Essential Simulation Course

Jacob Easton

Workplace Personalities Issues

Jacob Easton

S/p MVA with emergency tracheostomy, patient requires airway suctioning, additional focus on resolution of conflict and unprofessional behavior

Table of Contents

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Scenario Recordkeeping

Simulation Name:	Jacob Easton		
Name & Title of Designer:	• Amy Cowperthwait, RN, MSN, BC-ACNS, CHSE, CEO- Avkin • Megan Weldon, CHSE, Director of Education, Avkin • Kim Anderson, BPS, NRP, CHSE, Simulation Education Specialist- Avkin	Reviewers:	• Katie Parris, MS, BSN, RN, CHSE • Hannah Schroeder, MSN-Ed, CNE, CHSE, PCCN-K
Date Designed: (Preparation)	6/8/2020	Level of Complexity or Participant Experience:	Novice
Date Evidence Last Reviewed:	Date:	Approval / Reviewed by Simulation Coordinator:	☐Yes ☐No Date: Name:
Updates / Revisions:	☐Yes ☐No Date:	Target Audience (Role):	RN
		Target Audience (Dept):	Medical/Surgical Other
Subjects / Topics / Skills Covered:	● Professionalism ● Communication ● Tracheostomy Care/Suctioning	Addresses Top 10 Nursing Errors:	☐ Medication errors ☐ Identifying fall safety concerns ☒ Failure to rescue ☐ Managing lines and tubes ☒ Professionalism in challenging situations ☐ Monitoring a patient during administration of blood products ☐ Prioritization ☐ Infection control ☐ Interprofessional communication / reporting ☒ Difficult conversations with patients
Select QSEN Competencies Addressed:	☒ Patient-Centered Care ☒ Teamwork & Collaboration ☒ Evidence-Based Practice ☐ Quality Improvement ☒ Safety ☐ Informatics	Select Patient Safety Curriculum Domains Addressed:	*Foundational Domains* ☐ Error Science ☐ System Science ☒ Human Factors ☐ Technology *Linking Domains* ☐ Teamwork & Communication ☐ Leadership & Leading Change *Aspirational Domains* ☐ Culture of Safety ☐ Patient Oriented Safe Care
Expected Prebrief Time (minutes): 5	Expected Simulation Time (minutes) 15	Expected Debrief Time (minutes): 35	Expected Total Time (minutes): 55

Introduction

Message from Amy Cowperthwait

It has been widely reported that the transition from learning to competent and confident clinical practice is a challenge for healthcare providers. This compilation of simulations was developed to specifically target the top 10 errors made by new nurses in clinical practice:

- Medication errors
- Identifying fall safety concerns
- Failure to rescue
- Managing lines and tubes
- Professionalism in challenging situations
- Monitoring a patient during blood products administration
- Prioritization
- Infection control
- Interprofessional communication/ reporting
- Difficult conversations with patients

Each of these simulations were crafted to include simulated participants (SP) and the Avkin wearable technology line in order to duplicate the clinical setting so closely that learners are fully immersed from the start. This simulation package was developed to forge a new, safer frontier for education and training of nurses and other healthcare providers as they transition to bedside practice.

The simulations are broken into 4 sections for each of the participant groups:

- Section 1: Learner information- provides information that would be available in the Electronic Health Record (EHR) such as patient chart, active orders, lab, and radiology reports.
- Section 2: Facilitator-set up notes, simulated medication labels, patient armband, objectives (Affective (A), Cognitive (C), Psychomotor (P)), Quality and Safety Education for Nurses (QSEN) competencies, SBAR for starting the scenario, scenario progression sheet as well as prebrief and debrief notes.
- Section 3: SP educator- Included in this section are SP character descriptions, training videos, dry run and dress rehearsal best practice suggestions, set up notes, and SP preparatory assignments.
- Section 4: SP- contains all items needed to learn the character and participate in the simulation to provide rich, human interaction with the provider.

These simulations were developed by our Certified Healthcare Simulation Educators with deep character profiles imagined by our simulated participant expert and have been reviewed and edited by the following leaders in simulation: Alaina Herrington, DNP, RN, CHSE-A, CNOR, Katie Parris, MS, BSN, RN, CHSE, and Hannah Schroeder, MSN-Ed, RN, CNE, CHSE, PCCN-K to provide highly specific outcomes and results demanded by your fellow educators. Our experts in simulation and simulated participants are available through consultation services to expand programs, support existing programs, and provide a unique perspective on the use of technology to enhance the use of Simulated Participants.

The design of this innovative simulation program is also outlined in the following concept map. In the event you are new to simulation, resources are provided below to get you started.

Simulation Resources

ASPE Standards of Best Practice

Evaluating Healthcare Simulation – Freely available instruments developed to evaluate simulation-based education

