



Avkin Simulations

Betty Brown



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SCENARIO RECORDKEEPING

Simulation Name:	Betty Brown		
Name & Title of Designer(s):		Reviewer(s):	
<ul style="list-style-type: none"> Amy Cowperthwait, RN, MSN, BC-ACNS, CHSE-A, CEO-Avkin Megan Weldon, CHSE, Director of Education, Avkin Kim Anderson, BPS, NRP, CHSE, CSM-Avkin 		<ul style="list-style-type: none"> Lauren Gaddis EMT-B, BS, MS SES-Avkin 	
Date Designed: (Preparation)	June 2021	Level of Complexity or Participant Experience:	Foundations Pre-licensure Intermediate Pre-licensure Advanced Pre-licensure
Updates/Revisions:	<input type="checkbox"/> Yes Date:	Approval/Reviewed by Simulation Coordinator:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Name:
Topical Index:	Ethics Gerontology Transitions Wound Care	IPE Sim Opportunity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Undergrad Nursing Advanced Practice Nursing Social Work Occupational Therapy
Select QSEN Competencies Addressed:	<input checked="" type="checkbox"/> Patient-Centered Care <input checked="" type="checkbox"/> Teamwork & Collaboration <input type="checkbox"/> Evidence-Based Practice <input checked="" type="checkbox"/> Quality Improvement <input checked="" type="checkbox"/> Safety <input checked="" type="checkbox"/> Informatics	Select AACN Essentials Addressed:	<input checked="" type="checkbox"/> Knowledge for Nursing Practice <input checked="" type="checkbox"/> Person-Centered Care <input checked="" 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): 5-10	Expected Simulation Time (minutes): 10-25	Expected Debrief Time (minutes): 25-60	Expected Total Time (minutes): 75

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](#)

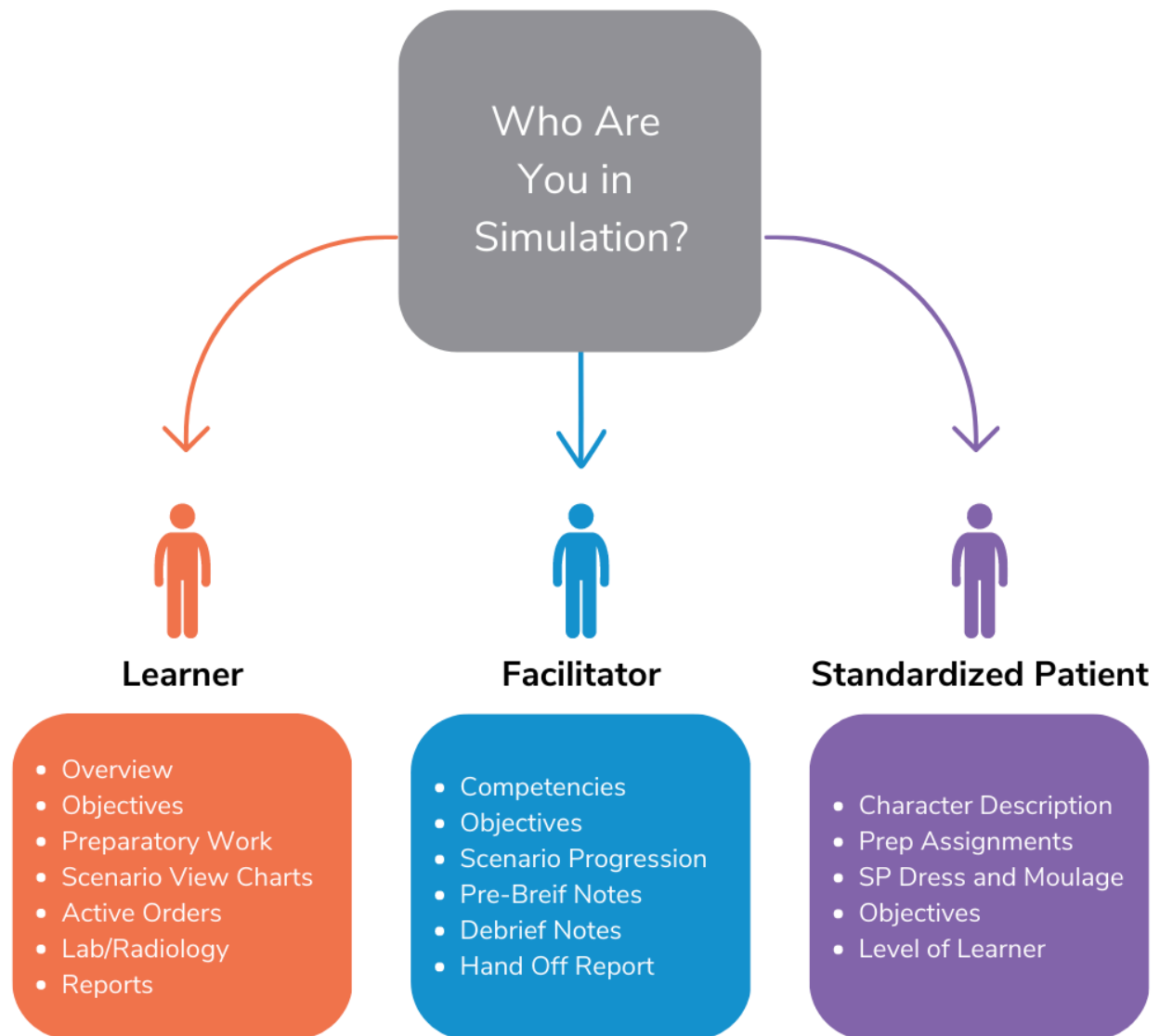
[INACSL Standards of Best Practice: Debriefing](#)

