



Avkin Simulations  
**Eddie Brandt**



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SCENARIO RECORDKEEPING

Simulation Name:	Eddie Brandt		
Name & Title of Designer(s):	<ul style="list-style-type: none"> <li>Amy Cowperthwait, RN, MSN, BC-ACNS, CHSE-A, CEO-Avkin</li> <li>Megan Weldon, CHSE, Director of Education, Avkin</li> </ul>		Reviewer: <ul style="list-style-type: none"> <li>Alaina Herrington DNP, RN, CHSE-A, CNOR</li> <li>Kim Anderson, BPS, NRP, CHSE, CSM-Avkin</li> </ul>
Date Designed: (Preparation)	12/15/2020	Level of Complexity or Participant Experience:	Foundations Pre-licensure Intermediate 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:	Ambulatory Care Home Care Airway management Tracheostomy Oncology Post-surgical care Respiratory Therapy	IPE Sim Opportunity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Undergrad Nursing Advanced Practice Nursing Social Work
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 Essentials Addressed:	<input 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 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 type="checkbox"/> Professionalism <input type="checkbox"/> Personal, Professional, and Leadership Development
Expected Pre-brief Time (minutes): 5	Expected Simulation Time (minutes): 20	Expected Debrief Time (minutes): 40-60	Expected Total Time (minutes): 65

## 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](#)

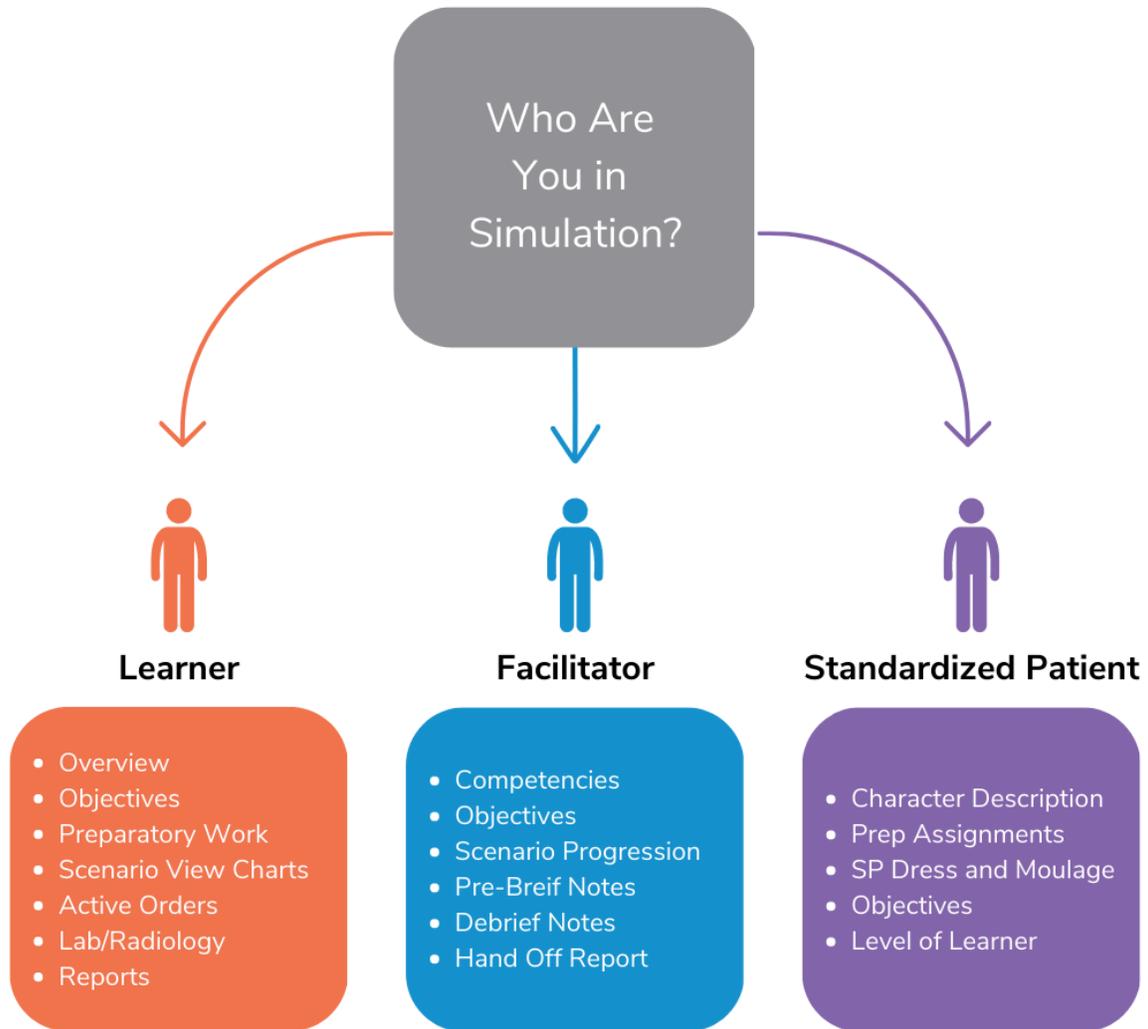
[INACSL Standards of Best Practice: Debriefing](#)

