Simulation Design Template

Mia Jones – Simulation #3

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** 20 min  **Location:** Emergency Room  **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 5) **Age:** 5

**Sex Assigned at Birth**: Female

**Weight**: 38 lbs **Height**: 40 inches tall

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

**Support Person:** Parents: Katrina Roberts and 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:** Joseph Alan, MD, Emergency Department physician

**Past Medical History:** Mia was born at Community Hospital at term, normal spontaneous vaginal delivery; weight 7 lbs, Apgar 8-9. She has a history of dental caries. She had dental extractions and restoration 6 months ago, but otherwise she is healthy.

**History of Present Illness:** Mia’s grandmother has brought her to the emergency department following a fall from the monkey bars. Her front tooth is loose and her gums are bleeding.

**Social History:** Mia is an only child. Parents (Katrina age 24 and Michael age 26) are not married but have been living together for 6 years. They live in a rented inner-city apartment. Katrina works at a local coffee shop and Mike is a maintenance man at a large department 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:** Primary tooth injury

**Surgeries/Procedures & Dates:** Dental extractions and restoration 6 months ago.

Psychomotor Skills Required of Participants Prior to Simulation

* Developmentally appropriate physical assessment of a child who has experienced a fall
  + Developmentally appropriate focused oral health assessment

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Developmentally appropriate assessment strategies and communication techniques for a preschool child.
* Affordable nutritional foods for low-income families and children

Complete the following course in“[Smiles for Life: A National Oral Health Curriculum](http://smilesforlifeoralhealth.org/buildcontent.aspx?tut=555&pagekey=62948&cbreceipt=0)” [http://smilesforlifeoralhealth.org](http://smilesforlifeoralhealth.org/buildcontent.aspx?pagekey=101554&lastpagekey=62948&userkey=13046703&sessionkey=3435314&tut=555&customerkey=84&custsitegroupkey=0).

* Select course 4: [Acute Dental Problems](https://www.smilesforlifeoralhealth.org/teach-curriculum/course-4-acute-dental-problems/) (pages 26-31).

Read the following patient teaching materials:

* Tooth Healthy and Unhealthy Food List

<https://cavityfreekids.org/wp-content/uploads/2015/11/tooth_healthy_unhealthy_list.pdf>

* Nutrition Options for Low-Income Families

<https://snaped.fns.usda.gov/snap/EatRightWhenMoney'sTight.pdf>

<https://www.myplate.gov/eat-healthy/healthy-eating-budget>

Read the following (focus on parent’s instructions).

* Guidelines for the Management of Traumatic Dental Injuries: 3. Injuries in the Primary Dentition

<http://www.aapd.org/media/Policies_Guidelines/E_Injuries.pdf>

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. Complete a head-to-toe assessment for a child who has been injured in a fall.
2. Demonstrate the appropriate care of a child with an injured primary tooth
3. Demonstrate therapeutic communication with an anxious family member.

Faculty Reference

Guidelines for the Management of Traumatic Dental Injuries: 3. Injuries in the Primary Dentition

<http://www.aapd.org/media/Policies_Guidelines/E_Injuries.pdf>

[Smiles for Life: A National Oral Health Curriculum](http://smilesforlifeoralhealth.org/buildcontent.aspx?tut=555&pagekey=62948&cbreceipt=0) - [http://smilesforlifeoralhealth.org](http://smilesforlifeoralhealth.org/buildcontent.aspx?pagekey=101554&lastpagekey=62948&userkey=13046703&sessionkey=3435314&tut=555&customerkey=84&custsitegroupkey=0)

* Course 4: [Acute Dental Problems](https://www.smilesforlifeoralhealth.org/teach-curriculum/course-4-acute-dental-problems/) (slides 30-35).

Patient Teaching Handouts

* Tooth Healthy and Unhealthy Food List

<https://cavityfreekids.org/wp-content/uploads/2015/11/tooth_healthy_unhealthy_list.pdf>

* Nutrition Options for Low-Income Families

<https://snaped.fns.usda.gov/snap/EatRightWhenMoney'sTight.pdf>

<https://www.myplate.gov/eat-healthy/healthy-eating-budget>

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 and Simulation 2.

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:** SP to play Grandmother; child manikin

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

**Other Props & Moulage:**

* Manikin dressed in street clothes. The shirt and pants should be dirty and have a few tears from the fall. Gauze with blood in manikin’s mouth, scratches to hands, and bruises forming on chin and forehead.
* Faces pain chart
* Distraction items – TV, books, coloring books, puzzles.
* If no available child manikin that simulates vital signs, provide Mia’s vital signs on piece of paper. (Grandmother will hand to learners during simulation.)
* Moulage or images for intrusion (tooth partially pushed up into socket). Image to guide moulage or development of picture for students can be found on slide 33 of the SFL dental trauma module.
* **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 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

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| Nurse 1  Nurse 2  Nurse 3 (triage nurse)  Provider  Other health care professionals:  (pharmacist, respiratory therapist, etc.,) | Observer(s)  Recorder(s)  Family Member #1: SP for Grandmother  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:** 1600

**Person providing report:** Triage nurse

**Situation:** Mia is a 5-year-old girl who was brought to the emergency department by her Grandma

**Background:** She fell from the monkey bars at the local park after school.

**Assessment:** Vitals – HR 120, RR 30, BP 100/56, O2 sat 100%, Temp 98.6. Mia is alert and oriented x 3. She is complaining of a sore mouth, but would not let me look inside her mouth. Grandma says she gave her acetaminophen before she brought Mia to the hospital. Grandma had a note stating that she had authority to give consent for care, but I called Mia’s mom and she gave consent for care over the phone.