[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

Betty Brown is a 68-year-old female. She has been brought to the hospital by her daughter today for further evaluation. She is suffering from a lot of pain stemming from a developing pressure wound on her right hip. She is alert and aware of her surroundings, but she doesn't have a full understanding why she is there. 5 years ago, she suffered from a brain aneurysm that has given her issues with her short-term memory. Her daughter is with her and is concerned her mother may not be getting proper treatment at home which is why she has a pressure sore in the first place.

SIMULATION OBJECTIVES

1. Perform a thorough assessment of the patient and record vitals
2. Use at least three therapeutic communication techniques when interviewing the patient
3. Take measurements of the wound and be able to clean and rebandage
4. Provide patient education for wound care to the patient and her daughter
5. Develop a patient centered care plan with the patient and her supporter

PRE-SIMULATION LEARNING ACTIVITIES/ ASSIGNMENTS

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.

[Wound Care 101 | CE Article](#)

[Wound Assessment for Nursing \(skills documentation example\)](#)

[Dressing Changes- Wet to Dry \(Nursing Skills\)](#)

[Wound care know-how from an expert](#)

PATIENT HISTORY

Patient Chart Info:				
Name: Betty Brown			Support/Family: Daughter (Hannah)/ Husband (George)	
Age: 68	DOB: 09/23/XXXX	Gender: F	Height: TBD	Weight: TBD
Admit Diagnosis: Extreme pain from a developing pressure sore				
Presenting Complaint: 7/10 pain in R hip from developing pressure sore History of Present Illness: Sore has developed over the past 6 months due to Pt unmotivated to get out of bed				
HR: 84	BP: 137/90	RR: 16	O2 Sat: 97% on RA	
Temp: 98.5°F	BGL: 87 mg/dl		GCS: 13	
Assessment: Patient complains of pain is aware of surroundings but unsure of why she is in the hospital Pain: 7/10 R hip General Behavior/Communication: Listens to HCP and is generally agreeable. Will attempt to answer questions but unable to finish most sentences Cardiovascular: Normal sinus rhythm Respiratory: Normal respirations- GI: Soft nondistended-Normal bowel sounds in all 4 quadrants GU: Nondistended Extremities: Skin: Warm and dry- Wound on R hip 10cm x7cm -moderate exudate sanguineous w/ little blood-undermining 10-1- 3cm deep Neurological: AOx3 Labs: CBC, WBC, Chem IVs: RUE 20g-normal saline				
Allergies: Penicillin		Immunization Status: UTD		
Primary Care Provider: Dr Shaire		Religion: None mentioned		
Past Medical History: HTN, Brain aneurysm		Current Home Medications: Losartan potassium 50mg PO q day, Lasix 40mg, Thyroxine 100mcg PO q Day, Salonpas 1patch LB q Day		

