Simulation Design Template

Mike Walker Simulation #2

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** 20 minutes  **Location:** Medical unit in hospital  **Today’s Date:** | **File Name:**  **Student Level:** in a medical/surgical nursing course where GI content is taught  **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:** Dr. Aaron Tucker

**Past Medical/Surgery History:** Hypertension

**History of Present Illness:** Rectal bleeding

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

**Primary Medical Diagnosis:** Colon cancer

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

Psychomotor Skills Required of Participants Prior to Simulation

1. History taking and physical assessment
2. Inclusive therapeutic communication
3. Providing a blood transfusion

Cognitive Activities Required of Participants Prior to Simulation

Read/review the following:

* America Journal of Managed Care. FDA's Revised Blood Donation Guidance for Gay Men Still Courts Controversy. <https://www.ajmc.com/view/fdas-revised-blood-donation-guidance-for-gay-men-still-courts-controversy>
* American Red Cross. LGBTQ+ Donors. <https://www.redcrossblood.org/donate-blood/how-to-donate/eligibility-requirements/lgbtq-donors.html>
* Centers for Disease Control. A Guide to Taking a Sexual History. <https://www.cdc.gov/std/treatment/SexualHistory.pdf>
* Registerednursng.org. Blood and Blood Products: NCLEX-RN. <https://www.registerednursing.org/nclex/blood-products/>

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

# Nursing License Map (2021, April 16). How to use inclusive language in healthcare.

* 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/>

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. Facilitate a discussion regarding LGBTQ+ people and making a blood donation.
3. Prepare patient for a blood transfusion by completing an initial preparatory assessment and providing education to patient and partner.

Following completion of the interaction:

1. (Optional) Provide patient with a unit of packed red blood cells (monitor Vital Signs, follow protocol for procedure).

All participants practice hanging blood with a review of the protocol and procedure for this skill.

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.

HealthySimulation.com. Blood Transfusion Documents and Excel Labels for Simulation in Healthcare. <https://www.healthysimulation.com/14639/blood-transfusion-documents-and-excel-labels-for-simulation-in-healthcare/>

HealthySimulation.com. How to Make Fake Blood. <https://www.healthysimulation.com/2632/how-to-make-fake-blood/>

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  Home  Outpatient Clinic  Other: |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Male simulated patient to serve as male patient and male simulated patient to serve as partner.

**Recommended Mode for Simulator:** N/A

**Other Props & Moulage:** Need a space to be a “Blood Bank”

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| **Equipment Attached to Manikin/Simulated Patient:**  ID band  IV tubing with primary line fluids running at D5/NSS @ 100 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 @ 2 L/min  Monitor attached  Other:  **Other Essential Equipment:**  **Medications and Fluids:**  Oral Meds:  IV Fluids: Fake Blood to be administered  IVPB:  IV Push:  IM or SC: | **Equipment Available in Room:**  Bedpan/urinal (with 100 mL of fake urine  in it)  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: Partner named Jim Smythe  Family member #2  Clergy  Unlicensed assistive personnel  Other: Blood Bank clerk to give blood to RNs |

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:** 1930

**Person providing report:** Nurse on medical/surgical floor reporting to oncoming nurse

**Situation:** Mr. Mike Walker is a 70-year-old man admitted to our unit from the Emergency department, following heavy rectal bleeding.

**Background:** Mr. Walker was recently diagnosed with stage 4 colon cancer. He had been seen about 2 months ago for rectal bleeding and had subsequent testing completed, resulting in the recent diagnosis of stage 4 colon cancer. Yesterday, he had an episode at home of heavy rectal bleeding, and came to the ED. After an intake, the patient went into the bathroom and had another bleeding episode, and upon return to his bay, his vital signs changed, and blood pressure dropped drastically. An IV was inserted and he received 1,000 mL of D/5 and NSS. His vital signs stabilized. He is currently on 02 @2 L/min and a second IV of D/5 and NSS is running.

**Assessment:** VS: Temp 98.8; Pulse-92; Resp-22; BP 104/78; SPO2 97%

Blood Work: Hg 6.8 grams/dL; Hematocrit 28 percent. Patient was type and cross matched for blood- patient is O negative. Because patient was bleeding, an 18g IV cath was inserted in the ED. The patient and his spouse are very concerned about him getting blood. We did not have time for a detailed discussion.

