Simulation Design Template

Jenny Brown – Simulation #3

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** approx. 20 minutes  **Location:** Postpartum unit | **File Name:** Jenny Brown  **Student Level:**  **Guided Reflection Time:** Twice the amount of simulation run time  **Location for Reflection:** |

Brief Description of Patient

**Name:** Jenny Brown **Pronouns**: she/her

**Date of Birth:** 06-22-YYYY (reflect age 29) **Age**: 29

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

**Sexual Orientation:** heterosexual **Marital Status:** unmarried with partner

**Weight**: 142 lbs (64.4kg) **Height**: 66 in

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

**Support Person:** Eric (boyfriend) **Support Phone:** 555-555-5566

**Employment Status:** college student **Insurance Status**: Insured **Veteran Status**: Veteran

**Allergies:** No known allergies **Immunizations:** Current, including influenza and Tdap

**Attending Provider/Team:** Shelley Northridge, CNM, Linda Barkus, MD (pediatrician)

**Past Medical History:** Mild intermittent, exercise-related asthma as a child - resolved. Brief admission to acute adult psychiatric unit for three days with acute anxiety/panic attack after she learned about the infant’s congenital anomaly (cleft lip/palate). Diagnosed with PTSD. Some anemia this pregnancy requiring iron supplement.

**History of Present Illness:** Uncomplicated term delivery of female infant with cleft lip & palate; normal blood loss.

**Social History:** Military Veteran whose service included deployment to combat zones in Iraq. College student studying construction management. Stable monogamous relationship with boyfriend Eric. Parents live 500 miles away.

**Primary Medical Diagnosis:** Normal spontaneous vaginal delivery at 40 weeks gestation.

**Surgeries/Procedures & Dates:** None

Psychomotor Skills Required Prior to Simulation

* Postpartum and newborn assessment (including physical exam and attention to development milestones for mother and infant)

Cognitive Activities Required Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Postpartum assessment (including physical, mental, and developmental milestones) and breast feeding
* Newborn assessment
* Care to an infant with a cleft lip and palate

Review Edinburgh Postnatal Depression Scale: <http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>

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 a postpartum assessment.
2. Conduct a newborn assessment.
3. Assess Jenny’s mental and emotional status and administer Edinburgh Postpartum Depression Scale.
4. Provide anticipatory guidance and teaching regarding postpartum care and newborn care.
5. Teach about care of infant with a cleft lip and palate and respond appropriately to questions and expressions of grief and loss.

Faculty Reference

**Online Resources:**

A Guide to Understanding Cleft Lip and Palate (Children’s Craniofacial Association, 2009): <https://ccakids.org/cleft-lip---palate.html>

American Cleft Palate-Craniofacial Association. <http://www.acpa-cpf.org/>

CDC: Facts about cleft lip and cleft palate: <http://www.cdc.gov/ncbddd/birthdefects/cleftlip.html>

Cleft Lip and Palate Foundation. (2018). Information about choosing a cleft palate or craniofacial team. Available: <https://acpa-cpf.org/team-care/>

Cleft Palate Foundation. (2009). Feeding your baby. Available at: <https://cleftline.org/family-resources/feeding-your-baby/>

Medline Plus: Cleft lip and palate: <http://www.nlm.nih.gov/medlineplus/cleftlipandpalate.html>

Reilly, S., Reid, J., Skeat, J., Cahir, P., Mei, C., Bunik, M. and the Academy of Breastfeeding Medicine Clinical Protocol Committee. (2013). ABM Clinical Protocol #17: Guidelines for breastfeeding infants with cleft lip, cleft palate, or cleft lip and palate. *Breastfeeding Medicine*, 2,243-250. Available: <https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/17-cleft-lip-cleft-palate-protocol-english.pdf>

The National Craniofacial Association: <http://www.faces-cranio.org/>

**Videos of postpartum and newborn assessment**. Some samples:

Bucy, T. (2010). Newborn Assessment. YouTube video. Available: <http://www.youtube.com/watch?v=Dphf24JNEv4>

Bucy, T. (2010). Post Partum Assessment. YouTube video. Available: <http://www.youtube.com/watch?v=PJvK7Xbs0DQ>

**Resources related to women veterans:**

Schroeder, S. (2016). Addressing the risk of postpartum depression in female veterans. *International Journal of Childbirth Education*, 31(4); 21-23.

Women Veterans Health Care FAQs:

<https://www.womenshealth.va.gov/faq.asp>

**Nursing assessment of individuals with Post-Traumatic Stress Disorder (PTSD):**

Documents and materials available from the Department of Veterans Affairs National Center for PTSD: <https://www.ptsd.va.gov/professional/assessment/overview/index.asp>

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: postpartum unit |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Simulated patient recommended for Jenny; infant manikin.