Current Active Orders:

- Admit: Pt complain of pain in R hip
- Medications:
 - Losartan Potassium 100mg daily
 - Salon pas- 1 patch LB daily
 - Thyroxine- 100mg daily
 - Lasix 40mg daily
- Nursing:
 - Assess wound
 - Assess pain management
 - Redress and pack wound
 - Reposition every 2 hours
 - Develop care plan with patient and care support
- Labs:
 - CBC
 - WBC
 - Chem
- Consult:
 - PT

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
Avwound- decide appropriate wound stage for simulation/level of learner	Blue pads	Lying in a hospital bed
Stethoscope	Cotton swabs	Turned on her left side
o2 Monitor	bandages	
Blood pressure cuff		

SIMULATION OBJECTIVES

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- 3.Take measurements of the wound and be able to clean and rebandage
- 4.Provide patient education for wound care to the patient and her daughter
- 5.Develop a patient centered care plan with the patient and her supporter

PATIENT NAME BAND & MEDICATION LABELS

<p>Losartan Potassium</p> <p>50 Mg</p> <p>Add how supplied1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Thyroxine</p> <p>100 mg</p> <p>Add how supplied1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>
<p>Lasix</p> <p>40 mg</p> <p>Add how supplied1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Salon Pas</p> <p>1 Patch</p> <p>Add how supplied1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>

Brown, Betty

09/23/XXXX Age: 68 MRN: 9837932
Hospitalized days: 1

PRE-BRIEFING INFORMATION/ SBAR REPORT

[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: Betty Brown is a 68-year-old female brought into the hospital by her daughter Hannah. She is in pain from a developing wound on her right hip. She has trouble communicating and relies on her daughter to help provide information to the nurses.

Background (Patient History): Patient has a history of HTN and a brain aneurysm 5 years ago. Although her long-term memory is intact, her short-term memory is impaired. Over the past 6 months a pressure sore has been developing due to inactivity. The pressure sore is the main reason for the visit today.

Assessment: Patient states pain is a 7/10 and denies having any other issues. Vitals are all within normal range. She requires assistance with walking and getting out of bed. There is a wound on her right hip that measures 4"x3".

Recommendations: Assess wound and gather background information. Redress and pack wound. Help develop a patient centered plan with the patient and her primary caregiver.

EXPECTED SIMULATION FLOW

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: 84 BP: 137/98 RR: 12 T: 98.5°F ECG: Normal sinus <i>5-10 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> SP will attempt to introduce self and explain what's wrong. She will trail off mid-sentence..." I want to go back to the..." "It hurts so bad" 	Correct Action: <ul style="list-style-type: none"> Listen empathetically to the patient building rapport Gather information Answer questions the daughter has but make eye contact with both women 	Debriefing Opportunities: <ul style="list-style-type: none"> Ignore the patient Speak only with the daughter Not explain procedure to patient
Initial Assessment <i>10-15 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> Daughter will begin giving a history of her mom's home care Patient will wince in pain while her wound is being dressed 	Correct Action: <ul style="list-style-type: none"> Explain the procedure before beginning Assess and measure wound Record results Redress the wound following sterile technique 	Debriefing Opportunities: <ul style="list-style-type: none"> Not explaining procedure Not recording measurements Not following sterile technique
Focused Assessment <i>15-20 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> Mom asks if it will be healed soon Daughter asks for advice and how to keep her mom's wound from getting bad. 	Correct Action: <ul style="list-style-type: none"> Empathetic when dressing the wound Collaborate with the mom and the daughter to determine the best plan of care 	Debriefing Opportunities: <ul style="list-style-type: none"> Not showing empathy for the patient Giving the patient and her caregiver too much information Not including the

			patient in her care plan
Debriefing <i>20-60 minutes</i>	<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 .	

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/>

SECTION 3 STANDARDIZED PATIENT INFORMATION

SIMULATION OBJECTIVES FOR HEALTHCARE LEARNER(S)

1. Perform a thorough assessment of the patient and record vitals
2. Use at least three therapeutic communication techniques when interviewing the patient
3. Take measurements of the wound and be able to clean and rebandage
4. Provide patient education for wound care to the patient and her daughter
5. Develop a patient centered care plan with the patient and her supporter

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.

