



AVKIN SIMULATIONS

JACOB EASTON



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SCENARIO RECORDKEEPING

Simulation Name:	Jacob Easton		
Name & Title of Designer(s): <ul style="list-style-type: none"> Amy Cowperthwait, RN, MSN, BC-ACNS, CHSE-A, CEO-Avkin Megan Weldon, CHSE, Director of Education, Avkin 		Reviewer: <ul style="list-style-type: none"> Lauren Gaddis EMT-B, BS, MS SES-Avkin Kim Anderson, BPS, NRP, CHSE, CSM-Avkin Katie Parris, MS, BSN, RN, CHSE Hannah Schroeder, MSN-Ed, CNE, CHSE, PCCN-K 	
Date Designed: (Preparation)	7/20/2021	Level of Complexity or Participant Experience:	Foundations Pre-licensure Intermediate Pre-licensure Advanced Pre-licensure
Updates/Revisions:	<input type="checkbox"/> Yes Date: 11/30/21 Lauren Gaddis EMT-B, BS, MS SES-Avkin	Approval/Reviewed by Simulation Coordinator:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Name:
Topical Index:	Trauma Tracheostomy care Medical-surgical Communication Suctioning Sterile technique Professionalism Medication administration	IPE Sim Opportunity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Nursing PA OT RT
Select QSEN Competencies Addressed:	<input checked="" type="checkbox"/> Patient-Centered Care <input checked="" type="checkbox"/> Teamwork & Collaboration <input checked="" type="checkbox"/> Evidence-Based Practice <input checked="" type="checkbox"/> Quality Improvement <input checked="" type="checkbox"/> Safety <input checked="" type="checkbox"/> Informatics	Select AACN Competencies Addressed:	<input checked="" type="checkbox"/> Knowledge for Nursing Practice <input checked="" type="checkbox"/> Person-Centered Care <input type="checkbox"/> Population Health <input type="checkbox"/> Scholarship for the Nursing Discipline <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Interprofessional Partnerships <input type="checkbox"/> Systems-Based Practice <input type="checkbox"/> Informatics and Healthcare Technologies <input checked="" type="checkbox"/> Professionalism <input checked="" type="checkbox"/> Personal, Professional, and Leadership Development
Expected Pre-brief Time (minutes):5	Expected Simulation Time (minutes):15	Expected Debrief Time (minutes):40	Expected Total Time (minutes):60

SIMULATION RESOURCES

[AACN -The Essentials: Core Competencies for Professional Nursing Education](#)

[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](#)