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

**Other Props & Moulage:** Moulage for cleft lip

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| **Equipment Attached to Manikin/Simulated Patient:**  ID band for mother and baby  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: bassinet |

Roles

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| --- | --- |
| Nurse 1  Nurse 2  Nurse 3  Provider (physician/advanced practice nurse)  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | Observer(s) Any number  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:** 0700, weekday morning

**Person providing report:** Nurse going off duty

**Situation:** Jenny Brown, 29 years old, was admitted yesterday in labor. She gave birth approximately 12 hours ago to Samantha, a 7 lb 10 oz healthy female infant with a right-sided unilateral cleft lip and palate. The vaginal birth was uncomplicated. A neonatologist, NICU nurse, and respiratory therapist attended the delivery and provided immediate newborn care. The boyfriend, Eric, has been here all night. He just went to get some breakfast and will be back soon.

**Background:** Jenny is a Gravida 1, now Para 1, who had a spontaneous vaginal delivery without anesthesia at 1900 hours last evening. A certified nurse midwife attended the birth and the neonatologist and NICU team were on hand for delivery. Baby’s Apgars were 8 and 9 and she has stayed in the mom’s room ever since delivery. Baby has a right-sided unilateral cleft lip and palate that was detected by ultrasound when mom was 18 weeks pregnant. Mom is an Iraq veteran who served in a combat zone. She had a 3-day voluntary psychiatric hospitalization for a panic attack when she learned about the baby’s condition after the ultrasound. She was subsequently diagnosed with PTSD. The midwife says that Jenny’s mental health status has been stable since she started getting help at the VA, but Jenny is experiencing anxiety about her ability to care for her newborn and has expressed concerns about losing control of her emotions while caring for the infant. Jenny has some anemia; her hemoglobin and hematocrit on admission was 8.8 and 25%. She lost 500 ccs of blood at delivery.

**Assessment:** Vital signs are stable for both mom and baby. Mom: T: 97.6; Pulse: 72 & regular; Respirations: 16 & unlabored; BP: 110/68 Baby: T: 98.8; Pulse: 120 & regular; Respirations: 40 & unlabored; BP: 60 systolic/palpated

Mom has a moderate amount of dark rubra lochia and her fundus stays firm without any problem. She has been up to void several times and says she has no difficulty voiding. She hasn’t had a bowel movement. She has an intact perineum but there is some bruising and swelling. She hasn’t gotten much sleep since the delivery and expresses concern that this may cause a recurrence of the “breakdown” she experienced when she learned of the baby’s cleft lip and palate. She expresses happiness about the baby, then sometimes starts crying – maybe a little more than usual for a mom at this stage of postpartum. She is worried about how the baby is feeding. She wants to breastfeed but is afraid she won’t be able to because of the baby’s lip and palate. She is anxious about the baby’s upcoming surgeries, appearance, ability to gain weight, hearing, and speech and language development.

Baby was a little cold initially but her blood sugar was normal and she warmed right up with some skin-to-skin contact. She’s pretty much been “skin to skin” since she was born except for feedings. She’s passed two meconium stools but hasn’t voided yet. The cleft lip is complete; the cleft palate extends only minimally through the hard palate and does not affect the soft palate. We are using a special needs feeder that seems to be working fine. She’s a little sleepy so feedings have been slow. The lactation consultant will stop by to visit later. The Infant Feeding Team may also be contacted to do an assessment and help Jenny with breastfeeding.

Parental attachment appears to be going well. There is a lot of good eye contact between parents and between each parent and baby. Dad helped with the first bath and when he can get the baby away from the mother, he holds her and talks to her. They both call her by her name, Samantha.

**Recommendation:** Both mom and baby are due for assessments. Mom needs to be a little more active today because they are planning for discharge tomorrow. She will have another hemoglobin and hematocrit and will need to take iron supplements after she goes home. She has many questions about care of herself and baby. She says she and the baby’s father have done a lot of studying about cleft lip and palate but she still seems confused about details of the procedure, the recovery, or future needs for intervention. It may help if you review what the course of treatment is likely to be. Assess her mental and emotional status and have her complete the Edinburgh Postpartum Depression Scale. She should follow up with her psychiatric mental health professional at the VA sometime soon too. Both Jenny and Eric will need teaching about how to recognize early signs of increasing emotional distress and how to manage it. Jenny has expressed concern about having another mental break.