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CHARACTER DESCRIPTION

Standardized Patient Name: Betty Brown

Age: 68

Birth Date: 09/23/XXXX

Overall Emotional State: In pain 7/10, Aware, Observant

Environment/setting/location of visit: Med Surg Floor

Profession: Homemaker

Background:

Betty got married right out of high school at 18 years old. Her husband George (73) has been her rock her entire life. They had one daughter Hannah who is now 47. George worked as an engineer and Betty took care of the house and Hannah. Betty spent her entire life taking care of everything for her family, bills, insurance, cooking, and cleaning. She loved being the person to take care of her family.

At 50 Betty was diagnosed with high blood pressure. Hannah worked with her mom on changing her diet and exercising. Betty never viewed it as important and really brushed it off. She would often say "well if your dad wants a steak, I am making it for him. What do you want me to make, two meals? Who has time for that?" Hannah felt like it was always an uphill battle trying to get her parents to change anything.

At 63 Betty suffered a sudden brain aneurysm, she had bleeding in her brain and was rushed to the hospital. George told the doctors to do everything they can to keep her alive. Betty survived the aneurysm but suffered brain damage. She still has her long-term memory; she recognizes George and Hannah but not her grandchildren. Betty will often start sentences and lose track of her words and end it with an off word "I was watching the TV and they were saying you can't."

George has been taking care of Betty for the last 5 years, he has had nurses coming in and taking care of her. Giselle is the main nurse that takes care of Betty (she doesn't know her name). She is the one to bathe her and give her the right medicine and take care of her wound. Betty is often laying in the same position day after day, Betty likes to walk around the house, but Giselle says it is in her best interest to stay in the bed with the rails so that she does not get hurt.

A few days ago, George called Hannah because he was concerned that her wound is getting bigger. Hannah walked him through how to show her on a Facetime call. When Hannah saw how bad this wound has gotten, she made the 4-hour drive to her parents and took her mom to the hospital immediately. George is stressed and overwhelmed so Hannah told him to stay home, and she will take care of Betty. Betty is not really aware of what's going on, but she knows that she is in the hospital.

Health:

Betty has had high blood pressure and is on medication to manage it. 5 years ago, Betty suffered from a brain aneurysm and has had significant memory loss. Betty has spent a significant amount of time lying in bed day in and day out. She now has a large wound on her thigh that is very painful. Giselle has been the one changing the dressing, but it has been getting larger over time.

Family:

Betty Lives with George and her daughter lives 4 hours away. Betty has two teenage grandkids that she only sees a few times of year. Betty does not have many memories of them but if asked about them she knows them. Betty knows Hannah and George and will respond if Hannah asks her direct questions.

Housing:

Betty lives in a small home with George. They have stairs coming into the house and she very rarely gets to go outside.

Social History:

Betty does not drink or smoke. She does not really see anyone outside of her husband and Giselle who she does not care for.

Interaction Guidelines:

Betty is in pain due to her large wound on her hip. When it is not being touched but she moves it is a 5/10. If the wound is being cared for or touched it is an 8/10 with a lot of grunting and frustration. Betty is not able to get out of bed, but she will hit her hand on the rail asking to leave. She physically is not comfortable and mentally she thinks she needs to adjust or move to become more comfortable. Betty will not try to sit up or stand up, but she will verbally communicate that she wants to leave or move and use her hands to show frustration.

Today Betty is aware of what is going on, when the nurse comes in, she will watch her come in and follow her with her eyes. Betty might ask Hannah some questions about the nurse coming in "who is she(he)?" "She (he) is very pretty (handsome)". If the nurse asks simple questions like "how are you" or "are you in pain?" Betty can answer with one- or two-word answers. If asked complicated questions like "describe your pain" or "what brought you in?" Betty will trail off answering with "the women in her pajamas" or "the war". She can think of what she wants to say but the wrong words come out, but she comes across very confident with her answers. If Betty is asked to repeat things, she will yell the answer, she will get frustrated quickly and if talk to "like a child" she will be very stern and get yelled at. If Hannah and the nurse start talking about Betty like she is not in the room Betty will yell "I am still here ya know!?"

Hannah will ask targeted questions to Betty. "Do you like Giselle?" "Does she take good care of you?" Betty will answer "no" when Hannah tries to get more information Betty will trail off and it won't be a coherent answer. Hannah will ask the nurse about how to assess for poor care at home and what she should do for next steps.

