Simulation Design Template

Thomas Sykes – Simulation #3

|  |  |
| --- | --- |
| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** 20 minutes**Location: Home Visit****Today’s Date:** 4 weeks after discharge from inpatient psychiatric unit. | **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**: 226 pounds **Height**: Reflect that of SP – ideally, 5 ft. 11 in.

**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 and depression.

**History of Present Illness:** Thomas was recently discharged from an inpatient psychiatric program for suicidal ideation. He has undergone group therapy, individual therapy, and is taking an SSRI antidepressant medication (escitalopram). Upon discharge he was feeling somewhat less depressed. He is continuing in counseling and states it is helping. He is working on a healthy eating weight-loss plan and was instructed on keeping a food log.

**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 did not make friends at his new school, was bullied, and began skipping school. He made a friend, Wesley, while in the hospital. They have communicated a few times since discharge.

**Primary Medical Diagnosis:** Depression

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

Psychomotor Skills Required of Participants Prior to Simulation

* Developmentally appropriate physical examination

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Adolescent growth and development (including mental health)
* Nutrition and weight loss strategies for adolescents

Review the following materials

* The Columbia Suicide Severity Rating Scale-Screener Since Last Visit

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

* NIDDK Resource: Helping your child who is overweight

<https://www.niddk.nih.gov/health-information/weight-management/helping-your-child-who-is-overweight>

* Bullying and Bullycide

 <http://www.obesityaction.org/wp-content/uploads/Bullying-and-Bullycide.pdf>

* Cyberbullying Information
	+ <https://www.stopbullying.gov/what-is-bullying/index.html>
	+ <https://www.stopbullying.gov/kids/what-you-can-do/index.html#bullied>

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. Perform physical assessment noting changes in weight.
2. Provide appropriate education and strategies to address adolescent nutrition and obesity.
3. Discuss coping mechanisms for dealing with bullying and social isolation.
4. Administer Columbia-Suicide Severity Rating Scale and compare to previous findings.

Faculty Reference

NIDDK Resource: Helping your child who is overweight

<https://www.niddk.nih.gov/health-information/weight-management/helping-your-child-who-is-overweight>

Pacer Center’s Teens Against Bullying

<http://www.pacerteensagainstbullying.org/tab/bullying-defined/>

Puhl, R. M., & King, K. M. (2013). Weight discrimination and bullying. *Best Practice & Research Clinical Endocrinology & Metabolism, 27*, 117-127. If unavailable, may use: Washington, R. L. (2011). Childhood obesity: issues of weight bias. *Preventing Chronic Disease, 8*(5), A94. Retrieved from <https://www.cdc.gov/pcd/issues/2011/sep/pdf/10_0281.pdf>

The Healthcare Simulation Standards of Best Practice™

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

Setting/Environment

|  |  |
| --- | --- |
| [ ]  Emergency Department[ ]  Medical-Surgical Unit[ ]  Pediatric Unit[ ]  Maternity Unit[ ]  Behavioral Health Unit | [ ]  ICU[ ]  OR / PACU[ ]  Rehabilitation Unit[x]  Home [ ]  Outpatient Clinic[ ]  Other:  |

Equipment/Supplies

**Simulated Patient/Manikin/s Needed:** Standardized 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:**

* SP appears clean in clothing; fit is slightly oversized to reflect weight loss.
* Card with vital signs: Temp 98.7, HR 94, RR 22, BP 138/82, O2 sat 97%

|  |  |
| --- | --- |
| **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:** Scale **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

|  |  |
| --- | --- |
| [x]  Nurse 1[x]  Nurse 2[ ]  Nurse 3[ ]  Provider (physician/advanced practice nurse)[ ]  Other health care professionals:  (e.g., pharmacist, respiratory therapist) | [x]  Observer(s): Any number of observers [ ]  Recorder(s) (Optional)[x]  Family member #1: Sister, Keisha[ ]  Family member #2[ ]  Clergy[ ]  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:** 900

**Person providing report:** Home care coordinator

**Situation:** 17-year-old male recently discharged from inpatient psychiatric facility for suicidal ideation, depression, and obesity. Now for home care evaluation of weight loss and depression.

