



Avkin Simulations

Marsha Walters



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# SCENARIO RECORDKEEPING

Simulation Name:	Marsha Walters		
Name & Title of Designer(s): Amy Cowperthwait, RN, MSN, BC-ACNS, CHSE-A, CEO-Avkin Megan Weldon, CHSE, Director of Education, Avkin		Reviewer: Alaina Herrington, DNP, RN, CHSE-A, CNOR Kim Anderson, BPS, NRP, CHSE, CSM-Avkin	
Date Designed: (Preparation)	1/16/21	Level of Complexity or Participant Experience:	Intermediate Pre-licensure Advanced Pre-licensure
Updates/Revisions:	<input checked="" 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:	Diversity/Social Determinants of Health Women's Health Breaking Bad News Medical Error	IPE Sim Opportunity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Undergrad Nursing Advanced Practice Nursing RT OT PT PA Social Work
Select QSEN Competencies Addressed:	<input checked="" type="checkbox"/> Patient-Centered Care <input checked="" type="checkbox"/> Teamwork & Collaboration <input type="checkbox"/> Evidence-Based Practice <input type="checkbox"/> Quality Improvement <input checked="" type="checkbox"/> Safety <input type="checkbox"/> Informatics	Select ACEN Competencies 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 type="checkbox"/> Interprofessional Partnerships <input type="checkbox"/> Systems-Based Practice <input type="checkbox"/> Informatics and Healthcare Technologies <input checked="" type="checkbox"/> Professionalism <input type="checkbox"/> Personal, Professional, and Leadership Development
Expected Pre-brief Time (minutes): 5	Expected Simulation Time (minutes): 12-25	Expected Debrief Time (minutes): 30-50	Expected Total Time (minutes): 55-80

## 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](#)

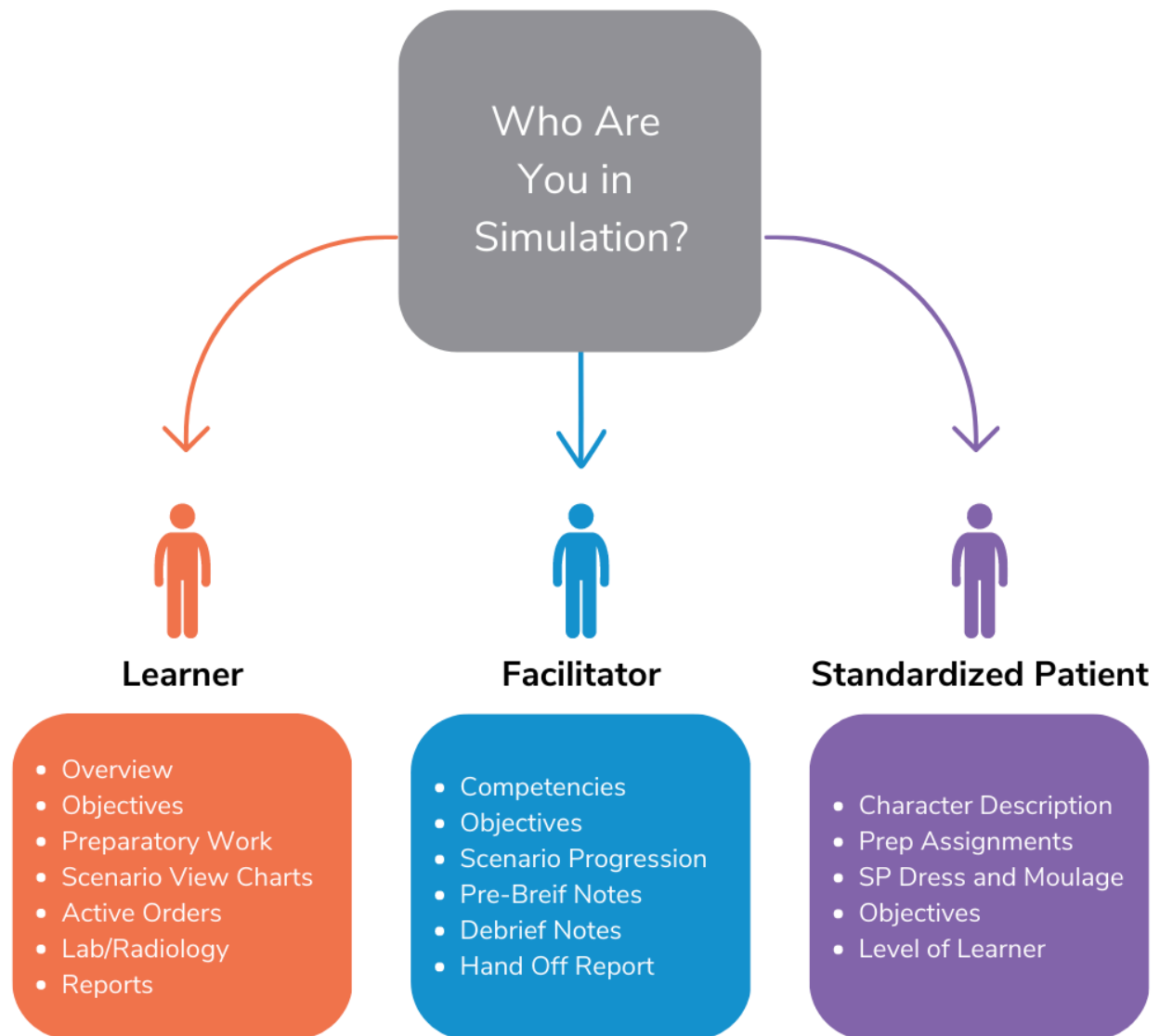
[INACSL Standards of Best Practice: Debriefing](#)

