Simulation Design Template

Mike Walker Simulation #1

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** 20 minutes  **Location:** Urgent Care Center  **Today’s Date:** | **File Name:**  **Student Level:** could be any level as long as they have completed a health assessment course.  **Guided Reflection Time:** Twice the amount of time that the simulation runs.  **Location for Reflection:** |

Brief Description of Patient

**Name:** Mike Walker **Pronouns**: he/him/his

**Date of Birth:** 10/15/YYYY (reflect age 70) **Age**: 70

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

**Sexual Orientation:** Gay **Marital Status:** Divorced, but has current partner

**Weight**: (weight of SP) **Height**: (height of SP)

**Racial Group**: faculty can select **Language:** English **Religion**: Christian

**Employment Status:** Retired **Insurance Status**: Medicare and private insurance

**Support Person:** Jim Smythe (partner) **Support Phone:** 888-555-1212

**Allergies:** NKDA **Immunizations:** Up to date

**Attending Provider/Team:** NP Nancy Witowski

**Past Medical History:** Hypertension

**History of Present Illness:** Rectal bleeding

**Social History:** Retired school teacher. Divorced from female wife, has one son. Currently lives with partner.

**Primary Medical Diagnosis:** Unknown

**Surgeries/Procedures & Dates:** Tonsillectomy, age 14; surgery on ankle 10 years ago, post fracture

Psychomotor Skills Required of Participants Prior to Simulation

Physical assessment of an adult

Cognitive Activities Required of Participants Prior to Simulation

1. Therapeutic inclusive communication
2. History taking of an adult

Read/review the following:

* Students can use their physical assessment textbook and/or guide to review and prepare to complete a gastrointestinal history.
* LGBTQIA+ Glossary of Terms for Health Care Teams created by the National LGBTQIA+ Health Education Center, a program of the Fenway Institute. <https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/>
* Nursing Care for LGBTQ+ Patients: Tips and Resources by NurseJournal. <https://nursejournal.org/articles/nursing-care-lgbtq-patients/>
* Call, L. (2016). A structured literature review regarding teaching communication skills to pre-licensure nursing students. *Structured Literature Review Regarding Teaching Communication Skills to Pre-Licensure Nursing Students*, 1. <https://www.proquest.com/openview/aaa9ece866954bc24e31c4c8a4428d63/1?pq-origsite=gscholar&cbl=18750>
* Centers for Disease Control: A Guide to Taking a Sexual History. <https://www.cdc.gov/std/treatment/sexualhistory.pdf>
* Emlet, Charles A. (2016). Social, Economic, and Health Disparities Among LGBT Older Adults. *Journal of the American Society on Aging. 40(2). 16-22.* Retrieved from: [*https://www.jstor.org/stable/26556193?seq=1#metadata\_info\_tab\_contents*](https://www.jstor.org/stable/26556193?seq=1#metadata_info_tab_contents)

## GLAAD Media Reference Guide. <https://www.glaad.org/reference/terms>

# Nursing License Map (2021, April 16). How to use inclusive language in healthcare. <https://nursinglicensemap.com/blog/how-to-use-inclusive-language-in-healthcare/>

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. Demonstrate therapeutic communication strategies while incorporating inclusive language.
2. Complete an assessment of an adult who is experiencing rectal bleeding in the emergent care center.
3. Review the focused health history including a sexual history, asking subsequent questions as appropriate.
4. Provide an SBAR report to the Diagnosing Healthcare provider.

Faculty Reference

* [LGBTQIA+ Glossary of Terms for Health Care Teams](https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/) created by the National LGBTQIA+ Health Education Center, a program of the Fenway Institute.
* [Nursing Care for LGBTQ+ Patients: Tips and Resources](https://nursejournal.org/articles/nursing-care-lgbtq-patients/) by NurseJournal.
* The Healthcare Simulation Standards of Best Practice™

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

Setting/Environment

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| Urgent Care Center  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:** Male SP appearing approximately 70 years old.

**Recommended Mode for Simulator:** None

**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

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| Nurse 1  Nurse 2  Nurse 3  Provider (physician/advanced practice nurse) X  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | Observer(s)  Recorder(s)  Family member #1**:** Partner named Jim Smythe  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 <https://www.nln.org/education/education/sirc/sirc/sirc-resources/sirc-tools-and-tips#simtemplate>.

Report Students Will Receive Before Simulation

**Time:**  1100

**Person providing report:** Urgent Care Receptionist

**Situation:** Mike Walker is a 70-year-old man being seen for rectal bleeding.

**Background:** Mike has not been seen here before and does not have a primary care physician.

**Assessment:** None available at this time.

**Recommendation:** Please complete vital signs, review history intake form and complete a focused gastrointestinal and sexual assessment on an adult in the emergent care center. Provide an SBAR report to the attending Nurse Practitioner.