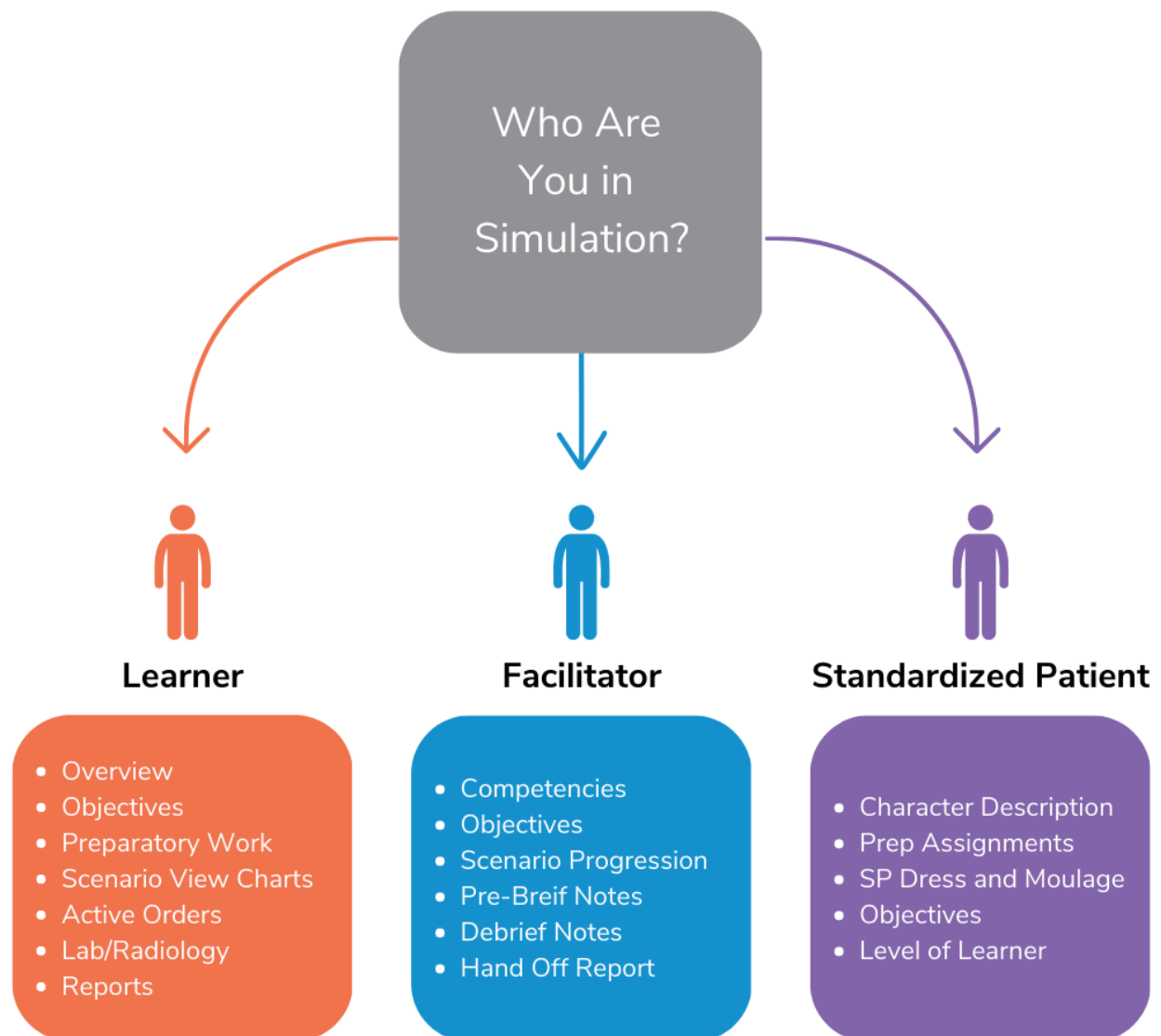
[INACSL Standards of Best Practice: Debriefing](#)

[NLN Simulation Innovation and Resource Center \(SIRC\) Tools and Tips](#)

[Society for Simulation in Healthcare – Healthcare Simulationist Code of Ethics](#)

[Society for Simulation in Healthcare- Healthcare Simulation Dictionary](#)

[The 3D Model of Debriefing: Defusing, Discovering and Deepening](#)



SECTION 1 LEARNER INFORMATION

SCENARIO OVERVIEW

Jacob Easton is a 24-year-old male who was brought into the ER 2 nights ago after a MVA (motor vehicle accident). He sustained a femoral fracture and a tracheal injury. His injuries were seen upon his arrival. He received a cast on his left femur and a tracheostomy. Once he was stabilized, he was transferred to the SICU (surgical intensive care unit) for observation. This morning he was transferred to the med-surg floor. He will be unable to talk but can communicate with head nods and a dry erase board. He will need to be assessed for pain, respiratory distress, and his tracheostomy will need to be observed for signs of irritation.

SIMULATION OBJECTIVES

1. Demonstrates ability to thoroughly assess the patient and determine his needs
2. Using at least 3 therapeutic communication techniques, be able to explain procedure and gain patient's consent
3. Using sterile technique, effectively suction patient and care for his tracheostomy
4. Demonstrate empathy and compassion when caring for the patient

PRE-SIMULATION LEARNING ACTIVITIES/ ASSIGNMENTS

[22.6 Checklist for Tracheostomy Care and Sample Documentation – Nursing Skills \(pressbooks.pub\)](#)
[Tracheostomy Care \(Nursing\) & Types of Tracheostomy Tubes - Bing video](#)
[Tracheostomy care: An evidence-based guide - American Nurse \(myamericannurse.com\)](#)
[Endotracheal and Tracheostomy Tube Suctioning | Open Suction Technique - YouTube](#)