[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

Marsha Walters is a 57-year-old post-menopausal dental hygienist who first presented to the emergency department with irregular vaginal bleeding a year ago and initially she was told that the bleeding was most likely caused by uterine fibroids. She was referred to an outpatient women's clinic for follow-up because she did not have an established GYN. It took several months for her to get an appointment due to a missed phone call and interdepartmental miscommunication. The cervical biopsies collected at the visit two months ago returned positive. One month later, she had a CT scan with contrast which revealed a 3 cm tumor impinging on the uterus which led to a complete hysterectomy. She is presenting to the clinic today for a second post-op appointment. Following her surgery, she will reveal that she has been staying in bed due to the physical and emotional pain that came after her surgery. Upon physical assessment the nurse will discover a pressure ulcer developing on her sacrum. The nurse's role is to take the initial assessment including measurements, staging, and appearance. All resources on care and treatment of the pressure sore will need to be given to the patient as well as recommend her to a wound specialist.

### SIMULATION OBJECTIVES

1. Analyze subjective and objective data to determine Ms. Walters's understanding of her diagnosis and resulting treatment options.
2. Demonstrate the value of understanding diverse patient populations by integrating at least three principles of the LEARN Model during patient interaction.
3. Assess and treat the patient's wound using sterile technique and be able to record findings.
4. Negotiate at least two interventions that will reduce Ms. Walters's stress and improve outcomes.

### PRE-SIMULATION LEARNING ACTIVITIES/ASSIGNMENTS

[Read open access article<sup>1</sup>](#) on communication with diverse populations:

Read article- [Skin assessment in dark pigmented skin: a challenge in pressure ulcer prevention<sup>2</sup>](#)

Watch Video- [Wound Assessment 101 with Professor Pierce, Certified Wound and Ostomy Nurse Specialist](#)

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<sup>1</sup> Ladha, T., Zubairi, M., Hunter, A., Audcent, T., & Johnstone, J. (2018). Cross-cultural communication: Tools for working with families and children. *Paediatrics & child health*, 23(1), 66–69. <https://doi.org/10.1093/pch/pxx126>

<sup>2</sup> Clark M (2010) Skin assessment in dark pigmented skin: a challenge in pressure ulcer prevention. *Nursing Times*; 106: 30, early online publication

# PATIENT HISTORY

Electronic Health Record:				
Name: Marsha Walters			Support/Family: Husband (William)	
Age: 57	DOB: 03/01/XXXX	Gender: F	Height: TBD	Weight: TBD
Diagnosis: Stage II pressure ulcer following a complicated abd hysterectomy				
Presenting Complaint: Post-op pain following a complete abd hysterectomy History of Present Illness: Patient presented to ED 1 year ago c/o irregular vaginal bleeding after being post-menopausal for 2.5 years. Biopsy revealed stage II cervical cancer. Patient underwent total abd hysterectomy and lymph node removal. She reported being bed-bound for the past 4 weeks due to pain. Post-op appt revealed a pressure ulcer developing on the patient's sacrum.				
HR: 67	BP: 136/84	RR: 12	Temp: 98.7	
Assessment: Pain: 6/10 General Behavior/Communication: Cooperative, pain during movement Cardiovascular: + S1 & S2, denies pain, no history Respiratory: Lungs clear, no respiratory distress GI: Normoactive BS all 4 quadrants denies N/V GU: Denies pain with urination, reports voiding regularly Extremities: Unremarkable Skin: Stage II pressure ulcer, moderate sanguineous exudate 4cm x 5cm- No tunneling noted Neurological: AA and O X3, no focal deficits noted				
Allergies: None		Immunization Status: Flu, COVID X2 doses		
Admitting Doctor: Dr. Thomas		Religion: Christian		
Past Medical History: HTN, Complete abd Hysterectomy		Current Home Medications: Percocet 5-325 mg (as needed), Cephalexin 500mg (finished 2 weeks post-op), Losartan Potassium 25mg		

