Simulation Design Template

Mary Lou Brady Simulation #1

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| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** 20 min**Location:** Rehabilitation unit**Today’s Date:** | **File Name:** **Student Level:** Beginning medical/surgical course where students are learning about stroke, psychosocial assessment and/or grief and loss**Guided Reflection Time:** Twice the amount of time that the simulation runs.**Location for Reflection:**  |

Brief Description of Patient

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

**Date of Birth:** 01-05-YYYY (reflect age 20) **Age**: 20

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

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

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

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

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

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

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

**Attending Provider/Team:** Balwan Nehru, MD

**Past Medical History:** Prior to hospitalization, Mrs. Brady has been a healthy young female, with no known medical concerns.

**History of Present Illness:** Had a stroke 8 days ago; hospitalized for 4 days; then transferred to acute care rehabilitation center.

**Social History:** Senior in college; married 6 months ago.

**Primary Medical Diagnosis:** Right sided stroke.

**Surgeries/Procedures & Dates:** None

Psychomotor Skills Required of Participants Prior to Simulation

Neurologic assessment

Cognitive Activities Required of Participants Prior to Simulation

Use textbook, lecture notes and other assigned readings to review

* pathophysiology of strokes caused by a clot
* management of stroke related to physical changes and motor ability
* stages of grief and loss
* psychosocial and neurologic assessment

Read the following materials (supplied):

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

Simulation Learning Objectives

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

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

Simulation Scenario Objectives

1. Complete a neurological assessment of a patient who has had a stroke.
2. Complete a psychosocial assessment of a patient who has had a stroke.
3. Provide appropriate nursing interventions for a post-stroke patient who is experiencing grief and loss related to having a stroke.
4. Use appropriate communication techniques during interactions with a post-stroke patient who is experiencing grief and loss and is attempting to cope with changes in body image.
5. Recognize the implications of the patient’s existing disability on the patient’s current and future health care needs.

Faculty Reference

The Healthcare Simulation Standards of Best Practice™

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

Conducting neurological assessments (2023). Straight A Nursing. <https://straightanursingstudent.com/neurological-assessments/>

Hamid, G. M., & MacKenzie, M. A. (2017). CE. Early Intervention in Patients with Poststroke Depression. *AJN American Journal of Nursing, 117*(7), 32-42. <https://doi.org/10.1097/01.NAJ.0000520919.26724.9>b

Kuluski, K., Dow, C., Locock, L., Lyons, R. F., & Lasserson, D. (2014). Life interrupted and life regained? Coping with stroke at a young age. *International Journal of Qualitative Studies on Health and Well-Being*, *9*, 10.3402/qhw.v9.22252. Retrieved from: <http://doi.org/10.3402/qhw.v9.22252>

Lotea Ifejika, N., Washington, H. H., & Glaser, K. R. (2021). Acute Ischemic Stroke: A review of updated guidelines, nursing assessment, and evidence-based treatment. *AJN American Journal of Nursing, 121*(9), 26-33.

Mitchell, P. H. (2016). Nursing assessment of depression in stroke survivors. Stroke. 47, e1–e3

<https://doi.org/10.1161/STROKEAHA.115.008362>

Ramazanu, S., Loke, A.Y., Chiang, V.C.L. (2020) Couples coping in the community after the stroke of a spouse: A scoping review. *Nursing Open*. 7(2). 472– 482. <https://doi.org/10.1002/nop2.413>

Setting/Environment

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| [ ]  Emergency Department[ ]  Medical-Surgical Unit[ ]  Pediatric Unit[ ]  Maternity Unit[ ]  Behavioral Health Unit  | [ ]  ICU[ ]  OR / PACU[x]  Rehabilitation Unit[ ]  Home [ ]  Outpatient Clinic[ ]  Other:  |

Equipment/Supplies

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

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

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

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| **Equipment Attached to Manikin/Simulated Patient:**[x]  ID band[ ]  IV tubing with primary line fluids running at \_\_mL/hr[ ]  Secondary IV line running at \_\_ mL/hr[ ]  IVPB with \_\_ running at \_\_ mL/hr[ ]  IV pump[ ]  PCA pump [ ]  Foley catheter with \_\_\_mL output[ ]  02 [ ]  Monitor attached[ ]  Other: **Other Props & Moulage:** **Medications and Fluids:**[ ]  Oral Meds: [ ]  IV Fluids: [ ]  IVPB: [ ]  IV Push: [ ]  IM or SC:  | **Equipment Available in Room:**[ ]  Bedpan/urinal[ ]  02 delivery device (type) [ ]  Foley kit[ ]  Straight catheter kit[ ]  Incentive spirometer[ ]  Fluids[ ]  IV start kit[ ]  IV tubing[ ]  IVPB tubing[ ]  IV pump[ ]  Feeding pump[ ]  Crash cart with airway devices and emergency medications[ ]  Defibrillator/Pacer[ ]  Suction [ ]  Other:  |

