Simulation Design Template

Mia Jones – Simulation #2

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** 20 min  **Location:** Pediatric Day Surgery  **Today’s Date:** | **File Name:**  **Student Level:** Pediatrics course  **Guided Reflection Time:** Twice the amount of time that the simulation runs  **Location for Reflection:** |

Brief Description of Patient

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

**Date of Birth:** 05-31-YYYY (reflect age 4.5) **Age:** 4 1/2

**Sex Assigned at Birth**: Female

**Weight**: 33lbs **Height**: 38 inches tall

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

**Support Person:** Parents: Katrina Roberts & Mike Jones; Grandparents: George and Sarah Roberts

**Support Phone:** Parent’s home: 555-567-9876

**Allergies:** No known allergies **Immunizations:** Up to date

**Attending Provider/Team:** Dr. Edward Vance, oral surgeon; Dr. Black, pediatrician.

**Past Medical History:** Mia was born at Community Hospital at term, normal spontaneous vaginal delivery; weight 7 lbs, Apgar 8-9. She has no known health problems.

**History of Present Illness:** Mia was diagnosed with multiple severe early childhood caries (ECC) 6 months ago. She has been admitted to ambulatory surgery for tooth restoration and extraction.

**Social History:** Mia is an only child. Parents (Katrina age 23 and Michael age 25) are not married but have been living together for 5 years. They live in a rented inner-city apartment. Katrina works at a local coffee shop and Mike is a maintenance man at a local store. Katrina’s parents live close by and care for Mia when both parents are at work. The family does not have health insurance from their employer, so rely on government assisted health care.

**Primary Medical Diagnosis:** Multiple severe ECC

**Surgeries/Procedures & Dates:** None

Psychomotor Skills Required of Participants Prior to Simulation

* Focused post-op assessment (vital signs, pain, and oral assessment)
* Administration of a pain medication

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* + Developmentally appropriate pediatric assessment strategies
  + Communication techniques with a preschool child
  + Post-op care of a child who has had dental extractions and tooth restorative procedures
  + Pain assessment and medication administration for a preschool child
  + Discharge teaching for dental extractions and tooth restorative procedures

Read the following:

* American Academy of Pediatric Dentistry (AAPD) Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures

<https://www.aapd.org/research/oral-health-policies--recommendations/monitoring-and-management-of-pediatric-patients-before-during-and-after-sedation-for-diagnostic-and-therapeutic-procedures/>

* AAPD Postoperative Instructions for Extractions/Oral Surgery

<https://www.aapd.org/research/oral-health-policies--recommendations/post-operative-instructions-for-extractionsoral-surgery/>

* Materials from Cavity Free Kids
* Smart snacking for healthy teeth

<https://www.chrichmond.org/blog/smart-snacking-for-healthy-teeth>

* Taking Care of Your Child’s Teeth

https://health.gov/myhealthfinder/doctor-visits/regular-checkups/take-care-your-childs-teeth

* Family Engagement Activities

<http://cavityfreekids.org/family-engagement/information-bites/>

Review the following course in“Smiles for Life: A National Oral Health Curriculum” <http://smilesforlifeoralhealth.org>

* Course 6: [Caries Risk Assessment, Fluoride Varnish and Counseling](https://www.smilesforlifeoralhealth.org/teach-curriculum/course-6-caries-risk-assessment-flouride-varnish-counseling/)

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 post-op assessment.
2. Assess pain using tools appropriate for preschooler.
3. Administer pain medication.
4. Implement a family-centered discharge teaching plan that focuses on pain management, prevention of future dental caries, and nutrition.

Faculty Reference

American Academy of Pediatric Dentistry (AAPD) Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures

<https://www.aapd.org/globalassets/media/policies_guidelines/bp_monitoringsedation.pdf>

AAPD Postoperative Instructions for Extractions/Oral Surgery

<https://www.aapd.org/globalassets/media/policies_guidelines/r_postsurgery.pdf>

AAPD Guideline on Restorative Dentistry

<http://www.aapd.org/media/policies_guidelines/g_restorative.pdf>

[Smiles for Life: A National Oral Health Curriculum](http://smilesforlifeoralhealth.org/buildcontent.aspx?tut=555&pagekey=62948&cbreceipt=0) - <http://smilesforlifeoralhealth.org>

* Course 2: [Child Oral Health](https://www.smilesforlifeoralhealth.org/teach-curriculum/course-2-child-oral-health/)
* Course 6: [Caries Risk Assessment, Fluoride Varnish & Counseling](https://www.smilesforlifeoralhealth.org/teach-curriculum/course-6-caries-risk-assessment-flouride-varnish-counseling/)
* Course 7: [The Oral Exam](https://www.smilesforlifeoralhealth.org/teach-curriculum/course-7-the-oral-exam/) – slides 1-23

Cavity Free Kids - [www.cavityfreekids.org](http://www.cavityfreekids.org)

* Snacking for Healthy Teeth

https://www.deltadentalwa.com/media/PDFs/About%20Us/Foundation/WDSF%200-18%20Brochure.ashx

* Taking Care of Your Child’s Teeth

https://www.deltadentalwa.com/media/PDFs/About%20Us/Foundation/baby\_teeth\_brochure.ashx

* Family Engagement Activities

http://cavityfreekids.org/family-engagement/information-bites/

The Healthcare Simulation Standards of Best Practice™

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

Additional resources can be found in the Faculty Resource section of Simulation 1.

