Simulation Design Template

Zachary Alexander Miller Simulation #2

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

Brief Description of Patient

**Name**: Zachary Alexander Miller **Pronouns**: they/them

**Date of Birth**: 9-09-YYYY (reflect age 15) **Age**: 15

**Sex Assigned at Birth**: Male **Gender Identity**: Non-binary

**Sexual Orientation**: unknown **Marital Status**: N/A

**Weight**: 120.0 lb (54.4 kg) **Height**: 66” (167.6 cm)

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

**Insurance Status**: Father has insurance through employer

**Support Person**: Mom Natalie and Dad David **Support Phone**: 778-631-8584

**Allergies**: NKA **Immunizations**: up to date

**Attending Provider/Team**: A. Smith

**Past Medical History:** Unremarkable birth history.

**History of Present Illness**: Alex was struck by a motor vehicle yesterday. They suffered a fractured wrist, a wound to the torso, and some scratches and bruises. Alex did not sustain a head injury.

**Social History**: Lives with their parents and three siblings. Everyone in the family is very involved in sports, school activities such as drama, band and choir, and the local church. Zach has two older brothers and one younger sister. Their dad works as an electrical engineer and their mom has a home-based bookkeeping business. Zach’s grandparents live close by and have a close relationship with the family. They help by taking the grandchildren to their extra-curricular activities and watching them whenever it is needed.

**Primary Medical Diagnosis**: traumatic injury

**Surgeries/Procedures & Dates:** None

Psychomotor Skills Required of Participants Prior to Simulation

* Vital signs and physical assessment of an adolescent
* Medication administration

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty directed resources to review:

* LGBTQ+ content from current pediatric textbook
* Communication with an adolescent
* Pediatric medication administration
* Adolescent physical assessment
* Open wound assessment and care

Read the following:

* Understanding Gender Identities – <https://www.thetrevorproject.org/resources/article/understanding-gender-identities/>
* A Guide to Being an Ally to Transgender and Nonbinary Youth – <https://www.thetrevorproject.org/resources/guide/a-guide-to-being-an-ally-to-transgender-and-nonbinary-youth/>
* CDC LGBT Youth Resources – <https://www.cdc.gov/lgbthealth/youth-resources.htm>
* 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 a developmentally appropriate assessment of an adolescent with an acute injury.
2. Utilize therapeutic communication strategies while incorporating inclusive language when managing an adolescent's pain in the acute care setting.
3. Demonstrate safe medication administration when caring for an adolescent in the acute care setting.

Faculty References

SOGI Nursing References for Nurses and health care providers – <https://soginursing.ca/index.php/bibliography/>

Providing Affirmative Care for Patients with Non-binary Gender Identities –<https://www.lgbtqiahealtheducation.org/wp-content/uploads/2017/02/Providing-Affirmative-Care-for-People-with-Non-Binary-Gender-Identities.pdf>

Gender Creative Kids – <https://gendercreativekids.com/>

The Trevor project – <https://www.thetrevorproject.org/>

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/>

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:** Adolescent simulated patient.

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

**Other Props & Moulage:** Adolescent should be wearing a hospital gown and have a gender-neutral hair style. Deep open wound to right lower torso covered with a dry and intact dressing, cast on right wrist, bruises and small cuts to the right side of body.

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| **Equipment Attached to Manikin/Simulated Patient:**  ID band  IV tubing with primary line fluids running at TKVO 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: acetaminophen and ibuprofen  IV Fluids: D5NS  IVPB: Antibiotics and morphine  IV Push:  IM or SC: | **Equipment Available in Room:**  Bedpan/urinal  02 delivery device – nasal prongs and oxygen mask  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: Vital sign equipment  Cast to right wrist  Image of fractured wrist and casted wrist (not necessary, but might be helpful depending on student learning needs). |

Roles

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| Nurse 1  Nurse 2 - optional  Nurse 3  Provider (physician/advanced practice nurse)  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | Observer(s) - optional  Recorder(s)  Family member #1 – parent  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 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:** 1900

**Person providing report:** Day-shift nurse

**Situation:** Alex is a 15-year-old, who was admitted yesterday evening through the emergency department after being involved in a car-pedestrian accident.

**Background:** Alex was riding their bike home from a friend’s when they were hit by a car. Alex was admitted to the ER at 2200. They arrived on the unit this morning at 0800. Alex sustained a deep wound to the right torso. The car that hit them was an older model vehicle and had a rusty hood ornament. This caused the deep right torso wound. The physician has recommended that the wound be treated by packing it as per agency policy. Alex also fractured their right wrist and has some minor scratches and bruises to the right side of their body. The wrist was set (closed reduction) and a plaster cast applied in the ER. Alex was wearing a helmet and didn’t lose consciousness at the scene. Alex’s birth name is Zach, but they prefer to be called Alex. Their family is supportive of Alex’s gender identity and choice of name. Alex’s immunizations are up to date.

