Simulation Design Template

Judy Jones – Simulation #3

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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, and 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

None.

Cognitive Activities Required Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Differentiating between dementia and delirium

Review the Modified Caregiver Strain Index - <https://hign.org/consultgeri/try-this-series/modified-caregiver-strain-index-mcsi> and Mental Status Assessment of Older Adults: The Mini-Cog™ - <https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog> 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.

Working with families of hospitalized older adults with dementia

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

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. Teach daughter about the physical and emotional needs related to cognitive changes in the older adult.
2. Assess the patient’s daughter using the Modified Caregiver Strain Index.
3. Teach daughter about differences between dementia and delirium.

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 Modified Caregiver Strain Index - <https://hign.org/consultgeri/try-this-series/modified-caregiver-strain-index-mcsi> 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/consultgeri/try-this-series/assessing-and-managing-delirium-persons-dementia>

Recognition of Dementia in Hospitalized Older Adults –

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

Reducing Functional Decline in Older Adults during Hospitalization: A Best Practice Approach - <https://hign.org/sites/default/files/2020-06/Try_This_General_Assessment_31.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>

**Additional Cognitive Screening Tool:**

The AD8: The Washington University Dementia Screening Test: Eight-item Interview to Differentiate Aging and Dementia - <https://hign.org/sites/default/files/2020-06/Try_This_Dementia_14.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 for Judy; simulated patient for daughter Karen.

**Recommended Mode for Simulator:** manual

**Other Props & Moulage:**

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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:  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) Any number of observers  Recorder(s)  Family member #1: daughter Karen  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 the Scenario Progression Outline.

This simulation focuses on the daughter, Karen. The person playing this role needs to be prepped to express concern to the nurse about taking care of her mother after she is discharged from the rehab center. Her main concern is that her mom’s cognition is worse than before admission.

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:** 1400 (day 8 of hospitalization)

**Person providing report:** Nurse in charge of unit

**Situation:** Judy Jones is an 85-year-old patient of Dr. Annette Parks. Judy’s daughter and primary caretaker Karen is at the bedside and is concerned about her mother’s discharge, her mental condition and how she will manage her at home.

**Background:** Judy Jones is an 85-year-old female who was admitted 8 days ago with a diagnosis of community- acquired pneumonia. We treated her with IV antibiotics and respiratory treatments and it has resolved. Ms. Jones has a medical history of cervical spondylosis, and hyperlipidemia that is controlled by diet. She has minor neurocognitive disorder due to Alzheimer’s disease, and during this hospitalization she developed delirium that was manifested by seeing children underneath her hospital bed, agitation, and wandering the halls. She was given lorazapam 1 mg, which seemed to help initially, but she became more agitated and delirious after a second dose of 2 mg.

Tomorrow Ms. Jones is scheduled to be transferred to a rehabilitation center for a short time before returning home.

**Assessment:** Ms. Jones is alert and oriented to self, but still needs periodic orientation to time and place. She is forgetful, but her confusion has been diminishing each day. I did a Mini-Cog this morning and it showed improvement over the previous two, when she was having auditory and visual hallucinations. The second was worse than the first, but that was done when she became more delirious after the increased dose of lorazapam. Her daughter says she is still not back to her baseline of cognitive functioning – her level before she developed the pneumonia. The last three nights she has not been sleeping well.

Her last set of vital signs were: temperature 98.6 F, HR 76, RR 18, BP 128/64, pulse oximetry 96% on room air.

Judy occasionally has a productive cough of white sputum. Her lungs are clear. Occasionally you will hear scattered rhonchi that clear with coughing and deep breathing. She needs to be reminded to use her incentive spirometer and how to use it.

Ms. Jones is on a regular diet and has a good appetite. Her abdomen is soft with positive bowel sounds; her last bowel movement was this morning.

She is ambulating to the bathroom with a steady gait and urinating without difficulty. Her skin is clean, dry, and intact with no areas of breakdown.

**Recommendation:** If Judy is sleeping, please let her rest. She really needs her sleep. Her daughter Karen is visiting. See if she has questions and you might consider administering the Modified Caregiver Strain Index.