**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. 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. 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 weighed 240 pounds on admission for inpatient treatment. 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 was hard for Thomas. He did not make friends at his new school and spent most of his time alone playing video games or watching television with Torrey. He began skipping school up to three times a week and did not want to leave the apartment.

Following an appointment with a pediatric nurse practitioner, Thomas was admitted to the inpatient psychiatric unit for evaluation for his suicidal ideation. He has undergone group therapy, individual therapy, and is on escitalopram. Upon discharge, he stated that counseling was helping and he was feeling less depressed. Before discharge, Thomas met with the nutritionist to establish an eating plan to help him get to a healthier weight. He is working on this healthy eating weight-loss plan and keeping a food log.

**Assessment:** Obesity and depression

**Recommendation:** During your visit, obtain current weight, review food journal, and evaluate how he is doing with his diet. Repeat the Columbia-Suicide Severity Rating Scale and compare it to the last one that was administered.

Scenario Progression Outline

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0–5 min** | **Thomas**: “Hello.” Cooperates with physical assessment. “I am feeling better and glad to be out of the hospital.”**Thomas or Keisha.** Hands leaner card with vital signs: Temp 98.7, HR 94, RR 22, BP 138/82, O2 sat 97%**Keisha:** “Isn’t that wonderful, Thomas! Look how many pounds you lost!” | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID

**Learners are expected to:*** Obtain vital signs
* Conduct physical exam
* Weigh Thomas. Weight is 226 (down 14 pounds)
 | **Role member providing cue:****Cue:**  |
| **5-10 min** | **Thomas**: "I’m feeling better every day. The counseling is helping and I think the meds are starting to work. I made a friend in the hospital–Wesley– and I’ve texted with him a few times. We’re trying to figure out when we can go see (*insert current movie*) together.”**Energy:** “I’m not as tired as I was before.”**Sleep:** “I am sleeping much better. I don’t wake up in the middle of the night or have nightmares like I did before.”**Mood:** “I don’t feel as depressed as I did before.”**Appetite:** “I never had much trouble with my appetite. I have TOO much appetite. Here is my food log [hands food log (attached) to learners]. It's hard to remember to write everything down. I’ve been trying, but I haven’t written in it for every meal. I’m mostly eating the same way that I did before, but I’m trying to drink more water and eat a piece of fruit every day.”**Thomas:** “I’ve also been walking around the block with Keisha and Torrey. We talk during those walks and she’s been really helpful and supportive.” | **Learners are expected to ask about:*** How he is adjusting to being home
* Energy level
* Sleep
* Mood
* Appetite and food log

