Simulation Design Template

Thomas Sykes – Simulation #1

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** 20 minutes  **Location:**  **Today’s Date:** | **File Name:**  **Student Level:** Pediatric or psychiatric nursing course  **Guided Reflection Time:** Twice the amount of time that the simulation runs.  **Location for Reflection:** |

Brief Description of Patient

**Name:** Thomas Sykes **Pronouns:** he/him

**Date of Birth:** 05-22-YYYY (reflect age 17) **Age**: 17

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

**Sexual Orientation:** heterosexual **Marital Status:** single

**Weight**: 240 pounds **Height**: Reflect that of SP – ideally, 5 ft 11 inches

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

**Support Person:** Keisha Sykes, age 31 **Support Phone:** 577-666-7890

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

**Attending Provider/Team:** Susan Henretty, DNP, CRNP, PPCNP-BC

**Past Medical History:** Significantfor chronic obesity. No hospitalizations or medications.

**History of Present Illness:** Thomas presents with a one-year history of weight gain and increased social isolation. His sister recently learned that he has been skipping school up to three times/week and is concerned about his health. He was seen as a new patient this morning and the pediatric nurse practitioner asked him to stay for a more thorough evaluation of his psychological status.

**Social History:** Thomas lives with his sister, Keisha, and her 3-year-old son Torrey. Keisha has been Thomas’ legal guardian since their mother passed-away 10 years ago from complications associated with uncontrolled diabetes and obesity. Thomas’ father is not involved in his life. About a year ago, Keisha, Thomas, and Torrey moved for Keisha’s new job in the local battery plant. Her shifts rotate between days and evenings, requiring Thomas to care for Torrey when Keisha has to work the evening shift. Last year, Thomas was in his junior year of high school and had been planning to graduate with his classmates, so the move for Keisha’s work has been difficult for him. Thomas has not made friends at his new school and spends most of his time alone playing video games or watching television with Torrey.

**Primary Medical Diagnosis:** Obesity and depression

**Surgeries/Procedures & Dates:** No previous surgeries

Psychomotor Skills Required of Participants Prior to Simulation

* Physical assessment

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Adolescent growth and development (including mental health)
* Therapeutic communication with adolescents
* Components of SBAR communication

Review the following materials on depression and suicide resources

* + The Columbia-Suicide Severity Rating Scale:

<https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf>

* + The Mayo Clinic: Teen Depression

<https://www.mayoclinic.org/diseases-conditions/teen-depression/symptoms-causes/syc-20350985>

* + Stop a Suicide

<https://stopasuicide.org/clinicians/>

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 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. Perform a focused physical assessment.
2. Engage in therapeutic communication with a depressed adolescent.
3. Administer the Columbia-Suicide Severity Rating Scale.
4. Communicate assessment concerns to pediatric nurse practitioner (PNP) using SBAR.

Faculty Reference

The Columbia-Suicide Severity Rating Scale:

<https://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf>

The Mayo Clinic: Teen Depression

<https://www.mayoclinic.org/diseases-conditions/teen-depression/symptoms-causes/syc-20350985>

Stop a Suicide

<https://stopasuicide.org/clinicians/>

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:** Simulated patient preferred for both patient and sister. Thomas can be adapted for use with adult manikin. Written for male patient, but can be adapted for female.

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

**Other Props & Moulage:**

* Use pillows, clothing so SP appears to be approximately 240 pounds
* Disheveled appearance; in a t-shirt and shorts, with unruly hair
* Clothing smells of body odor
* Card with vital signs: Temp 98.7, HR 105, RR 22, BP 157/86, O2 sat 95%

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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 (pediatric nurse practitioner)  Other health care professionals:  (pharmacist, respiratory therapist, etc.) | Observer(s): Any number of observers  Recorder(s)  Family Member #1 (patient’s sister)  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 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:** Susan Henretty, DNP, CRNP, PPCNP-BC

**Situation:** Thomas Sykesis a 17-year-old male. I saw him for the first time this morning for extreme weight gain, skipping school, and depression.

**Background:** Thomas is a new patient with a history of 60 pound weight gain within the past year, social isolation, and minimal personal hygiene. His nephew is my patient. His sister asked me to evaluate his overall health status with a focused evaluation of his mental state. During his physical exam, I noted concerning behaviors, including minimal eye contact, soft speaking voice, dirty appearance, and lack of energy. I asked the family to stay so that we can further assess his mental state and complete the Columbia-Suicide Severity Rating Scale.

**Assessment:** Thomaslooks depressed, overweight, and dirty. His physical exam was remarkable for obesity and prehypertension. We need to complete a more thorough mental health exam and determine if he is a threat to himself or others.