[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

Mr. Brandt was recently diagnosed with stage 2 squamous cell oropharyngeal carcinoma at the base of his tongue. He has had a surgical excision with the placement of a tracheostomy to maintain airway patency. He was discharged home two days ago. His primary caretaker is his wife. The notes from the case manager state that she was taught how to clean and suction the trach in the hospital. Today is the first home visit.

### SIMULATION OBJECTIVES

1. Demonstrates management of an artificial airway (tracheostomy) during the home visit (assessment, suctioning, tracheostomy care) within the first five minutes of the visit.
2. Seeks input from the patient and family when determining a plan of care.
3. Provides at least two significant patient education topics based on subjective and objective information gathered during visit.

### PRE-SIMULATION LEARNING ACTIVITIES/ ASSIGNMENTS

Read:

[Patient Education- Caring for your Tracheostomy](#)

[Living with a tracheostomy](#)- American Thoracic Society

Watch:

[Interview with Tracheostomy patients and family member](#)

[Patient tracheostomy suctioning](#)

[Patient tracheostomy inner tube change](#)

PATIENT HISTORY

Electronic Health Record				
Name: Edward "Eddie" Brandt			Support/Family: Jillian Brandt (wife)	
Age: 57	DOB: 01/02/XXXX	Gender: M	Height: TBD	Weight: TBD
Discharge Diagnosis: stage 2 squamous cell oropharyngeal carcinoma				
<p>Discharge Note:</p> <p>S: Patient discharged to home in care of wife. Tracheostomy, new education completed.</p> <p>B: Recently diagnosed with Stage 2 squamous cell carcinoma, tumor excised, tracheostomy place for airway management.</p> <p>A: Wife comfortable providing primary care; able to stay home with patient during convalescence. Pt anxious for discharge.</p> <p>R: Durable medical equipment ordered for homecare needs. Home health follow up-reinforcement/assessment of transition of care. Follow up in the surgeon's office 1 week.</p>				
Discharge Vital Signs				
HR: 64	BP: 142/84	RR: 18	O2 Sat: 94%	
Temp: 98.3	BGL: 94		GCS: 15	
<p>Home Medications:</p> <p>5 mg Oxycodone every 4 hours for pain</p> <p>12.5 mg HCTZ every morning</p> <p>0.4mg Flomax every morning</p>				
Allergies: None		Immunization Status: Last Tetanus 2 years Flu shot administered this admission		
Primary Care Provider: Stark		Religion: Lutheran		
Past Medical History: Hypertension, BPH		Medical Insurance: Aetna PPO		

## ORDERS FOR HOME HEALTH

1. Initial home health visit
2. Skilled nursing visits weekly
3. PT visit 2 weekly-conditioning
4. Speech Therapy- weekly X2 assess & implement alternative communication strategies
5. RT-Weekly assessment of oxygenation needs/ equipment

## SECTION 2 FACILITATOR INFORMATION

### LEVEL OF LEARNER

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

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

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

Needed equipment	Disposable supplies	Presentation of the patient
Avtrach with 3-5 ml mucus in the chamber (optional) some mucus on the split gauze. <a href="#">Watch this video</a> for "out of the box" instructions.	Tracheostomy cleaning kit (optional)	Wearing pajamas or comfortable clothing. Should have a large button-up flannel or PJ top to accommodate Avtrach
Dry erase board/markers or pen/notepad for communication	Suctioning kit with 12-14 fr. cannula	Sitting at kitchen table, in recliner, or in rented hospital bed.
Trach collar with oxygen mask/tubing (optional)	Lots of boxes with supplies scattered in home.	(Optional) Advanced-Suction machine missing key equipment that needs to be located in boxes.
Avkin Vital Signs Simulated Pulse oximeter, thermometer and BP Cuff	Gloves Hand sanitizer	
Stethoscope		