Scenario Progression Outline

**Patient Name:** Jenny Brown **Date of Birth:** 06-22-YYYY (reflect age 29)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-10 min** | Sitting comfortably in chair or bed, holding infant; alert and oriented; cooperates with physical exam, generates questions and answers all questions.  “Hi, I’m glad to meet you. I want you to meet my daughter, Samantha. Be prepared, she has a cleft lip on one side.” (Jenny stops talking and stares at her baby – may be crying.)  “I love her so much. Sometimes I wish she was perfect, but she is beautiful to me. What do you think about how she looks?”  “Her dad will be back soon – he just went to get breakfast. Sometimes I worry that her lip freaks him out.”  “I feel okay today but I keep crying whenever I look at Samantha. I am just so worried about everything.”  “My ‘bottom’ is pretty sore but I’m going to the bathroom okay.” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming ID for both mother and baby * Establish therapeutic communication (interest and concern) * Explain reason for assessments of Jenny and baby * Conduct infant and postpartum assessments * Address psychosocial issues and adaptation to parenting, providing therapeutic responses to comments made by Jenny about Samantha and Eric | **Role member providing cue:** Jenny  **Cue:** If learners do not respond to Jenny’s statements about crying, being worried, Jenny can say: “I guess you don’t want to hear my troubles.” |
| **10-20 min** | Jenny’s fills out answers to questions on Edinburgh Scale and hands it to learner. (see attached)  The following is a list of questions that Jenny might ask. Faculty can remove questions or add new ones to provide an experience that matches the curriculum, course content and students’ other learning.   * I’ve read about postpartum depression; even some famous people had it. How can I tell if I have it? If I have it, what should I do? How will I get over it? * Am I going to be able to breastfeed? I really want to. * Do I still have to take those iron pills? They really upset my stomach. Is there anything I can do to make that less of a problem? * When can I drive? * When can Eric and I start having sex again? It’s the last thing on my mind but I know he’ll be asking me soon. * When should I start using birth control? * When will my normal periods start again? * Can I get pregnant while I’m breastfeeding? * How long am I going to have this period? I didn’t know there would be so much bleeding after the baby was born. * How often do I need to see the midwife after I go home? * I’ve read about SIDS (Sudden Infant Death Syndrome). How can I prevent that from happening? * When do I need to take the baby to the pediatrician and get her shots? * When will Samantha have her surgery? * I can’t wait for the surgeries to be over and done. Then she will be fine, right? * I knew a girl in grade school who had a cleft lip. She had a speech problem. Will Samantha have trouble with her speech? * Will her teeth come in straight? * How will I know if she’s getting enough to eat? * You might not know this, but I was in the hospital about halfway through my pregnancy because of anxiety and PTSD. Do you think I’ll have problems with that again? | **Learners are expected to:**   * Ask Jenny to complete the Edinburgh Postnatal Depression Scale * Respond appropriately to Jenny’s questions | **Role member providing cue:**  **Cue:** |

**Edinburgh Postnatal Depression Scale1 (EPDS)**

Name: \_Jenny Brown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baby’s Date of Birth: \_yesterday\_\_\_\_\_\_\_ Phone: 555-555-5555\_\_\_\_\_\_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check

the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

Yes, all the time

Yes, most of the time This would mean: “I have felt happy most of the time” during the past week.

No, not very often Please complete the other questions in the same way.

No, not at all

In the past 7 days:

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| 1. I have been able to laugh and see the funny side of things  As much as I always could  Not quite so much now  Definitely not so much now  Not at all  2. I have looked forward with enjoyment to things  As much as I ever did  Rather less than I used to  Definitely less than I used to  Hardly at all  \*3. I have blamed myself unnecessarily when things went wrong  Yes, most of the time  Yes, some of the time  Not very often  No, never  4. I have been anxious or worried for no good reason  No, not at all  Hardly ever  Yes, sometimes  Yes, very often  \*5. I have felt scared or panicky for no very good reason  Yes, quite a lot  Yes, sometimes  No, not much  No, not at all | \*6. Things have been getting on top of me  Yes, most of the time I haven’t been able to cope at all  Yes, sometimes I haven’t been coping as well as usual  No, most of the time I have coped quite well  No, I have been coping as well as ever  \*7. I have been so unhappy that I have had difficulty sleeping  Yes, most of the time  Yes, sometimes  Not very often  No, not at all  \*8. I have felt sad or miserable  Yes, most of the time  Yes, quite often  Not very often  No, not at all  \*9. I have been so unhappy that I have been crying  Yes, most of the time  Yes, quite often  Only occasionally  No, never  \*10. The thought of harming myself has occurred to me  Yes, quite often  Sometimes  Hardly ever  Never |

Administered/Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786*.*

2 Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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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:**

* Completing a newborn and postpartum assessment
* Usefulness of Edinburgh Postpartum Depression Scale
* Responding therapeutically to Jenny’s expression of grief and loss, fears and concerns

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).