Establishing a Safe Container for Learning in Simulation

Free Clinical Simulation Online training from George Washington University

INACSL Repository of Instruments Used in Simulation Research

INACSL Standards of Best Practice: Simulation Debriefing

Learner Self Reflection Form

NLN Simulation Innovation and Resource Center (SIRC) Tools and Tips

Patient Safety Curriculum

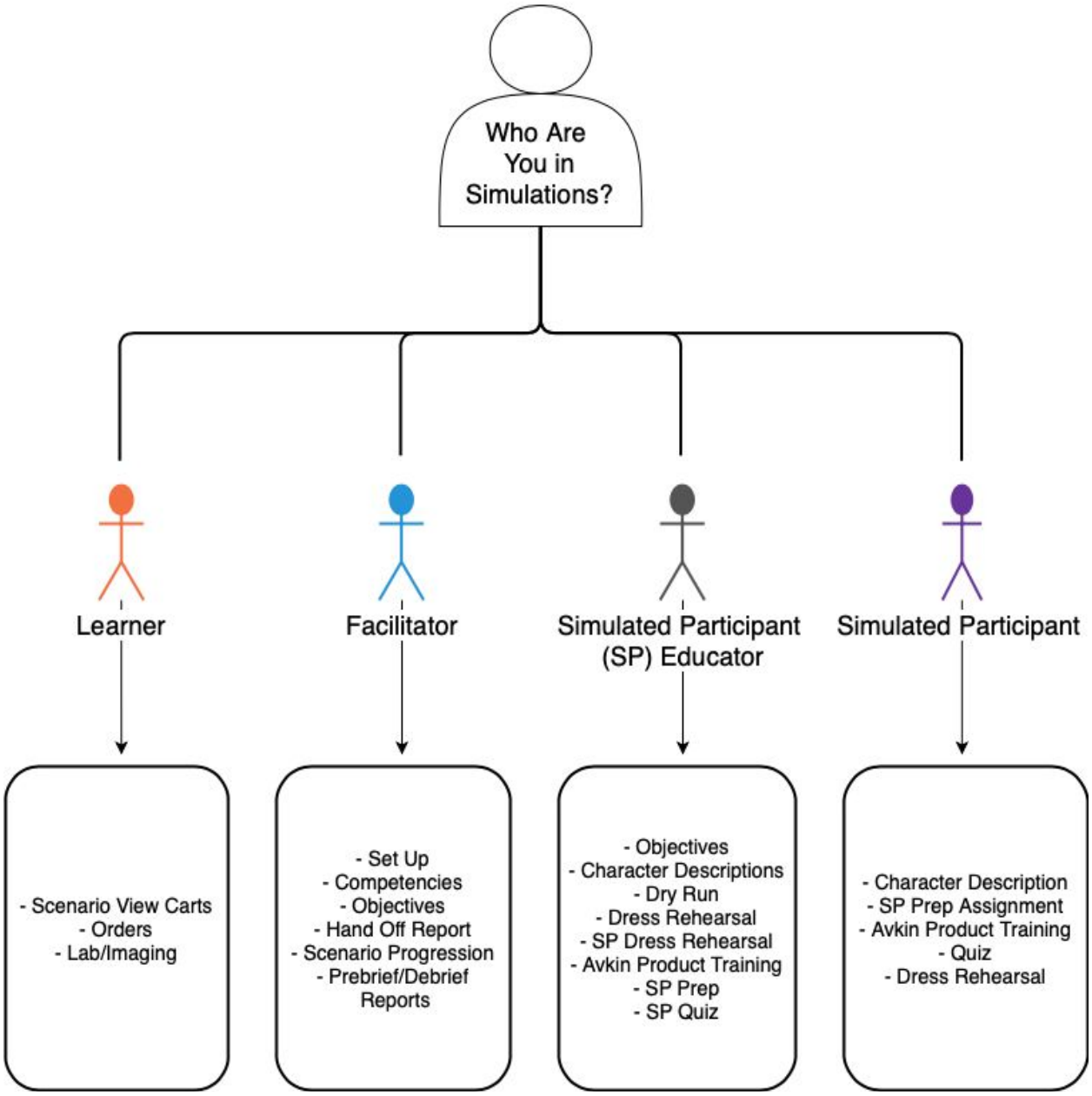
Simulation Evaluation Tool - Modified

Society for Simulation in Healthcare – Healthcare Simulationist Code of Ethics

Society for Simulation in Healthcare- Healthcare Simulation Dictionary

SP Feedback form

Concept Map



*Colors on the concept map correspond to tabs on the following pages.

=Learner

=Simulated Participant (SP) Educator

=Facilitator =Simulated Participant

Section 1 Learner Information

Scenario Overview

You will receive a shift change report at the beginning of the scenario. When available, information below should be provided as part of a simulated Electronic Health Record (EHR).

Patient History

Patient Chart:				
Name: Jacob Easton				Support/Family: Hannah Reese
Age: 24	DOB: 12/28/XXXX	Gender: M	Height: TBD	Weight: TBD
Admit Diagnosis: Multi-system trauma				
Presenting Complaint: Compound left femur fracture and blunt tracheal injury following a motor vehicle collision (MVC). History of Present Illness: Injuries sustained in a motor vehicle collision (MVC). He was treated in the Emergency Department (ED) and taken to surgery for an emergency tracheostomy and open-reduction and internal fixation (ORIF) of the left femur. Postoperatively, transferred to the Surgical Intensive Care Unit (SICU) for overnight observation and then to the Medical-Surgical floor. It is now post-op day two (POD #2).				
HR: 72		BP: 116/72	RR: 16	O2 Sat: 95% room air
Temp: 99.0°F		BGL: 82 mg/dL		GCS: 15
Assessment: Pain: Pain in left knee (4/10) and left upper arm (2/10) with movement. General Behavior/Communication: Pleasant and cooperative, anxious about discharge. Cardiovascular: Normal sinus rhythm. Respiratory: Lung sounds clear. GI: Bowel sounds hypoactive, present x 4 quadrants. GU: Urinary catheter draining approximately 70 mL per hour. To be discontinued this morning. Extremities: Wiggles toes freely. Normal sensation bilateral upper and lower extremities. Skin: Warm and dry. Bruising to arm and knee secondary to MVC. Neurological: Alert, awake and oriented to person, place, time, and situation. No neurological deficits. Labs: CBC daily and vancomycin peak and trough with each administration. IVs: 0.9% Sodium Chloride at 125 mL/hour via 20g PIV in the right forearm.				
Allergies: None			Immunization Status: UTD	
Primary Care Provider: Khan			Religion: Christian- Non-Denominational	

