Simulation Design Template

Julia Morales – Simulation 2

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| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** 20 minutes**Location:** Inpatient unit**Today’s Date:** | **File Name:** **Student Level:** **Guided Reflection Time:** Twice the amount of time that the simulation runs.**Location for Reflection:**  |

Brief Description of Patient

**Name:** Julia Morales **Pronouns:** she/her

**Date of Birth:** 02-07-YYYY (reflect age 65) **Age:** 65

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

**Sexual Orientation:** lesbian **Marital Status**: Divorced. Long term partner Lucy

**Weight:** 110 lbs. (50 kg) **Height**: 64 inches

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

**Employment Status:** retired **Insurance Status:** Private insurance **Veteran Status**: N/A

**Support Person:** Lucy Grey **Support Phone:** 567-444-1090

**Allergies:** No known allergies **Immunizations:** receives flu vaccine each fall

**Attending Provider/Team:** Ann Davis, MD

**Past Medical History:** Adenocarcinoma of the lung, diagnosed 4 years ago, treated with radiation and chemotherapy.

**History of Present Illness:** Julia has been on home hospice care for the past 2 months. Her partner Lucy continues to care for her with the help of a home health aide from the hospice agency. Julia has been bedridden and uncommunicative for the past 4 days.

**Social History:** Retired from work in local nursery/garden center. Lives with partner Lucy. Son Neil, age 42, lives 20 miles away.

**Primary Medical Diagnosis:** Adenocarcinoma of the lung, Stage 4.

**Surgeries/Procedures & Dates:** Hysterectomy at age 44

Psychomotor Skills Required of Participants Prior to Simulation

* Physical assessment
* Management of fentanyl patches
* Care at time of death

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Basic assessment skills
* Adenocarcinoma of the lung
* Palliative care
* Postmortem care

Review the Essential Nursing Actions in the ACE.S Framework at: <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-s/nln-ace-s-framework>

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. Perform limited physical assessment appropriate for patient who is dying.
2. Communicate with patient and her partner in a comforting and supportive manner, maintaining patient dignity and integrity.
3. Follow protocols appropriate at time of death, i.e., support of partner and notification of provider and hospice agency.

Faculty Reference

AARP: Five Surprising Truths About Grief

<https://www.aarp.org/caregiving/basics/info-2017/truth-about-grief.html>

National Hospice and Palliative Care Organization: Coping with Grief and Loss

<https://www.caringinfo.org/planning/grief-and-loss/>

Readings about end-of-life, the cancer experience, anticipatory grieving:

[Rittman M](https://www.ncbi.nlm.nih.gov/pubmed/?term=Rittman%20M%5BAuthor%5D&cauthor=true&cauthor_uid=9145560), [Paige P](https://www.ncbi.nlm.nih.gov/pubmed/?term=Paige%20P%5BAuthor%5D&cauthor=true&cauthor_uid=9145560), [Rivera J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Rivera%20J%5BAuthor%5D&cauthor=true&cauthor_uid=9145560), [Sutphin L](https://www.ncbi.nlm.nih.gov/pubmed/?term=Sutphin%20L%5BAuthor%5D&cauthor=true&cauthor_uid=9145560), [Godown I](https://www.ncbi.nlm.nih.gov/pubmed/?term=Godown%20I%5BAuthor%5D&cauthor=true&cauthor_uid=9145560). (1997). Phenomenological study of nurses caring for dying patients. *Cancer Nursing*, 20, 115-119.

Bent, K., & Magilvy, J. (2006). When a partner dies: Lesbian widows. *Issues in Mental Health Nursing*, 27, 447-459. doi:10.1080/01612840600599960

Wardhere, I. (2014). How do we deal with death of a patient? *Journal of Community Nursing,* 28(1), 17-20.

IOM (Institute of Medicine). 2015. Dying in America: Improving quality and honoring individual preferences near the end of life. Washington, DC: The National Academies Press

Essential Nursing Actions in the ACE.S Framework at:<https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-s/nln-ace-s-framework>

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[x]  Home [ ]  Outpatient Clinic[ ]  Other:  |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Manikin for Julia (ability to see chest rise, which will cease, provides cue and aids students in identifying time of death. Simulated patient recommended for Lucy, age 73.