**Recommendation:** Please completea focused physical assessment, the Columbia-Suicide Severity Rating Scale, and notify me with the results.

Scenario Progression Outline

**Patient Name:** Thomas Sykes **Date of Birth:** 05-22-YYYY (reflect age 17)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0–5 min** | **Thomas:**  Says hello, confirms ID, then is silent.  **Thomas or Keisha** hands leaner card with vital signs: Temp 98.7, HR 105, RR 22, BP 157/86, O2 sat 95%  **Keisha:** “Thomas, you’ve been gaining weight, skipping school, and spending all day inside playing video games. You don’t go out, talk to friends, or do anything that other kids do. I think you’re depressed.” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID   **Learners are expected to:**   * Obtain vital signs * Conduct physical exam * Ask appropriate questions about physical health and mood | **Role member providing cue:**  **Cue:** |
| **5–10 min** | **Thomas: “**The world would probably be better without me.” Begins crying softly; doesn’t respond to questions. He completely shuts down. | **Learners are expected to:**   * Explore Thomas’ comment using therapeutic communication including:   active listening, restating, clarification, and reflection.   * Explain need to conduct the Columbia-Suicide Severity Rating Scale (C-SSRS). | **Role member providing cue:** Keisha  **Cue:** If learners do not respond to Thomas’s comment, will say, “Thomas, why are you saying that?” Turns to learners, “What are we going to do?” |
| **10–20 min** | **Thomas (when learners begin asking C-SSRS questions): “**I don’t want to answer those kind of questions.”  **Keisha:** “Please answer the questions, Thomas! I love you and am so worried about you. We’re here to get you some help.”  **Thomas**: Responds by giving answers on attached form.    **Keisha** begins to cry when learning about Thomas’ suicidal thoughts.  **Keisha:**  “Thomas, why?” Turns to learners: “What can we do?” | **Learners are expected to:**   * Ask Thomas questions on the C-SSRS, providing for privacy and confidentiality. * Provide appropriate emotional support to Thomas and Keisha. * Reassure Keisha that Thomas can be helped * Communicate the results of C-SSRS to the PNP using SBAR. | **Role member providing cue:** Thomas  **Cue:** If learners do not begin to administer the C-SSRS:  “Dr. Henretty said I needed to stay to take a test. When do I have to do that?”  **Role member providing cue:** Keisha  **Cue:** If learners do not ask Thomas if he would like Keisha to leave during administration of C-SSRS, she will say: “I can leave if you would like your privacy to answer the questions.” Thomas responds that she can stay.  **Role member providing cue:** Dr. Henretty  **Cue:** If learners do not communicate results of the C-SSRS, PNP will call and say: "What were the results of the Columbia Scale?" |

Columbia-Suicide Severity Rating Scale Questions: (Primary Screen with Triage Points)

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| **Question:** | **Possible Nursing Prompts:** | **Thomas’ Responses for Scenario:** |
| 1. Have you wished you were dead or wished you could go to sleep and not wake up? |  | **(*Head down, no eye contact, barely audible responses*)**:  Yes |
| 1. Have you had any actual thoughts of killing yourself? |  | Yes |
| 1. Have you been thinking about how you might do this? |  | Yes |
| 1. Have you had these thoughts and had some intention of acting on them? |  | Yes |
| 1. Have you started to work out or worked out the details of how to kill yourself? | If yes, tell me what you’ve been thinking (or about your plan). | (Head down, avoiding Keisha) “I haven’t told anyone that I’ve thought about killing myself. The kids at school are so mean…even giving me ideas of how to do it when they post things about me. “*Hang yourself, Thomas. We know your belt’s big enough!*” and “*You can jump off the skyline bridge. Let me know so I can watch the big splash!*” I also think about stealing a car and getting shot by the police. I see that kinda thing on TV all the time. That way I don’t have to do it myself.” |
| 5.b. Do you intend to carry out this plan? |  | Yes (begins to cry softly) |
| 1. Have you ever done anything, started to do anything, or prepared to do anything to end your life? |  | Yes. I put a belt around my neck once, but got scared and chickened out. |
| 6.b. Was this within the past 3 months? | If yes, can you tell me about that time? | Yes. Last month. |

Although the nursing role does not involve establishing a diagnosis of suicide risk, the nurse should notify a licensed independent provider about the findings of any positive screen and take precautions to protect the safety of the patient.

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:**

* Social isolation and relationship to developmental stage of adolescence
* Factors that may have contributed to Thomas’ obesity
* Biases associated with obesity
* Impact of bullying by peers
* Difficulty asking sensitive questions on suicide assessment scale
* Providing privacy and confidentiality for an adolescent.

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).