Roles

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| [x]  Nurse 1[x]  Nurse 2[ ]  Nurse 3[ ]  Provider (physician/advanced practice nurse)[ ]  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | [x]  Observer(s)[x]  Recorder(s)[ ]  Family member #1[ ]  Family member #2[ ]  Clergy[ ]  Unlicensed assistive personnel [ ]  Other: |

Guidelines/Information Related to Roles

Learners in role of nurse should determine which assessments and interventions each will be responsible for, or facilitator can assign nurse 1 and nurse 2 roles with related responsibilities.

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be needed for some roles.

Pre-briefing/Briefing

Prior to report, participants will need pre-briefing/briefing. During this time, faculty/facilitators should establish a safe container for learning, discuss the fiction contract and confidentiality, and orient participants to the environment, roles, time allotment, and objectives.

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

Report Students Will Receive Before Simulation

**Time:** Start of AM shift

**Person providing report:** Nurse ending shift

**Situation:** Mary Lou Brady is a 20-year-old woman who was admitted to the hospital following a right**-**sided stroke.

**Background:** Mary Lou’s husband arrived home from work and found her on the floor. She was rushed to the Emergency Department, hospitalized for 4 days, and was transferred to the acute care rehabilitation center 4 days ago. She had no previous medical problems. The patient had been taking an oral contraceptive, which has been linked to strokes.

**Assessment:** Mary Lou is unable to move her left arm and leg and has no fine motor movement. She is unable to stand without assistance. She is showing some signs of physical recovery and has progressed to being able to sit up in a chair unassisted. She is right handed, so she can reach for things and manage some personal care, but needs assistance to turn, get in and out of bed, use the commode, and with activities of daily living. Physical therapy reports that she can bear some weight on her left leg and is learning to ambulate with assistance. She is on falls precautions because her Hendrich Falls scale score remains at 4, since she is unable to get up without assistance.

She is able to speak clearly and demonstrates no cognitive impairment. She is alert and oriented to time, place, and person and pupils are equal and reactive to light. Her vital signs have been stable since admission to the unit. This morning her temp was 98.6, pulse was 86, respirations 16, lungs clear, blood pressure 120/80. She has +3 radial and pedal pulses. She is using the incentive spirometer. She is on a soft diet and had a bowel movement yesterday. Her skin is intact with no evidence of breakdown. She says she is not experiencing any pain.

Her husband and family members visit daily and have been supportive, but Mary Lou is experiencing grief associated with loss of her bodily function, and she is finding it difficult to get up and go to PT and OT each day.

**Recommendation:** Complete a focused neurological assessment using the hospital tool in the chart and a psychosocial assessment. Her morning care is complete, so prepare her to go to physical and occupational therapy and provide opportunities for herto talk about her concerns.

Scenario Progression Outline

**Patient Name:** Mary Lou Brady **Date of Birth:** 01-05-YYYY (reflect age 20)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-10 minutes** | **Mary Lou is in bed, still in hospital gown.** **If asked about general well-being:** “I am feeling OK. I really don’t want to go to PT and OT today. I just feel so tired.”**If asked questions about orientation:**  Answers correctly to person/place/time.**Grasp strength:** grip strong on right; no grasp strength on left. **Arm/Leg strength**: Able to push against resistance on right, but unable to do so on left.**Pupillary response:** equal round, and reactive to light. | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID
* Asking patient how she is doing
* Conduct focused neuro assessment for post-stroke patient

Students may also check for pressure points due to patient’s immobility. | **Role member providing cue:**Simulated patient**Cues:** Throughout the scenario, if students do not ask appropriate questions, SP can volunteer information listed in SP Actions column. |
| **10-15 minutes** | **Comments made by patient regarding emotional state:**“I am just feeling like I will never get better. I go to PT and OT all day, and I can sit up when they assist me, and I’m starting to move a little bit, but I feel like I will never be able to get back to my old life and my life will be so hard.”“What if I can never walk again?”“I’m afraid I won’t be able to finish school. I had to withdraw from my classes this semester. Will I ever be able to go back?”“I feel like I am not a whole person anymore. It feels like someone came and took part of me away.”“I’m feeling kind of mad at God, but I do miss going to church.”“I talked with one of the psychologists. He asked me why I called my left arm and left leg, “the arm and the leg.” I think it’s because I don’t feel like they belong to me anymore.”“Maybe it would be helpful to talk with a priest or the psychologist again.” | **Learners are expected to:*** Use therapeutic communication.
* Ask open-ended questions.
* Encourage patient to describe feelings, give examples of her fears/concerns.
* Acknowledge patient’s feelings.
* Reassure patient that her feelings are to be expected without minimizing them.

