

Supplemental Materials for Integrating QSEN and ACES: An NLN Simulation Leader Initiative

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Nurse educators who participated in the first National League for Nursing Simulation Leadership Program in 2010-2011 undertook a project to incorporate the Quality and Safety Education for Nurses (QSEN) competencies (<http://www.qsen.org/competencies.php>) into the “Millie” unfolding case study that was developed for the NLN’s Advancing Care Excellence for Seniors (ACES) project (<http://www.nln.org/facultydevelopment/facultyresources/aces/millie.htm>). These authors wrote an article entitled “Integrating QSEN and ACES: An NLN Simulation Leader Program Initiative” that was published in the May/June 2012 issue of *Nursing Education Perspectives*, summarizing how each of the three simulation scenarios were examined and modified to integrate the QSEN competencies. The information that follows provides more detailed information that supplements the information provided in the article

Background

The QSEN initiative addressed the preparation of nursing students to improve patient safety and quality in the practice setting. Six competencies of quality nursing care and patient safety were identified by QSEN: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (Cronenwett et al. 2007). Each competency was divided into learning objectives that were categorized into knowledge, skills and attitudes (KSA’s). These specifically outlined the process of how each competency of nursing may be achieved during the educational process. The KSA’s were later leveled into beginning, intermediate and advanced objectives to provide a systems approach for introducing quality and safety into curricula throughout baccalaureate-nursing programs (Barton, et al., 2009).

Unfolding case studies expose students to multiple aspects of a clinical situation, and promote problem solving using an experiential learning method (Page, Kowlowitz & Alden, 2010). Exposure to the same patient over time provides an opportunity to emphasize the complexity of care and need for continuity of care (Starkweather & Kardong-Edgren, 2008). This approach correlates well with the KSA’s associated with the QSEN competency on patient-centered care (Cronenwett et al., 2007).

The “Millie” unfolding case study includes a recorded monologue that voices Millie’s point of view on her life and current circumstances. During the three simulation scenarios that follow, changes occur in Millie’s health status. A toolkit offers suggestions on how to use the monologue and scenarios. The simulations are provided in a Word document so faculty can modify them to conform to their own curricular framework.

The pages that follow provide tables that correlate the KSAs for each QSEN competency with the learning activities suggested in each scenario. The entire simulation template is reproduced and additions to the scenarios appear in red.

References

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- Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Mitchell, P...Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55, 122-131. doi:10.1016/j.outlook.2007.02.006.
- Page, J. B., Kowlowitz, V., Alden, K. R. (2010). Development of a scripted ongoing case study focusing on delirium in older adults. *The Journal of Continuing Education in Nursing*, 41, 225-230. doi: 10.3928/00220124-20100423-05.
- Starkweather, A. R., & Kardong-Edgren, S. (2008). Diffusion of innovation: Embedding simulation into nursing curricula. *International Journal of Nursing Education Scholarship*, 5(1), 1-11. Retrieved from <http://www.bepress.com>.

Note: Designing, developing and integrating simulation across nursing curricula is a complex challenge for nurse educators. Faculty interested in learning more about various aspects of simulation, including successful integration into the curriculum and faculty development strategies are encouraged to review the online courses on the NLN Simulation Innovation Resources Center (SIRC) website (<http://sirc.nln.org/>)

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Focus on QSEN: Millie’s Story -Scenario #1

In a nutshell...

Simulation Scenario 1 is set at the 3:00 PM shift change. Millie has been in her room on the medical-surgical unit for about six hours. She was in the Emergency Department overnight because there were no available beds on the medical units. Due to her confusion, Millie did not take her medications properly in the days prior to admission and as a result, her blood pressure is very elevated. Millie's daughter, Dina is at the bedside and is quite concerned about the confusion and elevated blood pressure. The learner receives handoff report from the previous nurse and is expected to perform a general assessment as well as use the SPICES and Confusion Assessment Method (CAM) tools. Objectives for this scenario include the identification and use of appropriate assessment tools for older adults, recognition of an elevated blood pressure and notification of Millie's primary care provider using SBAR format, and exploration of the home care environment and factors that precipitated this event. No changes need to be made to the scenario since it already included learning activities that reflect beginner level KSAs.

Table 1. QSEN Competencies addressed in Scenario 1

Beginner Level QSEN Competency	<u>Knowledge/Skill/Ability</u>	<u>Scenario 1 Learning Activity</u>
Patient Centered Care	<p>Integrate understanding of multiple dimensions of patient centered care:</p> <ul style="list-style-type: none"> • Patient/family/community preferences, values • Coordination and integration of care • Information, communication, and education • Physical comfort and emotional support • Involvement of family and friends • Transition and continuity <p>Describe how diverse cultural, ethic and social backgrounds junction as sources of patient, family and community values</p> <p>Demonstrate understanding of the concepts of pain and suffering, including physiologic models of pain and comfort. Discuss the principles of</p>	<p>Assess Millie’s preferences and values for health care delivery and individualize her care accordingly. Explore personal attitudes about aging and cultural diversity.</p> <p>Utilize primary and secondary resources to validate data. Review data from Millie’s chart and compare to physical assessment findings and patient history.</p> <p>Utilize communication techniques appropriate to Millie’s age and mental status. Discuss professional boundaries.</p> <p>Use a cognitively appropriate pain scale to assess physical discomfort. Assess the potential use and benefit of nonpharmacological interventions.</p> <p>Perform a falls assessment and recognize the potential for falls related to urinary symptoms. Plan for frequent assessment to prevent falls. Include daughter in assessment of home environment safety and self-care ability.</p> <p>Recognize the cause of Millie’s high blood pressure and teach Millie and her daughter strategies for home medication compliance.</p>

Beginner Level QSEN Competency	<u>Knowledge/Skill/Ability</u>	<u>Scenario 1 Learning Activity</u>
	effective communication. Examine nursing roles in assuring coordination, integration and continuity of care.	Begin to explore safety and feasibility of Millie’s return to home care environment on discharge.
Teamwork and Collaboration	Describe scope of practice and roles of healthcare team members Function competently within own scope of practice as a member of the health care team.	In debriefing, discuss potential resources of a diverse health care team for Millie’s inpatient and home care needs. Work with a team in delivery of safe, competent care
	Describe impact of own communication style on others Communicate with team members, adapting own style of communicating to needs of the team and situation. Value the perspectives and expertise of all health team members	In debriefing, evaluate the effectiveness of team and individual communication. Demonstrate respect for other’s opinions.
Quality Improvement	Recognize that nursing and other health profession students are parts of systems of care and care processes that affect outcomes for patients and families Value own and others’ contributions to outcomes of care in local care settings.	In debriefing, discuss student’s experiences related to quality improvement. What national standards govern the role of quality in a health care environment? What is the role of a QI team? What is the individual role of each health care provider?
Evidence- Based Practice	Demonstrate knowledge of basic scientific methods and processes Explain the role of evidence in determining the best clinical practice	Recognize the significance of Millie’s confusion as related to infection in the older adult. In debriefing, explore the use of <i>Try This:</i> [®] tools as an evidence-based practice.

Beginner Level QSEN Competency	<u>Knowledge/Skill/Ability</u>	<u>Scenario 1 Learning Activity</u>
	Value the concept of EBP as integral to determining the best clinical practice	
Safety	<p>Describe the benefits and limitations of selected safety-enhancing technologies</p> <p>Communicate observations or concerns related to hazards and errors to patients, families and the health care team</p> <p>Value own role in preventing errors</p>	<p>In debriefing, ask “What technologies exist that would create a safer environment for Millie?” Identify and discuss call bells, bed alarms, environmental aids, etc</p> <p>Place bag of Millie’s prescriptions at the bedside. Students should recognize that this is a safety hazard in light of Millie’s confused state.</p> <p>Place bed in high position and place call bell out of Millie’s reach. These hazards should be corrected prior to students exiting the bedside.</p> <p>Observe for use of standard precautions and safe practices for medication administration. Assign a student during simulation assess team performance for safe practice.</p>
Informatics	<p>Explain why information and technology skills are essential for safe patient care</p> <p>Identify essential information that must be available in a common database to support patient care</p>	<p>In debriefing, discuss the information that was available in Millie’s medical record. Ask what information was missing and what was needed to insure a complete database. How would this additional information influence your care? Or conversely, what would have changed if no information was available and Millie’s daughter was not available? What would you do if Millie was not able to answer any questions?</p>

Simulation Design Template-Millie Larsen-Simulation #1

<p>Date:</p> <p>Discipline: Nursing</p> <p>Expected Simulation Run Time: 20 min.</p> <p>Location: Simulation lab</p>	<p>File Name: Millie Larsen</p> <p>Student Level: Varied</p> <p>Guided Reflection Time: 20 min.</p> <p>Location for Reflection: Classroom/debriefing area</p>
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<p>Admission Date:</p> <p>Today's Date:</p> <p>Brief Description of Client</p> <p>Name: Millie Larsen</p> <p>Gender: F Age: 84 Race: Caucasian</p> <p>Weight: 48 kg Height: 61 in</p> <p>Religion: Lutheran</p> <p>Major Support: Dina (daughter) Phone: 555-1210</p> <p>Allergies: no known allergies</p> <p>Immunizations: Influenza & pneumonia (2 years ago)</p> <p>Attending Physician/Team: Dr. Eric Lund</p> <p>Past Medical History: Glaucoma, hypertension, osteoarthritis, stress incontinence, hypercholesterolemia</p> <p>History of Present Illness: Millie's daughter became concerned yesterday when she stopped over to check on her and found her still in her bathrobe at 5:00 PM. The house was very unkempt, and Millie couldn't remember her daughter's name. Millie was brought to the emergency department by her daughter and she was finally admitted to the general medical-surgical unit around 9:30 AM. U/A, CBC, and basic metabolic panel labs have been completed and sent to the lab. Results are available.</p>	<p>Psychomotor Skills Required Prior to Simulation</p> <p>General head-to-toe assessment, SPICES and Confusion Assessment Method (CAM) assessment tools.</p> <p>Cognitive Activities Required prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]</p> <p>Basic knowledge of geriatric syndromes and the atypical presentation of older adults. (L, R)</p> <p>Tools in the <i>Try This</i>:[®] and <i>How to Try This</i> Series, available at www.ConsultGerRN.org.</p> <p>Specific tools recommended for this scenario are the SPICES and CAM assessment tools, (R)</p> <p>Read chapter in fundamentals text related to care of the older adult; stress incontinence and confusion. (R)</p>
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<p>Social History: Widow for one year; involved in church activities and gardening. Daughter and grandchildren live nearby.</p> <p>Primary Medical Diagnosis: Dehydration; UTI</p> <p>Surgeries/Procedures & Dates: Cholecystectomy at age 30</p> <p>Nursing Diagnoses: Urinary incontinence; acute confusion; fluid volume deficit</p>	
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Simulation #1 Learning Objectives

Simulation Learning Objectives – for faculty

1. Perform a head-to-toe physical assessment and use the following assessment tools: SPICES and Confusion Assessment Method (CAM).
2. Identify critical assessment findings: elevated blood pressure and confusion.
3. Use SBAR techniques when communicating with other members of the health care team.
4. Report pertinent assessment findings and relate which findings are commonly found in the older adult patient.
5. Recognize geriatric syndrome(s) present in simulation: urinary incontinence and confusion.