### SIMULATION OBJECTIVES

1. Demonstrates management of an artificial airway (tracheostomy) during the home visit (assessment, suctioning, tracheostomy care), within the first five minutes of the visit.
2. Seeks input from the patient and family when determining a plan of care.
3. Provides at least two significant patient education topics based on subjective and objective information gathered during visit.

[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: Patient discharged to home in the care of his wife. Tracheostomy, new education completed.

Background (Patient History): Recently diagnosed with Stage 2 squamous cell carcinoma, tumor excised, tracheostomy place for airway management.

Assessment: Wife comfortable providing primary care; able to stay home with patients during convalescence. Pt was anxious for discharge. (Optional) Vital signs: pulse 92, blood pressure 168/72, pulse ox 93%, respiratory rate 22, temperature 97.6

Recommendations and Active Orders: Durable medical equipment ordered for homecare needs. Home health follow-up: reinforcement/assessment of transition of care. Follow up in the surgeon's office in one week. Begin initial home health visit with Mr. Brandt, perform a focused patient assessment, determine the best plan of care and patient education needs based on the subjective and objective information gathered during the visit.

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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 the start of the simulation	
Initial Assessment: HR: 92 BP: 168/72 RR: 22 T: 97.6 Pox: 93% Avtrach App- Coarse crackles all lung fields <i>5-15 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> <li>SP having difficulty breathing. Sitting upright. In need of suctioning.</li> <li>Wife nervously trying to figure out how to unplug suction and move it to the patient. Talking about how they are unsure about all of this.</li> </ul>	Correct Action: <ul style="list-style-type: none"> <li>Recognizes respiratory distress and completes a focused assessment</li> <li>Reinforces education with wife as suctioning OR</li> <li>Coaches wife through tracheal suctioning.</li> </ul>	Debriefing Opportunities: <ul style="list-style-type: none"> <li>Does not recognize the need for suctioning.</li> <li>Does not integrate teaching/ coaching with wife.</li> </ul>
Need Assessment/Intake <i>15-25 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> <li>Once suctioning completed/ mucus coughed up, patient has decreased resp. distress so simulation can progress.</li> </ul>	Correct Action: <ul style="list-style-type: none"> <li>Assess the environment, gather data from patient and wife to determine priority needs/ education.</li> <li>Identifies team members to assist with priority needs. (SLP communication)</li> </ul>	Debriefing Opportunities: <ul style="list-style-type: none"> <li>Focuses on the admission forms without determining priorities.</li> <li>Does not include patient/ family in planning.</li> </ul>
Debriefing <i>25-60 minutes</i>	<ul style="list-style-type: none"> <li>SP preparing notes for debriefing</li> <li><a href="#">Co Debriefing With an SP</a></li> </ul>	Debrief based on completion of objectives and opportunities in conjunction with <a href="#">INACSL SOBP</a> .	

## Debriefing Points <sup>1</sup>

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

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<sup>1</sup> Abulebda K, Auerbach M, Limaiem 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. Demonstrates management of an artificial airway (tracheostomy) during the home visit (assessment, suctioning, tracheostomy care), within the first five minutes of the visit.
2. Seeks input from the patient and family when determining a plan of care.
3. Provides at least 2 significant patient education topics based on subjective and objective information gathered during visit.

### LEVEL OF HEALTHCARE LEARNER(S)

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

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

### CHARACTER DESCRIPTION

**Standardized Patient Name:** Eddie Brandt

**Age:** 57

**Birthday:** 01/02/XXXX

**Profession:** Plumber

**Environment/setting/location of visit:** Home Health Visit

**Overall Emotional State:** Overwhelmed and slightly depressed

**Opening scene:** When the learners enter, Eddie will be demonstrating shortness of breath and his wife will be looking for the suction machine (or trying to properly connect it). His wife is not very confident with suctioning, and it makes him nervous when she does so, so he avoids telling her that he needs suctioning until he is desperate. Sometimes he can cough the mucus up, but he is weak from laying around in the hospital. The learners should help his wife suction (or re-teach her how to do it) when they arrive. Once suctioned, (he should be able to hear mucus suctioned out of the tube) he feels better. The SP should watch videos for patient reactions to care.

