Simulation Design Template

Peggy Nelson and Daughter Bridget Simulation #3

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** 20 minutes  **Location:** Home of Peggy Nelson  **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:** Peggy Nelson **Pronouns:** she/her

**Caregiver**: Bridget Nelson Hardy (daughter) **Caregiver Pronouns**: she/her **Caregiver Phone:** 888-888-8888

**Date of Birth:** 7/12-YYYY (reflect age 83) **Age**: 83

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

**Sexual Orientation:** heterosexual **Marital Status:** widow

**Weight**: 142 lbs. **Height**: 5’3”

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

**Employment Status**: retired **Insurance Status**: Medicare **Veteran Status**: N/A

**Allergies:** Grass, tree pollen, pet dander **Immunizations:** Up to date including influenza & pneumococcal

**Attending Provider/Team:** Tremont Orthopedic Associates PA

**Past Medical History:** Hypertension, rheumatoid arthritis, hypothyroidism. Fitted for a right ear hearing aid 8 months ago

**History of Present Illness:** Fractured left hip after a fall at home

**Social History:** Widowed 15 years ago, has 2 grown children. Lives alone in a split-level home. Retired teacher

**Primary Medical Diagnosis:** Fractured left hip; new onset delirium

**Surgeries/Procedures & Dates:** Cataract removal 1 year ago; ORIF left hip 6 months ago

Psychomotor Skills Required of Participants Prior to Simulation

None

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Caregiver strain

Read/review the following:

* The Modified Caregiver Strain Index (MCSI)

<https://hign.org/sites/default/files/2020-06/Try_This_General_Assessment_14.pdf>

* Resources for basic understanding of Medicare and Medicaid:

Medicare Reference- Medicare & You <https://www.medicare.gov/medicare-and-you>

Medicaid Reference- <https://www.medicaid.gov/medicaid/index.html>

* Caregiver Resources & Long-Term Care

<https://www.hhs.gov/aging/long-term-care/index.html>

Identify resources in your community that provide assistance with long term care planning.

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. Assess caregiver strain with a reliable, valid, standardized tool.
2. Explore the emotional and economic impact of long-term care planning on caregiver and patient.
3. Identify resources available for long-term care planning, including in-home assistance, community programs, or residential facilities.

Faculty Reference

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 specific tool recommended for this scenario is the Modified Caregiver Strain Index (MCSI).

The Caregiver’s Resource Library <https://www.agingcare.com/ebooks>

Hartford Institute for Geriatric Nursing, New York University College of Nursing, Overview of Resources. Available at <https://www.johnahartford.org/images/uploads/resources/HIGN_Resources_List_03_13(2).pdf>

Foundational knowledge of Medicare/Medicaid:

* Medicare Reference- Medicare & You <https://www.medicare.gov/medicare-and-you>
* Medicaid Reference- <https://www.medicaid.gov/medicaid/index.html>

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 recommended for caregiver Bridget.

**Recommended Mode for Simulator:**

**Other Props & Moulage:**

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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: Commode chair, hospital bed, walker, wheelchair or transport chair |

Roles

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| Nurse 1: Homecare nurse  Nurse 2: Homecare nurse  Nurse 3  Provider (physician/advanced practice nurse)  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | Observer(s)  Recorder(s)  Family member #1: Caregiver Bridget  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

Please remind learners that this simulation is somewhat different than those they may have experienced in the past. While they will be caring for both the patient and the caregiver, the focus of the simulation is the caregiver.

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 from primary care physician’s office

**Situation:** Peggy Nelson had an open reduction and internal fixation of a left hip fracture 6 months ago. She spent a week in acute care, then a week in a rehabilitation facility before being discharged to her home. Her daughter Bridget, who is her primary caregiver brought her in to our office this morning, concerned about the increasing falls and behavioral changes.

**Background:** Peggy has fallen at least once a week at home; so far she has not sustained any serious injuries. Recently she became increasing combative and uncooperative and her daughter Bridget has become very concerned since this is uncharacteristic for her mother. Bridget originally set-up a caregiving network with members of the church but this help has been unreliable and is decreasing due to Peggy’s change in behavior. Bridget is performing most of her mother’s care now including meal preparation, medication administration, bathing, and incontinence care. At the office visit this morning, Bridget stated that she was “at the end of her rope” and “needed a break from this.” Bridget has a full-time job and has taken vacation time to attend to her mother. Bridget also revealed that she has become increasingly depressed, resulting in a need for an increase in her dose of antidepressants.

**Assessment:** Mrs. Nelson’s dementia has clearly advanced. Her daughter Bridget is under a lot of strain and feeling very conflicted because she promised her mother she would never put her in a nursing home. We need to assess if Bridget is capable of handling her care and if Mrs. Nelson can continue to live safely at home.

