## Simulation Design Template

Henry Williams – Simulation 1

|  |  |
| --- | --- |
| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** 20 minutes  **Location:** Inpatient unit  **Today’s Date**: | **File Name:**  **Student Level:**  **Guided Reflection Time:** Twice the amount of time that the simulation runs  **Location for Reflection:** |

Brief Description of Patient

**Name:** Henry Williams **Pronouns:** he/him

**Date of Birth:** 01-05-YYYY (reflect age 80) **Age**: 80

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

**Sexual Orientation:** Heterosexual **Marital Status**: Married

**Weight**: 194 lb (88 kg) **Height**: 72 in

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

**Employment Status**: Retired **Insurance**: Medicare **Veteran Status**: (Faculty can select)

**Support Person:** Ertha (wife) and Betty (daughter-in-law)

**Support Phone:** Ertha 320-222-2345; Betty 320-222-1111

**Allergies:** Penicillin **Immunizations:** Up to date; influenza and pneumonia current

**Attending Provider/Team:** KatherineNelson, MD

**Past Medical History:** Chronic obstructive pulmonary disease (COPD), cardiovascular disease (CVD), asthma, hearing loss (wears hearing aids)

**History of Present Illness:** Admitted last night with an acute exacerbation of COPD. He was not able to catch his breath, called his physician and was told to go to the emergency room. His neighbor brought him to the emergency room. He expressed concern about who will care for his wife, Ertha, who has problems with memory loss and is confused at times.

**Social History:** Retired engineer for transit system

**Primary Medical Diagnosis:** COPD, cardiovascular disease

**Surgeries/Procedures & Dates:** Appendectomy at age 15.

Psychomotor Skills Required of Participants Prior to Simulation

* General head-to-toe assessment

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Care of patient with COPD and CVD
* General care of the older adult
* Geriatric syndromes

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

Review SPICES assessment tool in the [Try This:® Series](https://hign.org/consultgeri/try-this-series) from the Hartford Institute for Geriatric Nursing (HIGN) at the NYU Rory Meyers College of Nursing.

SPICES: An Overall Assessment Tool for Older Adults

<https://hign.org/consultgeri/try-this-series/fulmer-spices-overall-assessment-tool-older-adults>

[WMS-GOLD-2018-Feb-Final-to-print-v2.pdf](https://goldcopd.org/wp-content/uploads/2018/02/WMS-GOLD-2018-Feb-Final-to-print-v2.pdf)

Simulation Learning Objectives

General Objectives (Note: The objectives listed below are general in nature and once learners have been exposed to the content, they are expected to maintain competency in these areas. Not every simulation will include all of the objectives listed.)

1. Practice standard precautions.
2. Employ strategies to reduce the risk of harm to the patient.
3. Conduct assessments appropriate for the care of patients in an organized and systematic manner.
4. Perform priority nursing actions based on assessment and clinical data*.*
5. Reassess/monitor patient status following nursing interventions.
6. Communicate with patient and family in a manner that illustrates caring, reflects cultural awareness, and addresses psychosocial needs.
7. Make clinical judgments and decisions that are evidence-based.
8. Practice within nursing scope of practice.
9. Demonstrate knowledge of legal and ethical obligations including social determinants of health, diversity, equity and inclusion.
10. Collaborate with other health care team members in a timely, organized, patient-specific manner.

Simulation Scenario Objectives

At the end of the simulated learning experience, learners will:

1. Interpret data obtained through a complete head to toe assessment using techniques appropriate for a geriatric patient with COPD.
2. Interpret data related to functional status of the geriatric patient obtained through the SPICES tool.
3. Implement nursing actions to address priority problems of the geriatric patient with COPD.
4. Demonstrate the “rights of medication administration” during the administration of oral and inhaled medications of the geriatric patient with COPD.

Faculty Reference

The [Try This:® Series](https://hign.org/consultgeri/try-this-series) from the Hartford Institute for Geriatric Nursing (HIGN) at the NYU Rory Meyers College of Nursing contains many evidence-based assessment tools. The tool, an article about using the tool, and a video illustrating the use of the tool, are all available for your use.

The SPICES tool is recommended for this simulation.

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

The Healthcare Simulation Standards of Best Practice™

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

IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3 (2023) <https://www.ipecollaborative.org/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf>

Setting/Environment

|  |  |
| --- | --- |
| 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:** Manikin or simulated patient for Henry. (Betty and Ertha –simulated participants)

**Recommended Mode for Simulator:** Manual

**Other Props & Moulage:** Glasses, hat, hearing aids. If no hearing aid is available, modify the scenario to reflect Henry’s difficulty hearing the nurse and he can say that he left his hearing aid at home.

|  |  |
| --- | --- |
| **Equipment Attached to Manikin/Simulated Patient:**  ID band  IV tubing with primary line fluids lactated Ringer’s solution running at 50 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 via cannula at 2 L  Monitor attached  Other:  **Other Essential Equipment:** Blood pressure cuff, thermometer, stethoscope, telephone.  **Medications and Fluids:**  Oral Meds: see chart  IV Fluids: Lactated Ringer’s solution  IVPB:  IV Push:  IM or SC: | **Equipment Available in Room:**  Bedpan/urinal  02 delivery device (type)  Foley kit  Straight catheter kit  Incentive spirometer  Fluids  IV start kit  IV tubing  IVPB tubing  IV pump  Feeding pump  Crash cart with airway devices and emergency medications  Defibrillator/pacer  Suction  Other: |

Roles

|  |  |
| --- | --- |
| Nurse 1  Nurse 2  Nurse 3  Provider (physician/advanced practice nurse)  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | Observer(s) Any number of observers  Recorder(s)  Family member #1 Wife Ertha  Family member # 2 Daughter-in-law Betty  Clergy  Unlicensed assistive personnel  Other: |

Guidelines/Information Related to Roles

Learners in the 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. Family members are optional for the objectives of the simulation to be completed. Learners need to be assigned roles that they are trained for.

