Simulation Design Template

Lucy Grey – Simulation 3

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

Brief Description of Patient

**Name:** Lucy Grey **Pronouns:** she/her

**Date of Birth:** 05-24-YYYY (reflect age 74) **Age**: 74

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

**Sexual Orientation**: lesbian **Marital Status:** Single, long term partner died 3 months ago

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

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

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

**Support Person:** Nora (niece) **Support Phone:** 555-555-1210

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

**Attending Physician/Team:** Barbara Green, MD

**Past Medical History:** Osteoarthritis; right knee replacement at age 65. On celecoxib 200 mg po daily

**History of Present Illness:** History of falls in her home. Patient has called 911 three times, about once a month since the death of her partner three months ago. Had comprehensive neurological work-up done at her last admission, three weeks ago. No physiological abnormalities were noted at that time.

**Social History:** Single, lives alone, partner Julia Morales died 3 months ago. Retired teacher.

**Primary Medical Diagnosis:** History of falls with reported fall at home today

**Surgeries/Procedures & Dates:** Right total knee replacement at age 65

Psychomotor Skills Required Prior to Simulation

* General assessment skills

Cognitive Activities Required Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Readings related to grieving

Review SPICES, Hendrich II Fall Risk Model, and the Geriatric Depression Scale assessment tools 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

Fulmer SPICES: <https://hign.org/consultgeri/try-this-series/fulmer-spices-overall-assessment-tool-older-adults>

Hendrich II Fall Risk Model: <https://hign.org/consultgeri/try-this-series/fall-risk-assessment-older-adults-hendrich-ii-fall-risk-model>

The Geriatric Depression Scale: <https://hign.org/consultgeri/try-this-series/geriatric-depression-scale-gds>

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. Explore how client is dealing with grief and loneliness.
3. Administer SPICES, Fall Assessment, and Geriatric Depression tools.
4. Assist client and family member to identify community resources and other plans to alleviate loneliness.

Faculty Reference

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, an article about using the tool, and a video illustrating the use of the tool, are all available for your use.

The following tools are recommended for this scenario.

* Fulmer SPICES: <https://hign.org/consultgeri/try-this-series/fulmer-spices-overall-assessment-tool-older-adults>
* Hendrich II Fall Risk Model: <https://hign.org/consultgeri/try-this-series/fall-risk-assessment-older-adults-hendrich-ii-fall-risk-model>
* The Geriatric Depression Scale: <https://hign.org/consultgeri/try-this-series/geriatric-depression-scale-gds>

Readings related to grieving after loss of a family member: Example:

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

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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| [x]  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 for Lucy and Nora (niece).

**Recommended Mode for Simulator:** Manual

**Other Props & Moulage:** Lucy has scrape on right arm with minor bleeding.

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| **Equipment Attached to Manikin/Simulated Patient:**[x]  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[x]  Other: Saline lock in right forearm**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[ ] 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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| [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 Niece Nora[ ] 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:** 1230

**Person providing report:** Paramedic who brought Lucy to the ED

**Situation:** This patient called 911 after having a dizzy spell and a fall in her home. When we arrived, she was sitting on her couch in her living room, alert and oriented.

**Background:** Lucy Grey lives alone, lost her partner to cancer a few months ago. She has had several episodes of falling during the past 3 months. She has been transported to the ED but not admitted in the past.

**Assessment:** Her blood pressure is 160/88, heart rate is 102, respirations 20, and her oxygen saturation has been in the 90’s. She is currently on 2 liters of oxygen per nasal cannula. She was apologetic for calling us, said she was scared about falling but didn’t think she was seriously hurt. Patient denies taking any medications today, states she takes celecoxib 200 mg in the evenings. States she had tea and oatmeal for breakfast. No complaints of pain, currently. She has good mobility, a little slow at times due to “stiff knees.” There is a mild abrasion on her arm, we just taped a gauze pad on it. We inserted a saline lock in her right forearm.

**Recommendation:** Assess and follow up on recurring falls.

Scenario Progression Outline

**Patient Name:** Lucy Grey **Date of Birth:** 05-24-YYYY (reflect age 74)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Lucy: “I'm here again. I am sorry to be a bother. I'm probably fine. I scraped my arm on the coffee table I think.” | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID
* Take vital signs including orthostatic blood pressures
 | **Role member providing cue:****Cue:**  |
| **5-15 min** | Head to toe assessment yields no abnormal findings other than scrape on right arm.Provide a script for the person acting as Lucy that personalizes the responses that Lucy might provide when responding to questions on tools. A few samples are provided.**Lucy responses to SPICES:****Sleep:** “Sometimes I can't sleep and I have to take a pill.” (If asked, states she sometimes uses diphenhydramine)**Problems Eating/Feeding**: “I heat up things in the microwave. I don’t have much appetite these days.”**Incontinence:** “I don’t have that problem.”**Confusion:** “I forget things sometimes, but I’m not confused.”**Evidence of Falls**: “I have gotten dizzy and fallen a few times.”**Skin Breakdown:** none. | **Learners are expected to:**One learner begins head to toe assessment; other learner administers SPICES, Fall Assessment, and Geriatric Depression Scale tools. Tools can be done in any order.  | **Role member providing cue:****Cue:**  |

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|  | **Hendrich II Fall Assessment**Lucy’s responses indicate that:* she is not confused or disoriented,
* appears somewhat depressed,
* has no problems with elimination.

She is not taking any anticonvulsant or benzodiazepine medications.On “Rising from a chair” test, she can rise on first attempt with no loss of balance. |  | **Role member providing cue:** Lucy**Cue:** If nurses don’t initiate Fall Assessment tool Lucy will say, “Why do you think I’ve been falling like this? This is new for me.” |
|  | **Geriatric Depression Scale**Lucy’s answers should reflect a score around 10. |  | **Role member providing cue:****Cue:**  |
| **15-20 min** | Niece Nora arrives.“Aunt Lucy, what happened!? I was so worried!”Lucy: “Oh, I’m sorry to worry you. I just got a little dizzy. I suspect I’ll be fine. Don't anyone tell me I need to move out of my house.”When learners encourage expression of fears, Lucy says: “I don’t like being alone. I’m afraid sometimes. My neighbor died in his home a few weeks ago. He lived alone. They found him on the floor.” | **Learners are expected to:*** Use therapeutic communication to encourage Lucy to verbalize her fears.
* Discuss community resources to promote developing new interests
* Discuss bereavement support groups
* Involve niece in forming plan for patient.
 | **Role member providing cue:**Nora**Cue:** If learners do not initiate discussion of resources for Lucy, Nora says: “What can we do to help Aunt Lucy not be so scared? I’ve heard of Meals on Wheels. What else is out there for her?” |

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:**

* Value of assessment tools
* Fall risks for older adults in the home
* The grieving process
* Community resources for older adults

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).