Simulation Design Template

Julia Morales – Simulation 1

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| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** 20-30 minutes**Location:** Inpatient 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:** Julia Morales **Pronouns:** she/her

**Date of Birth:** 02-07-YYYY (reflect age 65) **Age:** 65

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

**Sexual Orientation:** lesbian **Marital Status**: Divorced. Long term partner Lucy

**Weight:** 123 lbs. (56 kg) **Height**: 64 inches

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

**Employment Status:** retired **Insurance Status:** Private insurance **Veteran Status**: N/A

**Support Person:** Lucy Grey **Support Phone:** 567-444-1090

**Allergies:** No known allergies **Immunizations:** receives flu vaccine each fall

**Attending Provider/Team:** Ann Davis, MD

**Past Medical History:** Adenocarcinoma of the lung, diagnosed 4 years ago, treated with radiation and chemotherapy.

**History of Present Illness:** Julia was seen in her oncologist's office yesterday. Julia, Lucy, Dr. Davis and the nurse practitioner (Laura Johnson) discussed at length Julia's decision to stop chemotherapy, which at this point would have no documented benefit for Julia. Laura, the nurse practitioner, recommended a home health agency referral to assess and support family’s needs in their home.

**Social History:** Retired from work in local nursery/garden center. Lives with partner Lucy. Son Neil, age 42, lives 20 miles away.

**Primary Medical Diagnosis:** Adenocarcinoma of the lung, Stage 4.

**Surgeries/Procedures & Dates:** Hysterectomy at age 44

Psychomotor Skills Required of Participants Prior to Simulation

* General head-to-toe assessment

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* General care of the older adult
* Adenocarcinoma of the lung
* Hospice
* Palliative care
* Advance directives and durable power of attorney

Review the Essential Nursing Actions in the ACE.S Framework at: <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-s/nln-ace-s-framework>

Review SPICES, Katz Index of Independence in Activities of Daily Living, and Preparedness for Caregiving Scale assessment tools [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 **.**

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 and functional assessments of older adult using SPICES and Katz Index of Independence in Activities of Daily Living tools.
2. Assess caregiver preparedness using Preparedness for Caregiving Scale.
3. Explain purpose of hospice care and services provided.
4. Assess knowledge about advance directives and durable power of attorney; provide information if needed.

Faculty Reference

Advanced Directive resource. Each state has their own laws and the correct form is available on the following website:<http://caringinfo.org/i4a/pages/index.cfm?pageid=3289>

American Cancer Society – What is Hospice Care?

<https://www.cancer.org/content/cancer/en/treatment/end-of-life-care/hospice-care.html>

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, an article about using the tool, and a video illustrating the use of the tool, are all available for your use.

The SPICES, Katz Index of Independence in Activities of Daily Living, and Informal Caregivers of Older Adults at Home: Let’s PREPARE! or Preparedness for Caregiving Scale are the tools recommended for this simulation.

Essential Nursing Actions in the ACE.S Framework at: <https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/ace-series/essential-nursing-actions.pdf?sfvrsn=62d1d80d_16>

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[x]  Home [ ]  Outpatient Clinic[ ]  Other:  |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Simulated patient recommended for all roles (Julia, Lucy, and Neil).

**Recommended Mode for Simulator:** Manual, if used

**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:** Blood pressure cuff, thermometer, stethoscope, telephone.**Medications and Fluids:**[ ]  Oral Meds: [ ]  IV Fluids: [ ]  IVPB: [ ]  IV Push: [ ]  IM or SC:  | **Equipment Available in Room:**[ ]  Bedpan/urinal[x]  02 delivery device (type): home oxygen tank with nasal cannula[ ]  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[ ]  Recorder(s)[x]  Family member #1 partner Lucy Grey[x]  Family member #2 son Neil[ ]  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:** 1400

**Person providing report:** Home health agency nurse

**Situation:** Julia Morales is a 65-year-old woman who was diagnosed with Stage 4 lung cancer 4 years ago. She has had radiation and chemotherapy and has decided to forego further treatment. You are doing a home visit with orders from the oncology nurse practitioner to assess client needs for comfort, safety, and other support.

