirement community |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Recommend 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 (e.g., phone, books, chair with quilt or blanket, clock with large numbers, pictures, rug, etc.). Several bottles of various vitamins and one bottle labeled atenolol. Envelopes with bills. Checkbook.

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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: 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 a bit annoyed at all “the fuss” about his not attending BP clinics and the “accusation” that he is not taking his meds. Maggie is concerned about her dad.

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:** 1100

**Person providing report:** Retirement community resident nurse

**Situation:** George Palo is a 90-year-old man living independently in our apartments. One of our nurses conducts a weekly blood pressure clinic. Three weeks ago, she found a marked increase in George’s blood pressure. He became annoyed when she asked if he was taking his medications. George has not returned for the past 2 weeks so the nurse contacted his daughter Maggie, who also reported other behavioral and neurocognitive changes. Maggie said she suggested that her dad go to the doctor, but he refused. He did agree to have a nurse come for a visit, so she requested that we find a community health nurse to assess her dad.

**Background:** George has been very healthy and active. He walks daily with his golden retriever, Max, of 13 years. He has hypertension that has been controlled by atenolol (Tenormin) up until now.

**Assessment:** Recent BPs recorded show a systolic running in the 150s and a diastolic running between 90 and 100. He told the nurse he does not take any other medications except for acetaminophen, which he takes prn for aches and pains, and several vitamins.

**Recommendation:** Complete a physical assessment of George and administer the Brief Evaluation of Executive Dysfunction tool. Based on your findings, make some recommendations about his ability to remain independent. Maybe some additional help will allow him to stay in 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** |
| **0-5 min** | George and Maggie are sitting in chairs.  Maggie: “Remember I told you that the nurses were coming to see how you’re doing. I’m concerned because you forgot to pay some bills last month, your blood pressure is high, and you stopped going to the blood pressure clinic in the community room.”  T-98.6, P-78, BP 150/92, R-16. All assessment findings are within normal limits.  George: “I pay the bills on time. I have always paid them on time. Sometimes I get tired and fall asleep before I finish. Sometimes I forget to put them in the mail. Are you wanting to take over my money, Maggie?”  Maggie: “Missing bill payments is new for you Dad. That never happened before, and you paid a few bills twice.”  George repeats himself several times during this encounter. He frequently says things like, “I’m just fine –don’t go blowing this out of proportion.” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID. * Explaining purpose of visit. * Taking vital signs and conducting a head-to-toe assessment. * Use therapeutic communication throughout the scenario when addressing George’s frustrations and Maggie’s concerns. | **Role member providing cue:** George  Cue:If learners do not introduce themselves, George asks, “Who are you? Why are you here?”    If learners forget to ask George how he feels, George will say, “Don’t you want to ask about my aches and pains? What kind of nurses are you? I’m stiff in the morning, but once me and Max have our walk, I limber up and am OK.” |

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| **Note:** Over the next 15 minutes, learners can do assessments and administer tools in any order. Answers and responses are on the attached sheets. | **Medications:**  George: “I take my pills every day. See the bottles stacked up there? I keep them lined up over there by my sink, so I remember to take them in the morning – my BP med and my vitamins. What makes you think I’m not taking them?”  George: “I just forgot to go over to the community center. No big deal! You worry too much, Maggie. My BP is fine.”  **Brief Executive Dysfunction tool:**  George’s clock drawings attached  George’s responses for Controlled Oral Word Association Test:  F= frank, fish, friend, fink, finish, photo, freedom, fort, find, phone  A= Anna, apple, anise, Andrew, actor, ache, ant, Anna, angry, anger  S= stew, superman, sick, socks, saint, sidewalk, stupid…. I don’t know – this is stupid  George’s responses for Trail Making Test:  1-A, 2-B, 3-C, 4-E, 5-F, 6-G, 7-H, 9-I, 10-K, 11-L, 12-M, 13-N, I don’t know | **Learners are expected to**:   * State that George’s BP is higher than normal. * Ask if he has any difficulty remembering to take his medications.   Administer Brief Evaluation of Executive Dysfunction tool | **Role member providing cue:** Maggie  Cue: If learner does not initiate a conversation to assess medications, Maggie will say, “I’m worried that he’s not taking his medicine. I know high blood pressure is bad for you.”  If the learner does not initiate any assessments of cognitive function Maggie will say, **“**I’m concerned about Dad’s memory – I guess I mean whether we’re seeing anything unusual.” |

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| **Last few minutes** | George: “I’m willing to talk about some help but I am not moving out of my apartment. Max and I are just fine here – you’re not putting me in any old folks’ home!!”  “I don’t need to see the doctor – I’m just fine. I don’t have that Alzheimer’s disease. I know who you are; I’m not confused. I just missed taking my pills a couple of days and missed a couple bills, that’s all.” | **Learners are expected to**:   * Summarize findings of assessments with George and Maggie. * Recommend a follow-up visit to physician. * Learners should reassure George that everyone wants him to remain independent for as long as possible and accepting some help will make that possible. * Learners should come up with their own ideas of ways to assist George to remain as independent as possible for as long as possible. They might include: * Pill organizer * Reduce number of pills to take by replacing several individual vitamin pills with one multivitamin * Encourage George to let Maggie assist him with bill paying. | **Role member providing cue:** Maggie  Cue: If learner does not initiate a summary of findings and recommendations, Maggie will ask, “What did the findings of your assessment show?” And/or  “Aren’t there some things we can do to help Dad?” |

If there is time and learners still need practice on handoffs, have learners call the retirement community resource nurse and report their findings using SBAR or other standardized communication tool.

**George’s 1st clock drawing:**

George's clock drawing showing a clock face with the hands of equal length pointing at 2 and 9.

**George’s copied clock drawing:**

George's clock drawing showing a clock face with the longer hand pointing at 2 and the shorter hand pointing at 9.

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:**

* Usefulness of reliable, valid standardized tools for assessing George’s ability to remain independent
* Concerns of families when aging parents show signs of forgetfulness
* Community resources to support independence

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).