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: Day Surgery Unit |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** SP to play mother**;** child manikin

**Recommended Mode for Simulation:**  Manual as no vital sign changes are needed in this scenario.

**Other Props & Moulage:**

* Child manikin dressed in a hospital gown
* Child’s favorite doll from home
* Medicine cups for Mia to drink from
* Juice options (include one red-colored option)
* Water bottle or ice
* Straws
* Ice pack
* Faces pain chart
* Discharge teaching handout
* If no available child manikin that simulates vital signs, provide Mia’s vital signs on piece of paper. (Mother will provide to learners during simulation.)
* Smiles for Life (SFL) has granted permission for faculty to print out slides from the SFL National Oral Health Curriculum Courses for use during the simulation if the slides have the SFL logo and are largely unaltered. The following slide from Smiles for Life Child – Oral Health – [Course 2](https://www.smilesforlifeoralhealth.org/teach-curriculum/course-2-child-oral-health/), slide 17 (Extractions – Teeth #E & #F; stainless steel crowns – Teeth #B & #S) will help you moulage the manikin’s teeth, or develop pictures for the students to use when assessing Mia’s teeth.
* **Check with manikin manufacturer prior to applying any moulage to your manikin’s teeth. Some materials may be difficult to remove or cause permanent damage.**

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| **Equipment Attached to Manikin/Simulated Patient**  ID band  IV tubing with primary line fluids: normal saline running at 50 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: Acetaminophen 200mg  IV Fluids: normal saline  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

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| 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: SP for Mother, Katrina  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:** 1100

**Person providing report:** Recovery room nurse

**Situation:** Mia is a 4½-year-old girl. She had dental extractions and tooth restoration completed at 9 AM.

**Background:** Mia was diagnosed with ECC 6 months ago.

**Assessment:** The surgery went well. There is a small amount of blood on the gauze. Mia keeps trying to spit out the gauze, says it leaves a funny taste in her mouth. We have tried telling her that it is magical cloth and will help her mouth get better. This seems to work for a while, but she does need frequent reminders. Her vitals have been stable. HR 100 and regular, RR 26 and regular, O2 sats 98%, BP 85/45, temp 98.9. She has an IV in her left hand. Fluids are N/S at 50mL/hr. Lung sounds are clear. Mia was quite drowsy post op, but is now alert. Her pain is a 0/10 using the pain faces scale.

**Recommendation:** Continue to assess her pain and check her mouth. Mom and Mia will need discharge teaching.

Scenario Progression Outline

**Patient Name:** Mia Jones **Date of Birth:** 05-31-YYYY (reflect age 4.5)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | **Mia:** lying quietly in bed. Her mother is beside her sitting in a chair. At first, she won’t say anything to the students, but if they talk about her favorite things she will begin to open up.  **Vital signs:**  HR 90, RR - 26, temp 98, O2 – 99%, BP 89/50.  (Mom can handlearner a card if manikin cannot produce vital signs.)  **Katrina:** looks tired and worried. She states, “Mia is scared and feels like it is her fault that she is in the hospital” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID * Explaining why they are there and what they are going to do. * Taking vital signs | **Role member providing cue:** Mia  **Cue:** Throughout scenario, if learners use language that a 4-year-old would not understand, Mia should ask what they mean.  **Cue:** Cries when learners try to take vital signs unless learners use appropriate strategies to get Mia to cooperate. |
| **5-10 min** | **Mia:** Selects face that indicates pain level of 2. Says “No, no, no” when learners encourage her to drink.  **Katrina**: When I tried before she said her mouth feels funny and she is scared she will choke.”  After a few minutes of coaxing by learners and Mom, Mia says: “OK, red juice with a straw.”  **Katrina:** “I’m not really sure how to get Mia to take the medication or drink. She doesn’t like water and her favorite drink is cherry soda.” | **Learners are expected to:**   * Complete a focused oral assessment using distraction techniques * Complete a pain assessment using Faces chart * Assess level of hydration * Teach about need for fluid intake * Offer Mia a choice of fluids   Use play to encourage her to drink   * Administer pain medication for preemptive pain management   Include Mother when trying to get Mia to take fluids and her pain medication. | **Role member providing cue:** Katrina  **Cue:** If students agree to the red drink and straw, Katrina says: “When I had my tooth pulled they told me not to drink from a straw.”  **Role member providing cue:** Katrina  **Cue:** If students do not administer acetaminophen Katrina should say, “Do you think Mia needs anything for pain?” |
| **10-20 min** | **Katrina:** Have SP review discharge teaching materials in advance of simulation. When learners are teaching, Katrina should ask questions if learner explanations are not clear. If learners omit any important discharge information, Katrina should question them about it. When learners give correct information Katrina can reiterate what they said just to ensure that she understands.  **Mia:** “When can I go out and play?”  **Katrina:** “Why does Mia have to go to the dentist? We can only go if there are problems. It’s too expensive for us to go see the dentist again for no real reason.” | **Learners are expected to:**  Teach Katrina & Mia about:   * Pain management at home * Oral care after surgery * Nutrition after surgery * Activities after surgery * S&S of infection and bleeding * When to go to the doctor (emergency situations) * Follow up with dental care provider * Review of need for general oral care to prevent future dental caries. |  |

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:**

* Strategies for communicating with preschoolers and gaining cooperation
* Addressing common fears of preschoolers regarding hospitalization
* Encouraging preventative dental care with low-income family

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).