PATIENT HISTORY

Electronic Health Record				
Name: Jacob Easton			Support/Family: Hannah Reese (girlfriend)	
Age:24	DOB: 12/28/XX	Gender: M	Height: TBD	Weight: TBD
Admit Diagnosis: Multi-system Trauma				
<p>Presenting Complaint: Left femur fracture and tracheal injury prior to a motor vehicle accident</p> <p>History of Present Illness: Initial treatment in ED, emergency tracheostomy and repair of fracture. Overnight in the surgical intensive care unit (SICU) and move to the Medical-Surgical floor. Post-op day 2</p>				
HR: 72BPM		BP: 116/73	RR: 16	O2 Sat: 95% on RA
Temp: 99/0 *F		BGL: 83mg/dl		GCS: 15
<p>Pain: Pain in left knee (4/10) and left upper arm (2/10) with movement.</p> <p>General Behavior/Communication: Pleasant and cooperative, anxious about discharge.</p> <p>Cardiovascular: Normal sinus rhythm.</p> <p>Respiratory: Lung sounds clear.</p> <p>GI: Bowel sounds hypoactive, present x 4 quadrants.</p> <p>GU: Urinary catheter draining approximately 70 mL per hour. To be discontinued this morning.</p> <p>Extremities: Wiggles toes freely. Normal sensation bilateral upper and lower extremities.</p> <p>Skin: Warm and dry. Bruising to arm and knee secondary to MVC.</p> <p>Neurological: Alert, awake and oriented to person, place, time, and situation. No neurological deficits.</p> <p>Labs: CBC daily</p> <p>IVs: 0.9% Sodium Chloride at 125 mL/hour via 20g PIV in the right forearm.</p>				
Allergies: NKDA			Immunization Status: UTD	
Primary Care Provider: Khan			Religion: Christian-(non-denominational)	
Past Medical History: Nothing significant			Current Home Medications: None currently	

LAB RESULTS

TEST	RESULT			REFERENCE RANGE
<i>CBC:</i>	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
<i>CHEMISTRY:</i>	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

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	<p>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.</p> <p>Impression: No abnormalities noted</p>

Current Active Orders:

- 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

MEDICATION ADMINISTRATION RECORD (MAR)

Easton, Jacob

DOB 12/28/XXXX, Age: 24

MRN: 12345678

Attending: Dr. Kahn

Diagnosis: S/P MVC, left femur fracture, tracheal injury

Date: Today, Current time for simulation: 0900

Allergies: None

Enoxaparin 30 mg SC q 12h	Given today 0800	Due 2000		
Docusate sodium 100mg PO every morning	Given today 0800			
Pantoprazole 40 mg daily	Given today 0800			
Cefazolin 500 mg	Given today 0400	Due 1000		
A NEEDED MEDICATION				
Morphine PCA 2mg/hr. continuous with patient controlled 1mg, lockout = 8 minutes), 4-hour limit= 24mg	Given today 0600			
Diphenhydramine 25mg by mouth, as needed for pruritis				
Ondansetron hydrochloride 4 mg IV push every 4 hours as needed for nausea	Given today 0600			

SECTION 2 FACILITATOR INFORMATION

LEVEL OF LEARNER

Foundations Pre-licensure: Has basic class work (didactic) and skills lab education. No clinical experiences in the simulation topic.

Intermediate Pre-licensure - Has had all necessary class work (didactic) and skills lab education for simulation presented. Learners are minimally in their first semester/ rotation of clinical experiences in the simulation topic.

Advanced Pre-licensure- - Has completed all class work (didactic) and skills lab education in curriculum. Learners have had at least 1 semester of clinical experiences in the simulation topic.

SIMULATION SET-UP/ AVKIN PRODUCTS/ NEEDED EQUIPMENT/ SUPPLIES/ PROPS

Include a numbered list of Avkin Products appropriate for simulation, all needed equipment, learner supplies, and presentation of the patient at the inception of the simulation.