**Recommendation:** Please conduct a home visit and assess the situation. Explore options for ongoing care at home versus transition to a nursing home. Bridget also told me there are money concerns as she is not sure how long her mother’s money will last for long-term care. Dr. Becker suggests you use the Modified Caregiver Strain Index. Please report back to us after your evaluation.

Scenario Progression Outline

**Patient Name:** Peggy Nelson **Date of Birth:** 07-12-YYYY (reflect age 83)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Caregiver Bridget: “This has become too difficult. I no longer feel comfortable with my mother staying at home. She is falling and losing control of her bowels now. The church ladies will no longer come to care for my mom as she is constantly yelling at them and won’t do as they ask.”  Bridget’s responses to Caregiver Strain Index (MCSI) statements:  **My sleep is disturbed**: Yes, sometimes. **1**  **Caregiving is inconvenient**  Yes, on a regular basis, but I love my mom. **2**  **Caregiving is a physical strain**  Yes, on a regular basis. **2**  **Caregiving is confining**  Yes, on a regular basis, but I don’t want to complain. **2**  **There have been family adjustments**  Yes, on a regular basis, but my husband has been great about it. **2**  **There have been changes in personal plans**  I haven’t been able to visit my kids because I don’t know what will happen with mom if I go out of town, so yes, on a regular basis. **2**  **There have been other demands on my time**  Yes, on a regular basis, especially with my job. **2**  **There have been emotional adjustments**  Yes, on a regular basis. I needed to increase my antidepressant medication. **2**  **Some behavior is upsetting**  Yes, on a regular basis: Recently I was so upset because the church ladies are not able to handle her anymore. **2**  **It is upsetting to find the person I care for has changed so much from his/her former self** Yes, on a regular basis. This isn’t the mom I remember. **2**  **There have been work adjustments**  I have had to adjust my work demands to care for my mother. Work has been patient with me, but I am not sure how long that will last! So yes, on a regular basis. **2**  **Caregiving is a financial strain**  Yes, on a regular basis because I don’t know how long my mother’s money will last, so I worry. **2**  **I feel completely overwhelmed**  Yes, on a regular basis. **2** | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Verifying identity and role of the caregiver * Explaining purpose of visit * Inquiring about caregiver’s self-care strategies * Explain and administer the Modified Caregiver Strain Index (MCSI) tool | **Role member providing cue:** Bridget  **Cue:** If learners do not explain purpose of visit, Bridget can say: “Why are you here?”  If learners do not administer MCSI tool, Bridget can say: “The office nurse said you might be asking me some questions about how I’m managing mom’s care.” |
| **5-10 min** | Bridget: “What are my options for my mom? I promised her that I would never put her in a nursing home, but I am at my wits end…I can’t do this anymore!” | **Learners are expected to**:   * Use therapeutic communication skills and provide appropriate support | **Role member providing cue:**  **Cue:** |
| **10-15 min** | Bridget: “This has been the worst 6 months of my life. I’m not sure what to do or where the money will come from if I try to place her in a nursing home. I dropped in to see one of the local nursing homes and they gave me a brochure to look at with the monthly fees. It costs more than I make in a month! I added up Mom’s income from SS and her pension, and it certainly won’t be enough to cover the monthly fee. We can sell her house, but that won’t be enough either, since it has a second mortgage. Take a look at these numbers!”  **Monthly income:**  Social Security- $987.00  Monthly Pension- State Retired Teacher’s Pension Plan- $240.96  **Total in= $1,227.96**  **Outgoing Monthly Expenses:**  Health Insurance- $240  Medications- $110.24  Mortgage (second mortgage taken out to help with college costs for 2 children)- $410  Household expenses (electric, gas, cable)- $160  Personal Care (grooming, incontinent products)- $120  **Total out = $1040.24**  (Balance of $187.72/month) | **Learners are expected to:**   * Explore the economic impact of long-term care planning on caregiver and family.   Review financial worksheet  Explore if other family members/friends can assist with caregiving | **Role member providing cue:**  Bridget  **Cue:** If learners do not ask about financial concerns, Bridget can say: “I think taking care of mom is going to ruin our family financially.” |
| **15-20 min** | Bridget: “I have a brother, but he has been of NO HELP so far, and I don’t think I can expect anything from him.  “I'm going to need some help figuring this all out. Who can I contact to answer some of my questions?” | **Learners are expected to:**   * Explore if other family members/friends can assist with caregiving * Identify resources available for long-term planning and identify roles and how to contact members of the interdisciplinary team who can assist (i.e. social worker, discharge planning nurse) | **Role member providing cue:**  **Cue:** |

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:**

* Concerns about Bridget’s ability to deal with stress and decisions around care of her mother
* Role of finances in decisions about long-term care planning
* Importance of an interdisciplinary team and availability of resources

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).