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be created from Scenario Progression Outline.

Prebriefing/Briefing

Prior to reporting, participants will need prebriefing/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, objectives and subsequent debriefing process.

For a comprehensive checklist and information on its development, go to <http://www.nln.org/sirc/sirc-resources/sirc-tools-and-tips#simtemplate>.

Report Students Will Receive Before Simulation

**Time:** 0700

**Person providing report:** Nurse ending shift

**Situation:** Henry Williams is an 80-year-old male who was admitted last night with an acute exacerbation of COPD. He was brought into the Emergency Department at 2200 and was admitted to our acute care unit at 2330.

**Background:** Mr. Williams has a history of COPD, coronary artery disease, and he has a hearing deficit. He was very short of breath last night and called the on-call from his primary care office, they advised him to go to the ED. A neighbor brought him in, and his family followed shortly after. His daughter-in-law Betty is a nurse, and his wife Ertha came in with her. The daughter-in-law also has concerns about them living alone as her mother has memory issues. Ertha and Betty went home after Mr. Williams was settled in his room. He had an albuterol treatment by respiratory therapy an hour and a half ago, and they should be back in about 30 minutes.

**Assessment:** Admission oxygen saturation in the ED was 82% on room air. He is now at 88% on 2 liters of oxygen by nasal cannula. Pulse is 112, respiratory rate: 28, blood pressure 134/88. IV of lactated ringers infusing at 50 mL/hour in right arm. He is alert and oriented, denies pain. He did not sleep well and seems very tired. His AM labs were just drawn. He is very worried about his wife who he says depends on him.

**Recommendation:** He is due for vital signs, AM assessment, and medications, oral and inhaled. Please administer the SPICES tool and review AM labs.

Scenario Progression Outline

**Patient Name:** Henry Williams **Date of Birth:** 01-05-YYYY (reflect age 80)

|  |  |  |  |
| --- | --- | --- | --- |
| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Bed is flat. Henry is coughing and short of breath.  Vital signs: T 98.2, BP 138/90, P – 112, R - 28; Oxygen saturation – 84%  **(Nasal cannula has fallen out of nose)**  Henry: Wheezing “I am really short of breath and so tired. I don't sleep well. I get anxious worrying about my wife.” | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID * Elevate head of bed * Replace cannula in nares | **Role member providing cue:** Henry  **Cue:** If learners do not elevate head of bed, Henry can say: “I’m having more trouble breathing in this position. Help me sit up.”  If learners do not replace nasal cannula, Henry can say: “Help me fix this oxygen so I can breathe easier.” |
| **5-15 min** | Henry: “Am I due for a breathing treatment? They said I would get something soon. Where are my pills and inhalers?”  Oxygen saturation 88-90% if oxygen applied. If O2 is NOT applied and meds are not given, Henry will have continued shortness of breath and decreased oxygen saturations. | **Learners are expected to**:   * Complete assessments * Administer medications |  |
| **15-20 min** | Henry: answers to SPICES:  **Sleep**: I have trouble falling asleep. And I’m up often during the night. I’m really tired most days.  **Eating:** Ertha doesn’t cook anymore. I buy frozen meals and lots of already prepared meals, cans of soup, that kind of thing. Sandwiches too.  **Incontinence**: No  **Confusion**: Ertha’s confused. Not me.  **Falls:** Not really. I’m a little shaky sometimes though, especially when I first get up.  **Skin Breakdown:** None | **Learners are expected to:**   * Administer SPICES tool | **Role member providing cue:** Henry  **Cue:** If nurses don’t do SPICES, “I wish I could sleep better. I haven’t been eating well either.”  “I’m just not managing all that well.” |
|  | Ertha enters room during SPICES assessment: “Betty just dropped me here…who is she again?”  Ertha wanders around the room.  Henry: “Ertha, sit down. You are making me nervous.” | * Notice that Ertha seems to make Henry more stressed and short of breath * Offer chair to Ertha and explain what nurses are doing. |  |

Debriefing/Guided Reflection

Note to Faculty

We recognize that faculty will implement the materials we have provided in many ways and venues. Some may use them exactly as written and others will adapt and modify extensively. Some may choose to implement materials and initiate relevant discussions around this content in the classroom or clinical setting in addition to providing a simulation experience. We have designed this scenario to provide an enriching experiential learning encounter that will allow learners to accomplish the listed objectives and spark rich discussion during debriefing. There are a few main themes that we hope learners will bring up during debriefing, but if they do not, we encourage you to introduce them.

**Themes for this scenario:**

* Respiratory distress presentation and management
* Value and interpretation of SPICES tool
* Impact of Ertha’s needs on Henry’s health
* Selected Essential Nursing Actions from ACE.S Framework

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.

|  |  |
| --- | --- |
| **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 assessments 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 to 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).