Lab Results

Trended Test Results

TEST	RESULT			REFERENCE RANGE
CBC:	POD #0	POD #1	POD #2	
RBC	5.0	4.5	4.6	4.32-5.72
Hgb	13.5	12.2	12.5	13.5-17.5
Hct	40.5	36.6	37.8	38.8-50.0
WBC	6.0	10.5	15.2	3.5-10.5
PLT	420	400	410	150-450
CHEMISTRY:	POD #0	POD #1	POD #2	
Albumin	4.7	4.8	4.7	3.4-5.4 g/dL
Alkaline phosphatase	115	120	118	44-147 IU/L
ALT	22	20	22	7-40 IU/L
AST	20	18	20	10-34 IU/L
BUN	15	14	13	6-20 mg/dL
Calcium	8.9	9.0	9.1	8.5-10.2 mg/dL
Chloride	97	99	98	96-106 mEq/L
Co_2	26	28	27	23-29 mEq/L
Creatinine	0.9	1.1	1.0	0.6-1.3 mg/dL
Glucose	78	88	84	70-100 mg/dL
Potassium	4.0	4.2	4.5	3.7-5.2 mEq/L
Sodium	138	140	145	135-145 mEq/L
Total Bilirubin	0.9	1.1	1.0	0.3-1.9 mg/dL
Total Protein	7.0	7.5	7.4	6.0-8.3 g/dL
eGFR*:*	116	115	114	> 90 mL/min/1.73m^2

Radiology Reports

IMAGING REPORT FROM ED ARRIVAL	
History	MVC - Trauma Alert In ED
Chest X-Ray	
Findings	No abnormality noted
Chest CT	
Findings	70% Tracheal collapse with cervical emphysema
Left Leg X-Ray	
Findings	Mid-shaft femur fracture, left leg
Head CT	
Findings	No tumor or lesions noted; no abscess or hydrocephalus noted. Skull appears to be intact with no bleeding noted; sinus cavities clear with no signs of disease. Impression: No abnormalities noted

Active Orders & MAR

- Admit: Dr. Khan
- Full code
- Medications:
    - Docusate sodium 100 mg PO every morning
    - IV 0.9% NS 125 mL/h

    - Cefazolin 500 mg IVPB every 6 hours
    - Ondansetron hydrochloride 4 mg IV push every 4 hours as needed for nausea
    - Pantoprazole 40 mg IVP daily
    - Enoxaparin Sodium injection 40mg SUBCUTANEOUSLY every 12 hours
    - Diphenhydramine hydrochloride 25 mg IV push every 6 hours prn pruritus
    - Morphine sulfate PCA: 1 mg/mL concentration. Loading bolus dose = 2 mg; Patient controlled dose = 1 mL; Lockout interval = 8 minutes; Continuous dose = 2mg/hour; 4-hour limit = 24 mg
- Nursing:
    - Leg immobilizer and Non-weight bearing left leg
    - Sequential compression devices while in bed
    - Discontinue indwelling catheter on POD #2
    - Notify HCP for HR >140 or < 60, SPB <100 or >180, Temp. >100.4
    - I & O every 4 hours notify HCP if urine output <240 mL/8 hours
    - If respiratory rate less than or equal to 8 breaths per minute or difficult to arouse, stop PCA infusion and administer Naloxone 0.04mg IV push every two minutes until ventilation adequate and notify HCP immediately
- Lab:
    - CBC, CMP in AM on POD #2 (results noted in section below)
- Respiratory:
    - Incentive spirometry every hour while awake with T-piece to tracheostomy
    - Oxygen 3 L via trach collar NPO
    - Tracheostomy care every shift and PRN
- Consult:
    - PT Consult- Crutch training
    - SLP- Swallow eval

OT Consult- New tracheostomy

SECTION 2: Facilitator Information

Level of Learner

Beginning Post Licensure- Transitioning from academic to clinical practice, passed licensure exam, within first 6 months of professional practice/residency. Consider use in cases of returning to the workforce or following alteration to normal practice.

Scenario progression:

Oxygen saturations will be dropping and not rebounding with coughing. The patient will require suctioning of tracheostomy to return saturations to acceptable range. Jacob is also complaining of increased pain. He overhears an angry overbearing provider speaking disparagingly in the hallway. The provider says Jacob deserves what happened to him because (he/she assumes) Jacob was under the influence. The provider bases this assumption on the fact that Jacob is still "in pain" even though he has a PCA. Learners should address the lack of professionalism Jacob overheard by diffusing the situation and carry out the provider's orders.

QSEN Competencies

Patient Centered Care:

Knowledge: Physical comfort and emotional support.
Skill: Communicate care provided and needed at each transition in care.
Attitude: Value the patient's expertise with their own health and symptoms. Seek learning opportunities with patients who represent all aspects of human diversity. Appreciate shared decision making with empowered patients and families, even when conflicts occur.

Teamwork and Collaboration:

Knowledge: Recognize contributions of other individuals and groups in helping the patient/family achieve health goals.
Skill: Assume role of team member or leader based on the situation. Initiate requests for help when appropriate to the situation.
Attitude: Acknowledge own potential to contribute to effective team functioning. Value the perspectives and expertise of all health team members.

Evidence Based Practice:

Knowledge: Explain the role of evidence in determining best clinical practice.
Skill: Base individualized care plan on patient values, clinical expertise and evidence.
Attitude: Value the need for continuous improvement in clinical practice based on new knowledge.

Safety:

Skill: Communicate observations or concerns related to patient safety to patients, families and the health care team.
Attitude: Value own role in addressing patient safety concerns.