**Recommendation:** Please do a head-to-toe assessment and an oral assessment.

Scenario Progression Outline.

**Patient Name:** Mia Jones **Date of Birth:** 05-31-YYYY (reflect age 5)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-10 min** | **Mia**: Whimpering.  **Grandma**: sitting beside Mia, holding Mia’s hand. Grandma is flustered and stressed. “I was hoping Mia would be okay, but her mouth kept bleeding. My daughter is going to be so upset with me. I should never have let her climb on those monkey bars in the park. I should have made her stay home and do homework, but it was such a nice day and it’s good for children to play outside – much more important than school work.”  **Grandma**: “She fell about an hour and a half ago. It happened so fast. I just turned my back and she was on the ground. I took her home, washed her face and gave her some acetaminophen but it didn’t really work and the tooth looked much smaller than it should have, so I brought her here. She doesn’t have any other injuries. Just a few scrapes on her hands and the small bump on her head. Now my daughter will really think I’m too old to care for Mia.”    “Will this visit be expensive? My daughter just had a lot of work done on Mia’s teeth.”  **Mia:** crying, “My fingers slipped. I didn’t mean to fall. Mama will be mad. I don’t want to lose my tooth.”  **Grandma**: “I don’t know when her last tetanus shot was but I know my daughter took her to the clinic before she started school to get her shots up-to-date. Would that mean that she had a tetanus shot?” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID * Explaining what they are going to do. * Reassuring grandma that she did the right thing by bringing Mia to the ER.   **Learners are expected to:**  Ask for details regarding injury (students should ask Grandma and Mia)   * What time did injury occur? * Where did injury occur * How did injury occur * Other associated injuries * Ask date of last tetanus shot. | **Role member providing cue**: Grandma  **Cue**: If learners don’t ask appropriate questions about injury or tetanus shot, Grandma becomes more agitated, rapidly asking questions like:  “Will Mia get an infection?”  “Will her tooth fall out?”  “Why doesn’t the pain go away?”  “Should we give her water?”  “Is it still bleeding?”  And make statements like:  “I love Mia so much. I want to take good care of her. I don’t want my daughter to be mad at me.” |
| **10-20 min** | **Vital Signs:** RR 28, HR 110, BP 95/54, Temp 98.6, O2 100%. (Grandma can handlearner a card if manikin cannot produce vital signs.) Neuro-vitals are okay. Mia has some scrapes on her hands and a small bruise forming on her chin and forehead.  Upon oral assessment learners find that Mia’s front right tooth #D is pushed up into her gum. (If unable to use moulage on manikin’s teeth, hand picture of mouth (reference to develop picture Slide 33 from SFL dental trauma module).  Mia: Pain assessment: “Only my mouth hurts – nothing else.” Selects 5 on pain faces scale.  **Grandma**: “I gave Mia acetaminophen right after we got home from the park -- about an hour and a half ago.  **Grandma**: “Is this all my fault? Will this injury damage Mia’s big teeth? Did the sweets make her teeth weak?  I have been trying so hard to follow the rules. My daughter stressed how important it was to make sure that she eats all her food at each meal and not to give her snacks, especially sweets. But Mia is skinny and needs to snack and she loves sweets so much. I love to see her smile. We don’t have extra cash to buy her toys to make her smile. I know good food is important for healthy teeth and bones. We do the best we can with what we have.” | **Learners are expected to:**   * Complete a head-to-toe assessment (vital signs, neuro vitals, pain, and other signs of trauma) * Explain plan of assessment to Mia and Grandma   Ask Grandma and Mia if she is having any difficulty opening and/or closing her mouth   * Examine mouth * Assess pain using Faces scale * Confirm with Grandma when acetaminophen was given * Try nonpharmacological pain management strategies (e.g., apply ice pack to mouth, distract with books, video, game). * Call dentist, using SBAR, and request evaluation of Mia’s tooth injury. * Reassure Grandma that she made a good decision to bring Mia to ER for care. * Explain how trauma to primary teeth can affect permanent teeth * Provide some teaching regarding dental care and healthy food choices. | **Role member providing cue**: Mia  **Cue:** Cries and says “No” when learners try to look in mouth unless learners use appropriate strategies to get Mia to cooperate.  **Role member providing cue**: Grandma  **Cue:** If learners don’t discuss the different types of tooth injuries, Grandma should ask, “Could it have been much worse? What are the other types of problems that can happen when a child falls from the monkey bars? |

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:**

* Developmentally appropriate supportive care of a frightened child experiencing pain
* Consent requirements for care of a child
* Working with an anxious family member
* Essential assessments of a child who has experienced a fall (head injury, concussion, etc.)
* Appropriate care and instructions to parents following various tooth injuries (according to Smiles for Life Curriculum)

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).