Simulation Design Template

Mary Lou Brady Simulation #3

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** 20 min  **Location:** Inpatient Hospital  **Today’s Date:** | **File Name:**  **Student Level:** Maternal-child health course  **Guided Reflection Time:** Twice the amount of time that the simulation runs.  **Location for Reflection:** |

Brief Description of Patient

**Name:** Mary Lou Brady **Pronouns:** she/her

**Date of Birth:** 01-05-YYYY (reflect age 26) **Age**: 26

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

**Sexual Orientation:** heterosexual **Marital Status:** married

**Weight**: [weight of simulated patient] **Height**: [height of simulated patient]

**Racial Group:** [Race of simulated patient] **Language:** English **Religion**: Catholic

**Employment Status:** faculty can select **Insurance Status:** insured **Veteran Status:** no

**Support Person:** Husband, mother, sisters **Support Phone:** Husband – 555-666-1212

**Allergies:** No known allergies **Immunizations:** Up to date

**Attending Provider/Team:** Joseph McGuire MD; Sara Miller, RN, CRNP

**Past Medical History:** Mary Lou had a stroke 6 years ago while she was in college. She has residual paralysis of the left upper extremity, and her left leg. She is right handed. Her prenatal visits were WNL, except a slight rise in blood pressure and some issues with gait and balance, particularly in the last trimester.

**History of Present Illness:** Mary Lou had a C-Section following a 10-hour labor. She received oxytocin, but her labor did not progress. She was 10 days beyond her due date.

**Social History:** Mary Lou has been working in the mortgage and banking business.

**Primary Medical Diagnosis:** Overdue pregnancy.

**Surgeries/Procedures & Dates:** C-Section with low uterine transverse incision 2 days ago.

Psychomotor Skills Required of Participants Prior to Simulation

Basic assessment and postpartum assessment (after C-Section)

Cognitive Activities Required of Participants Prior to Simulation

Use textbook, lecture notes and other assigned readings to review

* postpartum assessment following a Cesarean section
* discharge planning related to care of the baby and home safety for a postpartum mother who has a physical disability

Read the following materials (supplied):

* [Overview and Introduction to Disability©](http://www.nln.org/professional-development-programs/teaching-resources/ace-d/additional-resources/overview-and-introduction-to-disability)
* [Communicating with People with Disabilities©](http://www.nln.org/professional-development-programs/teaching-resources/ace-d/additional-resources/communicating-with-people-with-disabilities)
* [Assessment of the Patient with a Disability© Checklist](http://www.nln.org/professional-development-programs/teaching-resources/ace-d/additional-resources/assessment-of-a-person-with-disability)
* [Definitions Related to Disability©](https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/ace-series/definitions-related-to-disability-7-20-17.pdf?sfvrsn=a0b2a80d_0)

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 in a manner that illustrates caring for patient’s overall well-being, reflects cultural awareness and psychosocial needs.
7. Communicate appropriately with other healthcare 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. Complete a focused postpartum assessment for a well mother who has a physical disability following a Cesarean (C-section) birth.
2. Complete a discharge planning assessment and provide instruction for a mother who recently had a Cesarean birth and who also has a physical disability, prior to discharge.
3. Incorporate appropriate communication techniques in interactions with a mother who recently had a Cesarean birth and also has a physical disability.
4. Recognize the implications of the patient’s existing disability on the patient’s current and future health care needs.

Faculty Reference

The Healthcare Simulation Standards of Best Practice™

<https://www.inacsl.org/healthcare-simulation-standards>

Obstetric textbook of choice.

Wint, A.J., Smith, D.L., Iezzoni, L.I. (2016). Mothers with physical disability: Child care adaptations at home. American Journal of Occupational Therapy. 70(6): 1-7. doi: 10.5014/ajot.2016.021477

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:** Use of a SP with disability is ideal for authenticity of the experience. Another SP or faculty member who is educated to simulate the disability is the alternative. Simulate the disability by having left-sided weakness and inability to use left arm and left leg. You have sensation, but cannot move those extremities. You use right arm to move left arm. When walking you swing your left leg as you walk (as if it is stiff).

Use a breast-feeding baby or just a regular baby manikin.