**Recommended Mode for Simulator:** Manual

**Other Props & Moulage:** Bed and chairs in patient’s bedroom with manikin in bed. Has fentanyl patches, scarf on bald head, soft music playing, family pictures at bedside, gently lit environment. Needs to look comfortable, homey.

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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:** Stethoscope, telephone**Medications and Fluids:**[ ]  Oral Meds: [ ]  IV Fluids: [ ]  IVPB: [ ]  IV Push: [ ]  IM or SC: [ ]  Other:  | **Equipment Available in Room:**[ ]  Bedpan/urinal[x]  02 delivery device (type): home oxygen tank with nasal cannula[ ]  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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| [x]  Nurse 1[x]  Nurse 2[ ]  Nurse 3[ ]  Provider (physician/advanced practice nurse)[ ]  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | [x]  Observer(s) Any number of observers[ ]  Recorder(s)[x]  Family member #1 partner Lucy Grey[x]  Family member #2 son Neil[ ]  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:** 0900

**Person providing report:** Hospice RN on call previous shift

**Situation:** Julia is a 65-year-old woman who has stage 4 lung cancer and stopped treatment a few months ago after having multiple rounds of chemotherapy and radiation. Julia has lived in this house with her partner Lucy for about 20 years.

**Background:** Julia has been on home hospice care for 6 weeks and is not expected to survive much longer. Lucy has been caring for her with the help of Samantha, the home health aide who has been in the home the past week. Samantha is gone for a few hours but will be back later today. Julia’s son Neil visits every day, he has not been here yet today.

**Assessment:** Julia’s pain is controlled with fentanyl patches, and she is being repositioned every 2 hours. Her skin is intact. Lucy believes Julia looks comfortable, her respirations have been around 8 and irregular, heart rate in the 80’s. Julia has not been communicating verbally for the past few days, but Lucy has been at her bedside reading and talking to her most of the time. Julia is expected to die very soon and Lucy is aware. She will probably not make it through your shift.

**Recommendation:** Assess Julia’s comfort level and support Lucy. Dr. Davis wants to be called when Julia dies.

Scenario Progression Outline

**Patient Name:** Julia Morales **Date of Birth:** 02-07-YYYY (reflect age 65)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-10 min** | Julia is lying in bed, no movement, respirations slow and uneven. Lucy answers door and greets nurses. She is tearful and quiet.Lucy: “I hope she's not in pain. She hasn’t really been able to speak to me the past few days. I didn’t think it would happen this fast. I’ve been at her side and I keep talking to her. Can she hear me?”“It's OK Julia. You don’t have to hurt anymore. I'll be OK.” (tears) | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Appropriate greeting
* Confirming patient ID

**Learners are expected to:*** Assess patient
* Assess for signs of pain
* Provide information to family about changes in respiration during the dying process, specifically the breath sounds
* Support family member and encourage her to continue talking to Julia
 | **Role member providing cue:** Lucy**Cue:** If nurses do not go to assess Julia, “Do you think she is comfortable? Her breathing is slow and a little noisy. Do you think she can hear me?” |
| **10-15 min** | Julia’s respirations cease | **Learners are expected to:*** Check for pulse and signs of respiratory effort.
 | **Role member providing cue:** Lucy**Cue**: If students don’t notice Julia is not breathing, “Her chest isn’t moving. I don’t hear anything. Is she gone?” |

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| **15-20 min** | Lucy: “I talked to Neil an hour ago and he is on his way. My niece Nora has been here a lot. She said she’ll come over any time I call her. Will you call her for me? I want to just sit here by her side.”Scenario can end with either son Neil or niece Nora entering home. They could ask for some private time with Lucy at Julia’s bedside. | **Learners are expected to:*** Notify Dr. Davis and Lucy's niece about Julia's death.
* Comfort Lucy
 | **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:**

* Role of hospice team
* Emotions experienced when a patient dies

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).