Needed equipment	Disposable supplies	Presentation of the patient
Avtrach	Avkin Mucous	Laying in a hospital bed
Stethoscope		
Suctioning device		
Hospital bed, blankets, pillows		
Dry erase board/marker or pen/paper		

SIMULATION OBJECTIVES

1. Demonstrates ability to thoroughly assess the patient and determine his needs
2. Using at least 3 therapeutic communication techniques, be able to explain procedure and gain patient's consent
3. Using sterile technique, effectively suction patient and care for his tracheostomy
4. Demonstrate empathy and compassion when caring for the patient

Continued on next page...

[Pre-briefing Information](#)- Scan QR code for detailed information



Introduction	Basic Assumptions	Fiction Contract	Confidentiality Statement
Review Objectives	Sim Flow	Answer Questions	SBAR Report

Facilitator SBAR 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 does not have 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 5 months pregnant and has remained at his bedside keeping his parents informed and appearing overwhelmed and emotional.

Assessment: See patient MAR

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

Continued on next page...

EXPECTED SIMULATION FLOW

Scenario Progression			
Phase ID & Patient Presentation	SP Interaction/ Cues	Expected Actions and Progression	
Pre-brief (See notes) 0-5 minutes	***SP should not be in the room if pre-brief is conducted in the patient room	Notes: Facilitator led: Fiction contract, confidentiality statement, appropriate information regarding videotaping, SBAR Report	
		Note: Learners should not see SP prior to start of the simulation	
Initial Assessment: HR: 76 BP: 124/72 RR: 14-18 SpO2: 92% T: 100.6°F ECG: Sinus Rhythm 10-20 minutes	SP Interaction/Cues <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Learner prepares meds for the patient before entry. Learner enters and addresses unprofessional conversation. Initial assessment. 	Debriefing Opportunities: <ul style="list-style-type: none"> Not recognizing patient overheard conversation.
Action Plan 15-20 minutes	SP Interaction/Cues <ul style="list-style-type: none"> Indicates need for suctioning with mild dyspnea; low pulse ox, tachypnea, coarse breath sounds, coughing, desperate facial expressions (wide eyed, panicked). The patient indicates the need for suctioning with physical gestures. If needed, communicate the need in writing. 	Correct Action: <ul style="list-style-type: none"> Administer medications, reeducate on PCA. Perform focused assessment. Identify diminishment and faint crackles at bases with coarseness in upper lobes and cough, initiate suctioning. 	Debriefing Opportunities: <ul style="list-style-type: none"> Not using 5 Rights of medication administration. Does not perform suction properly or at all.
Debriefing 20-60 minutes	<ul style="list-style-type: none"> SP preparing notes for debriefing Co Debriefing With an SP 	Debrief based on completion of objectives and opportunities in conjunction with INACSL SOBP .	

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?"

Debriefing Points ¹

1. Reaction/Description
 - a. Provide reminders of the basic assumption and psychological safety.
 - b. Provide instruction/information on the 3 phases of the debriefing process, Reaction/Description, Understanding/Analysis, Application/Summary
 - c. Seek Learner feedback and emotion surrounding the simulation.
 - i. Ask open ended questions
 - ii. What do they think went well?
 - iii. What did they struggle with?
 - iv. Did they apply any of their knowledge from prior simulations into this one? If yes, what was it?
- Tip- Facilitator silence provides greater opportunity for learner reflection.
2. Understanding/Analysis
 - a. Seek SP feedback when they are ready to provide it.
 - i. Ask any appropriate questions that were asked in the Reaction/Description phase.
 - ii. Allow learners to ask SP questions.
 - iii. As a facilitator feel free to seek clarification from the SP on the feedback or other poignant moments during the simulation
 - b. Discuss the simulation objectives that were met and opportunities for improvement.
 - i. Explore and review the phases of the simulation
 - ii. Work through the layers of thought and actions
 - a. What happened during each phase?
 - b. What was the thought process connected to the actions?
 - iii. Allow the opportunity for questions or concerns to be discussed.
3. Application/Summary
 - a. Discuss key learning points
 - b. Clarify any unanswered questions
 - c. Discuss key take-away's
 - d. Seek application of knowledge for future practice from each learner
 - e. Final thoughts and questions