Simulation Learning Objectives – for learners

1. Conduct a head-to-toe assessment of the patient.
2. Use appropriate evidence-based tools to complete an overall assessment and assess for confusion.
3. Identify critical assessment findings.
4. Discuss pertinent assessment findings and relate which findings are commonly found in the older adult patient.
5. Use SBAR techniques when communicating with other members of the health care team.

Fidelity (choose all that apply to this simulation)-Scenario #1

<p>Setting/Environment</p> <p><input type="checkbox"/> ER</p> <p><input checked="" type="checkbox"/> Med-Surg</p> <p><input type="checkbox"/> Peds</p> <p><input type="checkbox"/> ICU</p> <p><input type="checkbox"/> OR / PACU</p> <p><input type="checkbox"/> Women's Center</p> <p><input type="checkbox"/> Behavioral Health</p> <p><input type="checkbox"/> Home Health</p> <p><input type="checkbox"/> Pre-Hospital</p> <p><input type="checkbox"/> Other:</p> <p>Simulator Manikin/s Needed: Human patient simulator (e.g. SimMan, VitalSim); standardized patient</p> <p>Props: IV bag</p> <p>Equipment attached to manikin:</p> <p><input checked="" type="checkbox"/> IV tubing with primary line D 5. 45 w/ 20 mEq KCL fluids running at 60 mL/hr</p> <p><input type="checkbox"/> Secondary IV line running at mL/hr</p> <p><input checked="" type="checkbox"/> IV pump</p> <p><input type="checkbox"/> Foley catheter mL output</p> <p><input type="checkbox"/> PCA pump running</p> <p><input type="checkbox"/> IVPB with running at mL/hr</p> <p><input type="checkbox"/> 02</p> <p><input type="checkbox"/> Monitor attached</p> <p><input checked="" type="checkbox"/> ID band</p> <p><input type="checkbox"/> Other:</p> <p>Equipment available in room</p> <p><input type="checkbox"/> Bedpan/Urinal</p> <p><input type="checkbox"/> Foley kit</p> <p><input type="checkbox"/> Straight Catheter Kit</p> <p><input type="checkbox"/> Incentive Spirometer</p> <p><input type="checkbox"/> Fluids</p> <p><input type="checkbox"/> IV start kit</p> <p><input type="checkbox"/> IV tubing</p> <p><input type="checkbox"/> IVPB Tubing</p> <p><input type="checkbox"/> IV Pump</p> <p><input type="checkbox"/> Feeding Pump</p> <p><input type="checkbox"/> Pressure Bag</p> <p><input type="checkbox"/> 02 delivery device (type)</p>	<p>Medications and Fluids</p> <p><input checked="" type="checkbox"/> IV Fluids: D5. 45 with 20 mEq KCL</p> <p><input checked="" type="checkbox"/> Oral Meds: captopril; metoprolol, furosemide, Lipitor, pilocarpine eye gtts, Fosamax, Celebrex, tramadol (PRN pain); ciprofloxacin; acetaminophen (PRN pain/fever)</p> <p><input checked="" type="checkbox"/> IVPB: Ciprofloxacin 200 mg IV q 12 hours</p> <p><input type="checkbox"/> IV Push:</p> <p><input type="checkbox"/> IM or SC:</p> <p>Diagnostics Available</p> <p><input checked="" type="checkbox"/> Labs</p> <p><input type="checkbox"/> X-rays (Images)</p> <p><input type="checkbox"/> 12-Lead EKG</p> <p><input type="checkbox"/> Other:</p> <p>Documentation Forms</p> <p><input checked="" type="checkbox"/> Physician Orders</p> <p><input checked="" type="checkbox"/> Admit Orders</p> <p><input checked="" type="checkbox"/> Flow sheet</p> <p><input checked="" type="checkbox"/> Medication Administration Record</p> <p><input checked="" type="checkbox"/> Kardex</p> <p><input checked="" type="checkbox"/> Graphic Record</p> <p><input checked="" type="checkbox"/> Shift Assessment</p> <p><input type="checkbox"/> Triage Forms</p> <p><input type="checkbox"/> Code Record</p> <p><input type="checkbox"/> Anesthesia / PACU Record</p> <p><input type="checkbox"/> Standing (Protocol) Orders</p> <p><input type="checkbox"/> Transfer Orders</p> <p><input type="checkbox"/> Other:</p> <p>Recommended Mode for Simulation (i.e. manual, programmed, etc.) either</p>
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<input type="checkbox"/> Crash cart with airway devices & emergency medications <input type="checkbox"/> Defibrillator/Pacer <input type="checkbox"/> Suction <input type="checkbox"/> Other:	
<p>Roles/Guidelines for Roles</p> <input checked="" type="checkbox"/> Primary Nurse <input checked="" type="checkbox"/> Secondary Nurse <input type="checkbox"/> Clinical Instructor <input checked="" type="checkbox"/> Family Member #1 <input type="checkbox"/> Family Member #2 <input checked="" type="checkbox"/> Observer/s <input checked="" type="checkbox"/> Recorder <input type="checkbox"/> Physician/Advanced Practice Nurse <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Anesthesia <input type="checkbox"/> Pharmacy <input type="checkbox"/> Lab <input type="checkbox"/> Imaging <input type="checkbox"/> Social Services <input type="checkbox"/> Clergy <input type="checkbox"/> Unlicensed Assistive Personnel <input type="checkbox"/> Code Team <input type="checkbox"/> Other:	<p>Student Information Needed Prior to Scenario:</p> <input checked="" type="checkbox"/> Has been oriented to simulator <input checked="" type="checkbox"/> Understands guidelines /expectations for scenario <input checked="" type="checkbox"/> Has accomplished all pre-simulation requirements <input checked="" type="checkbox"/> All participants understand their assigned roles <input checked="" type="checkbox"/> Has been given time frame expectations <input type="checkbox"/> Other:
<p>Important Information Related to Roles: Secondary nurse is in orientation. Family member is a 50-year-old daughter.</p> <p>Student for family member role (Dina). Prepare student actors by supplying script and objectives. Explain the roles and emphasize that the student should represent the family member's perspective.</p> <p>Significant Lab Values: Urine Analysis: Color: dark amber, cloudy Specific gravity: 1.050 (normal 1.005-1.035) ph 6.0 (normal 4.5-8.0) RBC - 9 (normal 0-2) WBC - 150,000 (normal 0-5)</p> <p>Basic Metabolic Panel Na - 149, K - 3.5, Glucose - 105</p> <p>CBC H/H - 9.9/32 WBC 12,000</p>	<p>Report Students Will Receive Before Simulation</p> <p>Time: 2:45 PM Shift report</p> <p>ML is an 84-year-old female admitted from home with confusion. Her daughter noticed she wasn't making sense or acting right when she stopped in to visit her yesterday evening. Her daughter brought her in to the ED last night; she sat in the ED all night until a bed came available a couple of hours ago. ML has a history of hypertension, glaucoma, osteoporosis, arthritis, elevated cholesterol, and stress incontinence. It is unclear whether she has taken her medications properly the past few days, her daughter couldn't tell from looking at her medication box. Labs just came back; I haven't had a chance to look at them. She has medications ordered, but they just came up from pharmacy and they all need to be given. She has not had any pain.</p>

<p>Physician Orders: Bedrest; Bathroom privileges with assistance; Regular, low fat diet; I & O</p> <p>Home Medications: captopril, metoprolol, furosemide, Lipitor, pilocarpine eye drops, Fosamax, Celebrex, Tramadol for arthritis pain prn</p> <p>Continue home medications and add: ciprofloxacin 200 mg IV q 12 hours, acetaminophen prn IV fluids D5 .45 NaCl 20 mEq KCL at 60ml/hr</p>	
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References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario #1 (site source, author, year, and page):

Reading and Resources:

You may wish to have your students review these resources in preparation for the first simulation scenario.

1. SPICES- An Overall Assessment Tool
Tool: http://consultgerirn.org/uploads/File/trythis/try_this_1.pdf
Article: http://www.nursingcenter.com/prodev/ce_article.asp?tid=742423
Video: http://consultgerirn.org/resources/media/?vid_id=4200873#player_container
2. Confusion Assessment Method Tool:
[http://consultgerirn.org/uploads/File/Confusion%20Assessment%20Method%20\(CAM\).pdf](http://consultgerirn.org/uploads/File/Confusion%20Assessment%20Method%20(CAM).pdf)
3. Other tools in the *Try This*:[®] and *How to Try This* Series are available at ConsultGeriRN.org, the website of The Hartford Institute for Geriatric Nursing, at New York University's College of Nursing. The tool, an article about using the tool, and a video illustrating use of the tool, are all available for your use.
4. Read about geriatric syndromes on the following website: National Institutes on Aging website at <http://www.nia.nih.gov/>
5. Read chapter in fundamentals textbook related to health promotion in the elderly population.
6. Read and review information regarding SBAR communication in textbook.
7. Look up the following medications in pharmacology text or nurse's drug guide: Ciprofloxacin, pilocarpine, Lipitor, metoprolol, furosemide, Fosamax, Celebrex, tramadol, acetaminophen
8. Review the Essential Nursing Actions in the [ACES Framework](#).