After he is feeling better, his forms of communication will be through moving his lips as if he is trying to talk but no sound is coming out. He is frustrated that it is such a struggle to communicate.

**Background:** Eddie and his wife have been going through the most stressful year of their life. Eddie was diagnosed with stage 2 tongue cancer this year which has disrupted everything. Eddie knows the cancer is his fault; he has been smoking two packs of cigarettes a day since he was 20. Any time he saw a doctor, they would warn him about the dangers of smoking but in his mind, that would never happen to him. This news has shaken Eddie and his family. His two daughters have been involved with his care, but one daughter is in medical school and the other is in grad school a few hours away.

Eddie's doctor recommended removing the mass with surgery. Because his tongue would swell, Eddie had to have a tracheostomy put in his neck to breathe. This will be his new mouth and nose until the swelling goes down from surgery. When Eddie woke up from surgery, he felt overwhelmed and scared. It was the first time he only had one way to breathe, and this makes him uncomfortable. He could no longer communicate easily with the nurses or his wife. His head and neck feel three times bigger than before and he is not sure if he is ever going to be normal again.

Eddie was discharged a few days ago from the hospital. Today, a nurse is coming to his home to check on him and be sure that he and his wife have everything they need. Eddie has been active his entire life and enjoyed his work as a plumber. He is starting to feel very weak and frail, which is concerning to him. Sometimes when he starts coughing, he feels like he's going to mess up the surgery somehow and he feels out of control. Eddie feels like he lost himself, which has now gotten to the point of depression. He is so appreciative of his wife and all she has done for him, but sometimes he takes his frustrations out on her.

His wife has wanted to take him back to the hospital a few times during a coughing spell, but he has refused. He would rather die at home than go back to that place.

**Health:** Recently diagnosed with stage 2 cancer, he had surgery six days ago, tracheostomy placed for airway until swelling goes down.

**Family:** He has a close-knit family, two daughters, and married to his wife for 32 years. They have a very supportive marriage but recently they have gone into survival mode; their house looks like a hospital and both are feeling overwhelmed with all the recent changes.

Continued on next page...

## CHARACTER DESCRIPTION (FAMILY MEMBER)

Family Member Name: Jillian Brandt

Age: 55

Overall Emotional State: Overwhelmed and anxious she's going to do something wrong.

Opening scene: When the learners enter, her husband will be short of breath. She is looking for the suction machine (or trying to properly connect it). She is not very confident with suctioning. She hates doing it to her husband because she always feels like she is hurting him. He never tells her that he needs to be suctioned until it is an emergency. When the learners coach her on the suctioning, she places the suctioning tube down far into the chamber, making her husband cough. SPs should allow the learners to coach them on the proper way to suction. Once suctioned, her husband feels better. Then Jillian will begin asking questions about how to learn lip-reading because her husband can't talk with the trach and tries to communicate through moving his lips, which is a pressing issue in the home currently.

Background: Jillian has always had a bubbly personality, ready to help her family with anything. She has taken care of her children and worked part-time at their local church. Since Eddie has been diagnosed with cancer her world has been rocked.

She has always been the main care provider for her family, but she is not a nurse. All of the changes, medication, and suctioning have overwhelmed her. When her husband was in the hospital, they taught her how to suction his tracheostomy and how to clean it. She has never felt confident with the skill but is doing her best. When they got home, she realized the suction machine she was taught on at the hospital is not the same one at home. She feels like she is doing it wrong because he coughs all the time and it never feels like she can get everything up. She has Googled what to do but is scared to hurt her husband.

When he was in the hospital, boxes and boxes started to arrive. The doctor said that they would be sending things to take care of her husband. She has received over 20 big boxes of medical supplies that have taken over their garage. She has opened them, but the equipment is not familiar to her at all and she is not sure what she is looking at or how they all hook up.

Jillian has wanted to take Eddie back to the hospital a few times during a coughing spell but Eddie has refused; he would rather die at home than go back into that place.

