### Simulation Design Template

Randy Adams – Simulation 2

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| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** approx. 20 minutes**Location:** Physician’s office**Today’s Date:** | **File Name:** Randy Adams**Student Level:****Guided Reflection Time:** Twice the amount of simulation run time**Location for Reflection:** |

Brief Description of Patient

**Name:** Randy Adams **Pronouns:** he/him

**Date of Birth:** 07-26-YYYY (reflect age 32) **Age**: 32

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

**Sexual Orientation:** heterosexual **Marial Status:** married

**Weight**: 176 lbs (80 kg) **Height**: 70 in

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

**Employment Status:** employed **Insurance Status:** insured

**Veteran Status:** member of Army National Guard

**Support Person:** Wife Joy Adams **Support Phone:** 222-345-7799

**Allergies:** No known allergies **Immunizations:** Current

**Attending Provider/Team:** Joe Reynolds, MD

**Past Medical History:** 32-year-old male treated for severe headaches for the past several months

**History of Present Illness:** Transported to the emergency room by ambulance after a single vehicle roll over five days ago. He was confused and disoriented and suffering from a concussion. He was released after 24 hours observation with referrals for a neurology and behavioral health evaluation.

**Social History:** Randy is married and he and his wife, Joy, have twin sons, Jeff and Jarod (age 18 months). Randy was deployed to Iraq for 12 months with the US Army National Guard. He never sustained a life-threatening injury but was involved in four separate convoy incidents and was placed under observation after two of the improvised explosive device - IED - incidents. He currently works at a computer repair shop.

**Primary Medical Diagnosis:** Post concussive injury from car accident four days ago.

**Surgeries/Procedures & Dates:** None

Psychomotor Skills Required Prior to Simulation

none

Cognitive Activities Required Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Care of the patient with a concussion

Review content on these websites:

* <https://www.cdc.gov/traumaticbraininjury/symptoms.html>
* <http://www.va.gov/healthbenefits/apply/returning_servicemembers.asp>
* <https://www.ptsd.va.gov/publications/print/WhatIsPTSDtri-foldBrochure-HiRes.pdf>
* <https://www.defense.gov/News/Special-Reports/0315_tbi/>

Review the Mental Status Assessment of Older Adults: The Mini-Cog™ - <https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog> in the [Try This:® Series](https://hign.org/consultgeri/try-this-series) from the Hartford Institute for Geriatric Nursing (HIGN) at the NYU Rory Meyers College of Nursing.

Review Acute Concussion Evaluation (ACE) Office Version: <https://www.cdc.gov/headsup/pdfs/providers/ace_v2-a.pdf>

Read the following articles about characteristics of veterans of this era:

* Allen, P. E., Armstrong, M. L., Conard, P. L., Saladiner, J. E., & Hamilton, M. J. (2013). Veterans' Health Care Considerations for Today’s Nursing Curricula. Journal of Nursing Education, 52(11), 634-640. doi:10.3928/01484834-20131017-01. Available at [https://www.researchgate.net/publication/257815279\_Veterans'\_Health\_Care\_Considerations\_for\_Today's\_Nursing\_Curricula](https://www.researchgate.net/publication/257815279_Veterans%27_Health_Care_Considerations_for_Today%27s_Nursing_Curricula)
* Waszak, D. L., & Holmes, A. M. (2017). The Unique Health Needs of Post-9/11 U.S. Veterans. Workplace Health & Safety, 65(9), 430-444. doi:10.1177/2165079916682524

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. Use concussion and mental status assessment tools.
2. Compare results of ACE assessments in emergency room with today’s results
3. Apply knowledge of concussion and traumatic brain injury to nursing assessments and interventions.

Faculty Reference

**Resources for concussion, posttraumatic stress disorder and traumatic brain injury:**

* <http://www.polytrauma.va.gov/understanding-tbi/>
* <https://www.cdc.gov/traumaticbraininjury/symptoms.html>
* <https://www.cdc.gov/headsup/pdfs/providers/ace_v2-a.pdf>
* <http://www.cdc.gov/headsup/providers/index.html>
* <https://www.ptsd.va.gov/publications/print/WhatIsPTSDtri-foldBrochure-HiRes.pdf>

The [Try This:® Series](https://hign.org/consultgeri/try-this-series) from the Hartford Institute for Geriatric Nursing (HIGN) at the NYU Rory Meyers College of Nursing contains many evidence-based assessment tools. The tool recommended for this scenario is the Mental Status Assessment of Older Adults: The Mini-Cog - <https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog>.

**Resources for characteristics of veterans of this era:**

* Allen, P. E., Armstrong, M. L., Conard, P. L., Saladiner, J. E., & Hamilton, M. J. (2013). Veterans' Health Care Considerations for Today’s Nursing Curricula. Journal of Nursing Education, 52(11), 634-640. doi:10.3928/01484834-20131017-01. Available at

[https://www.researchgate.net/publication/257815279\_Veterans'\_Health\_Care\_Considerations\_for\_Today's\_Nursing\_Curricula](https://www.researchgate.net/publication/257815279_Veterans%27_Health_Care_Considerations_for_Today%27s_Nursing_Curricula)

* Waszak, D. L., & Holmes, A. M. (2017). The Unique Health Needs of Post-9/11 U.S. Veterans. Workplace Health & Safety, 65(9), 430-444. doi:10.1177/2165079916682524
* ACE.V Essential Nursing Actions and Knowledge Domains

<https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-v/nln-ace-v-framework-86a4c35c-7836-6c70-9642-ff00005f0421>

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 [x]  Outpatient Clinic[ ]  Other:  |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Simulated patient recommended for Randy and Joy.