¹ Abulebda K, Auerbach M, Limaie F. Debriefing Techniques Utilized in Medical Simulation. [Updated 2021 Oct 1]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK546660/>

<p>Morphine sulphate 1mg/mL 30mL vial Not for Human Use Simulation Only</p>	<p>0.9% Sodium Chloride 1000 mL Not for Human Use Simulation Only</p>
<p>Enoxaparin Sodium 40 mg/0.4 mL 0.4mL syringe Not for Human Use Simulation Only</p>	<p>Ondansetron Hydrochloride 2mg/mL 2 mL vial Not for Human Use Simulation Only</p>
<p>Pantoprazole 40mg/10mL 10 mL vial Not for Human Use Simulation Only</p>	<p>Naloxone 1mg/mL 2mL vial Not for Human Use Simulation Only</p>
<p>Docusate Sodium 100mg 100mg tablet Not for Human Use Simulation Only</p>	<p>Diphenhydramine Hydrochloride 50mg/mL 1mL vial Not for Human Use Simulation Only</p>
<p>Cefazolin 500mg/50 mL Not for Human Use Simulation Only</p>	<p>5% Dextrose and 0.45% Sodium chloride 100 mL Not for Human Use Simulation Only</p>

Easton, Jacob

12/28/XXXX Age: 24 MRN:788658689
Hospitalized days: 1

SECTION 3 STANDARDIZED PATIENT INFORMATION

SIMULATION OBJECTIVES FOR HEALTHCARE LEARNER(S)

1. Demonstrates ability to thoroughly assess the patient and determine his needs
2. Using at least 3 therapeutic communication techniques, be able to explain procedure and gain patient's consent
3. Using sterile technique, effectively suction patient and care for his tracheostomy
4. Demonstrate empathy and compassion when caring for the patient

LEVEL OF HEALTHCARE LEARNER(S)

Foundations Pre-licensure: Has basic class work (didactic) and skills lab education. No clinical experiences in the simulation topic.

Intermediate Pre-licensure - Has had all necessary class work (didactic) and skills lab education for simulation presented. Learners are minimally in their first semester/ rotation of clinical experiences in the simulation topic.

Advanced Pre-licensure- - Has completed all class work (didactic) and skills lab education in curriculum. Learners have had at least 1 semester of clinical experiences in the simulation topic.

CHARACTER DESCRIPTION

Standardized Patient 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 never had a close relationship with his parents. They have always been somewhat cold and disconnected. They have ideas of who they want him to be and if he does not follow their directions they are sure to let him know what a disappointment he is to them. 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 wanted 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 every day and the different challenges that come. Luckily, Jacob is 24 and still under his parent's health insurance. Jacob and his dad recently have had more tension than usual 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 inner turmoil 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. Hannah is a great support person for Jacob, but they recently got some stressful news. Due to complications with the pregnancy, Hannah was put on complete bed rest, leaving all of the bills for Jacob to have to take over. Jacob is trying to start his business but he is also working two jobs. He is a server during the evenings and weekends and

has another job managing inventory at a local electrical supply company. The amount of work and stress that Jacob is dealing with these days is extremely overwhelming and he is exhausted every day that he comes home.

Jacob was working late and, on his way, home he got into an accident. Jacob fell asleep at the wheel. The nurse informed him when he woke up that he had hit a tree and totaled his car but no one else was injured.

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 not very close with his parents. He moved to the US for college 5 years ago and has not visited them much. Only going back home as his visa required. His only support person is Hannah. She is 5 months pregnant. They have had so much stress lately due to complications with the pregnancy that required Hannah to be on total bed-rest. Jacob had to get a second job just to make ends meet and he was exhausted every day.