Scenario Progression Outline

**Patient Name:** Mike Walker **Date of Birth:** 10/15/YYYY(reflect age 70)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | (Verbal information provided by manikin or SP should be in quotes so a script can be created for individuals in those roles.)  Mike:  “Nurse, I am really nervous about coming here today. I have avoided any healthcare because I had a series of bad experiences about 10 years ago. I broke my ankle during a hiking event and needed surgery. The doctors and nurses treated me badly after finding out that I was a gay man. I want you to know this.”  “I’ve been having rectal bleeding. I thought it was hemorrhoids, but it is getting worse.”  “Well, at first I noticed some blood on the toilet paper. But recently I can see actual blood in the toilet, sometimes it is more than other times.”  -No has not happened  “Started about 3 months ago, but has gotten worse since then.”  “Not much at first, later there was a little, but recently when I have a bowel movement, the bottom of the toilet can be bloody.” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID   Nurse acknowledges patients concerns. States she will not treat him differently.   * Asks what brings patient to Urgent Care * Asks for details about bleeding * Has this ever happened before? * Asks how long this has been going on? * How much bleeding have you seen? | **Role member providing cue:** Mike  **Cue:** If students do not ask about the rectal bleeding state, “I am really nervous about this bleeding. Can I tell you more about it?” Then provide the information noted. |
| **5-10 min** | VS- T 98.6, Pulse-86; Respirations-20; BP 156/90  **History responses:**  **PMH:** Tonsillectomy as a teenager. History of hypertension, broken ankle 10 years ago.  **HEENMT:** no current issues  **CV:**  Diagnosed with hypertension at age 52, took hydrochlorothiazide for about 10 years, but then when I needed to be seen for a refill, I didn’t go back. I’ve been watching my salt intake and I have lost some weight.  No unusual feelings of heart “skipping beats”  **Thoracic:**  No SOB, dyspnea, unless walking up 2 or more flights of steps.  **GI:**  No Nausea/Vomiting/Diarrhea, has occasional heartburn, takes Tums as needed and 10 mg. Pepcid OTC every AM. Started to have rectal bleeding about 3 months ago, thought it might be hemorrhoids, but it has gotten more frequent. Never had a colonoscopy.    **GU:**  No urinary frequency, burning. Voids throughout the day in relation to the amount he drinks.  **Musculoskeletal:**  Has some issues with discomfort in his knees when kneeling, just related to getting older. Has avoided seeking healthcare because of previous discrimination r/t broken ankle. | **Learners are expected to**:   * Inform patient what they are going to do * Take vital signs * Complete the history and intake assessment using the form in the patient’s chart * Use therapeutic communication. * Ask open-ended questions. * Acknowledge patient’s feelings. Reassure patient that his feelings are to be expected without minimizing them. | **N.B. In the chart there is a patient intake form that has been completed. It will serve as a prompt for history questions.**  **Role member providing cue:** Mike  **Cue:** Throughout the scenario, if students do not ask appropriate questions, SP can volunteer information listed in SP Actions column |
| **10-15 min** | **Neuro:**  No numbness, tingling, dizziness, lightheadedness, etc.  **Family history:**  Mother died of colon cancer at age 72. Father died of a stroke at age 85. Grandparents died of older age. Mother’s parents lived to in their 80s. Father’s parents lived to late 70s.  **Social History:**  Married at age 20, one child. Divorced and currently living with life partner.  **Sexual history:**  Have been sexually active in the past year.  Have sex with only one man (partner) in the past year.  **States:**  Rectal bleeding is not associated with sexual activity. | **Learners are expected to**:   * Continue to complete the history and intake assessment using the form in the patient’s chart * Use therapeutic communication. * Ask open-ended questions. * Acknowledge patient’s feelings. Reassure patient that his feelings are to be expected without minimizing them.   Is the rectal bleeding associated with sexual activity?  Summarize with patient what will happen next | **Role member providing cue:**  **Cue:**  If students need additional support and a push to focus on the history, the Nurse Practitioner can state that they will need the SBAR report on Mike in XX minutes because she has another pressing issue to attend to shortly. |
| **15-20 min** |  | **Learners are expected to**:   * Provide an SBAR report to the NP healthcare provider. | **Role member providing cue:** NP  **Cue:** If students miss any area(s), ask them questions to prompt the necessary information. |

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:**

* Completing a thorough intake, including asking about sexual orientation and appropriate pronouns
* Management of patient anxiety related to rectal bleeding and lack of participation in the health care system because of previous discrimination experiences related to sexual orientation
* Summarizing history findings in an SBAR report to a Nurse Practitioner Healthcare provider

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).