## SIGNIFICANT REPORTS

History	Irregular vaginal bleeding x1 year, ECC (cervical biopsy) completed 1 month ago in the clinical returned +. Complete abd hysterectomy
Pelvic CT scan/ Pathology Prior to Hysterectomy	
Findings	<p>The cervix measures 3.2 cm with a variable enhancement pattern and shows diffuse enhancement There is a 3cm hypoattenuating mass extending into the isthmus of the uterus. The tumor arises from the cervical canal and has variable degrees of extension peripherally into the cervical stroma. Lymph nodes do not appear to be enlarged</p> <p>Specimens Submitted: Simple hysterectomy, R and L Sentinel nodes and 10 regional nodes</p> <p>Report: 29mm X 32mm Anterior endocervical tumor. Depth of invasion into the isthmus of the uterus is noted to be at least 12mm. Margins clearly defined with no invasion noted to vaginal cuff or ectocervical tissue.</p> <p>Adenocarcinoma noted in the R sentinel and 2 of the right regional lymph nodes</p> <p>Provisional Pathological Staging: IIA</p>

## ACTIVE ORDERS &amp; MAR

- Medications:
  - o Percocet 5-325 mg (as needed)
  - o Losartan Potassium 25mg
- Nursing:
  - o Wound Care Protocol (provided via local document supplement or electronic file)
- Labs:
  - o CBC daily
- Consult: Wound specialist, psychiatry, PT/OT.



## 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

Needed equipment	Disposable supplies	Presentation of the patient
Avwound (set up with wound stage appropriate)	Tissues	Environment is a hospital room
Stethoscope	Cotton tipped applicators	Patient lying on side
Thermometer	Gauze	Hospital gown
Measuring tape	Wound kit	

### SIMULATION OBJECTIVES

1. Analyze subjective and objective data to determine Ms. Walters's understanding of her diagnosis and resulting treatment options.
2. Demonstrate the value of understanding diverse patient populations by integrating at least three principles of the LEARN Model<sup>1</sup> during patient interaction.
3. Assess and treat the patient's wound using sterile technique and be able to record findings.
4. Negotiate at least 2 interventions that will reduce Ms. Walters's stress and improve outcomes.

[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:** Ms. Walters is a 57-year-old female with a recent diagnosis of Stage II cervical cancer. Complete abdominal hysterectomy with laparoscopic removal of lymph nodes near the primary site was performed 4 weeks ago. Her first post-op appt went well, nothing significant noted by her physician. Since the first visit, she has become more bed bound, the pain causing mood and mobility difficulties. She is coming into the clinic today for a second post-op follow-up appointment.

**Background:** Ms. Walters's initial symptoms began about one year ago when she presented to the emergency department with post-menopausal bleeding. She had not had an annual pelvic exam in 30 years because she did not have insurance, so the ED discharged her with a diagnosis of dysfunctional uterine bleeding and referred her to the GYN practice on call that night. Ms. Walters placed the call to the GYN practice the next day and left a message. She never heard back from them. About one month ago, she began to bleed again and ended up back in the ED. This time they quickly did a biopsy that revealed cervical cancer. Mrs. Walters received a complete abdominal hysterectomy. She had a difficult recovery that caused her to be bed bound for a few weeks. During that time a pressure ulcer developed.

**Assessment:** Ms. Walters has recovered from her surgical procedure with a concerning complication. Abdominal incision is unremarkable with well progressed healing. Decreased mobility due to pain and poor mood have caused tissue disruption on patient's sacral area.

**Recommendations:** Measure and document wound, treat and dress as described in wound care protocol and call report to rehabilitation facility with updated status and orders. Consult with wound care specialist and updated mental health and PT/OT evaluations/treatment plan adjustments have been ordered.

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 <i>5-10 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> <li>• Embarrassed, tries to bargain with nurse on treatment options</li> <li>• If trusting relationship built will open-up to learner(s)</li> </ul>	Correct Action: <ul style="list-style-type: none"> <li>• Develop therapeutic relationships.</li> <li>• Gather subjective data to gain insight/understanding.</li> <li>• Acknowledges/Validates patient's emotions.</li> </ul>	Debriefing Opportunities: <ul style="list-style-type: none"> <li>• Does not recognize/acknowledge a patient's emotions.</li> <li>• Provides follow-up data before gaining insight.</li> </ul>
Focused Assessment <i>10-15 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> <li>• Difficulty focusing on instructions/next steps. Shows this through quiet pauses, asking the learner to repeat statements/questions.</li> <li>• Asking the learners what their opinion is.</li> </ul>	Correct Action: <ul style="list-style-type: none"> <li>• Integrates principles from LEARN communication to recognize disparity in expectations.</li> <li>• Works toward patient-centered resolution.</li> <li>• Obtain accurate measurements and documents accordingly for wound assessment.</li> <li>• Dress and treat wound as stated in local treatment protocol.</li> </ul>	Debriefing Opportunities: <ul style="list-style-type: none"> <li>• Works to provide information without understanding the patient perspective.</li> <li>• Makes recommendations/offers advice without seeking patient feedback.</li> <li>• Incorrect documentation/wound assessments</li> <li>• Incorrect procedure for wound care.</li> </ul>
Debriefing <i>30-50 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>3</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>3</sup> 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/>