**Learners are expected to:*** Engage Thomas in discussion of healthy food choices.
* Acknowledge difficulties associated with changing eating habits.
* Encourage development of an exercise plan
* Encourage Thomas to talk more about how he feels.
* Engage in therapeutic communication (active listening, sharing observations, etc.) and provide support (example: “It must have been very hard for you.”) without using platitudes such as “Everything will be all right.”
 | **Role member providing cue:** Thomas**Cue:** If learner doesn’t ask about the food log, say, “Do you need to see my food log?”**Role member providing cue:** Thomas**Cue:** If unable to obtain weight, Thomas will say, “I weighed myself this morning and it was 226 pounds. Is that a good amount for 2 weeks on my new eating plan?”**Role member providing cue:** Thomas**Cue:** If learners don’t begin asking about food choices and healthy alternatives, say, “I’ve tried to stick with what is on my food plan, but I’ve been slipping lately. We don't really have stores around here for fresh food. Does my log look okay?” |
| **10-20 min** | **Thomas:** Responds “No” to all questions on the C-SSRS.**Thomas:** “I wish I didn’t have to go back there, but I know I have to.”**Keisha:** “I know it will be hard, Thomas. Some of those kids are really mean, but when you were in the hospital, a girl from your math class called to see if you were OK.” **Thomas:** “Really! (smiles), What was her name?”**Keisha:** “Angela. She told me that she knew some kids were mean to you and she felt bad that she had not spoken up to them and commented on social media, but didn’t want them going after her. She knows now that was wrong. I have an appointment at your school tomorrow to talk to the principal and guidance counselor.”**Thomas:** “I’m not sure that’s a good idea. It could make it worse, I need to stand up to those idiots myself.”**Keisha:** “Since you missed school, they know you were in the hospital. Now they need to know how you were treated so they can do something about it. Angela told me that it is probably happening to others too. We can’t let this happen to anyone else.” | **Learners are expected to:*** Ask Thomas questions on the C-SSRS providing for privacy and confidentiality (attached: Source, The Columbia-Suicide Severity Rating Scale (Screening Version - Since Last Contact)
* Initiate discussion regarding his feelings about going back to school
* Encourage Thomas to think about/rehearse some things he could say/do in response to bullying,
 | **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. |

Food Log

|  |  |
| --- | --- |
| Date |  |
| Day 1  | Breakfast – eggs, bacon, toast, orange juiceLunch – turkey sandwich, chips, apple, diet cola Dinner – pork chops, white rice, cup of canned corn Snack – cup of frozen yogurt |
| Day 5 | Breakfast – bowl of fruity cereal with fat-free milkLunch – grilled cheese sandwich on wheat bread, chips, and diet cola Dinner – baked chicken breast, cup of pasta, and green beans Snack – air-popped popcorn |
| Day 7 | Breakfast – bagel with cream cheeseLunch – take-out chicken nuggets, fries, and cola Dinner – pizza with cola Snack – nothing |
| Day 12 | Breakfast – bowl of fruity cereal with fat-free milkLunch – turkey sandwich, chips, diet cola Dinner – lasagna Snack – cup of frozen yogurt |

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**

*Screening Version – Since Last Contact*

| **SUICIDE IDEATION DEFINITIONS AND PROMPTS** | **Since Last Contact** |
| --- | --- |
| **Ask questions that are bold and underlined**  | **YES** | **NO** |
| **Ask Questions 1 and 2** |
| 1. **Wish to be Dead:**

Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.***Have you wished you were dead or wished you could go to sleep and not wake up?*** |  |  |
| 1. **Suicidal Thoughts:**

General non-specific thoughts of wanting to end one’s life/die by suicide, “*I’ve thought about killing myself”* without general thoughts of ways to kill oneself/associated methods, intent, or plan. ***Have you actually had any thoughts of killing yourself?***  |  |  |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6** |
| **3) Suicidal Thoughts with Method (without specific plan or intent to act):** Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. “*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*” ***Have you been thinking about how you might do this?***  |  |  |
| **4) Suicidal Intent (without specific plan):** Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to “*I have the thoughts but I definitely will not do anything about them*.” ***Have you had these thoughts and had some intention of acting on them?***  |  |  |
| **5) Suicide Intent with Specific Plan:** Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?***  |  |  |
| **6) Suicide Behavior*****Have you done anything, started to do anything, or prepared to do anything to end your life?***Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. |  |  |

*For inquiries and training information contact: Kelly Posner, Ph.D.*

*New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY, 10032; posnerk@nyspi.columbia.edu*

© 2008 The Research Foundation for Mental Hygiene, Inc.

 Low Risk

 Moderate Risk

 High Risk

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:**

* Strategies for dealing with social isolation and bullying.
* Nutritional guidance and meal planning for Keisha and Thomas.
* Resources to purchase healthy foods.
* Development of an exercise plan

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.

|  |  |
| --- | --- |
| **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).