Simulation Design Template

Jenny Brown – Simulation #2

|  |  |
| --- | --- |
| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** approx. 20 minutes  **Location:** Jenny’s apartment | **File Name:** Jenny Brown  **Student Level:**  **Guided Reflection Time:** Twice the amount of simulation run time  **Location for Reflection:** |

Brief Description of Patient

**Name:** Jenny Brown **Pronouns**: she/her

**Date of Birth:** 06-22-YYYY (reflect age 29) **Age**: 29

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

**Sexual Orientation:** heterosexual **Marital Status:** unmarried with partner

**Weight**: 135 lbs (61.2 kg) **Height**: 66 in

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

**Support Person:** Eric (boyfriend) **Support Phone:** 555-555-5566

**Employment Status:** college student **Insurance Status**: Insured **Veteran Status**: Veteran

**Allergies:** No known allergies **Immunizations:** Current, including influenza and Tdap

**Attending Provider/Team:** Shelley Northridge, CNM (works with two obstetrician/gynecologists in private practice setting)

**Past Medical History:** Mild intermittent, exercise-related asthma as a child - resolved

**History of Present Illness:** 30 weeks pregnant. Typical IUP to date. Female fetus has cleft lip & palate diagnosed by ultrasound at 18 weeks and confirmed to be present at 24-week ultrasound. Had a 3-day voluntary admission to acute adult psychiatric unit for acute anxiety/panic attack after she learned about the infant’s congenital anomaly. Also diagnosed with PTSD. She now receives individual and group counseling at the nearby VA Medical Center.

**Social History:** Military Veteran whose service included deployment to combat zones in Iraq. College student studying construction management. Stable monogamous relationship with boyfriend Eric. Parents live 500 miles away.

**Primary Medical Diagnosis:** Intrauterine pregnancy of 30 weeks

**Surgeries/Procedures & Dates:** None

Psychomotor Skills Required Prior to Simulation

* Auscultation of FHR
* Prenatal physical assessment

Cognitive Activities Required Prior to Simulation

Use textbooks and other faculty-directed resources to review:

* Prenatal assessment, including appropriate physical, mental, and developmental milestones
* Elements of effective patient-centered education
* Anticipatory guidance re: pregnancy 30-40 weeks, labor-birth, and care of newborn with cleft lip and palate

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 focused antenatal assessment.
2. Assess Jenny’s mental and emotional status.
3. Identify stressors and strengths in Jenny’s ability to contend with pregnancy and parenting.
4. Respond appropriately to patient questions and provide anticipatory guidance about relationship issues, pregnancy, labor and delivery, and care of an infant with cleft lip and palate.

Faculty Reference

**References:**

Shivakumar, G., Anderson E. H., & Suris, A. M. (2015). Managing posttraumatic stress disorder and major depression in women veterans during the perinatal period. *Journal of Women’s Health*, 24(1). 18-22. doi:10.1089/jwh.2013.4664

Mattocks, K. M., Skanderson, M., Goulet, J. L., Brandt, C., Womack, J., Krebs, E.,…Haskell, S. (2010). Pregnancy and mental health among women veterans returning from Iraq and Afghanistan. *Journal of Women’s Health*, 19(12); 2159-2166. doi:10.1089/jwh.2009.1892

**Online Resources:**

American Cleft Palate-Craniofacial Association

<http://www.acpa-cpf.org/>

Reilly, S., Reid, J., Skeat, J., Cahir, P., Mei, C., Bunik, M. and the Academy of Breastfeeding Medicine Clinical Protocol Committee. (2013). ABM Clinical Protocol #17: Guidelines for breastfeeding infants with cleft lip, cleft palate, or cleft lip and palate. *Breastfeeding Medicine*, 2,243-250. Available: <https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/17-cleft-lip-cleft-palate-protocol-english.pdf>

Seattle Children’s Hospital. (2010). Cleft lip and palate: Critical elements of care. The Center for Children with Special Needs. Available:

<https://www.providence.org/-/media/Project/psjh/providence/wa/files/shch/shch-cleft-lip-and-palate.pdf?la=en&hash=FC396FEBD54643654BBF2A91DEB3EA75>

Cleft Palate Foundation. (2009). Feeding your baby. Available at: <https://cleftline.org/family-resources/feeding-your-baby/>

**Online Resources Related to Women Veterans:**

Women Veterans Health Care FAQs:

<https://www.womenshealth.va.gov/faq.asp>

The Healthcare Simulation Standards of Best Practice™

<https://www.inacsl.org/healthcare-simulation-standards>

Setting/Environment

|  |  |
| --- | --- |
| Emergency Department  Medical-Surgical Unit  Pediatric Unit  Maternity Unit  Behavioral Health Unit | ICU  OR / PACU  Rehabilitation Unit  Home  Outpatient Clinic  Other: |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Simulated patient recommended.

**Recommended Mode for Simulator**: If simulator used, mode will not change for this scenario.

**Other Props & Moulage:** Standardized patient or manikin dressed in street clothes

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| Nurse 1  Nurse 2  Nurse 3  Provider (physician/advanced practice nurse)  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | Observer(s)  Recorder(s)  Family member #1  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.

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:** 1030 weekday morning

**Person providing report:** Home care supervisor

**Situation:** Jenny Brown is 29 years old and is 30 weeks pregnant with her first baby. You are making this home visit because Jenny is enrolled in a pregnancy support program for low income women and for follow-up of a brief admission to a psychiatric unit when she was 18 weeks pregnant.