**Recommended Mode for Simulator:** (e.g. manual, programmed, etc.) N/A

**Other Props & Moulage:** Use an abdominal assessment torso for students to complete the postpartum assessment; with incision placed on abdominal overlay as a low uterine transverse incision; visible staples. Uterus is firm and located about 1 cm below umbilicus. Place peri pad with small lochia rubra (not bright red) with no clots. Abdominal binder in place.

Have a printed set of vital signs available in the room, as if taken by tech or UAP (on a clipboard or in large print hanging in the room).

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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: Nursing bra  **Other Props & Moulage:**  **Medications and Fluids:**  Oral Meds:  IV Fluids:  IVPB:  IV Push:  IM or SC: | **Equipment Available in Room:**  Bedpan/urinal  02 delivery device (type) 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: Bassinette, nursing pillow, breast feeding supplies |

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)  Recorder(s)  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 needed for some roles.

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:** Start of AM shift

**Person providing report:** Nurse ending shift

**Situation:** Mary Lou Brady is a 26-year-old gravida 1, para 1 on the postpartum unit after delivering a viable-term infant boy weighing 7 lbs 2 oz via C-section 48 hours ago.

**Background:** This is Mary Lou’s first child. She had an uncomplicated pregnancy; she did have a slight rise in blood pressure at 28 weeks, but in subsequent visits, her blood pressure stayed at 120-136/80-88. Mary Lou had a stroke 6 years ago while she was in college. She has residual paralysis of the left upper extremity and her left leg. She is right handed. Her C-section was performed after a 10-hour labor that did not progress, even with oxytocin. The fetus presentation was occiput posterior. During the C-section, she received spinal anesthesia. APGAR scores for Mary Lou’s son at birth were 8 and 9. Mary Lou’s blood type is O positive. Screenings for HIV, herpes, syphilis, gonorrhea, chlamydia, hepatitis, and TB sin test were all negative. She is rubella immune.

**Assessment:** Mary Lou has left-side deficits of both her upper and lower extremities. She is able to move her left shoulder, but she is unable to moveher left arm without moving or lifting it with her right arm. She does not have fine motor movements of the fingers on her left hand. Her left leg can bear weight and move, but she often swings the left leg while walking. Prior to the C-section, Mary Lou was able to ambulate without assistance, but since the surgery, she has some concerns about falling in this unfamiliar environment and needs assistance to get out of bed and ambulate to the bathroom. Since she had a low uterine transverse abdominal C-section, her core abdominal muscles are compromised, making her ability to stand up and move a little more difficult. She needs a minute or so after standing to balance herself before she starts walking, and she needs help with bathing and dressing. She is having some post-operative pain and is taking an opioid. Therefore, she is on falls risk precautions. Further skeletal assessment is within expected parameters. Mary Lou is accustomed to living well with her disability.

Vital signs are normal, and she is afebrile. Lungs are clear. She is tolerating a regular diet. The in-dwelling urinary catheter was removed yesterday and she is voiding clear yellow urine. Bowel sounds present and she is passing flatus, but has not had a bowel movement. She is taking docusate sodium, 100 mg PO daily in the morning. Her abdominal incision is open to the air and intact, with no redness, swelling, or drainage. The patient has staples in her incision and complains that they “stab into her” as she moves around and gets up and down.

Pain level is 3 on a scale of 0-10. Mary Lou is taking a combination tablet of oxycodone 5 mg and acetaminophen 325 mg PO every 4 hours, alternating with ibuprofen 600 mg PO every 6 hours and is maintaining comfort on that. Her last dose was 1 oxycodone 5 mg/acetaminophen 325 mg at 6:30 AM. Her last dose of ibuprofen was at 2350 last evening. She is trying to wean herself off of the opioidpain medication because it makes her dizzy when she stands.

Mary Lou’s postpartum assessments have been within normal limits. Her uterus is firm - located approximately 2 cm below the umbilicus. Lochia is rubra transitioning to serosa in small amount with no clots or odor noted. There was about 1 inch serosa on pad when it was changed about 2 hours ago. Her breasts are filling and symmetrical. Nipples have no redness, cracking or breakdown noted. Colostrum present. Patient is wearing a bra. She is comfortably nursing the baby, who latches on well. As a first-time mother, she is a little concerned about providing infant care. Mary Lou and baby seem to be bonding well and the family seems comfortable together.