Scenario Progression Outline-Simulation #1

Timing (approximate)	Manikin Actions	Expected Interventions	May Use the Following Cues
0-5 minutes	<p>Disoriented and confused, can't answer questions appropriately. VS - BP 180/110, P - 80 R - 16; T - 98.4</p> <p>“My daughter dropped me off and left me here. I’m not quite sure where I am or why I’m here. I feel ok. I can’t believe how my life has changed in the past couple of weeks now. Harold died a couple of weeks, no months ago. I can’t remember. Why can’t I remember? Things have changed. I don’t like that; I’ve always been a strong woman. I feel ok and I take a lot of pills – not sure what they all are you can look on the kitchen counter or ask my daughter what they are. Where is Dina? I haven’t seen her in 6 years; no one ever comes to see me.”</p>	<p>Wash hands Introduce self Identify patient</p> <p>Takes vital signs (or have assistant take vital signs)</p> <p>Begins head-to-toe, SPICES and CAM assessment</p>	<p>Role member providing cue: Daughter</p> <p>Cue: “I don't think she's been taking her medicine.”</p>
5-10 minutes	<p>Complains of headache “Has anyone checked on Snuggles lately?”</p>	<p>Continues assessment Notice elevated BP</p>	<p>Role member providing cue: Daughter - 7-8 minutes into scenario Cue: “Isn't her blood pressure too high?”</p>
10-20 minutes	<p>(If student asks about medications) “I don't remember when I took my Lopressor last.” Continues to complain of headache</p>	<p>Calls primary care provider (PCP) to notify of BP using SBAR communication tool.</p>	<p>Role member providing cue: PCP: Cue: “Has she taken her antihypertensives? I'll be down right away”</p>

**Debriefing/Guided Reflection Questions for This Simulation - Simulation #1
(Remember to identify important concepts or curricular threads that are specific to your program)**

1. How did you feel throughout the simulation experience?
2. Describe the objectives you were able to achieve?
3. Which ones were you unable to achieve (if any)?
4. Did you have the knowledge and skills to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. To Observer: Could the nurses have handled any aspects of the simulation differently?
7. If you were able to do this again, how could you have handled the situation differently?
8. What did the group do well?
9. What did the team feel was the primary nursing diagnosis?
10. Were Millie Larsen's presenting symptoms what you expected? How were her symptoms different?
11. What were the key assessments and interventions?
12. How were you able to use the ACES Framework with Millie's situation? (Assess Function and Expectations, Coordinate and Manage Care, Use Evolving Knowledge, Make Situational Decisions)
13. Is there anything else you would like to discuss?

Complexity – Simple to Complex

Suggestions for Changing the Complexity of This Scenario to Adapt to Different Levels of Learners

1. Have student start IV, perform venipuncture to draw labs, administer medication - oral or parenteral.
2. Include additional findings/information that will require more assessment, such as pressure ulcer, potential elder neglect, and financial concerns.
3. Review of the changes in Millie's functional status from the beginning of the scenario to the end, and engage daughter in a discussion of the risks/benefits of her staying at home.

Focus on QSEN: Millie’s Story -Scenario #2

In a nutshell...

Simulation Scenario 2 occurs at 7:00 AM the following morning. **Millie has had a fall while ambulating to the bathroom.** Her confusion has begun to clear and her blood pressure is improving. During the handoff report, the nurse tells the learner that the fall risk assessment has not been done, and discharge teaching should begin, since she is expected to be discharged tomorrow. Millie's daughter has just arrived and is concerned about Millie going home alone when discharged. During the simulation, the learner in this simulation is expected to perform a general assessment, fall risk assessment, and functional assessment (Katz ADL). Additionally, the learner will recognize the conflict developing between Millie and her daughter regarding whether it is safe for Millie to go home alone. In debriefing, discussions may focus around the risks to Millie if she does go home alone versus her desire to go home.

Additional learning activities that are connected to Scenario # 2 include:

- 1) Compliance with HIPAA regulations during a phone inquiry by a church member regarding Millie’s condition and
- 2) A near miss medication error when both Millie and her daughter question the increased frequency of Captopril administration during hospitalization.

Table 2. QSEN Competencies addressed in Scenario 2

Intermediate Level QSEN Competency	Knowledge/Skill/Ability	Scenario 2 Learning Activity
Patient Centered Care	Integrate understanding of multiple dimensions of patient centered care: <ul style="list-style-type: none"> Patient/family/community preferences, values Information, communication, and education Involvement of family and friends Physical comfort and emotional support 	Provide care that includes both Millie and her daughter. Elicit Millie’s recall of prior confusion and her understanding of causes for confusion. Educate Millie and her daughter regarding geriatric syndromes (UTI) and unique presentation for common diseases in older adults. Discuss results of Katz ADL Index and Hendrich II with Millie and her daughter. Identify to Millie and her daughter signs of conflict regarding discharge to home. Educate Millie and daughter regarding change in Captopril order.

Intermediate Level QSEN Competency	<u>Knowledge/Skill/Ability</u>	<u>Scenario 2 Learning Activity</u>
	<p>Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort</p> <ul style="list-style-type: none"> • Assess presence & extent of pain and suffering • Assess levels of physical and emotional comfort • Elicit expectations of patient and family for relief of pain, discomfort and suffering • Initiate effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs • Recognize personally held values and beliefs about the management of pain and suffering <p>Discuss principles of effective communication</p> <ul style="list-style-type: none"> • Assess own communication skill in encounter with patient and family <p>Value active partnership with patient/family in planning, implementing and evaluation of care</p> <ul style="list-style-type: none"> • Respect patient preferences for degree of active engagement in care process <p>Explore ethical and legal implications of patient-</p>	<p>Use the pain scale to assess discomfort (headache, arthritic pain).</p> <p>Explore Millie’s efforts to deal with arthritic pain.</p> <p>Validate and/or suggest other approaches to pain management besides medication administration. Include Millie’s daughter in this conversation.</p> <p>Utilize effective communication skills with Millie who is becoming less confused.</p> <p>Discuss with daughter her desired degree of involvement in Millie’s care.</p> <p>Share wishes of Millie and daughter regarding management of care with other health team members.</p> <p>Adhere to HIPAA regulations when responding to inquiry by church member.</p>

Intermediate Level QSEN Competency	<u>Knowledge/Skill/Ability</u>	<u>Scenario 2 Learning Activity</u>
	centered care.	
Teamwork and Collaboration	<p>Recognize contributions of other individuals and groups in helping patient/family achieve health goals</p> <p>Initiate requests for help when appropriate to situation</p> <p>Act with integrity, consistency and respect for differing views</p> <ul style="list-style-type: none"> • Appreciate importance of inter-professional communication • Acknowledge own potential to contribute to effective team function • Value teamwork and the relationship upon which it is built 	<p>Seek assistance from PT/OT for successful management of Millie’s arthritis and fall risk.</p> <p>Refer Millie to case manager for prescribed Home Health upon discharge</p> <p>Arrange 2 week follow-up appointment for Millie with physician, insure daughter’s availability.</p> <p>Request assistance from other learners when ambulating Millie.</p> <p>Refrain from sharing personal biases/opinions with Millie, daughter and other team members.</p>
Quality Improvement	<p>Value measurement and its role in good patient care</p> <p>Seek information about outcomes of care for populations served in care setting</p>	<p>Assess Millie’s fall risk and functional assessment by use of standardized assessment tools. (Hendrich II and Katz Index)</p>
Evidence-Based Practice	<p>Demonstrate knowledge of basic scientific methods and processes</p> <p>Read original research and evidence reports related to areas of practice</p> <ul style="list-style-type: none"> • Locate evidence reports related to clinical practice 	<p>Demonstrate steps of the nursing process while providing care to Millie.</p> <p>Provide care to Millie based on EBP related to falls, confusion and home care.</p>

Intermediate Level QSEN Competency	<u>Knowledge/Skill/Ability</u>	<u>Scenario 2 Learning Activity</u>
	topics and guidelines <ul style="list-style-type: none"> Value the concept of EBP as integral to determining best clinical practice 	Access and use emerging information and research evidence about the special care needs of older adults and appropriate treatment options.
Safety	<p>Demonstrate effective use of technology and standardized practices that support safety and quality (barcodes, provider order entry, medication pumps)</p> <p>Demonstrate effective use of strategies to reduce harm to self or others</p> <p>Appreciate the cognitive and physical limitations of human performance</p> <p>Value own role in preventing errors</p> <p>Communicates observations or concerns related to hazards and errors to patients, families, and health care team.</p>	<p>Use EMR during medication administration for Millie.</p> <p>Educate Millie on measures to avoid falls while hospitalized and upon discharge.</p> <p>Use SBAR to clarify medication order with HCP (Captopril changes from once a day to three times a day)</p> <p>Monitor Millie’s blood pressure</p> <p>Demonstrate knowledge of medications administered to Millie.</p> <p>Communicate results of Heinrich II and Katz Index with team members.</p>
Informatics		

Simulation Design Template-Millie Larsen-Simulation #2

Date:	File Name: Millie Larsen (Scenario #2)
Discipline: Nursing	Student Level: Varied
Expected Simulation Run Time: 20 min.	Guided Reflection Time: 20 min.
Location: Simulation lab	Location for Reflection: classroom/ debriefing area