The relationship with Betty and Hannah is complicated, since Betty is the most comfortable with Hannah, she will take anger out on her. She thinks Hannah is making her stay in the hospital and is not happy about it. Betty does

not think she has been treated well by Giselle and does not like her. If Hannah asks questions about her care Betty will answer yes and no and be very direct about the answers. She cannot go into detail about what has been happening at home, but she will say "George doesn't listen".

The goal of this interaction is to hint at some neglect going on at home. Right now, Betty is not receiving proper care and she wants Hannah to know even though she is struggling to communicate this with her.

Standardized Patient Family Name: Hannah Brown

Age: 47

Overall Emotional State: Concerned for her mom

Environment/setting/location of visit: Med Surg Floor

Profession: 3rd Grade Teacher

Background:

Hannah has always been close to her parents. As they have gotten older, she feels responsible to take care of them and make sure they are ok. When Hannah graduated college, she got married and when her husband got a job offer 4 hours away, she moved to be with him. She visits her parents every few months and usually calls every week to check in.

When Betty had her brain aneurysm Hannah lived with them for 3 months. After those three months she set up home care for her mom. Hannah had every confidence in these nurses coming in to take care of her mom. Last year George started talking about their new nurse Giselle. He mentioned that Betty is not getting out of bed anymore and he sees bruises on her arms. Hannah did not think much of this and thought it was normal.

Things escalated a few days ago when George was telling Hannah about Betty's wound. She walked him through taking the bandage off and when she saw the severity, she explained that this was bad. She drove down right away to help her mom and bring her to the hospital. Hannah feels guilt that she can't be around more to help out her parents. She wishes she could be the one to take care of her mom but that is just not possible.

Interaction Guidelines:

Hannah has concerns about her mom's care. She is not trying to point fingers, but she does not think it is normal that her mom is laying in bed all day. She believes she got this because she is being forced to lay in bed and not being moved over to a chair. In the past her mom has had many UTI's and unexplained bruises. She will ask the nurse if this is normal, trying to gain more insight into what is normal.

After asking some of these questions to the nurse Hannah will ask targeted questions to Betty. "Do you like Giselle?" "Does she take good care of you?" Betty will answer "no" when Hannah tries to get more information Betty will trail off and it won't be a coherent answer. Hannah will ask the nurse about how to assess poor care at home and what she should do for next steps.

It will be very obvious that Hannah and Betty have a close relationship holding hands, rubbing her arm, brushing her hair, and comforting her. Hannah may become emotional if it is revealed that Betty has not received good care. It is hard for her to process things will have to change because her mom is not receiving what she needs. Hannah is open to multiple scenarios: hospice care, nursing home, moving her to live at her house, it just depends on the options that the nurses bring up to Hannah and Betty.

DRESS REHEARSAL ESSENTIALS

- ✓ SP dress rehearsal will be scheduled before the first scheduled simulation. All SPs who will be performing as SP will attend the same dress rehearsal.
- ✓ Your SP Educator will lead the 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 Betty 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 and pay attention to all notes so you can apply them when it is your turn to play the role. Feel free to ask clarifying questions.
 - o The next SP is selected to be "Betty or Hannah" and the other "patients" 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.
- ✓ 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/leg sling, etc.)

Moulage: Irritated skin around the wound- redness and discoloration

Dress: Hospital gown for mom/ Casual clothing for daughter

Prop: Hospital room set-up

Avkin Products: Avwound

STANDARDIZED PATIENT PREPARATORY INFORMATION/ ASSIGNMENT

[Wound Care 101: Nursing2021](#) - Read

[Wound dressing - practical demonstration](#) -Watch

[The Art and Science of Wound Care Nursing](#) -Read

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	
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Focused Assessment <i>15-20 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> Mom asks if it will be healed soon Daughter asks for advice and how to keep her mom's wound from getting bad. 	Correct Action: <ul style="list-style-type: none"> Empathetic when dressing the wound Collaborate with the mom and the daughter to determine the best plan of care 	Debriefing Opportunities: <ul style="list-style-type: none"> Not showing empathy for the patient Giving the patient and her caregiver too much information Not including the patient in her care plan

<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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