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** | Patient is sleeping; Karen is in the room.  Karen: “I’m so glad you’re here. I need to ask you some questions. I’m so worried about Mom. They’re sending her to the rehab place tomorrow. Physically I know she’s doing much better, but mentally she’s not good. . . and if she stays like this I can’t leave her home alone. I will have to either quit work or put her in a nursing home. I’m starting to feel really overwhelmed and not sure what to do.” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID * Ask Karen what questions she has and respond therapeutically. | **Role member providing cue:** Karen  **Cue:** If the student starts to wake up Judy, Karen intervenes and says, “Please don’t wake her. She needs sleep. Besides, I would like to ask you a few questions.” |
| **5-10 min** | After the nurse has explained the Modified Caregiver Strain Index, Karen completes it and hands it to the nurse.  Completed form attached | **Learners are expected to**:   * Explain and administer Modified Caregiver Strain Index. | **Role member providing cue:** Karen  **Cue:** If the student does not offer the tool, Karen says, “I feel so overwhelmed. Is there any help for me?” |
| **10-15 min** | Karen: “I have one last question. Mom seems much worse to me than she was before. Is that the delirium? I don’t understand how delirium and dementia are different.” | **Learners are expected to**:   * Teach the difference between dementia and delirium. * Explain the how long the delirium will take to resolve. | **Role member providing cue:** Karen  Cue: If the student does not explain how long the delirium will take to resolve, Karen asks. “When will the delirium go away?” |

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| **15-20 min** | Karen says. “The doctor did that clock test on Mom a few months ago and it was much better than the one she did for you. What does that mean?”  To end the scenario Judy wakes up and Karen thanks the nurse for taking time to talk with her. | **Learners are expected to**:   * Explain how the Mini-Cog helps assess cognitive functioning * How her physical illness produced delirium, which created more confusion * Reassure that as pneumonia improves, delirium subsides as evidenced by recent Mini-Cog, and that Judy should return to her baseline level of functioning * Provide emotional support and recognition that Mom’s dramatic change must have been frightening |  |

**Modified Caregiver Strain Index**

**Directions:** Here is a list of things that other caregivers have found to be difficult. Please put a checkmark in the columns that apply to you. We have included some examples that are common caregiver experiences to help you think about each item. Your situation may be slightly different, but the item could still apply.

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| --- | --- | --- | --- |
|  | Yes, On a Regular Basis=2 | Yes, Sometimes =1 | No=0 |
| **My sleep is disturbed**  (For example: the person I care for is in and out of bed or  wanders around at night) | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| **Caregiving is inconvenient**  (For example: helping takes so much time or it’s a long  drive over to help) | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| **Caregiving is a physical strain**  (For example: lifting in or out of a chair; effort or concentration  is required) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ |
| **Caregiving is confining**  (For example: helping restricts free time or I cannot go visiting) | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| **There have been family adjustments**  (For example: helping has disrupted my routine; there is no privacy) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ |
| **There have been changes in personal plans**  (For example: I had to turn down a job; I could not go on vacation) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ |
| **There have been other demands on my time**  (For example: other family members need me) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ |
| **There have been emotional adjustments**  (For example: severe arguments about caregiving) | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ |
| **Some behavior is upsetting**  (For example: incontinence; the person cared for has trouble remembering  things; or the person I care for accuses people of taking things) | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| **It is upsetting to find the person I care for has changed so**  **much from his/her former self**  (For example: he/she is a different person that he/she used to be) | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| **There have been work adjustments**  (For example: I have to take time off for caregiving duties) | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| **Caregiving is a financial strain** | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ |
| **I feel completely overwhelmed**  (For example: I worry about the person I care for; I have concerns  about how I will manage) | \_\_\_\_\_\_\_\_ | \_\_\_\_X\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| [Sum responses for “Yes, on a regular basis” (2 pts each) and “yes, sometimes” (1 pt each)] |  |  |  |
| **Total Score =** | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |

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| Thornton, M., & Travis, S.S. (2003). Analysis of the reliability of the Modified Caregiver Strain Index. *The Journal of Gerontology, Series B, Psychological Sciences and Social Sciences, 58*(2), p.S129. Copyright © The Gerontological Society of America. Reproduced with permission of the publisher. |

The Hartford Institute would like to acknowledge the original author of this *Try This:©* issue: M. Terry Sullivan.



Debriefing/Guided Reflection

Note to Faculty

We recognize that faculty will implement the materials we have provided in many different 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:**

* Stress in the caregiver role
* Teaching needs of caregivers related to delirium superimposed on dementia
* Support needed by caregivers who witness a dramatic change in mental status over a short period of time
* Resources for caregivers

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).