**Background:** Julia and her partner, Lucy, have lived in their home for almost 20 years. Julia is retired and has a 42-year-old son, Neil, who lives in the area. Lucy is Julia’s primary caregiver. She is in her 70’s and has some knee problems. Julia saw Dr. Davis and Laura Johnson NP yesterday, and Julia is certain that she wants no further treatment for her cancer. She is currently on morphine sulfate controlled release as needed for pain, and 2 liters of oxygen per nasal cannula as needed. Julia is determined to stay at home and is aware that she may need more care as time goes on.

**Assessment:** Alert and oriented patient with Stage 4 lung cancer. Currently mobile but may be needing more assistance with activities of daily living and symptom management.

**Recommendation:** Please do vital signs, a focused respiratory assessment and determine what they are expecting in the future.Do a functional assessment using SPICES and Katz Index. Assess caregiver preparedness using Preparedness for Caregiving Scale. Assess understanding of hospice care and explain purpose if needed.

Scenario Progression Outline

**Patient Name:** Julia Morales **Date of Birth:** 02-07-YYYY (reflect age 65)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-10 min** | Lucy welcomes nurses to home. Julia is on couch, covered with blanket. (Oxygen via nasal cannula is optional at this time)Julia: “Laura, the nurse practitioner, said you'd check how I was feeling and help us figure out how I can stay home and be comfortable.”Neil: “Mom, how about trying another round a chemo? Don’t you want to try?”Julia: “I have thought this over very carefully. There is nothing more they can do to keep the cancer from spreading. I am not going to get better and the chemo makes me so sick.” | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID
* Explaining purpose of visit
* Vital signs and respiratory assessment (Nurses may choose to do functional assessment first)
 | **Role member providing cue:**Julia, Lucy, or Neil**Cue:** If learners do not explain purpose of visit, Julia, Lucy or Neil can ask: “Why are you here?” |
| **10-20 min** | Julia’s responses indicate that she has no problems in any of the SPICES areas at this time. | **Learners are expected to:**Administer SPICES tool(Note: The 3 tools can be administered in any order.) | **Role member providing cue:** Julia**Cue:** If learners do not begin using the 3 assessment tools, Julia will say: **“**They said you would be doing some assessments of how I’m doing now so you can plan for my needs in the future.” |

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|  | Julia’s responses indicate that she is able to be independent in activities of daily living but “I’m a little weak when walking from room to room and getting on and off the toilet. I like to have Lucy beside me just in case… I know I am going to get weaker with time.”Lucy: “I’m able to help her now, but if she needs more help walking, I am not strong enough to do it. Could we get one of those things to help her walk? And a portable potty or something, if she can't get to bathroom?” | **Learners are expected to:**Administer Katz toolAnswer questions about supplies (like walker) that may be helpful in the future. | **Role member providing cue:****Cue:**  |
|  | Lucy’s responses are 2’s and 3’s, indicating that some assistance would be beneficial. Lucy also expresses concern about what to expect as Julia’s health deteriorates and who to call.Neil: “You know I will help as much as I can, but I am 20 miles away and it takes a while to get here.” | **Learners are expected to:**Administer Preparedness for Caregiving Scale | **Role member providing cue:** Julia**Cue:** If nurses don’t address Lucy’s abilities to care for Julia, Julia asks: “I hope Lucy can handle this. I want her to be able to take care of me, but I don’t know if she can.” |
|  | Julia: “I know we can call you if we need to Neil. And I hope you understand that Lucy is the one who will make decisions for me when I’m unable. I hope you understand that.” | **Learners are expected to:**Assess knowledge about advance directives and durable power of attorney.Explain role of hospice and pain management. | **Role member providing cue:** Lucy**Cue:** If nurses don’t ask about advance directives, Lucy states: “We signed those forms about who makes decisions, and about how Julia doesn’t want any more treatment. But she’ll get pain pills, right?” |

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:**

* Value of assessment tools to address functional status and caregiver preparedness
* Acceptance of patient and family decision to stop treatment
* Comfort with end-of-life discussions and preparations

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).