**Assessment:** Last vital signs taken at 1600 – HR - 75, RR - 18, BP – 120/70, 02 sats 98% on R/A, temp – 98.8 (37.1), pain 6/10. Last dose of acetaminophen given at 1600. Patient refused morphine. Torso wound - packing intact, some redness around edges of wound. Neurovascular assessment – no concerns. Plaster cast to right wrist intact. Alex is drinking fluids and says they don’t feel like eating anything solid. Alex says their whole-body hurts, but they don’t always take pain medication when it is offered. IV D5NS running at TKVO. Voiding as per home routine. Parent at bedside.

**Recommendation:** Complete a head-to-toe assessment. Focus on pain management as Alex seems reluctant to take analgesics when offered. Hang IV antibiotic (these should be prepared in a lab prior to starting the simulation)

Scenario Progression Outline

**Patient Name:** Zach Alex Miller **Date of Birth:** 09-09-YYYY (reflect age 15)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-10 min** | **Alex**: “My name is Alex, I’m fifteen. My birthday is Sept 9, 20XX. My pronouns are they/them/theirs, but nobody here is using them. They keep calling me he.”  **Parent:** “Alex, try to be understanding. This can be really difficult. Remember how hard it was for us.”  **Parent to Nurse**: “We had such a hard time adjusting to this. We kept forgetting to call Alex by their proper pronouns. It can be really hard sometimes for everyone”  “Right Alex”  **Alex: “**I’m not feeling great ... my whole-body aches.”  Limiting movement and guarding right side of body (non-verbal signs of pain)    **Pain to torso - Alex**  P – when the car hit me  Q – It feels achy and it throbs sometimes, but it’s not too bad.  R – No it just hurts where it is bruised and cut.  S – It’s a 7-8/10 right now  T – Nothing really seems to make it better. Movement makes it worse.  **Pain to wrist - Alex**  “It doesn’t hurt at all.”  **Alex**: “I’m okay – I don’t need anything.” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID * Confirm teenager’s identify and pronouns   Throughout scenario address patient concerns in an inclusive manner  Ask how Alex is feeling  Complete a focused pain assessment.  Ask if Alex wants anything for the pain. | **Role member providing cue:** Alex  **Cue:** If learners do not ask about pain, patient should complain about how much their body aches.  **Role member providing cue:** Alex  **Cue:** Throughout the experience if learners do not use appropriate pronouns, patient will correct them by saying “remember my pronouns are they/them/theirs” or Alex could say – “I told you my pronouns were they/them/their – please use these terms.” |
| **10-20 min** | **Alex**: “I don’t want to get addicted. I’ve heard that taking morphine in the hospital can cause you to become addicted to drugs.”  **Parent:** “Yes, there are so many scary stories on the news about addiction. Particularity, with people who identify as gender fluid. We have talked with Alex and their siblings about this because we don’t want any of them using substances to cope with life challenges”  Alex will take pain medication if nursing students have explained pain management and addiction.  **Alex:** Ya, I’ll take some morphine, but you can finish what you are doing first”  Alex will continue to refuse pain medication until nursing students provide accurate information.  **Alex:** “No I’m okay. I can manage” | **Learners are expected to**:  Explore why the patient is reluctant to take pain medication.  Explain the importance of pain management. | **Role member providing cue:** Parent  **Cue:** If students to do explore reluctance to take pain medication say, I know Alex needs something to make them feel more comfortable. We don’t want Alex to get addicted, but can you give them something that won’t lead to addiction?” |
|  | No abnormal findings | Complete neurovascular assessment on right hand | **Role member providing cue:** Alex  **Cue:**If learners do not complete a neurovascular assessment, say “The last nurse checked my hand. Do you need to do that too?” |
|  | No change from report | Complete assessment of abdominal wound | **Role member providing cue:** Alex  **Cue:** If learners do not assessment your wound, say “The last nurse checked my dressing. Do you need to do that too?” |
|  | Most findings normal. Vital signs slightly elevated due to pain. | Complete the rest of the head-to-toe assessment. Including vital signs |  |
|  |  | Start IV medication | **Role member providing cue:** Parent  **Cue:** If learners do not start IV antibiotics say, we were told Alex would need some antibiotics. Do you know when they will be getting them? |
|  | Alex agrees with the plan if it includes regular acetaminophen and ibuprofen. He agrees to take morphine if their pain can’t be managed with the other two medications. | Discuss pain management plan for the shift with Alex. |  |

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:**

* Creating a non-judgmental environment using inclusive language
* Pain management for an adolescent who has addiction fears.
* Safe administration of medication for an adolescent.
* Family’s acceptance of adolescent’s gender preference. How might this scenario be different if the family did not accept how Alex identifies.
* Proper use of pronouns when communicating with patients

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).