**Recommended Mode for Simulator:** Manual, if used. Mode will not change for this scenario.

**Other Props & Moulage:** Bandage to head.

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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: see chart[ ]  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 healthcare professionals:  (pharmacist, respiratory therapist, etc.) | [x]  Observer(s) Any number of observers[x]  Recorder(s) Optional[ ]  Family member #1[ ]  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:** 1500, four days after Randy’s accident

**Person providing report:** Dr. Reynolds

**Situation:** Randy Adams is a 32-year-old male patient of mine who had a concussion after a motor vehicle accident four days ago. Randy lost consciousness during the accident and was very confused so we kept him in the hospital for 24 hours for observation and I referred him to neurology and behavioral health. He was to follow up here tomorrow.

**Background:** He is an Iraq war veteran and he thought after the accident that this all happened in Iraq. I’m a little concerned that he has some residual problems that may be the result of a couple of explosive incidents while he was in Iraq. He takes sumatriptan for migraines, which started after he came home from deployment.

**Assessment:** His appointment with me was for tomorrow, but I have some time today and I’m concerned about him, so tell him I will see him in about a half hour. He may be mixed up on the time or date. The receptionist said his wife, Joy, is not with him today and she usually attends his appointments so I’m not sure what is going on with him.

**Recommendation:** I’d like you to reassess his symptoms and compare to the assessment I did at the hospital. Also, see how his visits at neurology and psychology went. I’d like you to do a Mini-Cog assessment on him as well.

Scenario Progression Outline

**Patient Name:** Randy Adams **Date of Birth:** 07-26-YYYY (reflect age 32)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | As Randy enters the exam room with the nurse, he makes it clear that he wants to sit where his back is to the wall and he is near the door. Wife is not present. He is very nervous and a little impatient.“I can wait to see the doctor. I thought my appointment was today and I’m out of my migraine medicine. Joy and the boys have been sick and she couldn’t come with me today.” | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID
* Explain that Dr. Reynolds will see him in about 30 minutes
* Explain assessments to be conducted
 | **Role member providing cue:** Randy**Cue:** If learners do not explain assessments, Randy will say: “Why are you asking me all these questions?” |
| **5-10 min**(can do assessments in any order) | Randy’s Responses:PHYSICALHeadache-yesNausea-noVomiting-noBalance problems-noDizziness-noFatigue-yesSensitivity to light-yesSensitivity to noise-yesNumbness/Tingling-noRandy adds: “I always have headaches. I’m always tired and sometimes when I have a migraine the light and noise bother me.”COGNITIVEFeeling mentally foggy-yesFeeling slowed down-yesDifficulty concentrating-yesDifficulty remembering-yesRandy adds: “Joy says I have trouble remembering but I can concentrate if it’s quiet.” EMOTIONALIrritable- a littleSadness- noMore emotional-yesNervous-yesRandy adds: “I try not to be irritable with Joy or the kids, but sometimes other people really bug me. I feel really nervous and I don’t know why I just cry all the time now.”SLEEPDrowsiness-noSleeping less than usual- yesSleeping more than usual-noTrouble falling asleep-yes, nightmares sometimesRandy adds: “I have trouble sleeping, but we have two babies, so I don’t know if that’s why.”If learners ask more about sleep problems, Randy will say: “I wake up several times a night; sometimes I’ve had a bad dream that I cannot remember. I don’t want to talk any more about my dreams.”SYMPTOMS WORSEN WITH PHYSICAL OR COGNITIVE ACTIVITYRandy: “Nothing makes it better or worse.” | **Learners are expected to:*** Ask questions on ACE symptom checklist
 | **Role member providing cue:** **Cue:** |
| **10-15 min** | Randy is able to recall all three words.See clock drawing provided for example of what Randy draws. | **Learners are expected to:*** Administer the Mini Cog
* Give three words to remember.
* Ask to draw a clock per Mini-Cog instructions
* Ask to repeat original 3 words
 | **Role member providing cue:** **Cue:** |

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| **15-20 min** | “I forgot about going to those appointments. Joy and the kids were sick and she usually reminds me. I just need to get my headache medicine refilled. I don’t need to see anyone else about whether I’m crazy. Look, I just had a car accident. There isn’t anything wrong with me. I just got my bell rung a little.” | **Learners are expected to:*** Ask about appointments with neurologist and behavioral health

At conclusion, learners will report findings to Dr. Reynolds using SBAR or other standardized communication tool. | **Role member providing cue:** Dr. Reynolds**Cue:** If learners omit any important assessment data, Dr. Reynolds will ask for missing information. |

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Randy’s clock drawing

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:**

* Possible explanations for why Randy mixed up the date for his appointment
* Comparing ACE assessment done in emergency department with ACE office assessment done today
* Usefulness of standardized assessment tools
* Therapeutic communication with patients exhibiting symptoms related to PTSD and TBI

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).