Simulation Design Template

Mary Lou Brady Simulation #2

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

Brief Description of Patient

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

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

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

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

**Weight**: [weight of simulated patient. Since weight gain is important data to collect, it has been highlighted in yellow in template and chart materials so you can insert actual weights.]

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

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

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

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

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

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

**Past Medical History:** Mary Lou had a stroke 6 years ago while she was in college. She has residual paralysis of the left upper extremity, and her left leg. She is right handed.

**History of Present Illness:** Mary Lou is coming to the maternal/child office for a prenatal visit. She is currently pregnant at 28 weeks. A thorough history was taken on her initial visit and details are provided in her chart. She is currently a healthy woman.

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

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

**Surgeries/Procedures & Dates:** None

Psychomotor Skills Required of Participants Prior to Simulation

Prenatal assessment including high-risk pregnancy.

Cognitive Activities Required of Participants Prior to Simulation

Use textbook, lecture notes and other assigned readings to review

* prenatal assessment for a woman in the second trimester
* health and safety factors related to care of a pregnant woman with a history of stroke
* signs and symptoms of pre-eclampsia

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)
* [Nursing Assessment and Care of the Pregnant Woman with a Disability Guidelines©](https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/ace-series/nsg-assessemnt-of-wwd-pregnancy-guidelines.pdf?sfvrsn=d1aaa80d_6)
* [Definitions Related to Disability©](https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/ace-series/definitions-related-to-disability-7-20-17.pdf?sfvrsn=a0b2a80d_0)

Simulation Learning Objectives

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

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

Simulation Scenario Objectives

1. Complete a focused prenatal assessment, including risk for pre-eclampsia, for a well pregnant woman who has a physical disability from a stroke.
2. Provide appropriate teaching and any needed education or resources for a well pregnant woman who has a physical disability from a stroke.
3. Incorporate appropriate communication techniques in interactions with a well pregnant woman who has a physical disability from a stroke.
4. Recognize the implications of the patient’s existing disability on the patient’s current and future health care needs.

Faculty Reference

The Healthcare Simulation Standards of Best Practice™

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

Obstetric textbook of choice.

Preeclampsia Foundation. (2021). Signs and Symptoms. Is it just a pregnancy symptom or something more? Retrieved from: <http://www.preeclampsia.org/health-information/sign-symptoms>

Setting/Environment

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

Equipment/Supplies

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

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

**Other Props & Moulage:** Use a pregnancy belly so that fundal height can be assessed.

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

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| **Equipment Attached to Manikin/Simulated Patient:**  ID band  IV tubing with primary line fluids running at \_\_mL/hr  Secondary IV line running at \_\_ mL/hr  IVPB with \_\_ running at \_\_ mL/hr  IV pump  PCA pump  Foley catheter with \_\_\_mL output  02  Monitor attached  Other:  **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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| Nurse 1  Nurse 2  Nurse 3  Provider (physician/advanced practice nurse)  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | Observer(s)  Recorder(s)  Family member #1  Family member #2  Clergy  Unlicensed assistive personnel  Other: |

Guidelines/Information Related to Roles

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

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

Pre-briefing/Briefing

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

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

Report Students Will Receive Before Simulation

**Time:** Any time of day

**Person providing report:** Sara Miller, RN, CRNP

**Situation:** Mary Lou Brady is a 26-year-old gravida 1, para 0 woman who is coming to the maternal-child care (MCH) office for a prenatal visit.

**Background:** This is Mrs. Brady’s first pregnancy. Mary Lou had a right-sided stroke 6 years ago while she was in college. She has residual paralysis and left-side deficits of both her upper and lower extremities. She usually walks without assistance, and is able to move her left shoulder, but is unable to moveher left arm without moving or lifting it with her right arm. She is right-handed. She does not have fine motor movements of the fingers on her left hand. Her left leg can bear weight and move, and she can ambulate without assistive devices, but she often will swing her left leg while walking. Her last prenatal visit was at 24 weeks. At that time her vital signs were stable. Her urine dipstick test was negative for protein and glucose. Fundal height was within normal limits and Mary Lou reports positive fetal movement. Patient denied any cramping, vaginal bleeding or discharge, leakage of fluid. Her nutritional intake was reviewed and patient education was provided. Discussed laboratory studies required and glucose screening for next prenatal visit. Patient expressed no concerns at this time. Follow-up was scheduled in 4 weeks.