Patient Safety Domains

Human Factors

Human cognition

Teamwork & Communication

Handoffs and gaps
Team behavior
Delegation

Culture of Safety
Professionalism and ethics

Patient Oriented Safe Care
Relationship centered communication
Engaging patients and families as team members

Simulation Set-up/ AvkinProducts/ Needed Equipment/ Supplies/ Props

Needed equipment	Learner supplies	Presentation of the patient
Avstick	Stethoscope	Patient wearing hospital gown
Avtrach w/ simulated mucus	Professional Dress	Appliances, etc.: ● Immobilizer on Left leg ● Sequential compression device ● Urinal/Bedpan ● Crutches
Avkin App (coarse crackles upper lobes, faint crackles-bases)		Moulage: Bruising and abrasions on neck and chest consistent with MVC
Tracheostomy care kit Tracheostomy suction kit Suction source Oxygen Trach collar with oxygen mask/tubing		Patient in bed or on a stretcher non-verbal communication-anxiety. IV placed in Avstick (unless skills to be included in sim)
Dry erase board/markers or pen/notepad for communication		
Simulated medications (below)		
Simulated BP Cuff		
Pulse Ox (simulated)		
IV pump with multiple channels		
EHR		

Simulation Objectives

Objectives not shared with learners:

1. (A) Responds within 10-15 minutes to the patient's change in respiratory condition.
2. (A) Appropriately discerns patient care priorities given patient assignment and recognizes need for additional support.
3. (C) Recognizes inconsistencies / discrepancies in hand off report and asks appropriate follow-up questions.
4. (C) Identifies and considers available resources (staff &/or equipment) to assist in decision making.
5. (P) Performs a thorough and efficient physical assessment and necessary interventions using evidence-based techniques following infection prevention standards.
6. (P) Responds to patient safety concerns in a professional and timely manner.

Objectives shared with learners:

1. (A) Responds empathetically to patient concerns and clearly communicates the plan of care.
2. (C) Synthesizes verbal hand off report and assessment findings to prioritize patient care, determine appropriate interventions, follow-up conversations, and delegation opportunities.
3. (P) Demonstrates ability to effectively communicate with the patient and care providers while advocating for the patient.

Prebriefing Information/ SBAR report

PREBRIEFING POINTS

1. Conduct the prebrief orientation WITHOUT the simulated participants (SPs) in the room.
2. Inform learners that they will be interacting with a simulated participant.
3. Inform learners how much time they have for the interaction & objectives.
4. Inform learners that the facilitator will call the simulation when all of the objectives have been met or the time has run out (they should not stop the simulation until they are notified the simulation is completed).
5. Inform learners of "Safe Container" (if offered) and provide guidelines including a fiction contract and learner confidentiality agreement.
    a. Provide "safe word" for SP and learner within simulation participation guidelines for organization.
6. Provide Hand Off report (this can be done bedside but be sure SPs are aware that the hand off report is a part of the simulation).

Hand-Off Report

Situation:

Jacob Easton is a 24-year-old male, status post tracheostomy and open-reduction internal fixation of the left femur resulting from injuries sustained in a motor vehicle collision (MVC). Postoperatively, Jacob was transferred to the Surgical Intensive Care Unit (SICU) for overnight observation and then to the Medical-Surgical floor. It is now post-op day two (POD #2). He has been repeatedly asking for more pain medication. Labs were drawn an hour before shift change.

Background:

Jacob sustained a compound left femur fracture and blunt tracheal injury in an MVC two days ago when he fell asleep at the wheel and hit a tree while driving home late from work. He was admitted via the Emergency Department (ED) and taken to surgery for a collapsed trachea requiring emergency tracheostomy and open-reduction and internal fixation (ORIF) of the left femur. His medical and surgical history is unremarkable; he has no known drug allergies and was in good physical health prior to the MVC. Jacob owns and operates a coffee shop and lives in an apartment. He has a very close relationship with his parents who are currently on a Greek Island Cruise and trying to get home. His girlfriend of 3 years, Hannah, is 2 months pregnant and has remained at his bedside keeping his parents informed and appearing overwhelmed and emotional.

Assessment:

Vital signs: (3 hours ago) BP 120/74, HR 68, RR 16, T 100.6˚F, SPO_2 95% on 3 liters oxygen per trach collar.

Pain: Effective pain management with morphine patient-controlled analgesia (PCA), when used as indicated.

General Behavior/Communication: Appears frustrated and scared. Very hesitant with care and reacts to any issues in anger. He often opens his mouth to speak but cannot. He will use the whiteboard or pen and paper to communicate.

Cardiovascular: Normal sinus rhythm.

Respiratory: Lung sounds diminished with faint crackles in the bases. Occasional coarseness noted in the upper lobes and congested cough at times, both of which clear with trach suctioning.

GI: Bowel sounds present x 4 quadrants. NG discontinued last evening. NPO.

GU: Urinary catheter draining approximately 70 mL per hour. To be discontinued this morning.

Extremities: Wiggles toes freely. Normal sensation bilateral lower extremities. Immobilizer on left leg.

Skin: Warm and dry. Facial, neck, and chest bruising noted. Surgical dressing dry and intact to left thigh.

Neurological: Alert, awake and oriented to person, place, time, and situation. No neurological deficits.

Labs: CBC and CMP this AM.

IVs: 0.9% Sodium Chloride at 125 mL/hour via 20g PIV in right forearm.

Recommendations and Active Orders: Implement active orders and monitor patient status.

Expected Simulation Flow

Scenario Progression			
Patient State/Vitals	SP interaction/ Cues	Expected Actions and Progression	Notes
Prebrief (see below) *0-5 minutes*	***SP should not be in the room if prebrief is conducted in the patient room		Learners should not see SP prior to start of the simulation

1. Initial interaction: *5-10 minutes*	● Restless, hurt/angry appearance in response to overheard conversation at med cart. ● Begin to exhibit signs of dyspnea (restless, anxious, rapid shallow respirations); tachypnea, pulse ox begins dropping.	Correct Action: ● Learner prepares meds for the patient before entry. ● Learner enters and addresses unprofessional conversation. ● Initial assessment.	Incorrect Action: ● Not recognizing patient overheard conversation.	*Interaction notes:* A facilitator or other SP will engage the learner as meds are prepared by saying loudly enough for the Patient SP to hear, "Pain exceeds the PCA, huh? I guess that's a problem when you bang yourself up driving under the influence in the first place. I get so sick of seeing these people here. Why do the good ones die?"
2. Initial Assessment: HR: 76 BP: 124/72 RR: 14-18 SpO2: 92% T: 100.6°F ECG: Sinus Rhythm *10-20 minutes*	● Indicate need for suctioning with mild dyspnea; low pulse ox, tachypnea, coarse breath sounds, coughing, desperate facial expressions (wide eyed, panicked). ● The patient indicates need for suctioning with physical gestures. ● If needed, communicate the need in writing.	Correct Action: ● Administer medications, reeducate on PCA. ● Perform focused assessment. ● Identify diminishment and faint crackles at bases with coarseness in upper lobes and cough, initiate suctioning.	Incorrect Action: ● Not using 5 Rights of medication administra-tion. ● Does not perform suction properly or at all.	
3. Debrief and SP Feedback (see below) *20-55 minutes*	● SP preparing notes for debriefing ● Feedback provided (3-5 minutes) ● Available for questions			Debriefing and SP Feedback (See below)