**Background:** When Jenny was 18 weeks pregnant she had an ultrasound that revealed that her female fetus had a cleft lip and palate. Jenny became extremely agitated and needed to be restrained. She agreed to be voluntarily admitted to a short stay inpatient unit and treated with a few doses of haloperidol. She did well and was discharged 3 days later. Since that time Jenny has been participating in individual therapy with a psychiatric mental health nurse practitioner and is in group therapy for women combat veterans at the nearby Veterans Administration Hospital. She has been sleeping well at night but still has occasional nightmares and difficulty falling asleep after they occur. She says that she still has feelings of anxiety and describes herself as having “bad days” and “good days.” She thinks she is less withdrawn and that she is enjoying life more. She describes her relationship with Eric as “up and down” because they “argue a lot about little things.” She is not taking any medications except prenatal vitamins.

**Assessment:** Jenny says that they haven’t “gotten around to buying anything for the baby yet.” They are not attending any childbirth preparation classes. At the last office visit with her certified nurse midwife, Jenny was told that the baby is growing appropriately. The baby, a female, is frequently active in utero. Fetal heart rate has been in the 130s. Jenny’s hemoglobin and hematocrit were a little low, so she was started on ferrous sulfate. Jenny and Eric did meet with a neonatologist before Jenny was discharged from the acute psychiatric unit but have not yet selected a pediatrician.

**Recommendation:** The purpose of your visit will be to complete a third-trimester antenatal assessment and talk with Jenny about the remainder of her pregnancy and childbirth preparation. You need to address her mental health status, her relationship with the baby’s father, and respond to any questions she might have about the care of her newborn immediately after birth, especially as it relates to the cleft lip and palate.

Scenario Progression Outline

**Patient Name:** Jenny Brown **Date of Birth:** 06-22-YYYY (reflect age 29)

|  |  |  |  |
| --- | --- | --- | --- |
| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-10 min** | Sitting comfortably in chair; alert and oriented; cooperates with physical exam, generates questions, and answers all questions.  “Thank you for coming. I think things are going okay. Some days are good but sometimes I just can’t get going. My nurse midwife told me two weeks ago that the baby is growing right on schedule and I know she’s moving around a lot. I think Eric and I need to buy a few things but when we talk about what we need, we usually end up arguing. It’s a girl and we are glad to know we will have a daughter. We have been thinking about names. Eric likes old fashioned names like Emma but I like names that are more interesting. I’ve been thinking about naming her Mackenzie. I’m sure we’ll figure something out before she’s born. I do have a lot of questions.” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID * Establish therapeutic communication (interest and concern) * Clarify reason for home visit * Conduct prenatal assessment | **Role member providing cue:** Patient  **Cue:** If learners do not explain purpose of home visit, Jenny can say: “So why are you here? I go to the clinic regularly.”  If learners do not begin assessment, Jenny can say: “So are you going to check me over?” |
| **10-20 min** | The following is a list of questions that Jenny might ask. Faculty can remove questions or add new ones to provide an experience that matches the curriculum, course content and students’ other learning.   * My belly is getting so big. How much bigger will I get? * I’ve already gained about 15 pounds. How much more weight am I supposed to gain? * I guess I have a little bit of anemia – is that bad? Should I be eating anything special? * My nurse midwife talked about childbirth preparation classes. Should we take those? What kinds of things will they teach us? I’m pretty busy with school and Eric works long hours so I’m not sure we have time for classes. * What kinds of physical symptoms can I expect in these last months of my pregnancy? * Is it okay to have sex between now and the time the baby is born? * I walk about 2 miles to campus every day. Is it okay to keep doing that? * Can I keep going to yoga class? It’s a special prenatal yoga class at the YWCA. * They said I should pick a pediatrician. How do I do that? How can I tell who would be a good one for our baby, especially with her problems? * My friend had a preemie. How could I tell if I was going into labor too soon? What signs should I look for? * My mom sent me an article about something called, “pre-eclampsia” or something like that. What is it? It sounded very scary, like it could lead to real problems. How would I know if I was getting that? * Are there any other physical symptoms that should worry me or I should tell someone about while I’m pregnant? * My nurse midwife asked me what kind of medications I would like to have during labor. I want to “go natural” and not have any medications, but if I need some, how do I decide which is one is best for me and my baby? * What’s going to happen when the baby is born? Who will be at the delivery to take care of her? Is she going to have to go to the special nursery right away? When will we be able to hold her and spend some time with her? * I think I want to breastfeed, but I’m not sure. Some people tell me I won’t be able to because of the baby’s cleft lip and palate. My nurse midwife says I might be able to. What do you think? What are the advantages of breastfeeding? How long would I have to do it? If I do breastfeed, who could help me with it after the baby’s born? * I don’t want you to think I’m a problem drinker or anything but now and then I would like to have a beer with dinner or something. I know I can’t drink now but… when can I drink alcohol again?   Include some questions like the one below if students have been prepared to discuss mental health concerns, and to explore feelings of grief and loss with Jenny.   * I know I am getting better from a mental health perspective. I’m sleeping better. But sometimes when I think about the baby, I wish that she could have been perfect. | **Learners are expected to:**   * Respond appropriately to Jenny’s questions * Provide anticipatory guidance * At end of visit, summarize what they discussed and set date for next appointment. | **Role member providing cue:**  **Cue:** |

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:**

* Elements of an antenatal assessment.
* Jenny’s stressors and strengths
* Teaching, providing anticipatory guidance, and exploring feelings, especially when you have not experienced the same or a similar situation yourself

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.

|  |  |
| --- | --- |
| **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).