Simulation Design Template

Thomas Sykes – Simulation #2

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| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** 20 minutes**Location:** Inpatient Pediatric Psychiatric Unit**Today’s Date:** One day after Sim #1 | **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 yesterday by his pediatric nurse practitioner who determined that Thomas was a risk to himself and had him admitted for inpatient psychiatric evaluation.

**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:** Depression

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

Psychomotor Skills Required of Participants Prior to Simulation

* Administration of oral medication

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Adolescent growth and development (including mental health)
* Nursing care of suicidal adolescents
* Nursing care implications associated with selective serotonin reuptake inhibitor (SSRI) antidepressant

Review the following materials:

National Institute of Mental Health: Suicide Prevention

<https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>

# National Institute of Mental Health: Antidepressant Medications for Children and Adolescents

<https://www.nimh.nih.gov/health/topics/mental-health-medications#part_2364>

The Healthcare Simulation Standards of Best Practice™

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

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. Conduct appropriate mental health assessment of a depressed adolescent.
2. Engage in therapeutic communication with a depressed adolescent.
3. Provide education regarding oral medication.
4. Demonstrate safe administration of an oral medication.

Faculty Reference

Cash, S.J., & Bridge, J. A. (2009). Epidemiology of youth suicide and suicidal behavior. [*Current Opinion in Pediatrics,* *21*(5): 613-619.](https://www.ncbi.nlm.nih.gov/entrez/eutils/elink.fcgi?dbfrom=pubmed&retmode=ref&cmd=prlinks&id=19644372) doi: [10.1097/MOP.0b013e32833063e1](https://dx.doi.org/10.1097/MOP.0b013e32833063e1)

Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2885157/>

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[x]  Behavioral Health Unit | [ ]  ICU[ ]  OR / PACU[ ]  Rehabilitation Unit[ ]  Home [ ]  Outpatient Clinic[ ]  Other:  |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Standardized patient (SP) preferred. 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 and Moulage:**

* Use pillows, clothing so SP appears to be approximately 240 pounds.
* Dressed in clean clothes but hair still uncombed and unruly.

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| **Equipment Attached to Manikin/Simulated Patient:**[x]  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:**[x]  Oral Meds: escitalopram 10 mg PO QD. [ ]  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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| [x]  Nurse 1[x]  Nurse 2[ ]  Nurse 3[ ]  Provider (physician/advanced practice nurse)[ ]  Other health care professionals:  (pharmacist, respiratory therapist, etc.) | [x]  Observer(s): Any number of observers[ ]  Recorder(s) (Optional)[ ]  Family member #1[ ]  Family member #2[ ]  Clergy[x]  Unlicensed assistive personnel (UAP)[ ]  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:** 1500

**Person providing report:** Nurse completing day shift

**Situation:** 17-year-old male seen yesterday by his pediatric nurse practitioner (PNP) who determined that Thomas was a risk to himself and had him admitted for inpatient psychiatric evaluation.

**Background:** Thomas Sykes is a 17-year-old male who lives in an inner-city apartment with his sister Keisha and Keisha’s 3-year-old son, Torrey.Thomas’ father is not involved in his life and his mother passed away about 10 years ago from complications associated with uncontrolled diabetes and obesity. Following his Mother’s death, Thomas moved in with Keisha, and she became his legal guardian. About a year ago, Keisha, Thomas, and Torrey moved for Keisha’s new job in the local battery plant packaging batteries. Her shifts rotate between days and evenings, requiring Thomas to care for Torrey when Keisha has to work the evening shift.

Thomas has been overweight for most of his life, but over the past year he has gained 60 pounds and currently weighs 240 pounds. With a height of 5 feet, 11 inches, Thomas is obese, with a BMI of 33.5. 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 hard. Thomas has not made friends at his new school and spends most of his time alone playing video games or watching television with Torrey. He has also been skipping school up to three times a week and doesn’t want to leave the apartment.

Yesterday, Thomas was seen by the PNP and completed the Columbia-Suicide Severity Rating Scale. He identified suicide intent with a specific plan. He was admitted late yesterday and put on suicidal precautions. He is at his first group therapy meeting right now.

**Assessment:** Obesity and depression

**Recommendation:** He will be back from group in a minute or two. See how it went for him, assess his mood. His med just came up from pharmacy so please administer his escitalopram 10 mg.

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** |
| **0–10 min** | **Thomas:** “I really don’t want to be here. They took away my belt and shoe laces. Did they think I could kill myself with those things?”**Thomas’ responses to potential questions asked by learners:** **Adjusting to environment:** “OK I guess.**Energy:** I’m pretty tired. I didn’t sleep well and they made me get up at 7:30.”**Appetite:** “OK, but the food is not so good.”**Mood:** “Not so good.”**Suicidal ideation:** “I don’t know.”**Group:** “Group was pretty good. First I felt like everyone was staring at me like they do in school. But once other people started talking…one guy–Wesley–started saying that he was being cyberbullied by kids in his school. It made me feel like I wasn’t the only one.”**UAP says:** “He looks so much better. We got him out of those old clothes and he had a nice shower.”**Thomas:** “Looks don’t tell you everything.”**Thomas:** “Kids are always talking about how ‘fat’ I am and how I must be stupid. When I first got to this school, people would say things behind my back, but then they started posting mean pictures on social media. I used to have friends back in my old school. I miss them, but it’s too far away for us to visit. It was nice having friends you could talk to and hang out with…I feel so alone.” | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID

**Learners are expected to ask about:*** How he is adjusting to environment
* Energy level
* Appetite
* Sleep
* Mood
* Suicidal ideation
* His thoughts about the group session.

**Learners are expected to:**Encourage Thomas to talk more about how he feels. Engage in therapeutic communication (active listening, sharing observations, etc.) and providing support (example: “It must have been very hard for you.”) without using platitudes such as “Everything will be all right.” | **Role member providing cue:** UAP**Cue:** If learners do not ask about group session, UAP says: “How was your first group session?"**Role member providing cue:** UAP**Cue:** If learners don’t follow-up on Thomas’ comments on bullying and social isolation, UAP says: “Other kids can be cruel. Just ignore them.” |
| **10–20 min** | **Thomas** “How is it going to make me feel?Will it make my depression go away?How long does it take to work?How long will I have to take it?Will it help with my weight?” | **Learners are expected to:*** Provide information about SSRI medication.
* Answer Thomas’ questions about the med.
* Administer escitalopram.
 | **Role member providing Cue:** Thomas**Cue:** If learners do not give med, Thomas says: “The doctor said something about taking a pill today. When do I start that?” |

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.
* How to respond to an adolescent who is depressed and suicidal.
* Relationship between obesity and depression.
* Nursing care implications associated with SSRI antidepressant

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).