EXPECTED SIMULATION TIMELINE

Timeframe	Simulation Activity	SP Interaction/ Cues

0-5 min	Prebriefing Notes: See Below	
5-10 min	Learners prep medications for the patient before entry. Learners enter and address unprofessional conversation, reeducate on PCA	Pt is restless, has a hurt/angry appearance in response to overheard conversation at med cart.
10-20 min	Perform assessment and identification of diminishment and faint crackles at bases with coarseness in upper lobes and cough, initiate suctioning	Pt indicates need for suctioning and signs of mild dyspnea.
20-55 min	Debriefing & SP Feedback (See below)	SP Preparing notes for debriefing Feedback provided (3 -5minutes) Available for questions

Debriefing Points

We're going to take the next 20 minutes to debrief the case and we will:

Talk about your feelings and discuss the simulation objectives; discuss what happened in a summary type format.

Analyze what learnings from previous simulations/ clinical experiences you integrated into this simulation.

Explore what went well and look at what you might do differently and why.

Discuss what your thoughts were at various points during the simulation in relation to the objectives and QSEN competencies.

Talk about how you may apply what you've learned today to the clinical setting.

1. Defuse/ De-role
    a. What learnings from previous simulations/ clinical experiences did you integrate into this simulation? Were they successful?
    b. What do you think went well? Unpack more.
    c. What you might do differently if you had a second chance? Why?
    d. Anything in the simulation you felt as though you were not prepared to address with the patient?
2. Discovery
    a. Obtain feedback from SP.
    b. Ask SPs to resolve any undiscussed questions or concerns mentioned during defuse/ de-role.
    c. Let's slowly analyze simulation and summarize the case (feel free to include SPs if appropriate).
        i. Objectives
        ii. QSEN Competencies
    d. Any concerns we have not discussed?
3. Deepening
    a. What strategies or interventions are helpful going forward?

b. Share one key take-away.
c. Summarize the key learning points (focus on objectives and feedback).

Patient Nameband & Medication Labels

0.9% Sodium Chloride Not for Human Use Simulation Only	**Diphenhydramine Hydrochloride** **50mg/5mL** Not for Human Use Simulation Only
Cefazolin **500mg/50 mL** Not for Human Use Simulation Only	**Ondansetron Hydrochloride** **2mg/mL** Not for Human Use Simulation Only
Morphine Sulfate **1mg/mL** Not for Human Use Simulation Only	**Naloxone** **1mg/mL** Not for Human Use Simulation Only
Enoxaparin Sodium **40 mg/0.4 mL** Not for Human Use Simulation Only	**Docusate Sodium** **100mg** Not for Human Use Simulation Only
Pantoprazole **40mg/10mL** Not for Human Use Simulation Only	**Piperacillin/Tazobactam** **45.g/50mL** Not for Human Use Simulation Only

Cefepime **1g/50mL** **Not for Human Use** **Simulation Only**	

Easton, Jacob
12/28/XXXX Age: 24 MRN: 12345678
Dr. Khan Hospitalized days: 2

SECTION 3 Simulated Participant Educator Information

Simulation Objectives

Objectives not shared with learners:

1. (A) Responds within 10-15 minutes to the patient's change in respiratory condition.
2. (A) Appropriately discerns patient care priorities given patient assignment and recognizes need for additional support.
3. (C) Recognizes inconsistencies / discrepancies in hand off report and asks appropriate follow-up questions.
4. (C) Identifies and considers available resources (staff &/or equipment) to assist in decision making.
5. (P) Performs a thorough and efficient physical assessment and necessary interventions using evidence-based techniques following infection prevention standards.
6. (P) Responds to patient safety concerns in a professional and timely manner.

Objectives shared with learners:

1. (A) Responds empathetically to patient concerns and clearly communicates a plan of care.
2. (C) Synthesizes verbal hand off report and assessment findings to prioritize patient care, determine appropriate interventions, follow-up conversations, and delegation opportunities.
3. (P) Demonstrates ability to effectively communicate with the patient and care providers while advocating for the patient.

Character Description

Name: Jacob Easton
Age: 24
Birthday: 12/28/XXXX
Profession: Business Owner
Current Emotional State: Frustrated and overwhelmed
Environment/setting/location: Med-Surg

Background and Guidelines:

Jacob has always had a close relationship with his parents. He has felt well supported and lucky to have both his parents. He is an only child and it has always just been him and his parents. Jacob attended private schools his entire life and has been in travel hockey and soccer leagues since middle school. He is still very active and enjoys playing soccer and running. Jacob attended and graduated from the same school as his father. His dad has always encouraged him to be a lawyer but Jacob has never wanted to go into that profession.

Last year after his college graduation Jacob decided to collaborate with his best friend and start a coffee shop. He has always had an entrepreneurial spirit and is excited about the opportunity to start something new. He enjoys going to work everyday and the different challenges that come. Luckily Jacob is 24 and still under his parents health insurance. Jacob and his dad recently have had a lot of tension about Jacob not using his degree (that his dad paid for) just for him to start an unrelated business that could fail. Jacob is very confident that the coffee shop will be a

success but it needs time. He does feel some intertermoil like he is letting his father down by not following his degree.