**Recommendation:** Patient was admitted for observation and receipt of a unit of packed red blood. Also discuss the partner’s desire to provide blood for his loved one. We did provide all of the supplies that you will need for the transfusion, in the hopes that you can find a resolution. Please continue to observe him, monitor bleeding and vital signs.

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** | VS Temp 98.9;  Pulse-94;  Resp-22;  BP 102/76;  SPO2 98% | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID   Review patient’s intake form with questions that have been responded to.  Take VS or view from Monitor | **Role member providing cue:**  **Cue:**  Throughout the scenario, if students do not ask appropriate questions, SP can volunteer information listed in SP Actions column. |
| **5-10 min** | **Mike: (upset)**  “I am OK, I’ve had a rough day.”  **Mike:**  “No, we do not have anal sex.”  **Mike:**  “I need a blood transfusion, and we wanted Jim to be able to give me his blood.  The rules that are in place are really antiquated, and they need to change again. They say that even men who are in monogamous relationships, practicing safe sex, and are HIV negative, still need to wait 3 months since having sex to be able to give blood. It seems crazy to me, especially if we are partners. It used to be even a more restrictive rule of waiting one year, but it is still antiquated.”  **Jim:**  “Anyone can be HIV positive, not just gay men.  We lived through the AIDS epidemic in the 1980s. They didn’t really know as much about AIDS, and didn’t know how to test the blood. But now they do have testing for HIV and other viruses. So, it really doesn’t make sense to me.  Prior to coming out as a gay man, when I was younger, I gave blood often. Now I have been with the same man for 30 years and am not able to give blood. It is very upsetting.” | **Learners are expected to**:   * Ask about how Mike is feeling   I reviewed your health history and the nurse informed me about what happened in the emergency department. I am sorry to hear about your bleeding, I need to prepare you for a blood transfusion.  I need to ask this question related to your current symptoms:  Is the rectal bleeding in any way associated with sex?  Nurse: states understanding, listens attentively. | **Role member providing cue:**  **Cue:** |
| **10-15 min** | **Mike:**  “We have had sex in the past 3 months, not often because I have not feeling well, but we have had it.  Jim has really been helping me to get through all of this testing and the stress of the diagnosis. I don’t know what I would do without him.”  **Jim:**  “Mike, you need the blood now. Please get what is here today and I will talk more with the Red Cross about donating.” | Nurse acknowledges the current “rules” for giving blood: if a male has had sex with another male, he needs to wait 3 months to donate blood.  -asks how recently couple has had sex?  Discusses:   * + the need for blood is urgent and cannot wait, need to give this blood now   + do not know spouse’s blood type and if compatible with patient   + perhaps spouse can give blood now/soon and have it saved for later, in case needed or to replace blood used for patient. | **Role member providing cue:**  **Cue:** |
| **15-20 min** | **Mike:**  “Yes, I will have the blood now.  I’m not allergic to anything I know of.”  VS Temp 98.8;  Pulse-92;  Resp-22;  BP 102/74;  SPO2 98%  Lung sounds: no adventitious sounds  Urine output: 100 mL urine in urinal.  Mike and Jim:  Acknowledge their understanding. | * + Asks for patient’s consent for the blood   + Reviews allergies   + Obtains baseline vital signs (heart rate, blood pressure, temperature, pulse oximeter, and respiratory rate)   + Assess lung sounds; urine output identified and documented   + Educates patient and husband on how the process for blood transfusion will be.   Reviews: signs and symptoms of a transfusion reaction. If these occur, the patient should notify their RN during the transfusion:  Rash, itching, elevated temperature, chest/back/headache, chills, sweats, increased heart rate, increased respiratory rate, decreased urine output, blood in urine, nausea, or vomiting.  Scenario ends and all participants practice the skill and process for hanging blood and monitoring patient throughout the transfusion. | **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:**

* Taking a brief sexual history
* The rights for men having sex with men regarding giving blood for transfusion
* Therapeutic communication, including inclusive language
* Providing a blood transfusion

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).