**Recommendation:** Complete a postpartum assessment and initiate appropriate care as needed. Mary Lou needs assistance lifting the baby from and returning the baby to the bedside crib during these first days following her C-section in the hospital as well as at home. Mary Lou will probably be discharged tomorrow, so a discharge planning assessment needs to be completed this AM. Because of her physical disability, there are many factors that will need to be considered**,** particularly related to safety and infant care management. Mary Lou’s chart contains a home environment checklist and a discharge planning checklist related to care of her baby. Please complete them, and tell Mary Lou to remind her husband to bring in a car seat for discharge to home.

Scenario Progression Outline

**Patient Name:** Mary Lou Brady **Date of Birth:** 01-05-YYYY (reflect age 26)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 minutes** | Mary Lou is sitting in chair, breast-feeding baby when nurse enters room. Bassinet is next to chair positioned so Mary Lou can reach it.  **Vital Signs:** T 97; P 84; R 18; BP 122/78; Pulse Ox 98%  **Nursing baby**: “No problems with being sad. Very happy to have had a baby”.  “I am doing well with nursing. I am doing well with positioning the baby, and he seems to be eating well. It is a little more difficult for me to nurse on the right side because of my left-sided weakness.” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Checking patient ID * Checking vital signs   Ask Mary Lou how she and baby are doing. Is she having any feelings of sadness? Ask her to demonstrate how she is holding baby while breast-feeding and what modifications are needed for positioning, given her disability. | **Role member providing cue:**  Simulated patient  **Cues:** Throughout the scenario, if students do not ask appropriate questions, SP can volunteer information listed in SP Actions column.  **Cue:** If not asked about nursing the baby, states:“I’m so glad that I’ve been able to nurse the baby.” Continue with details if asked more about it. |
| **5-10 minutes** | **When Mary Lou moves from chair to bed:** “I have to transfer differently. I’m unsteady when I first stand. I need my core muscles to walk, and with a C-section thosemuscles aren’t strong. I’m using the binder, but I need help for balance, especially when I’m walking with the baby, moving the baby from the crib to the changing table, etc. I want to be safe at home in the shower.”  **Pain:** “Currently 2-3/10. Have cramping when the baby nurses. Staples hurt when getting up and down. Using abdominal binder helps secure my belly.”  **Going to bathroom**: “Yes, I have been able to pee easily since the catheter came out. I am just a little sore.” | **Learners should:**  Request that Mary Lou return to bed so they can complete postpartum assessment.  Learners will use abdominal assessment torso (placed on bed) to assess incision and complete postpartum assessment.  Asks questions about pain, voiding, bowel movements. | **Role member providing cue:**  Simulated patient  **Cue:** If learners do not offer to assist Mary Lou to return to bed for postpartum assessment, SP can say “I need some help getting up and back to bed. I have a little pain and I am a little afraid I might fall.” |
| **10-20 minutes** | **Mary Lou’s responses:**   * Live in colonial style with full flight of steps to bedrooms. * One bathroom upstairs, ½ bath on first floor. * Husband is going to take a week off from work to stay with me and help with the baby. * Feeling comfortable managing so far with caring for baby. * Can call mother or sisters who live nearby. | **Learners should:**  Go through home environment checklist and discharge planning checklist related to care of the baby in her chart.  Ask her to demonstrate specifically how she will manage carrying baby up and down stairs  Provide appropriate teaching | **Role member providing cue:**  Simulated patient  **Cues:** Throughout the scenario, if students do not ask appropriate questions, SP can volunteer information listed in SP Actions column |

Debriefing/Guided Reflection

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:**

* Communication with a person with a disability
* Postpartum assessment following a C-Section
* Discharge planning related to care of a newborn and home safety for a mother who has a physical disability

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).

Important Note:

If you can recruit an SP with a real disability, then include the SP in the debriefing and ask SP to provide feedback regarding his/her feelings as the patient in the scenario, focusing on interpersonal skills:

Did the learners:

* Talk to me as a person?
* Demonstrate active listening/make eye contact?
* Sit at eye level?
* Treat me as an adult and with respect?
* Ask about my disability and its impact on my current situation?

The authors have created an Observation Tool and Critical Elements for assessing learners in this simulation. Access the [Observation Tool and Critical Elements: Mary Lou Brady Acute Care Simulation #3](https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/ace-series/ml-brady-sim-3-observation-tool-and-critical-elements.pdf?sfvrsn=97afa80d_2) document.