Simulation Design Template

Judy Jones – Simulation #1

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** approx. 20 minutes  **Location:** Medical/Surgical Unit  **Today’s Date:** | **File Name:** Judy Jones  **Student Level:**  **Guided Reflection Time:** Twice the amount of time that the simulation runs  **Location for Reflection:** |

Brief Description of Patient

**Name:** Judy Jones **Pronouns:** she/her

**Date of Birth:** 12-07-YYYY (reflect age 85) **Age**: 85

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

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

**Weight**: 115.3 lb (52.3 kg) **Height**: 67 in

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

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

**Support Person:** Karen Jones (daughter) **Support Phone:** 555-555-5566

**Allergies:** Sulfa **Immunizations:** Influenza 3 months ago; Pneumonia 2 years ago

**Attending Provider/Team:** Annette Parks, MD

**Past Medical History:** Cervical spondylosis, hyperlipidemia controlled by diet, minor neurocognitive disorder due to Alzheimer’s disease, manifested by short-term memory issues, sequencing and executive function deficits.

**History of Present Illness:** Illness began with a runny nose and non-productive cough six days ago. On day six, she went to the doctor’s office with a fever, shortness of breath, wheezing, and a productive cough. She was admitted from the doctor’s office and started on IV fluids and antibiotics.

**Social History:** Widow for seven years; lives at home with her daughter.

**Primary Medical Diagnosis:** Pneumonia

**Surgeries/Procedures & Dates:** Carpal tunnel surgery on left wrist at age 58, on right wrist at age 60.

Psychomotor Skills Required Prior to Simulation

* General head-to-toe assessment
* Applying nasal cannula
* Patient transfer/ambulation skills

Cognitive Activities Required Prior to Simulation

Use textbooks and other faculty-directed resources to review:

* Community acquired pneumonia, dementia, delirium and care of confused older adults
* Prescribed medications

Review the Confusion Assessment Method (CAM) - <https://hign.org/consultgeri/try-this-series/confusion-assessment-method-cam>, the Mental Status Assessment of Older Adults: The Mini-Cog™ - <https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog>, and the Family Questionnaire tool in Recognition of Dementia in Hospitalized Older Adults - <https://hign.org/sites/default/files/2020-06/Try_This_Dementia_5.pdf> 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.

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>

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 assessment.
2. Demonstrate use of non-pharmacological methods to manage an agitated patient.
3. Administer the Mini-Cog assessment tool.
4. Use the Confusion Assessment Method to evaluate the client for delirium versus dementia.

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>

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. Tools recommended for this scenario are the Confusion Assessment Method (CAM) **-** <https://hign.org/consultgeri/try-this-series/confusion-assessment-method-cam> and the Mental Status Assessment of Older Adults: The Mini-Cog - <https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog>.

**Additional Resources:**

Assessing and Managing Delirium in Older Adults with Dementia –

<https://hign.org/sites/default/files/2020-06/Try_This_Dementia_8.pdf>

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

Recognition of Dementia in Hospitalized Older Adults –

<https://hign.org/sites/default/files/2020-06/Try_This_Dementia_5.pdf>

Waszynski, C., Veronneau, P., Therrien, K., Brousseau, M., Massa, A. & Levick, S. (2013). Decreasing patient agitation using individualized therapeutic activities. [*AJN, American Journal of Nursing*](http://www.nursingcenter.com/library/journals.asp?journal_id=54030), 113 (10), 32-39. Available at <https://www.nursingcenter.com/cearticle?an=00000446-201310000-00024&Journal_ID=54030&Issue_ID=1606223>

Working with families of hospitalized older adults with dementia

<https://hign.org/consultgeri/try-this-series/working-families-hospitalized-older-adults-dementia>

Therapeutic Activity Kits**-** <https://hign.org/sites/default/files/2020-06/Try_This_Dementia_4.pdf>

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: |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Human patient simulator or simulated patient.

**Recommended Mode for Simulator:** manual

**Other Props & Moulage:** Patient is sitting on the floor looking under bed. On the bedside table is an incentive spirometer, box of tissues and a small bag for used tissues with green sputum.

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| **Equipment Attached to Manikin/Simulated Patient:**  ID band  IV tubing with primary line D5. 45 NSS running at 42 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 set at 2L; nasal cannula on bed  Monitor attached  Other:  **Other Essential Equipment:**  **Medications and Fluids:**  Oral Meds:  IV Fluids: see chart  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: Tissues and a small container/bag for the used tissues |

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  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:** 1900

**Person providing report:** Nurse going off duty

**Situation:** Judy Jones is an 85-year-old female patient of Dr. Annette Parks who was admitted yesterday afternoon with a diagnosis of community-acquired pneumonia. She is being treated with IV levofloxacin and IV fluids.

