Simulation Design Template

Mike Walker Simulation #3

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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 nursing course where end of life care 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 (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

* Inclusive therapeutic communication

Cognitive Activities Required of Participants Prior to Simulation

* Knowledge of end-of-life care discussions, including advanced directives and palliative care.

Read/review the following:

* American Association of Critical Care Nurses. Resources for Palliative and End of Life Care. Retrieved from: <https://www.aacn.org/clinical-resources/palliative-end-of-life>
* ANA Position Statement on Nurses Roles and Responsibilities in Providing Care and Support at the End of Life 2016. Retrieved from: <https://www.nursingworld.org/~4af078/globalassets/docs/ana/ethics/endoflife-positionstatement.pdf>
* Haviland, K, Burrows Walters, C, Newman, S. Barriers to palliative care in sexual and gender minority patients with cancer: A scoping review of the literature. *Health Soc Care Community*. 2021; 29: 305–318. <https://doi.org/10.1111/hsc.13126>
* Mayo Clinic (2020). Living wills and advance directives for medical decisions. Retrieved from: <https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/living-wills/art-20046303>
* 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+ and end of life/palliative care.
3. Communicate with and support a patient, his son and partner during a discussion of end-of-life alternatives, including palliative care.

Faculty Reference

American Association of Critical Care Nurses. Resources for Palliative and End of Life Care. Retrieved from: <https://www.aacn.org/clinical-resources/palliative-end-of-life>

ANA Position Statement on Nurses Roles and Responsibilities in Providing Care and Support at the End of Life 2016. Retrieved from: <https://www.nursingworld.org/~4af078/globalassets/docs/ana/ethics/endoflife-positionstatement.pdf>

Haviland, K, Burrows Walters, C, Newman, S. Barriers to palliative care in sexual and gender minority patients with cancer: A scoping review of the literature. *Health Soc Care Community*. 2021; 29: 305–318. <https://doi.org/10.1111/hsc.13126>

Mayo Clinic (2020). Living wills and advance directives for medical decisions. Retrieved from: <https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/living-wills/art-20046303>

[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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| 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. One additional make to serve as the patient’s son and a person to serve as the physician.

**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 \_\_ 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:  IVPB:  IV Push:  IM or SC: | **Equipment Available in Room:**  Bedpan/urinal (with 200 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: Physician  (pharmacist, respiratory therapist, etc.) | Observer(s)  Recorder(s)  Family member #1**:** Partner named Jim Smythe  Family member #2: Mike Walker’s son Tyler  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:** 1430

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

**Situation:** Mr. Mike Walker is a 70-year-old man admitted from the Emergency department, following heavy rectal bleeding. He received a unit of packed red blood cells yesterday.

**Background:** Mr. Walker was recently diagnosed with stage 4 colon cancer. He was 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. He had additional bleeding in the ED, and after his vital signs stabilized, he was admitted to the unit for a blood transfusion. He is currently on 02 @2 L/min and has a saline lock in place.

**Assessment:** VS: Temp 98.4; Pulse-88; Resp-18; BP 120/78; SPO2 98%

Blood Work: Hg 7.0 grams/dL; Hematocrit 30 percent following blood transfusion.

**Recommendation:** The attending physician, Dr. Aaron Tucker spoke with the Mike, his son and partner about his plans for chemotherapy or other treatments as well as initiated a discussion about palliative care. As you know, in our state, there are issues about non legal family members providing input regarding a patient’s care. Please continue the discussion and provide support to the patient and his family.

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.)  VS Temp 98.2;  Pulse-88;  Resp-20;  BP 118/76;  SPO2 98% | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID   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** | Jim is holding Mike’s hand and Son (Tyler) is seated in the room too.  **Mike (upset):**  “It has been a tough couple of months. These last few days have been very hard too, especially today.”  **Mike:**  “I cannot do the treatments. I watched my mother go through all of those treatments for her colon cancer and she just died in the end anyway. I know it is bad for me, but I cannot put myself and Jim and Tyler through all of that.”  **Mike:**  “No, not yet, but we have been talking a lot these last 2 months about all of this because of what has been going on…so Jim knows what I want.  I really need Jim and Tyler to be involved. They are really important to me and I know they can handle making these decisions for me, if I am not able to myself.”  **Mike:**  “They are my family, even if our state doesn’t recognize Jim as my spouse. We have been together for 30 years.”  **Mike:**  “That is really important to me. Thank you for saying that.”  **Mike:**  “Well Dr. Tucker mentioned palliative care and said he would start looking into it. Can you please tell us more about how it works?” | **Learners are expected to**:  Physician, nurse, patient, son and partner are present  Ask about how Mike feeling  State they are aware Mike talked with Dr. Tucker today regarding Mike’s treatment and other plans for moving forward.  Ask about whether Mike has a living will or durable power of attorney  Discuss relevant issues:   * the state they live in does not allow others who are not married to make decisions for the patient. * Without Advanced Directives, it makes this process even more difficult.   Acknowledge Mike’s feeling and state that nurses want to do what is best for him   * Discuss alternatives for completion of advanced directives. * Discuss nursing’s philosophy to involve the family and that is whomever the patient says it is.   Asks patient about a palliative plan of care. | **Role member providing cue:**  **Cue:**  If the students get stuck, faculty member or other person could play the role of a social worker and help to get the discussion going.  If this is not an issue in your state, the discussion could center around not having Advanced Directives and Durable Power of Attorney. |
| **10-15 min** |  | **Learners are expected to**:  Explains palliative care:   * Palliative care- specialized medical care for people living with a serious illness. * focuses on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family. * a team of doctors, nurses and other specialists who l work together to provide medical and emotional support. * The care is based on the needs of the patient, not on the patient’s prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with treatment. | **Role member providing cue:**  **Cue:** |
| **15-20 min** | **Mike:**  “I want to be at home. Jim and I are retired, and Jim wants to take care of me at home.”  **Jim:**  “Yes, we have discussed this. Mike does not want to be in a facility.”  **Tyler:**  “I am good with it. I would rather that Dad is at home rather than in a facility. I want Dad to be as happy as he can be for the time he has left.”  **Jim:**  “I will start working tomorrow on getting our advanced directives completed. We have a resource through the teachers’ union to help us. We should have done this earlier. We have discussed this, but just have not taken the appropriate actions to get it completed.” | **Learners are expected to**:  Ask where the patient wants to be cared for. In his home or in a facility?  Ask Tyler how he feels about all of this.  Offer support for Mike, Jim, and Tyler. | **Role member providing cue:**  **Cue**: If nurse does not ask, begin making the statements.  If nurse does not ask…Jim asks Tyler. |

Debriefing/Guided Reflection

Note to Faculty

We recognize that faculty will implement the materials we have provided in many different 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:**

* The rights for unmarried partners regarding making decisions for loved ones
* Therapeutic communication, including inclusive language
* Providing support and education regarding advanced directives and goals and plans for palliative care

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).