<p>Admission Date:</p> <p>Today's Date:</p> <p>Brief Description of Client</p> <p>Name: Millie Larsen</p> <p>Gender: F Age: 84 Race: Caucasian</p> <p>Weight: 48 kg Height: 61 in</p> <p>Religion: Lutheran</p> <p>Major Support: Dina (daughter) Phone: 555-1210</p> <p>Allergies: no known allergies</p> <p>Immunizations: Influenza & pneumonia (2 yrs. ago)</p> <p>Attending Physician/Team: Dr. Eric Lund</p> <p>Past Medical History: Glaucoma, HTN, stress incontinence, osteoarthritis, hypercholesterolemia</p> <p>History of Present illness: Millie Larsen is an 84-year-old female admitted from home with confusion about 36 hours ago with a diagnosis of dehydration and urinary tract infection. She has been receiving IV fluids and antibiotics. Prior to admission she was not taking her medications properly and as a result had an elevated blood pressure yesterday evening; blood pressure has improved.</p> <p>Social History: Widow for 1 year; involved in church activities & gardening. Daughter, grandchildren live nearby.</p> <p>Primary Medical Diagnosis: Dehydration; UTI</p>	<p>Psychomotor Skills Required Prior to Simulation</p> <p>General head-to-toe assessment and the following assessment tools: SPICES, Confusion Assessment Method (CAM), Katz Index of Independence, and Hendrich II Fall Risk Model.</p> <p style="color: red;">Patient transfer/ambulation skills Medication administration</p> <p>Cognitive Activities Required prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]</p> <p>Basic knowledge of geriatric syndromes and the atypical presentation of older adults. (L, R) Principles of safe medication administration (L,V) HIPPA Requirements (L,V)</p> <p>Tools in the <i>Try This</i>:[®] and <i>How to Try This</i> Series, available on the ConsultGeriRN.org (www.ConsultGeriRN.org). Specific tools recommended for this scenario are the SPICES, Confusion Assessment Method (CAM), Katz Index of Independence and Hendrich II Fall Risk Model.(R)</p> <p>Read chapter in fundamentals text related to care of the older adult; stress incontinence and confusion.; medication administration, HIPPA Requirements (R)</p>
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Surgeries/Procedures & Dates: Cholecystectomy age 30.	
Nursing Diagnoses: Risk for falls, urinary incontinence, risk for fluid volume imbalance	

Simulation #2 Learning Objectives

Simulation Learning Objectives – for faculty

1. Perform a head-to-toe physical assessment and use the following assessment tools: SPICES, Confusion Assessment Method (CAM), Katz Index of Independence, Hendrich II Fall Risk Model.
2. Identify changes in cognition from simulation scenario #1.
3. Recognize conflict between daughter and client regarding discharge plan.
4. Communicate therapeutically with patient and daughter.
5. Discuss the risks and benefits of discharge to home.
6. Identify and discuss geriatric syndromes evident in the simulation: fall risk, confusion, incontinence.
7. **NOTE:** This simulation can also be enhanced to meet additional intermediate QSEN competencies involving 1) compliance with HIPAA regulations during a phone inquiry by a church member regarding Millie's condition; and 2) a near miss medication error when Millie's daughter questions the increased frequency of Captopril administration during hospitalization.

Simulation Learning Objectives – for learners

1. Complete appropriate assessments during the simulation.
2. Use therapeutic communication techniques with the patient and family members.
3. Identify issues related to the transition of care specific to the patient in this simulation.
4. Identify geriatric syndromes evident in the simulation.
5. Assist with patient transfer and ambulation.
6. Use HIPAA regulations to guide interaction with church member.
7. Identify potential near miss drug administration.
8. Develop a medication patient/family teaching plan.
9. **NOTE:** See information below for inclusion of specific student learning objectives related to 1) compliance with HIPAA regulations and/or 2) a medication near miss.

Fidelity (choose all that apply to this simulation) -Scenario #2

<p>Setting/Environment</p> <p><input type="checkbox"/> ER</p> <p><input checked="" type="checkbox"/> Med-Surg</p> <p><input type="checkbox"/> Peds</p> <p><input type="checkbox"/> ICU</p> <p><input type="checkbox"/> OR / PACU</p> <p><input type="checkbox"/> Women's Center</p> <p><input type="checkbox"/> Behavioral Health</p> <p><input type="checkbox"/> Home Health</p> <p><input type="checkbox"/> Pre-Hospital</p> <p><input type="checkbox"/> Other:</p> <p>Simulator Manikin/s Needed: Human patient simulator (e.g. SimMan, VitalSim); standardized patient</p> <p>Props: IV pump, IV bag, bruises moulaged on right forearm and right hip/buttock area</p> <p>Equipment attached to manikin:</p> <p><input checked="" type="checkbox"/> IV tubing with primary line D5.45 with 20 mEq KCL fluids running at 60 ml/hr</p> <p><input type="checkbox"/> Secondary IV line running at mL/hr</p> <p><input checked="" type="checkbox"/> IV pump</p> <p><input type="checkbox"/> Foley catheter mL output</p> <p><input type="checkbox"/> PCA pump running</p> <p><input type="checkbox"/> IVPB with running at mL/hr</p> <p><input type="checkbox"/> 02</p> <p><input type="checkbox"/> Monitor attached</p> <p><input checked="" type="checkbox"/> ID band</p> <p><input type="checkbox"/> Other:</p> <p>Equipment available in room</p> <p><input type="checkbox"/> Bedpan/Urinal</p> <p><input type="checkbox"/> Foley kit</p> <p><input type="checkbox"/> Straight Catheter Kit</p> <p><input type="checkbox"/> Incentive Spirometer</p> <p><input type="checkbox"/> Fluids</p> <p><input type="checkbox"/> IV start kit</p> <p><input type="checkbox"/> IV tubing</p> <p><input type="checkbox"/> IVPB Tubing</p> <p><input type="checkbox"/> IV Pump</p> <p><input type="checkbox"/> Feeding Pump</p> <p><input type="checkbox"/> Pressure Bag</p> <p><input type="checkbox"/> 02 delivery device (type)</p>	<p>Medications and Fluids</p> <p><input checked="" type="checkbox"/> IV Fluids: D5. 45 with 20 mEq KCL</p> <p><input checked="" type="checkbox"/> Oral Meds: captopril; metoprolol, furosemide, Lipitor, pilocarpine eye gtts, Fosamax, Celebrex, tramadol (PRN pain); ciprofloxacin; acetaminophen (PRN pain/fever)</p> <p><input checked="" type="checkbox"/> IVPB: Ciprofloxacin 200 mg IV q12 hrs</p> <p><input type="checkbox"/> IV Push:</p> <p><input type="checkbox"/> IM or SC:</p> <p>Diagnostics Available</p> <p><input checked="" type="checkbox"/> Labs</p> <p><input type="checkbox"/> X-rays (Images)</p> <p><input type="checkbox"/> 12-Lead EKG</p> <p><input type="checkbox"/> Other:</p> <p>Documentation Forms</p> <p><input checked="" type="checkbox"/> Physician Orders</p> <p><input checked="" type="checkbox"/> Admit Orders</p> <p><input checked="" type="checkbox"/> Flow sheet</p> <p><input checked="" type="checkbox"/> Medication Administration Record</p> <p><input checked="" type="checkbox"/> Kardex</p> <p><input checked="" type="checkbox"/> Graphic Record</p> <p><input checked="" type="checkbox"/> Shift Assessment</p> <p><input type="checkbox"/> Triage Forms</p> <p><input type="checkbox"/> Code Record</p> <p><input type="checkbox"/> Anesthesia / PACU Record</p> <p><input type="checkbox"/> Standing (Protocol) Orders</p> <p><input type="checkbox"/> Transfer Orders</p> <p><input type="checkbox"/> Other:</p> <p>Recommended Mode for Simulation (i.e. manual, programmed, etc.) either</p>
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<input type="checkbox"/> Crash cart with airway devices and emergency medications <input type="checkbox"/> Defibrillator/Pacer <input type="checkbox"/> Suction <input type="checkbox"/> Other:	
<p>Roles/Guidelines for Roles</p> <input checked="" type="checkbox"/> Primary Nurse <input checked="" type="checkbox"/> Secondary Nurse <input type="checkbox"/> Clinical Instructor <input checked="" type="checkbox"/> Family Member #1 <input type="checkbox"/> Family Member #2 <input checked="" type="checkbox"/> Observer/s <input checked="" type="checkbox"/> Recorder <input type="checkbox"/> Physician/Advanced Practice Nurse <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Anesthesia <input type="checkbox"/> Pharmacy <input type="checkbox"/> Lab <input type="checkbox"/> Imaging <input type="checkbox"/> Social Services <input type="checkbox"/> Clergy <input type="checkbox"/> Unlicensed Assistive Personnel <input type="checkbox"/> Code Team <input checked="" type="checkbox"/> OT, PT, Case Manager	<p>Student Information Needed Prior to Scenario:</p> <input checked="" type="checkbox"/> Has been oriented to simulator <input checked="" type="checkbox"/> Understands guidelines /expectations for scenario <input checked="" type="checkbox"/> Has accomplished all pre-simulation requirements <input checked="" type="checkbox"/> All participants understand their assigned roles <input checked="" type="checkbox"/> Has been given time frame expectations <input type="checkbox"/> Other:
<p>Important Information Related to Roles: Secondary nurse is an orientee. Family member is a 50-year-old daughter.</p> <p>Significant Lab Values: Urine Analysis: Urine color: dark amber, cloudy Specific gravity: 1.050 (normal 1.005-1.035) ph 6.0 (normal 4.5-8.0) RBC - 9 (normal 0-2) WBC - 150,000 (normal 0-5)</p> <p>Basic Metabolic Panel Na - 149, K - 3.5, Glucose - 105</p> <p>CBC H/H - 9.9/32, WBC 12,000</p> <p>Physician Orders: Bedrest Bathroom privileges with assist</p>	<p>Report Students Will Receive Before Simulation</p> <p>Time: 6:45 AM Shift Report ML is an 84-year-old female admitted from home with confusion about 36 hours ago. She was diagnosed with acute confusion and a UTI. She had a fall about 6:00 this morning; she was trying to get to the bathroom. Assessment findings revealed a 3x2cm bruised area on her right forearm and her right hip/buttocks. X-rays confirmed no further orthopedic injury.</p> <p>Her primary care provider and her daughter have been notified. Her daughter is on her way in. I did not have time to do her fall risk assessment, would you please get that done this morning? She may be discharged later today, but she does live alone. Her blood pressure was very elevated yesterday, we were able to restart her meds and her B/P this</p>

<p>Regular, low fat diet, I & O Notify physician if systolic BP >150 or < 100; temp > 38 C, I/O < 60 mL. in 2 hrs.</p> <p>Home Medications: captopril 25 mg. po daily, metoprolol 100mg. po. daily; furosemide 40 mg. po twice daily; Lipitor 50 mg po daily; pilocarpine eye drops two drops each eye four times a day; Fosamax 10 mg. po daily, Celebrex 200 mg. po daily, tramadol 50 mg po every 4 - 6 hours for arthritis pain prn</p> <p>Continue home medications and add: ciprofloxacin 200 mg q 12 hours IV acetaminophen 650 mg. po q 4 - 6 hours prn IV fluids D5 .45 NaCl 20 mEq KCL at 60ml/hr Note: Captopril dose has been changed to three times a day</p>	<p>morning is down to 160/92. She has had 450 cc of amber urine out and she had no pain during the night. Her confusion is improving. Mrs. Larsen has a history of hypertension, glaucoma, osteoporosis, arthritis, elevated cholesterol, and stress incontinence.</p>
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References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used For Simulation #2 Scenario (site source, author, year, and page):

You may wish to have your students review these resources in preparation for the first simulation scenario.