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 prelaw 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. 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 and ask if it's 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

DRESS REHEARSAL ESSENTIALS

- ✓ Dress rehearsal should be scheduled in advance of the first scheduled simulation. (Identify length of time expected for dress rehearsal.) This will be scheduled one week prior to SPs needing to portray a role.
- ✓ Your SP Educator will lead for dress rehearsal. If this is a new simulation, the subject matter expert will attend with the SP Educator to provide notes and answer any questions.
- ✓ There will be a BRIEF simulation overview which will include information on what the learners will be told and an introduction to the Avkin products used in this learning experience.
- ✓ Make sure you bring or wear the right clothing for the dress rehearsal (see below).
- ✓ Here is a rundown of the structure for the dress rehearsal
 - o Brief rundown/ discussion of flow
 - o One of the SPs performing as Jacob will get fully dressed and start the dress rehearsal.
 - o Additional SPs will observe from the control room or remain quiet observing from a different vantage point in the room.
 - o The SP Educator will pause the interaction after about 5 minutes.
 - o The SP Educator and/or subject matter expert will give coaching notes so all SPs can apply them. Allow time for clarifying questions.
 - o The next SP is selected to be Jacob and the other SPs will observe.
 - o The first SP will stay to observe the remaining SPs performance(s) from the control room.
 - o 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.
 - o 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.
- ✓ The SP Educator will review the flow of debriefing for this specific simulation.
- ✓ Make sure the SP Educator gives you a “safe” word to use if you feel uncomfortable. This word will stop simulation.
- ✓ Make sure all of your questions are answered before leaving the dress rehearsal.
- ✓ Review all of your scheduled simulation hours while everyone is still there to make sure there are no conflicts.

STANDARDIZED PATIENT DRESS

Standardized Patient Equipment, Supplies, and Prop Requirements: (Moulage, make-up, arm sling/leg splint, 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.

STANDARDIZED PATIENT PREPARATORY INFORMATION/ ASSIGNMENT

Memorize Character Description

Attend Dress Rehearsal, be prepared, and fully engage in this experience

[Endotracheal and Tracheostomy Tube Suctioning | Open Suction Technique - YouTube](#)
[2.6 Checklist for Tracheostomy Care and Sample Documentation – Nursing Skills \(pressbooks.pub\)](#)

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 SP when too much pressure has been applied to the faceplate. SPs response should be 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. SPs response is violent coughs that force them out of laying position.



[Avtrach SP Education](#)

Scenario Progression			
Phase ID & Patient Presentation	SP Interaction/ Cues	Expected Actions and Progression	
Pre-brief (See notes) <i>0-5 minutes</i>	***SP should not be in the room if pre-brief is conducted in the patient room	Notes: Facilitator led: Fiction contract, confidentiality statement, appropriate information regarding videotaping, SBAR Report	
		Note: Learners should not see SP prior to start of the simulation	
Initial Assessment: HR: 76 BP: 124/72 RR: 14-18 SpO2: 92% T: 100.6°F ECG: Sinus Rhythm <i>10-20 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Learner prepares meds for the patient before entry. Learner enters and addresses unprofessional conversation. Initial assessment. 	Debriefing Opportunities: <ul style="list-style-type: none"> Not recognizing patient overheard conversation.
Action Plan <i>15-20 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> Indicates need for suctioning with mild dyspnea; low pulse ox, tachypnea, coarse breath sounds, coughing, desperate facial expressions (wide eyed, panicked). The patient indicates the need for suctioning with physical gestures. If needed, communicate the need in writing. 	Correct Action: <ul style="list-style-type: none"> Administer medications, reeducate on PCA. Perform focused assessment. Identify diminishment and faint crackles at bases with coarseness in upper lobes and cough, initiate suctioning. 	Debriefing Opportunities: <ul style="list-style-type: none"> Not using 5 Rights of medication administration. Does not perform suction properly or at all.

<p>Debriefing <i>20-60 minutes</i></p>	<ul style="list-style-type: none"> • SP preparing notes for debriefing • Co Debriefing With an SP 	<p>Debrief based on completion of objectives and opportunities in conjunction with INACSL SOBP.</p>
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