Ask: How feeling ANDDo you often feel sad or depressed?* Ask if it would be helpful for her to talk to a priest or psychologist
 | **Role member providing cue:**Simulated patient**Cues:** Throughout the scenario, if students do not ask appropriate questions, SP can volunteer information listed in SP Actions column |
| **10-20 minutes** | **Mary Lou states:**“Can I skip PT and OT today? I am tired and don’t feel like doing all that work today. Part of me knows it is good for me, but I don’t have the energy to face it again today.”“I am usually a positive person, and I usually cope well. I take life as it comes. I talk with family to help me get though situations.”“I want to be able to live my life by going back and finishing my degree. I’d like to get a job, and some day to have a family.” | **Learners are expected to:*** Acknowledge feelings, then discuss purposes of PT/OT and need for daily therapy.
* Ask patient what the nurse can do to make her feel better upon return from PT/OT today.
* Point out progress made to date.

**Initiate dialogue around** * previous coping mechanisms
* goals for the future
 | **Role member providing cue:**Simulated patient**Cues:** Throughout the scenario, if students do not ask appropriate questions, SP can volunteer information listed in SP Actions column |

Debriefing/Guided Reflection

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

**Themes for this scenario:**

* Communication with a person with a disability who had a recent stroke
* Physical and psychosocial assessment of a patient with a stroke
* Manage of grief and loss after experiencing a stroke (or other life-altering medical condition)

We do not expect you to introduce all of the questions listed below. The questions are presented only to suggest topics that may inspire the learning conversation. Learner actions and responses observed by the debriefer should be specifically addressed using a theory-based debriefing methodology (e.g., Debriefing with Good Judgment, Debriefing for Meaningful Learning, PEARLS). The debriefing questions for consideration are organized into the phases of debriefing, as recommended by the Healthcare Simulation Standard of Best Practice™ The Debriefing Process. The following phases are included below: Reactions/Defuse, Analysis/Discovery and Summary/Application. Remember to also identify important concepts or curricular threads that are specific to your program.

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| **Debriefing Phase** | **Debriefing Questions for Consideration** |
| Reactions/ Defuse  | How did you feel throughout the simulation experience? |
| Give a brief summary of this patient and what happened in the simulation. |
| What were the main problems that you identified? |
| Analysis/ Discovery | Discuss the knowledge guiding your thinking surrounding these main problems. |
| What were the key assessment and interventions for this patient? |
| Discuss how you identified these key assessments and interventions. |
| Discuss the information resources you used to assess this patient. How did this guide your care planning? |
| Discuss the clinical manifestations evidenced during your assessment. How would you explain these manifestations? |
| Explain the nursing management considerations for this patient. Discuss the knowledge guiding your thinking. |
| What information and information management tools did you use to monitor this patient’s outcomes? Explain your thinking. |
| How did you communicate with the patient? |
| What specific issues would you want to take into consideration to provide for this patient’s unique care needs? |
| Discuss the safety issues you considered when implementing care for this patient. |
| What measures did you implement to ensure safe patient care? |
| What other members of the care team should you consider important to achieving good care outcomes? |
| How would you assess the quality of care provided? |
| What could you do improve the quality of care for this patient? |
| Summary/ Application | If you were able to do this again, how would you handle the situation differently? |
| What did you learn from this experience? |
| How will you apply what you learned today to your clinical practice? |
| Is there anything else you would like to discuss? |

Guided Debriefing Tool

The NLN created a Guided Debriefing Tool to provide structure from which facilitator observations can make objective notes of learner behaviors in simulation in direct relationship to the learning outcomes. [Download the NLN Guided Debriefing Tool](https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/sirc/guided-debriefing-tool.docx?sfvrsn=f659d27e_3).

Important Note

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

Did the learners:

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

The authors have created an Observation Tool and Critical Elements for assessing learners in this simulation. Access the [Observation Tool and Critical Elements: Mary Lou Brady Acute Care Simulation #1](https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/ace-series/ml-brady-sim-1-observation-tool-and-critical-elements.pdf?sfvrsn=81afa80d_0) document.