1. SPICES - An Overall Assessment Tool

Tool: http://consultgerirn.org/uploads/File/trythis/try_this_1.pdf

Article: http://www.nursingcenter.com/prodev/ce_article.asp?tid=742423

Video: http://consultgerirn.org/resources/media/?vid_id=4200873#player_container

2. Confusion Assessment Method Tool:

[http://consultgerirn.org/uploads/File/Confusion%20Assessment%20Method%20\(CAM\).pdf](http://consultgerirn.org/uploads/File/Confusion%20Assessment%20Method%20(CAM).pdf)

3. Katz Index of Independence

Tool: http://consultgerirn.org/uploads/File/trythis/try_this_2.pdf

Article: http://www.nursingcenter.com/library/JournalArticle.asp?Article_ID=781870

Video: http://consultgerirn.org/resources/media/?vid_id=4610636#player_container

4. Hendrich II Fall Risk Model

Tool: http://consultgerirn.org/uploads/File/trythis/try_this_8.pdf

Article: http://www.nursingcenter.com/library/JournalArticle.asp?Article_ID=751426

Video: http://consultgerirn.org/resources/media/?vid_id=4200978#player_container

5. Other tools in the *Try This*:[®] and How to *Try This* Series are available on the ConsultGeriRN.org (www.ConsultGeriRN.org), the website of the Hartford Institute for Geriatric Nursing, at New York University's College of Nursing. The tool, an article about using the tool, and a video illustrating the use of the tool, are all available for your use.

6. Review the Essential Nursing Actions in the [ACES Framework](#).

7. The following are possible articles/resources related to HIPAA/Confidentiality:

ANA position statement: Privacy and confidentiality-12/08/06.

<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/IssuesUpdate/UpdateArchive/IssuesUpdateSpring2004/PrivacyandConfidentiality.aspx>

Bjarnason, D. & Vaiani, C. (2007) Operationalizing confidentiality. Link to PowerPoint:

<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/IssuesUpdate/UpdateArchive/IssuesUpdateSpring2004/OperationalizingConfidentiality.aspx>

Cataletto, M. (2011) Highlights of HIPAA for nurses. *Nursing made incredibly easy*, May/June, 9 (3), p. 6-8.

http://journals.lww.com/nursingmadeincrediblyeasy/Fulltext/2011/05000/Highlights_of_HIPAA_for_nurses.2.aspx

Erickson, J., Millar, S. (May 31, 2005). "Caring for patients while respecting their privacy: renewing our commitment." *OJIN: The Online Journal of Issues in Nursing*, Vol. 10 No. 2, Manuscript 1. doi:10.3912/OJIN.Vol10No02Man01

www.hhs.gov/ocr/hipaa

8. The following are possible articles/resources related to medication administration:

Agency for Healthcare Research and Quality (AHRQ). (2006). Patient safety and quality improvement act of 2005. Web link: <http://www.ahrq.gov/qual/psoact.htm>

Ebright, P. Raising a red flag: Reporting near misses in health care. Retrieved from

<http://www.merlot.org/merlot/viewMaterial.htm?id=357485>

Link to PowerPoint: <http://tlcprojects.org/NEAT/ReportingNearMiss.html>

Institute for Healthcare website:

<http://www.ihl.org/IHI/topics/patientsafety/safetygeneral/tools/SBARTechniqueforCommunicationASituationalBriefingModel.htm>

Popescu, A., Currey, J., Botti, M. (2011). *Worldviews on Evidence-Based Nursing*, 11(First Quarter), 15-24.

Thomas CM; Bertram E; Johnson, D. (n.d). The SBAR communication technique teaching nursing students professional communication skills. *Nurse Educator*, 34(4), 176-180. Retrieved from EBSCOhost.

Young, B. (2008). Medication reconciliation matters. *MEDSURG Nursing*, 17(5): 332-336.

Scenario Progression Outline-Scenario 2

Timing (approximate)	Manikin Actions	Expected Interventions	May Use the Following Cues
0-5 minutes	<p>“I just needed to go to the bathroom. I didn’t want to bother anyone, they are so busy. I forgot that I had this thing in my arm (IV & pump) and I just tripped over it.” It seems like everyone treats me like I’m a child, they keep calling me sweetheart and honey. My name is Millie; I wish they would call me Millie.”</p> <p>Resting in bed. Is oriented to person, place, time</p> <p>Vital Signs: BP 156/88, P - 80 R – 16, T - 98 F</p> <p>Response to daughter: “I don’t know, I had to go to the bathroom and I didn't want to bother anybody.”</p>	<p>Wash hands. Introduce self. Identify patient.</p> <p>Take VS (or have nursing tech take VS).</p> <p>Begin general, SPICES, and CAM assessments.</p>	<p>Role member providing cue: Daughter arrives visibly upset.</p> <p>Cue: Mom, I heard you fell last night. Why did you try to get out of bed by yourself?</p>
5-15 minutes	<p>“I can take care of myself! Who will take care of Snuggles? Have you checked on her since I've been in here?”</p>	<p>Complete fall risk assessment/Katz ADL assessment.</p> <p>Learner responds to daughter asking about client going home alone - asking about safety, support systems to check on Millie, or if someone could stay with her for a few days.</p>	<p>Role member providing cue: Daughter</p> <p>Cue: If you are falling, you can’t go home alone. We've talked about this before. Why don’t you come home with me for a while until you get your strength back?</p> <p>Daughter asks learner: Do you think she should go home alone?</p>

		Administer morning medications	Daughter: “Mom took her blood pressure medicine last night; she shouldn’t be taking another one this morning. She only takes one a day; the doctor must have made a mistake!”
15-20 minutes	<p>“I need to go to the bathroom.”</p> <p>Millie quickly gets out of bed. Upon standing, she begins to sway and says, “I feel rather dizzy...oh, I don’t want to fall again.”</p>	<p>Learner rushes to Millie’s side and calls for help.</p> <p>Daughter yells at mother, “Why won’t you just let us help you?”</p> <p>Millie begins to cry.</p>	

Debriefing/Guided Reflection Questions for This Simulation - Simulation #2
(Remember to identify important concepts or curricular threads that are specific to your program.)

1. How did you feel throughout the simulation experience?
2. Describe the objectives you were able to achieve.
3. Which ones were you unable to achieve (if any)?
4. Did you have the knowledge and skills to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. To Observer: Could the nurses have handled any aspects of the simulation differently?
7. If you were able to do this again, how could you have handled the situation differently?
8. What did the group do well?
9. What did the team feel was the primary nursing diagnosis?
10. What were the key assessments and interventions?
11. How were you able to use the ACES Framework with Millie’s situation? (Assess Function and Expectations, Coordinate and Manage Care, Use Evolving Knowledge, Make Situational Decisions)

12. How do you feel about Millie being discharged home? What are your concerns? Talk about the risks and benefits from Millie's point of view and from Dina's point of view.
13. Share how you felt when Millie quickly got out of bed and Dina began to yell at Millie.
14. How would you feel if you were Millie and why?
15. Is there anything else you would like to discuss?

Complexity – Simple to Complex

Suggestions for Changing the Complexity of This Scenario to Adapt to Different Levels of Learners

1. Have student start IV, perform venipuncture to draw labs, administer medication - oral or parenteral.
2. Include additional findings/information that will require more assessment, such as pressure ulcer, potential elder neglect, and financial concerns.
3. Have students investigate and discuss resources in your community that Millie may need over both the short- and long-term.
4. Have a church member call the learner asking for information about Millie.

ACTIVITY: Role play of communication between learner and church member:

Learning Objectives:

1. Explain the importance of HIPAA and patient confidentiality
 2. Apply the principles of HIPAA and patient confidentiality during communication with patient and others.
 3. Value the legal and ethical responsibilities of the nurse related to patient confidentiality.
5. Contact provider using SBAR for clarification on Captopril order.

ACTIVITY: Role play use of SBAR by learner to seek clarification of medication order from physician. The learner prepares to administer the 0800 dose of Captopril to Millie and states that Millie will receive 2 more doses of this medication today. Both Millie and her daughter state that Millie has never taken Captopril more than once a day and that the doctor must have made a mistake.

Learning Objectives:

1. Recognize the importance for clarification of medication orders based on patient/daughter comments
2. Explain the importance of SBAR and patient safety
3. Apply the principles of safe communication using SBAR
4. Transfer use of SBAR to various types of nursing communications (ex. Primary healthcare provider and nurse, change of shift report)

6. Develop medication teaching plan for both Millie and her daughter Dina.

ACTIVITY: Learners develop a medication teaching plan for Millie and daughter related to safe administration of Captopril, both in the hospital and upon discharge.

Learning Objectives:

1. Identify the essential components of a medication teaching plan
2. Differentiate teaching needs for in hospital and upon discharge
3. Develop a medication teaching plan based on the unique needs of Millie's situation

Focus on QSEN: Millie’s Story -Scenario #3

In a nutshell...

Simulation Scenario 3 occurs two hours later at 9:30 AM the next morning. Millie's primary care provider has written discharge orders and Millie is going home. *Dina is very worried about her mother being discharged and expresses many concerns regarding the nature and amount of medication, Millie’s confusion and her recent fall in the hospital, finances –all adding complexity to Millie’s disposition.* The learner is expected to do an assessment, and complete medication teaching and other discharge teaching. The focus is on the transition of care from the hospital back to the home setting. *The student should recognize that Millie’s situation has become more complex and recommend an interprofessional discharge planning meeting be arranged.*

Additional learning activities that can be connected to Scenario #3 in a series of unfolding learning activities include:

- 1) Root Cause analysis surrounding Millie’s fall in the hospital and
- 2) Interprofessional Team discharge planning meeting.