Jacob recently received some life changing news that his girlfriend Hannah is pregnant. They have been dating since college and planned on getting married in a few years. Jacob has been completely thrown by this information. He does not feel ready to be a dad and feels a bit like he is ending his party lifestyle to now raise a child. Recently they started decorating a room in their apartment which has gotten him more excited about being a father and what he can teach his children. During this tense time with his father Hannah has been a huge support and it has really strengthened their relationship. Hannah supports Jacobs dreams of owning this coffee shop.

Jacob was working late and on his way home he got into an accident. Jacob does not have a memory of the accident and just woke up in the hospital.

Jacob had to receive an emergency trach due to a damaged windpipe. This is the second day after surgery and he has not had time to really understand or process how big of a change this is going to be. He spent the first night in the Surgical Intensive Care Unit (SICU) and transferred out to the Medical-Surgical floor yesterday.

Health:

Was in good physical health until the MVC and now has many bruises, a broken leg that required surgery, and a tracheostomy.

Family:

Jacob is an only child and very close to his parents. Recently he has been having stress with his dad and things have been a bit tense. His parents were on vacation and are still trying to get home. His girlfriend of 3 years, Hannah, is 5 months pregnant.

Housing:

Hannah and Jacob live in a two bedroom apartment.

Social History:

Smokes weed occasionally, drinks alcohol a few times a week, mostly beer.

Academic:

Graduated 2 years ago with 4-year pre law degree.

Interaction Guidelines:

Jacob will be glaring and visibly upset toward the nurses when they come in to talk. He will show obvious discomfort and a feeling that he is not comfortable in this "new" body. Not remembering to push his pain pump button, Jacob asks for more pain meds due to his leg and overall discomfort. He then overhears a conversation in the hall between providers referencing his request for pain meds insinuating he must be an addict and that he deserved and likely caused the MVC. He is also experiencing shortness of breath and his trach needs to be suctioned. Jacob will use a whiteboard or pen and paper to angrily communicate. When people are having a hard time understanding he begins to get frustrated and roll his eyes or display anger in his face. When people can understand him, he gets very excited. Jacob often opens his mouth to speak but is unable to and it is obvious in his face that he has frustration when he remembers he is unable to talk. Hannah is often speaking over Jacob in an effort to help since he cannot speak. In this effort to guess what he is thinking Hannah is often wrong and this frustrates Jacob. Explaining suctioning scares Jacob and he will show concern and fear on his face. After suctioning if his carina is hit, he will show respiratory distress (tachypnea, low pulse ox, look of distress) and ask if its normal for him to cough like that. If the nurse goes to do a

second pass after the first, Jacob will need time to recover from loss of oxygen. Jacob should not become an obstacle to the nurse suctioning, but he does need reassurance before proceeding.

Tracheostomy Patient and Family Interviews

SP Character Description- Girlfriend

Name: Hannah Reese
Age: 23
Birth Date: 3/9/XXXX
Overall Emotional State:

Confused and emotional. A lot of tears and a lot of questions. JEnvironment/setting/location: Medical-Surgical Nursing Unit, at Jacob's bedside.

Family Member Role and Behavior Overview

Background and Guidelines:

Hannah has been dating Jacob for 3 years. Recently Jacob has had a strained relationship with his family. Hannah has felt like she really needs to fill in the gaps and support him. She wants to get married and with this accident it feels like their plans are starting to crumple.

Health:

5 months pregnant.

Family:

Both of Hannah's parents live in the next state over, about 5 hours away. Hannah may reference them in the simulation and say they are praying for Jacob and are on their way. Hannah is very close to Jacob's family as well and is feeling slightly overwhelmed with Jacob's parents not being there yet, not to mention their questions as well as her own and trying to listen to what the healthcare providers are trying to say.

Interaction Guidelines:

Hannah feels overwhelmed and tired. She is doing her best just to be there and remember as much as she can. She wishes his parents were here to help with answering questions because she doesnt know a lot of the answers. Jacob is still under his family's insurance. Hannah is worried her stress is not good for the baby so she is trying to be calm. Hannah will answer for Jacob or look to him to try to speak for him, she is doing her best but gets frazzled if he gets upset. The whole situation is hard and the two of them feel in over their heads with all of these quick changes.

Dry Run

- ✔ Should be completed the first time a simulation is done in a facility, or any time major changes are made to simulation.
- ✔ Be sure to complete during a quite (or quieter) time if possible.
- ✔ If SP is not a subject matter expert, schedule meeting between SP Educator and Subject Matter Expert the day prior to the dry run to be sure there is understanding.

Dress Rehearsal

- ✔ Dress rehearsal should be scheduled in advance of the first scheduled simulation.
- ✔ If possible, have all SPs who will be playing this role attend the same dress rehearsal. A second option is joining remotely by video.
- ✔ SP Educator is lead for dress rehearsal. If this is a new simulation, the subject matter expert should also be included in the dress rehearsal.
- ✔ Begin with a BRIEF simulation overview (5-10 minutes max)- SPs should be coming prepared. Include information on bedside hand off report and the safe container, if appropriate. Include an introduction to the Avkin product line.
- ✔ Begin the dress rehearsal with a bedside hand off report if planned for simulation.
- ✔ Each SP should wear the appropriate Avkin products for dress rehearsal.
- ✔ Dress rehearsal structure should include a round robin where 1 SP starts the dress rehearsal while the other SPs observe from the control room or remain quiet observing from a different vantage point in the room. The dress rehearsal is paused after 5 minutes for coaching notes from the SP educator and / or subject matter expert. The next SP then assumes the role after coaching notes have been given and discussion is complete. The first SP will observe the remaining SPs performance from the control room. The dress rehearsal is completed once all individuals have had an opportunity to play in character, and all have observed each other play the same roles.
- ✔ Review flow of debriefing for simulation.
- ✔ Be sure all questions are answered before leaving.
- ✔ Helpful Tip- review simulation hours while all SPs are present and have them initial that they are available for each of their assigned simulations. Then, if there is a conflict with one of the SPs, the others are there to check their availability immediately.