**Background:** Judy Jones has a medical history of cervical spondylosis with pain controlled with acetaminophen when needed, hyperlipidemia that is controlled by diet. She has a history of carpal syndrome and had surgery on both wrists. She also has minor neurocognitive disorder due to Alzheimer’s disease. Her daughter tells us that for the past 2 years she has been forgetful, but oriented to all spheres.

**Assessment:** She is alert and oriented to person but needs frequent reorientation to place and time and is forgetful. At 1600 her vital signs were temp 99.9, heart rate 103, respirations 24, BP 130/68, pulse ox 95% on 2 liters of O2 via nasal cannula. Her heart rhythm is regular. Her IV of D5 .45 NSS running at 42 mL/hr is infusing well into her left forearm.

She frequently removes her nasal cannula, and when she does, her pulse ox goes down as low as 90%. Upon auscultation she has rhonchi bilaterally and occasional wheezing. There are PRN respiratory treatments ordered to relieve her wheezing. We are encouraging her to use the incentive spirometer every hour.

Ms. Jones is on a regular diet; her appetite is poor. Her abdomen is soft with bowel sounds present. Her last bowel movement was two days ago. She has been urinating without difficulty in the bathroom, but needs assistance getting into the bathroom, basically to manage the IV pole. Her skin looks great. I didn’t see any areas of breakdown, but she is at risk for skin breakdown because she is spending a lot of time in bed.

**Recommendation:** I recommend checking on her frequently due to the forgetfulness and to be sure she keeps her nasal cannula on. It is important that we continually assess her respiratory status. Her last albuterol treatment was at 1200, and she can have her next one whenever she needs it. Be sure to remind and reteach her each time how to use the incentive spirometer; she forgets. Please do a CAM assessment and don’t forget we are starting our new quality improvement project today. We are doing Mini-Cog assessments twice a week on each patient that scored a 3 or more on the Family Questionnaire for Dementia. See if you can do the Mini-Cog assessment on Ms. Jones before the end of your shift.

Scenario Progression Outline

**Patient Name:** Judy Jones **Date of Birth:** 12-07-YYYY (reflect age 85)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Manikin or standardized patient is sitting on the floor looking under the bed and saying, “Come on out baby girl…it’s OK…I’ll help you. It’s time for a snack.”  Nasal cannula on bed, oxygen set at 2L.  Pulse ox – 88% on room air; increases to 93% after nasal cannula is reapplied.  When the nurse reorients Judy, she only remains oriented briefly, then reverts to thinking she is at the day care center. “Come on, Susan, let’s go outside.”  Judy cooperates with whatever the nurse instructs her to do but is easily distracted, switching from realizing she is in the hospital to being at the day care. “Does anyone want to go down the slide?” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID * Reapplying nasal cannula, check oxygen settings. * Reorienting patient. * Call for help to get patient into bed. | **Role member providing cue:** Patient  **Cue:** If the students do not introduce themselves the patient will say, “Who are you? Do you see the children? I haven’t seen you before.” |
| **5-10 min** | Patient has a productive cough.  Temperature: 99.9 F  HR: 115  RR: 28  BP: 126/66  Pulse ox – 88% on room air; increases to 93% after nasal cannula is reapplied.  Lung sounds: Rhonchi with crackles in bases of both lungs. | **Learners are expected to**:   * Take vital signs. * Assess patient. | **Role member providing cue:** Patient  **Cue**: If oxygen is not reapplied patient says, “The person who was here before you kept trying to shove things in my nose.” |

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| **10-15 min** | Judy remains focused during the incentive spirometry teaching and uses spirometer correctly. | **Learners are expected to**:   * Teach how to use incentive spirometer. * Encourage Judy to use spirometer. | **Role member providing cue:** Patient  **Cue:** If patient is not asked to perform incentive spirometry patient asks, “What is that thing for?” pointing to incentive spirometer. |
| **15-20 min**  Tools can be administered in any order. | Judy forgets what she is doing several times: “What am I drawing?”  (Completed clock drawing attached)  When asked to recall the three words, Judy responds, “Duck, duck, goose.” | **Learners are expected to**:  Administer Mini-Cog  (follow directions on form attached to chart)  Administer CAM   * Question 1: See SBAR report. * Questions 2A through 8B - learners should observe Judy’s behavior and verbalizations and ask questions to determine orientation. * Question 9 - learners should ask Judy about sleep and see notes from night nurse |  |

**Judy’s clock drawing:**

**Judy's clock drawing showing a clock face. Numbers 6 and 12 are missing on the face. Numbers are not exactly aligned with their clock position. Two hands of equal length point toward 11 and an indistinguishable number.**

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:**

* Manifestations of delirium vs dementia
* Usefulness of standardized, validated tools
* Interventions for managing a patient who is disoriented and hallucinating

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).