Table 3. QSEN Competencies addressed in Scenario 3

Advanced Level QSEN Competency	<u>Knowledge/Skill/Ability</u>	<u>Scenario 3 Learning Activity</u>
Patient Centered Care	Integrate understanding of multiple dimensions of patient centered care: <ul style="list-style-type: none"> • Patient/family/community preferences, values • Coordination and integration of care • Information, communication, and education • Physical comfort and emotional support • Involvement of family and friends • Transition and continuity 	Provide care that includes both Millie and her daughter. Even though Millie seems confused, she will be included in the communication and planning of care. Engage both Millie and her family in conflict resolution regarding discharge plans (i.e. living alone versus living with Dina). Show consideration and respect for Millie’s strength and her own personal wishes to remain active in her garden and with her church Educate Millie and her daughter regarding home care, follow up and signs/symptoms of adverse effects. Show creativity in coming up with ways that Millie can remain active with her roses and her garden, or other activities that assist her to stay as independent as possible. Provide Millie and her daughter means to find information and access resources as needed.

Advanced Level QSEN Competency	<u>Knowledge/Skill/Ability</u>	<u>Scenario 3 Learning Activity</u>
	<p>Examine how the safety, quality and cost effectiveness of healthcare can be improved through the active involvement of patients and families.</p> <p>Examine common barriers to active involvement of patients in their own healthcare processes.</p>	<p>Address the polypharmacy and financial issues surrounding the cost of Millie’s medications</p>
	<p>Describe basic principles of consensus building and conflict resolution</p> <p>Examine nursing roles in assuring coordination, integration and continuity of care</p>	<p>Assist in continuity of care through coordinating and participating in Interprofessional Health Care Team Discharge conference.</p>
<p>Teamwork and Collaboration</p>	<p>Describe scope of practice and roles of healthcare team members</p> <p>Recognize contributions of other individuals and groups in helping patient/family achieve health goals</p> <p>Function competently within own scope of practice as a member of the health care team - Assume role of team member or leader based on the situation</p> <p>Describe strategies for identifying and managing overlaps in team member roles and accountabilities</p>	<p>Conduct an Interprofessional Team meeting to resolve Millie’s disposition</p> <p>Taking into consideration outside resources, coordinate care of Millie following discharge that will be acceptable by both Millie and her daughter. (i.e. If she will live alone, discuss means for daily assistance and emergency care)</p>

Advanced Level QSEN Competency	<u>Knowledge/Skill/Ability</u>	<u>Scenario 3 Learning Activity</u>
Quality Improvement	<p>Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit</p> <p>Participate in root cause analysis of sentinel event</p> <p>Use quality measures to understand performance</p> <p>Use tools (such as control charts and run charts) that are helpful for understanding variation</p>	<p>Conduct a Root Cause Analysis to investigate Millie’s fall, then outline steps to avoid. Create a teachable moment during preparation for discharge.</p>
Evidence-Based Practice	<p>Differentiate clinical opinion from research and evidence summaries</p> <p>Describe reliable sources for locating evidence reports and clinical practice guidelines</p> <p>Explain the role of evidence in determining best clinical practice</p>	<p>Conduct a Root Cause Analysis to investigate Millie’s fall, then outline steps to avoid. Create a teachable moment during preparation for discharge.</p>
Safety	<p>Participate appropriately in analyzing errors and designing system improvements</p>	<p>Conduct a Root Cause Analysis to investigate Millie’s fall and then outline steps for improving safety</p> <p>Identify and address polypharmacy issues</p>
Informatics	<p>Describe examples of how technology and information management are related to the quality and safety of patient care</p> <p>Use information management tools to monitor outcomes of care processes</p>	<p>Utilize technology resources to address the fall risk and polypharmacy- (e.g. interactions)</p> <p>Investigate other technology resources to assist Millie in maintaining independence in the home</p>

Simulation Design Template-Millie Larsen-Simulation #3

<p>Date:</p> <p>Discipline: Nursing</p> <p>Expected Simulation Run Time: 20 min.</p> <p>Location: Simulation lab</p>	<p>File Name: Millie Larsen (Scenario #3)</p> <p>Student Level: Varied</p> <p>Guided Reflection Time: 20 minutes</p> <p>Location for Reflection: classroom/ debriefing area</p>
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<p>Admission Date:</p> <p>Today’s Date:</p> <p>Brief Description of Client</p> <p>Name: Millie Larsen</p> <p>Gender: F Age: 84 Race: Caucasian</p> <p>Weight: 48 kg Height: 61 in</p> <p>Religion: Lutheran</p> <p>Major Support: Dina (daughter) Phone: 555-1210</p> <p>Allergies: No known allergies</p> <p>Immunizations: Influenza & pneumonia (2 years ago)</p> <p>Attending Physician/Team: Dr. Eric Lund</p> <p>Past Medical History: Glaucoma, HTN, osteoarthritis, stress incontinence, hypercholesterolemia</p> <p>History of Present illness: Millie was admitted from home about two days ago with a urinary tract infection, dehydration</p>	<p>Psychomotor Skills Required Prior to Simulation</p> <p>General head-to-toe assessment skills and use of appropriate tools from in the <i>Try This</i>:[®] and How to <i>Try This</i> Series, available on the ConsultGeriRN.org website.</p> <p style="color: red;">Patient/family teaching skills</p> <p style="color: red;">Conducting a Falls Risk Assessment (both in patient and in the home)</p> <p>Cognitive Activities Required prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]</p> <p>Basic knowledge of geriatric syndromes and the atypical presentation of older adults. (L, R)</p> <p style="color: red;">Basic knowledge of medication interactions (Polypharmacy)</p> <p>Tools in the <i>Try This</i>:[®] and How to <i>Try This</i> Series, available on the ConsultGeriRN.org website. (R)</p> <p>Read chapter in fundamentals text related to the care of the older adult; stress incontinence and confusion as well as teaching and learning principles.</p> <p style="color: red;">Read from the selection of referenced articles provided on polypharmacy.</p>
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and confusion. Since admission she has been receiving IV fluids and antibiotics. Her blood pressure was elevated after admission, but has since returned to baseline after her antihypertensive medications were resumed. She was confused **upon admission and she had a fall last night. Millie was found on the floor. Assessment findings revealed a 3x2 cm bruised area on her right forearm and her right hip/buttocks. X-Rays confirmed no further orthopedic injury.** Her confusion is improved and she is awaiting discharge.

Social History: Widow for one year; involved in church activities and gardening. Daughter and grandchildren live nearby.

Primary Medical Diagnosis:
Dehydration; UTI

Surgeries/Procedures & Dates:
Cholecystectomy at age 30

Nursing Diagnoses:
Risk for falls, urinary incontinence, risk for fluid volume imbalance, Knowledge Deficiency: Medications

Simulation #3 Learning Objectives

Simulation Learning Objectives – for faculty

1. Facilitate transition of care from hospital
2. Administer medications.
3. Communicate therapeutically with patient and daughter.
4. Complete discharge teaching about medications using appropriate teaching/learning methods.
5. Identify possible financial concerns and community resources, **including concerns of medications and additional support in the home/assisted living** (during debriefing).
6. Identify and discuss geriatric syndromes evident in the simulation: fall risk, confusion, incontinence, **polypharmacy**.
7. **NOTE: This simulation can also be enhanced to meet additional advanced QSEN competencies involving 1) conducting an Interprofessional Discharge Team Meeting; and 2) conducting a Root Cause analysis relative to Millie's fall in the hospital.**

Simulation Learning Objectives – for learners

1. Facilitate transition of care from hospital.
2. Administer medications safely.
3. **Respond to daughter's concern regarding the number of medications that Millie is taking (possibility of polypharmacy)**
4. Communicate therapeutically with patient and family.
5. Complete discharge medication teaching.
6. Discuss possible financial concerns and available community resources during debriefing.
7. Identify geriatric syndromes evident in this simulation.
8. **NOTE: See links below for inclusion of specific student learning objectives related to 1) an Interprofessional Discharge Team Meeting; and/or 2) a Root Cause analysis relative to Millie's fall in the hospital.**