Simulated Patient Dress/ AvkinProducts/ Needed Equipment/ Supplies/ Props

Simulated Patient Equipment, Supplies, and Prop Requirements: (Moulage make-up, arm/leg sling, etc.)

Moulage: Facial bruises and surgical dressing to left thigh. Many bruises on neck and chest.
Dress: SPs should bring their personal tank top and shorts. Institution to supply the hospital gown.
Prop: Dry erase board/markers or pen and notepad.
Avkin Products:

Avtrach- Wearable chest overlay with tracheostomy. Simulated mucus is injected into the Avtrach before the simulation for later suctioning. A vibration in the left strap will tell you when too much pressure has been applied to the faceplate. Your response should

be a gagging with some coughing. Right strap vibration indicates the suction catheter has been inserted too deeply hitting the carina. Real patients describe this feeling as extremely uncomfortable, like a hot poker to the chest. Your response is violent coughs that force you out of your laying position.

Avtrach SP Education

Avstick SP Education

Avstick-Wearable IV Sleeve. It has several layers of protection in it so you will not get stuck with the needle. Be sure the learners are looking for a "vein" on the Avstick. You can look away as they are getting ready to place the intravenous line and a vibration will tell you when the needle has penetrated the skin so you can react the way you have been taught in dress rehearsal to the actual insertion of the IV.

Simulated Patient Preparatory Information/ Assignment

Simulated Patient Preparation:

Memorize character description
View any videos or documents provided for background
Patient dress rehearsal

Flow of Simulation

Scenario Progression				
Patient State/Vitals	SP interaction/ Cues	Expected Actions and Progression		Notes
Prebrief (see below) *0-5 minutes*	***SP should not be in the room if prebrief is conducted in the patient room			Learners should not see SP prior to start of the simulation
1. Initial interaction: *5-10 minutes*	● Restless, hurt/angry appearance in response to overheard conversation at med cart. ● Begin to exhibit signs of dyspnea (restless, anxious, rapid shallow respirations); tachypnea, pulse ox begins dropping.	Correct Action: ● Learner prepares meds for the patient before entry. ● Learner enters and addresses unprofessional conversation. ● Initial assessment.	Incorrect Action: ● Not recognizing patient overheard conversation.	*Interaction notes:* A facilitator or other SP will engage the learner as meds are prepared by saying loudly enough for the Patient SP to hear, "Pain exceeds the PCA, huh? I guess that's a problem when you bang yourself up driving under the influence in the first place. I get so sick of seeing these people

				here. Why do the good ones die?"
2. Initial Assessment: HR: 76 BP: 124/72 RR: 14-18 SpO2: 92% T: 100.6°F ECG: Sinus Rhythm *10-20 minutes*	• Indicate need for suctioning with mild dyspnea; low pulse ox, tachypnea, coarse breath sounds, coughing, desperate facial expressions (wide eyed, panicked). • The patient indicates need for suctioning with physical gestures. • If needed, communicate the need in writing.	Correct Action: • Administer medications, reeducate on PCA. • Perform focused assessment. • Identify diminishment and faint crackles at bases with coarseness in upper lobes and cough, initiate suctioning.	Incorrect Action: • Not using 5 Rights of medication administra-ti on. • Does not perform suction properly or at all.	
3. Debrief and SP Feedback (see below) *20-55 minutes*	• SP preparing notes for debriefing • Feedback provided (3-5 minutes) • Available for questions			Debriefing and SP Feedback (See below)

Section 4 Simulated Participant Information

Simulation Objectives

Objectives not shared with learners:

7. (A) Responds within 10-15 minutes to the patient's change in respiratory condition.
8. (A) Appropriately discerns patient care priorities given patient assignment and recognizes need for additional support.
9. (C) Recognizes inconsistencies / discrepancies in hand off report and asks appropriate follow-up questions.
10. (C) Identifies and considers available resources (staff &/or equipment) to assist in decision making.
11. (P) Performs a thorough and efficient physical assessment and necessary interventions using evidence-based techniques following infection prevention standards.
12. (P) Responds to patient safety concerns in a professional and timely manner.

Objectives shared with learners:

4. (A) Responds empathetically to patient concerns and clearly communicates a plan of care.
5. (C) Synthesizes verbal hand off report and assessment findings to prioritize patient care, determine appropriate interventions, follow-up conversations, and delegation opportunities.
6. (P) Demonstrates ability to effectively communicate with the patient and care providers while advocating for the patient.

Level of Healthcare Learner(s

Beginning Post Licensure- Transitioning from academic to clinical practice, passed licensure exam, within first 6 months of professional practice/residency. Consider use in cases of returning to the workforce or following alteration to normal practice.

Scenario progression:

Oxygen saturations will be dropping and not rebounding with coughing. The patient will require suctioning of tracheostomy to return saturations to acceptable range. Jacob is also complaining of increased pain. He overhears an angry overbearing provider speaking disparagingly in the hallway. The provider says Jacob deserves what happened to him because (he/she assumes) Jacob was under the influence. The provider bases this assumption on the fact that Jacob is still "in pain" even though he has a PCA. Learners should address the lack of professionalism Jacob overheard by diffusing the situation and carry out the provider's orders.

SP Character Descriptions- (Patient)

Name: Jacob Easton
Age: 24
Birthday: 12/28/XXXX
Profession: Business Owner
Environment/setting/location: Med- surg floor, trauma step down, etc.