**Assessment:** Mary Lou’s previous prenatal visits have been within normal limits. Today, the patient care tech took her vital signs and they were: Temp 98; Pulse 72; R 18; BP 134/88. Her urine dip was negative for protein and glucose. Her Blood Type is O positive.

**Recommendation:** Complete a 28**-**week prenatal assessment and initiate appropriate care as needed. Follow up on any needed assessment and teaching concerns. Because of her previous stroke history and slight rise in blood pressure today, please include an assessment for headache, possible vision changes, balance and gait, and explore any other symptoms with her.

Scenario Progression Outline

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

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 minutes** | **Mary Lou is in exam room.**  **States:** “I am worried because the person who took my blood pressure said it was higher than it has been before. That sounds bad.”  BP: 134/88 (SP can hand this result to learner on a card). | **Learners should begin by:**   * Performing hand hygiene * Introducing selves * Confirming patient ID * Asking patient how she is doing * Re-takes BP * Responds to Mary Lou**’**s concerns about BP by stating s/he needs to ask her some questions and do an assessment in order to determine if the increase in BP is of concern. | **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. |
| **5-15 minutes** | **Pregnancy belly** set so fundal height is approximately 8 cm above umbilicus.  While fundus is assessed,  **SP states:** The baby has been really active and kicking.  No swelling of extremities  Gait is “normal” for patient; left leg swinging out as she walks. Holds left arm while seated  **SP responses to questions:**  Has been feeling well overall, her only complaint is that she has had some headaches and indigestion.  **If asked level of pain:** states 3 or 4 on scale of 0-10. Takes acetaminophen and usually gets relief.  If asked about indigestion: states she takes calcium carbonate tablets. “Sometimes it helps, sometimes it doesn’t.”  Breakfast: oatmeal with fruit and milk  Snack: apple with peanut butter  Lunch: turkey sandwich with lettuce, tomato, avocado  Snack: yogurt  Dinner: salmon, baked potato, and broccoli.  Dessert: ice cream sandwich, low calorie. | **Learners should complete a prenatal assessment that includes:**   * Fundal height * Checking extremities for edema * Assessment of gait   **Learners should ask questions appropriate for this stage of pregnancy**.  Educates the patient about the difference between indigestion and epigastric pain. Suggests symptom relief options (e.g., small frequent meals, not eating later in evening, taking antacid PRN).  Asks about nutritional intake past 24 hours | **Role member providing cue:**  Simulated patient  If learners do NOT follow up and collect additional information about headaches or indigestion, SP should say: “I have been having headaches and want to be sure that acetaminophen is safe to take.” |
| **15-20 minutes** | **Mary Lou states:**  “I’ve heard that headaches in pregnancy can be serious, is this something I should be worried about?” | **Learners are expected to assess teaching needs and begin teaching:**  **Discuss** increase in blood pressure and the risks associated with hypertension in pregnancy, headache, and indigestion – could be indicative of preeclampsia. ML’s medical history puts her at higher risk for another possible stroke due to increasing BPs, hypercoagulation related to pregnancy, and increased blood volume due to pregnancy.  **Educate** the patient on s/s of when to call the OB, s/s of premature labor, s/s of high blood pressure (headache, blurred vision, epigastric pain), s/s of stroke.  **Reassure:** While she has had a small increase in her blood pressure, it is not outside of normal limits at this time and no protein in urine. But because of her medical history, the team will continue to watch it closely. | **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
* Assessment of a pregnant woman in an outpatient setting and gestational hypertension
* Patient education related to pregnancy and gestational hypertension

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 #2](https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/ace-series/ml-brady-sim-2-observation-tool-and-critical-elements.pdf?sfvrsn=9dafa80d_2) document.