Fidelity (choose all that apply to this simulation)-Scenario #3

<p>Setting/Environment</p> <ul style="list-style-type: none"> <input type="checkbox"/> ER <input checked="" type="checkbox"/> Med-Surg <input type="checkbox"/> Peds <input type="checkbox"/> ICU <input type="checkbox"/> OR / PACU <input type="checkbox"/> Women's Center <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Home Health <input type="checkbox"/> Pre-Hospital <input type="checkbox"/> Other: <p>Simulator Manikin/s Needed: Human patient simulator (e.g. SimMan, VitalSim); standardized patient</p> <p>Props: IV pump, IV bag; bruises moulaged on right forearm and right hip/buttock area</p> <p>Equipment attached to manikin:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> IV tubing with primary line D5.45 with 20 mEq KCL fluids running at 60 ml/hr <input type="checkbox"/> Secondary IV line running at mL/hr <input checked="" type="checkbox"/> IV pump <input type="checkbox"/> Foley catheter mL output <input type="checkbox"/> PCA pump running <input type="checkbox"/> IVPB with running at mL/hr <input type="checkbox"/> 02 <input type="checkbox"/> Monitor attached <input checked="" type="checkbox"/> ID band <input type="checkbox"/> Other: <p>Equipment available in room</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bedpan/Urinal <input type="checkbox"/> Foley kit <input type="checkbox"/> Straight Catheter Kit <input type="checkbox"/> Incentive Spirometer <input type="checkbox"/> Fluids <input type="checkbox"/> IV start kit <input type="checkbox"/> IV tubing <input type="checkbox"/> IVPB Tubing <input type="checkbox"/> IV Pump <input type="checkbox"/> Feeding Pump <input type="checkbox"/> Pressure Bag 	<p>Medications and Fluids</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> IV Fluids: D5. 45 with 20 mEq KCL <input checked="" type="checkbox"/> Oral Meds: captopril; metoprolol, furosemide, Lipitor, pilocarpine eye gtts, Fosamax, Celebrex, tramadol (PRN pain); ciprofloxacin; acetaminophen (PRN pain/fever) <input checked="" type="checkbox"/> IVPB: Ciprofoxacin 200 mg q 12 hrs IV <input type="checkbox"/> IV Push: <input type="checkbox"/> IM or SC: <p>Diagnostics Available</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Labs <input type="checkbox"/> X-rays (Images) <input type="checkbox"/> 12-Lead EKG <input type="checkbox"/> Other: <p>Documentation Forms</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Physician Orders <input checked="" type="checkbox"/> Admit Orders <input checked="" type="checkbox"/> Flow sheet <input checked="" type="checkbox"/> Medication Administration Record <input checked="" type="checkbox"/> Kardex <input checked="" type="checkbox"/> Graphic Record <input checked="" type="checkbox"/> Shift Assessment <input type="checkbox"/> Triage Forms <input type="checkbox"/> Code Record <input type="checkbox"/> Anesthesia / PACU Record <input type="checkbox"/> Standing (Protocol) Orders <input type="checkbox"/> Transfer Orders <input type="checkbox"/> Other: <p>Recommended Mode for Simulation (i.e. manual, programmed, etc.) either</p>
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<input type="checkbox"/> 02 delivery device (type) <input type="checkbox"/> Crash cart with airway devices and emergency medications <input type="checkbox"/> Defibrillator/Pacer <input type="checkbox"/> Suction <input type="checkbox"/> Other:	
<p>Roles/Guidelines for Roles</p> <input checked="" type="checkbox"/> Primary Nurse <input checked="" type="checkbox"/> Secondary Nurse <input type="checkbox"/> Clinical Instructor <input checked="" type="checkbox"/> Family Member #1 <input type="checkbox"/> Family Member #2 <input checked="" type="checkbox"/> Observer/s <input checked="" type="checkbox"/> Recorder <input checked="" type="checkbox"/> Physician/Advanced Practice Nurse <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Anesthesia <input checked="" type="checkbox"/> Pharmacy <input type="checkbox"/> Lab <input type="checkbox"/> Imaging <input checked="" type="checkbox"/> Social Services <input type="checkbox"/> Clergy <input type="checkbox"/> Unlicensed Assistive Personnel <input type="checkbox"/> Code Team <input checked="" type="checkbox"/> Other: Home Health Nurse <p>Important Information Related to Roles: Secondary nurse is an orientee. Family member is a 50-year-old daughter.</p> <p>Significant Lab Values: Urine Analysis: Urine color: dark amber, cloudy Specific gravity: 1.050 (normal 1.005-1.035) ph 6.0 (normal 4.5-8.0) RBC - 9 (normal 0-2) WBC - 150,000 (normal 0-5)</p> <p>Basic Metabolic Panel Na - 149 K - 3.5 Glucose - 105 CBC H/H - 9.9/32 WBC 12,000</p>	<p>Student Information Needed Prior to Scenario:</p> <input checked="" type="checkbox"/> Has been oriented to simulator <input checked="" type="checkbox"/> Understands guidelines /expectations for scenario <input checked="" type="checkbox"/> Has accomplished all pre-simulation requirements <input checked="" type="checkbox"/> All participants understand their assigned roles <input checked="" type="checkbox"/> Has been given time frame expectations <input type="checkbox"/> Other: <p>Report Students Will Receive Before Simulation</p> <p>Time: 9:30 AM</p> <p>Mrs. Larsen has discharge orders, they're on the chart. I haven't started any of the teaching or paperwork, and I need to get a patient ready for surgery right away. Her daughter has some questions/concerns regarding her discharge. I think she has some meds due before she goes home</p>

Physician Orders:

Bedrest, BRP with assist

Regular, low fat diet

I & O

Notify physician if systolic BP >150 or < 100;
temp > 38 C, I/O < 60 mL in 2 hrs.

Home Medications:

captopril 25 mg. po daily, metoprolol 100mg. po. daily; furosemide 40 mg. po twice daily; Lipitor 50 mg po daily; pilocarpine eye drops two drops each eye four times a day; Fosamax 10 mg. po daily, Celebrex 200 mg. po daily, **zolpidem (Ambien) 10 mg po hour of sleep, prn; tramadol 50 mg po every 4 - 6 hours for arthritis pain prn (Ambien and Tramadol together will cause CNS depression; 10mg is inappropriate for geriatric patients as 5mg is recommended)**

Continue home medications and add:

ciprofloxacin 200 mg q 12 hours IV

acetaminophen 650 mg. po q 4 - 6 hours prn

IV fluids D5 .45 NaCl 20 mEq KCL at 60ml/hr

References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario-Scenario #3 (site source, author, year, and page):**Reading and Resources:**

You may wish to have your students review these resources in preparation for the third simulation scenario.

1. Review tools in the Try This:® and How to Try This Series, available at www.ConsultGerRN.org.
2. Read chapter in fundamentals text related to health promotion for older adults.
3. Read out appropriate teaching/learning strategies to use with older adults.
4. **The following are possible articles/resource related to Polypharmacy:**

Fulton, M. & Allen, E. (2005). Polypharmacy in the elderly: A literature review. *Journal of the American Academy of Nurse Practitioners*, 17(4), 123-132.

Jyrkka, J., Enluna, H. Korhonen, M., Sulkava, R. (2009). Polypharmacy status as an indicator of mortality in the elderly population. *Drugs Aging*, 26(03), 1039-1048.

Loya, A., Gonzalez-Stuart, A. & Rivera, J. (2009). Prevalence of polypharmacy, polyherbacy, nutritional supplement use and potential product interactions among older adults living on the United States-Mexico border: A descriptive, questionnaire-based study. *Drugs Aging*, 26(5), 423-436.

Planton, J. & Edlund, B. (2010). Strategies for reducing polypharmacy in older adults. *Journal of Gerontological Nursing*, 36(1), 8-12.

5. The following are possible articles/resource related to Interprofessional Teamwork:

Kerschner, H., & Pegues, J. A. (1998). Productive aging: A quality of life agenda. *Journal of the American Dietetic Association*, 98(12), 1445-1448.

McCallin, A., & Bamford, A. (2007). Interdisciplinary teamwork: Is the influence of emotional intelligence fully appreciated? *Journal of Nursing Management*, 15(4), 386-391.

Kivnick, H.Q., Soffel S., Hanlon D. (2003). Eloise's tale: Vital involvement, occupation, and story. *Generations*, 27(3): 39-43.

6. The following are possible articles/resource related to conducting a Root Cause Analysis:

Lambton J. & Mahlmeister L. (2010). Conducting root cause analysis with nursing students: best practice in nursing education. *Journal of Nursing Education*, 49(8): 444-8

Tschannen D. & Aebersold M. (2010). Improving student critical thinking skills through a root cause analysis pilot project. *Journal of Nursing Education*, 49(8): 475-8.

Mengis, J. & Nicolini, D. (2010). Root cause analysis in clinical adverse events. *Nursing Management*, 16(9): 16-20.

Scenario Progression Outline- Scenario #3

Timing (approximate)	Manikin Actions	Expected Interventions	May Use the Following Cues
0-5 minutes	<p>“I think I’m ok at home. I am fine. I know my daughter wanted me to come home with her, but I want to be in my own bed at my own house. Dina just doesn’t seem to understand that. I know I was out of my head for a few days, I’m fine now. I think I might have someone in to help me in the morning, or maybe my granddaughter Jessica can help if she’s not too busy. I have all of my pills now and I’ve always been very organized. I don’t know what all the fuss is about.”</p> <p>Resting in bed. Is oriented to person, place, time</p> <p>Asks to go home VS - BP 142/86 P - 80 R - 16 T - 98 F</p>	<p>Wash hands. Introduce self. Identify patient.</p> <p>Takes VS (administering antihypertensives).</p> <p>Begins general head-to-toe assessment, asks about discharge plans.</p>	<p>Role member providing cue: Daughter</p> <p>Cue: “When can I take her home? Mom is getting tired.”</p> <p>“We should have someone coming in to check on Mom three times a week. I work during the day, so Mom will be alone.”</p>

5-10 minutes	When are you going to get this out of my arm?	<p>Medication administration by learner #1:</p> <p>Ciprofloxacin (IV or PO) pilocarpine eye drops Lipitor Metoprolol Tramadol (requested by Millie)</p>	<p>Role member providing cue: Daughter</p> <p>Cue: How do you think she will do by herself? Mom insists on going home instead of to my house and with my job and the kids it will be hard to check on her. I know that Mom really still values her independence - with the fall that she has just experienced, how can we prevent this from happening at home? (directing question to learners)</p>
10-20 minutes	<p>The doctor said I have to take my antibiotic for seven more days. He also said that I could take the sleeping pill at home that I have been taking while I was here in the hospital. Do you have a prescription for my daughter to take to the drug store?</p>	<p>Medication Teaching – by learner #2: Verifies understanding of information from patient and daughter.</p> <p>Verification of home health care arrangements</p> <p>Discontinues IV (if used)</p> <p>Identify possibility of polypharmacy interactions and address concerns to the MD. Follow-up with Millie and her daughter.</p>	<p>Role member providing cue: Daughter</p> <p>Cue: How is Mom going to remember all of this? Have you written anything down for her?</p> <p>Cue: I'm concerned about the number of medications. Can she take these all together? Will there be any problems with mixing these medications?</p> <p>Cue: I'm also concerned about the cost of all of these medications. The doctor prescribed some additional medications. Are there any resources to help us pay for all of them?</p>

Debriefing/Guided Reflection Questions for This Simulation-Scenario #3
(Remember to identify important concepts or curricular threads that are specific to your program.)

1. How did you feel throughout the simulation experience?
2. Describe the objectives you were able to achieve?
3. Which ones were you unable to achieve (if any).
4. Did you have the knowledge and skills to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. To Observer: Could the nurses have handled any aspects of the simulation differently?
7. If you were able to do this again, how could you have handled the situation differently?
8. What did the group do well?
9. What did the team feel was the primary nursing diagnosis?
10. What were the key assessments and interventions?
11. How were you able to use the ACES Framework with Millie's situation? (Assess Function and Expectations, Coordinate and Manage Care, Use Evolving Knowledge, Make Situational Decisions.)
12. What financial concerns may Millie be facing after she is discharged?
13. Millie's daughter was concerned about the number of medications that Millie was prescribed. What are your thoughts about this?
14. How does Millie's case compare to that of a middle-aged adult with a similar medical diagnosis? Do you think she is more complex? Why or why not?
15. Is there anything else you would like to discuss?
 - Suggest Interprofessional Discharge planning meeting (see resource-link below)
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 - Suggest completing a root cause analysis (see resource-link below)

Complexity – Simple to Complex

Suggestions for Changing the Complexity of This Scenario to Adapt to Different Levels of Learners

1. Have student administer ciprofloxacin IV instead of PO.
2. Daughter going out of town for next few days so no one can check on Millie (may have grandchild involved).
3. May include additional abnormal findings such as pressure ulcer, potential elder neglect, and financial concerns.
4. Have students conduct a root cause analysis of Millie's fall while inpatient – this can be conducted as part of the debriefing for Millie Scenario #3.
5. Create an interprofessional health care team meeting with the goal to discuss disposition of Millie upon discharge.