Current Emotional State: Frustrated and overwhelmed

Background and Guidelines:

Jacob graduated from college 2 years ago. He owns his own coffee shop. After driving home last night from his girlfriend's house, he was hit by another vehicle that did not see him while merging onto the highway. Jacob had to receive an emergency trach due to a damaged windpipe. This is the second day after surgery and he has not had time to really understand or process how big of a change this is going to be. He spent the first night in the Surgical Intensive Care Unit (SICU) and transferred out to the Medical-Surgical floor yesterday.

Environment/setting/location:

Med- surg floor, trauma step down, etc.

Current Emotional State:

Frustrated.

Health:

Was in good physical health until the MVC and now has many bruises, a broken leg that required surgery, and a tracheostomy.

Family:

Very close family. His parents were on vacation and are still trying to get home. Jacob is an only child and is very close to his parents. His girlfriend of 3 years, Hannah, is 2 months pregnant. They have talked about getting married and the parents see her as a daughter and instructed her to go to the hospital to learn all she can.

Housing:

Lives alone in apartment

Social History:

Nothing significant

Academic:

Graduated 2 years ago with 4-year business degree

Interaction Guidelines:

Jacob will be glaring and visibly upset toward the nurses when they come in to talk. He will show obvious discomfort and a feeling that he is not comfortable in this "new" body. Not remembering to push his pain pump button, Jacob asks for more pain meds due to his leg and overall discomfort. He then overhears a conversation in the hall between providers referencing his request for pain meds insinuating he must be an addict and that he deserved and likely caused the MVC. He is also experiencing shortness of breath and his trach needs to be suctioned. Jacob will use a whiteboard or pen and paper to angrily communicate. When people are having a hard time understanding he begins to get frustrated and roll his eyes or display anger in his face. When people can understand him, he gets very excited. Jacob often opens his mouth to speak but is unable to and it is obvious in his face that he has frustration when he remembers he is unable to talk. Hannah is often speaking over Jacob in an effort to help since he cannot speak. In this effort to guess what he is thinking Hannah is often wrong and this frustrates Jacob. Explaining suctioning scares Jacob and he will show concern and fear on his face. After suctioning if his carina is hit, he will show respiratory distress (tachypnea, low pulse ox, look of distress) and ask if its normal for him to cough like that. If the nurse goes to do a second pass after the first, Jacob will need time to recover from loss of oxygen. Jacob should

not become an obstacle to the nurse suctioning, but he does need reassurance before proceeding.

Tracheostomy Patient and Family Interviews

SP Character Descriptions- (Girlfriend)

Name: Hannah Reese
Age: 23
Birth Date: 3/9/XXXX
Overall Emotional State:

Confused and emotional. A lot of tears and a lot of questions. Jacob will often try to comfort her. Before the nurses do anything, she will be asking questions and writing notes. Hannah wants to learn how to help but is in such an emotional state she often talks over the nurses and is not good at listening.

Background and Guidelines: Hannah has been dating Jacob for 3 years. They have a very loving relationship. They are both very ambitious and have a lot of goals for their life together.
Health: 2 months pregnant.
Family: Both of Hannah's parents live in the next state over, about 5 hours away. Hannah may reference them in the simulation and say they are praying for Jacob and are on their way. Hannah is very close to Jacob's family as well and is feeling slightly overwhelmed with Jacob's parents not being there yet, not to mention their questions as well as her own and trying to listen to what the healthcare providers are trying to say.
Academic: Graduated last year with a marketing degree. Works for Jacob's coffee shop.
Interaction Guidelines: Hannah is struggling with guilt since Jacob was leaving her house when he was hit by the other vehicle. This guilt is displayed with Hannah apologizing to Jacob when she can see he is getting frustrated and often asking if he is in pain. Hannah often speaks over Jacob in an effort to help. Hannah has a lot of questions for the nurses as well. The nurses must be able to navigate these questions while keeping a focus on Jacob.

Dress Rehearsal

- ✔ If possible, have all SPs who will be playing this role attend the same dress rehearsal. A second option is joining remotely by video.
- ✔ SP Educator is lead for dress rehearsal. If this is a new simulation, the subject matter expert should also be included in the dress rehearsal.
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Patient dress rehearsal

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Prebriefing Notes

1. Conduct the prebrief orientation WITHOUT the simulated participants (SPs) in the room.
2. Inform learners that they will be interacting with a SP.
3. Inform learners how much time they have for the interaction & objectives.
4. Inform learners that the facilitator will stop the simulation when all of the objectives have either been met or the time has run out (learners should not stop in the simulation until they are notified the simulation is completed).
5. Inform learners of "Safe Container" (if offered) and provide guidelines including a fiction contract and learner confidentiality agreement.
    a. Provide "safe word" for SP and learner within simulation participation guidelines for organization.
6. Provide Hand Off report (this can be done bedside but be sure SPs are aware that the hand off report is a part of the simulation).

Debriefing Notes

We're going to take the next 30 minutes to debrief the case and we will:

Talk about what was going on with this patient, your feelings, and discuss the simulation objectives.
Analyze what learnings from previous simulations/ clinical experiences you integrated into this simulation.
Explore what went well and look at what you might do differently and why.
Discuss what your thoughts were at various points during the simulation in relation to the objectives and QSEN competencies.
Talk about how you may apply what you've learned today to the clinical setting.

1. Defuse/ De-role-
    a. What learnings from previous simulations/ clinical experiences did you integrated into this simulation? Were they successful?
    b. What do you think went well? Unpack more
    c. What you might do differently if you had a second chance? Why?
    d. Anything in the simulation you felt as though you were not prepared to address with the patient?
2. Discovery
    a. Obtain feedback from SP.
    b. Ask SPs to resolve any undiscussed questions or concerns mentioned during defuse/ de-role
    c. Let's slowly analyze simulation and summarize the case (feel free to include SPs if appropriate).
        i. Objectives
        ii. QSEN Competencies
    d. Any concerns we have not discussed?
3. Deepening
    a. What strategies or interventions are helpful going forward?
    b. Share one key take-away.
    c. Summarize the key learning points (focus on objectives and feedback)