Interaction Guidelines: In the beginning of the simulation Eddie will be sitting in a chair or lying in a bed (it can be a regular or rented hospital bed). When the nurse arrives, Jillian will discuss how things have been going, she will tell them she and Eddie are overwhelmed and trying their best to cope with the current situation. Jillian might ask the nurse to look in the boxes with her because she is not sure if she has everything. She is a bit frantic but is trying her best. The nurses will work to keep Jillian focused on caring for Eddie.

During the simulation, Eddie will start to go into respiratory distress. Jillian will be very nervous but willing to try suctioning him. She will get panicked while setting it up and ask the nurse to assist. Eddie will be looked panicked while Jillian is providing the suctioning.

After the suctioning Jillian might bring up her concerns for Eddie's mental health, letting the nurse know he has not been the same since chemo and that she worries about him. Jillian and Eddie are both open to education, but are a bit frantic and hard to keep focused.

## DRESS REHEARSAL ESSENTIALS

- ✓ Eddie and Jillian's dress rehearsal will be scheduled before the first scheduled simulation. All SPs who will be performing as Eddie and Jillian will attend the same dress rehearsal.
- ✓ 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 to bring or wear the right clothing for the dress rehearsal (see below).
- ✓ Here is a rundown of the structure for the dress rehearsal:
  - Brief rundown/discussion of flow
  - One of the Eddies and Jillians will get fully dressed and start the dress rehearsal.
  - Additional SPs will observe from the control room or remain quiet observing from a different vantage point in the room.
  - The SP Educator will pause the interaction after about five minutes.
  - The SP Educator and/or Subject Matter Expert will give coaching notes. SPs should pay attention to all notes so they can apply them when it is their turn to play the role. Feel free to ask clarifying questions.
  - The next SP is selected to be Eddie and Jillian and the other patients will observe.
  - The first SP will stay to observe the remaining SPs' performance(s) 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.
- ✓ The SP Educator will review the flow of debriefing for this specific simulation.
- ✓ Make sure the SP Educator provides a safe word for SPs to use if they start to feel uncomfortable. This word will stop the simulation.
- ✓ Make sure all questions are answered before leaving the dress rehearsal.
- ✓ Review all 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: N/A

Dress: SP will wear a sleeveless t-shirt under the Avtrach, for simulation, then pajamas or comfortable

clothing with a button-up shirt.

Prop: N/A

Avkin Products: Avtrach

STANDARDIZED PATIENT PREPARATORY INFORMATION/ ASSIGNMENT

Memorize Character Description

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

FLOW OF SIMULATION

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 the start of the simulation	
Initial Assessment: HR: 92 BP: 168/72 RR: 22 T: 97.6 Pox: 93% Avtrach App- Coarse crackles all lung fields <i>5-15 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> <li>• SP having difficulty breathing. Sitting upright. In need of suctioning.</li> <li>• Wife nervously trying to figure out how to unplug suction and move it to the patient. Talking about how they are unsure about all of this.</li> </ul>	Correct Action: <ul style="list-style-type: none"> <li>• Recognizes respiratory distress and completes a focused assessment</li> <li>• Reinforces education with wife as suctioning OR</li> <li>• Coaches wife through tracheal suctioning.</li> </ul>	Debriefing Opportunities: <ul style="list-style-type: none"> <li>• Does not recognize the need for suctioning.</li> <li>• Does not integrate teaching/ coaching with wife.</li> </ul>
Need Assessment/Intake <i>15-25 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> <li>• Once suctioning completed/ mucus coughed up, patient has decreased resp. distress so simulation can progress.</li> </ul>	Correct Action: <ul style="list-style-type: none"> <li>• Assess the environment, gather data from patient and wife to determine priority needs/ education.</li> <li>• Identifies team members to assist with priority needs. (SLP communication)</li> </ul>	Debriefing Opportunities: <ul style="list-style-type: none"> <li>• Focuses on the admission forms without determining priorities.</li> <li>• Does not include patient/ family in planning.</li> </ul>

Debriefing <i>25-60 minutes</i>	<ul style="list-style-type: none"><li>• SP preparing notes for debriefing</li><li>• <a href="#">Co Debriefing With an SP</a></li></ul>	Debrief based on completion of objectives and opportunities in conjunction with <a href="#">INACSL SOBP</a> .
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