Root Cause Analysis (RCA) Activity

Learning Objectives

1. Understand the meaning of “Root Cause”
2. Know the steps used to identify the root cause of problems.

After running the Millie simulation scenario 3, have students complete the following prep work prior to conducting this activity.

Review the following:

1. http://www.au.af.mil/au/awc/awcgate/nasa/root_cause_analysis.pdf
PowerPoint that provides step by step guide for RCA along with definitions and tools
2. <http://www.qsen.org/teachingstrategy.php?id=171>
QSEN website: Using a Fishbone (RCA) Diagram to Problem Solve Falls

Debriefing Activity for Root Cause Analysis

Faculty Preparation:

Assignment: Students work as a team and conduct a RCA:

1. Roles:
 - a. Facilitators/RCA Leaders (two students will volunteer to lead the session)
 - b. Participants (take on the role of nurses on the unit where the event to place)
 - c. Note taker (Scribe)
 - d. Reporter
2. Equipment: Large chart pad for drawing fishbone diagram or flow diagram
3. Goal of activity:
 - a. To understand why the event occurred.
 - b. How the event happened.
 - c. Prevent the event from reoccurring.
4. Question to students: In order to conduct an effective RCA what do you think should be included in the ground rules that are announced before the meeting begins: (e.g. confidentiality, goal of RCA is not for punishment but for improvement, NO Blaming)
5. RCA activity:
 - a. Facilitators will ask one student to describe what happened during the event
 - b. Other students are asked to add additional details
 - c. Note taker will write notes on chart pad or draw a schematic diagram (flow chart) for group to visually see what occurred.
 - d. Facilitator will then ask group: to start to think of the why it occurred. (Continue drilling down to the most basic causal factor.)
 - Use the fishbone diagram to explore possible causes: see QSEN site for worksheet.
 - Use the 4 Ms for each bone on the fish: Manpower, Machines, Methods, Materials.
 - e. Then develop a plan to address the cause of the incident. (Address both short and long term goals)

Interprofessional Health Care Team Meeting Activity

Learning Objectives

1. Collaborate on a case study care plan for an older adult with students from various professions.
 - 1.1. Prioritize the older adult's needs in the case study in collaboration with other professionals.
 - 1.2. Determine what their role is as part of their own profession in the case study care plan of an older adult.
 - 1.3. Negotiate with other health care team members their role, as part of their own profession, in the case study care plan of an older adult
 - 1.4. Describe those tasks or issues that would likely be accomplished or handled by the other professions in the case study care plan of an older adult.
 - 1.5. Identify theoretical, philosophical, or ethical similarities and differences between the professions as they relate to developing a team care plan for an older adult.
2. Discuss with faculty and colleagues the different roles that each profession plays in the development and implementation of care plans for older adults.
3. Recognize and value the unique contributions of each member of the interprofessional team.
4. Define aspects of healthy aging and identify characteristics that lead to healthy aging.

NOTE: This care conference can be simulated to include interprofessional students preparing for the various health care roles described.

Interprofessional Discharge Team - Case Study information

Millie is an 84-year-old woman who has been experiencing some increasing confusion. Due to her confusion, Millie did not take her medications properly in the days prior to admission and as a result, her blood pressure is very elevated. Millie sustained a fall while on the inpatient hospital unit. Millie was examined immediately after the fall and it was determined that she sustained a severe contusion to her right forearm and right hip/buttocks area. Millie was told that she was to be partial weight-bearing (weight of leg only) on her injured hip/buttocks. A physical therapist fit Millie with a walker and did some gait training on the inpatient unit.

Millie has had some increasing confusion. Her current discharge orders include referral to a home care agency. The Home Care Case Manager saw the patient for the intake and assessment; she determined that Millie would benefit from continued physical therapy as well as assessment from an occupational therapist, a registered nurse, a registered dietitian, and a social worker because of concerns in the home. After the first PT session, Millie was able to walk 10 feet with a walker (with

moderate fatigue), but could not do stairs safely without a railing. Millie badly bruised her right forearm in addition to her hip/buttocks. She is stiff and sore and moves slowly since the fall. She and her daughter Dina are also concerned that she could fall again at home with this confusion and are interested in doing whatever they need to do to make things safer for her.

Millie lives in an older home in the inner city. Millie is 5'2" and weighs about 120 pounds. In addition to her recent contusions and her confusion, she is being treated for high blood pressure that is controlled with captopril; metoprolol, furosemide, and garlic pills. Millie also has osteoporosis and has taken Fosamax for 8 years, her bone density has improved and she has had no problems with the medication. However, her bone density is still in the osteoporotic range. Millie has had some difficulty with sleep prior to the hospitalization and has been prescribed zolpidem (Ambien) 10 mg po hour of sleep, prn.

Millie for the most part has been coping well, but since she has had more difficulty with sleep and her onset of confusion, things have become more difficult. Millie is struggling with the cooking. Due to her confusion, Millie did not take her medications properly in the days prior to admission and as a result, her blood pressure is very elevated. Her hypertension has been well-controlled with the medications.

Millie has always been healthy and active. She enjoys gardening, singing in her church choir, and taking walks with her daughter and grandchildren. Millie reports that she has been having more difficulty keeping up with things, and seems to tire more easily. Millie has stated she wants to stay in her own home, and is willing to pay for services or remodeling to make that happen-however, also realizes that she doesn't have a lot of extra funds. Her friends are in this neighborhood where she has lived for 50 years, and she doesn't want to move. Privately, Dina has told the social worker that she is worried about her ability to take care of everything, but knows how important it is to Millie to stay where she is.

Their home is a typical older home, with 2 steps up to the front porch and 4 steps up to the back porch, and one step into the home. The living room, dining room, half bath, and kitchen are on the first floor, laundry is in the basement, and 3 bedrooms and a bathroom with a tub shower combination are on the second floor.

Millie's daughter Dina has 2 children – both are very close to Millie. The grandchildren comment about their grandma getting up and down the stairs in her home, particularly when entering the home carrying groceries, and when Millie carries the laundry up and down the stairs to the basement. Dina has gone back and forth about Millie staying in her home and has thought about Millie perhaps moving into an assisted living setting thinking that it will be too costly and perhaps a waste of money to make changes in the home. Millie's granddaughter Jessica has told the social worker not to encourage Millie to stay in her home. A few days later, the social worker heard from Dina again, who said she was concerned about all the additional medical expenses that Millie is incurring and concerned that an assisted living environment may be too expensive. She has urged her assistance in helping to determine what the best option should be.

Study Questions

Taking into consideration your assigned readings, the Vital Aging Model, the Interprofessional Team Approach and the Code of Ethics of your profession, reflect on and answer the following questions.

- How would you describe Millie's and her family's strengths and needs at this time?
- What types of goals would you target for Millie? What changes need to occur and be in place for Millie to thrive?
- What would be your role, as a member of your health care profession, in **developing** a plan of care for Millie, including a discharge plan from home care?
- What would you propose as an integrated plan of care? Who would be responsible for **carrying out** the various parts of the plan? What needs to be done to coordinate care in this home?
- What are some creative strategies to promote successful aging as part of the plan of care?
- Discuss how culture impacts your plan of care and approach.
- How should their health beliefs influence your integrated plan of care? What about the role of self-determination?
- What ethical principles are most relevant in this case? Does your care plan fully satisfy all these ethical principles or does it instead give greater priority to one ethical principle over others? Discuss.

Perceiving Professional Roles Form

Prior to the team meeting, fill out the form below except the column furthest to the right. Please do this **on your own**. If you do not have experience with a particular profession, write “no experience” in the box. Write your impressions of the professions listed, including your own. **Following your group work** on Millie’s case study, complete the shaded column, furthest to the right. For this column, re-examine your **impressions** of the different professions. Note any insights or changes in your impressions. Finally, answer the questions at the bottom of the page.

Your Name _____ Your Profession: _____

Questions to Consider	Social Work	Occupational Therapy	Physical Therapy	Respiratory Care	Nursing	Public Health	Nutrition	Insights and/or Changes in Your Impressions
List two things a person with this job does.								
What areas do you think your profession might overlap in expertise with this profession?								
Name one thing that you especially appreciate about people who work in this profession.								
Name one thing that you might find difficult to do if you were a member of this profession.								

My experience and/or impressions of the above mentioned health care professions are based on: (circle all that apply)

- a. Clinical work within profession b. Pre-professional work experience c. Family experience d. Personal experience
 e. Reading f. Media g. Other –specify: _____

**Differences in Professional Functioning:
Implications for Patient Care and Team Interactions Form**

Please identify where you think your profession is on the continuum for each of the parameters below.

Your profession: _____

Health Care Professional-Patient Interactions:

Your profession focuses assessments of the client on a single issue/problem	1	2	3	4	Your profession focuses assessments of the client on multiple issues/problems
Your profession focuses on acute health problems and physiologic therapies	1	2	3	4	Your profession focuses on functional, long-term, and social issues
Rapid assessments and interventions is required in your profession	1	2	3	4	Long term assessment and intervention is required in your profession
Your profession has a primary responsibility for change	1	2	3	4	Your profession has a collaborative responsibility for change

Health Care Professional-Health Care Professional Interactions:

The priority of your profession is on patient needs; team process is secondary	1	2	3	4	The priority of your profession is with team process; patient needs are secondary
Your profession's work is independent of the team	1	2	3	4	Your profession's work is dependent on the team
Your profession can make client care decisions independent of the team	1	2	3	4	Your profession is dependent on the team to make decisions and have a consensus

Adapted from Czirr, R., & Qualls, S.H. (1988). Geriatric health teams: Classifying models of professional and team functioning. *The Gerontologist*, 28(3) 372-375.

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