PATIENT NAME BAND & MEDICATION LABELS

<p>Cephalexin</p> <p>500 mg</p> <p>Add how supplied 1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Percocet</p> <p>5-325 mg</p> <p>Add how supplied 1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>
<p>Losartan Potassium</p> <p>25 mg</p> <p>Add how supplied 1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>	<p>Add medication name</p> <p>Add dose mg/mL</p> <p>Add how supplied 1mL vial</p> <p>Not for Human Use</p> <p>Simulation Only</p>

Walters, Marsha

03/01/XXXX Age: 57 MRN: 12345678  
Hospitalized days: 1

### SECTION 3 STANDARDIZED PATIENT INFORMATION

#### SIMULATION OBJECTIVES FOR HEALTHCARE LEARNER(S)

1. Analyze subjective and objective data to determine Ms. Walters's understanding of her diagnosis and resulting treatment options.
2. Demonstrate the value of understanding diverse patient populations by integrating at least three principles of the LEARN Model during patient interaction.
3. Assess and treat the patient's wound using sterile technique and be able to record findings.
4. Negotiate at least two interventions that will reduce Ms. Walters's stress and improve outcomes.

#### 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:** Marsha Walters

**Age:** 57

**Birthday:** 03/01/XXXX

**Profession:** Dental Hygienist (retiring soon)

**Race:** Black American

**Overall Emotional State:** Concerned, in pain, hopeful she can be discharged from the rehabilitation center

**Location:** Post-op visit to urgent care

**Background:** Marsha is a determined, positive, and self-motivated woman. She was born into a poor neighborhood with a single mother. Her mom worked multiple jobs and taught her the value of a dollar from a young age. Marsha's mother was not only there for her and her sisters, but her aunts and everyone in the church and neighborhood. Marsha credits everything about her upbeat personality to Jesus Christ, her Savior, and her mother. When Marsha was a kid, she never went to the doctor. Her mom just did not have the money and they were raised if something was wrong, they'd go to the ER, get it fixed, and go home. The only exception to this was her needing birth control to reduce her pain and length of her periods. She would have intense pain every month and could not go to school. At age 14 she went to Planned Parenthood and they gave her pills to help. She stopped ten years ago when she started going through menopause and not having intense pain anymore.

Marsha was raised in the church and is very active in her church. Marsha's identity is completely wrapped up in her role at the church and her faith. Marsha got married right out of high school and she divorced him five years later because he was an alcoholic and having an affair with at least two other women. Marsha never had any children because she did not remarry again until three years ago. Marsha met Bill

at church and will refer to him as her sweetheart. Marsha likes to refer to herself as a newlywed and loves to share about her new journey and the love of her life.

Marsha only had a high school diploma when she divorced because she planned to stay at home and be a mother. A friend from church owned a dental practice and advised her to go to dental hygienist school because he would guarantee she would have a job when she graduated. He also helped her through school by giving her a job as a secretary in the office while she was in school. She went to the local community college and got an associate degree (the first in her family) and got an honest job making good money.

Back in that time, no one was as concerned about radiation from all of the X-Rays done in the clinic. She now thinks she got cancer because of this. Marsha will admit she hates going to the doctor, she feels embarrassed because she knows she should have been going to the women's doctor all along but she had no reason to do so because she was not having sex or having children. The more time went by, the more embarrassed she became, and she just never made the appointment. It was roughly five years ago she went through 'the change.'

About one year ago Billy took Marsha to the emergency department because she had unexplained vaginal bleeding. She had no pain, but it scared them because she had already gone through 'the change.' She had her first women's exam in 30 years at the ED and it was very unsettling. Later that evening after getting poked and prodded she was discharged with a quick explanation and some papers that said she had dysfunctional bleeding. They told her to call a women's health doctor to get more tests. Marsha called the number and left a message the next day but never got a call back. The bleeding stopped and she put it behind her when Billy had complications from knee replacement surgery.

Last month, she began to bleed again and went back to the emergency department. This time the ED was able to set up an appointment at the women's clinic before she was discharged since it was now associated with the hospital. At the women's clinic, they had concerned faces after the exam. They told Marsha that they found a growth on her cervix that needed more tests. After the tests were done and the reports came back, she learned that the growth was highly suspicious for early-stage cervical cancer. The doctor was able to do a biopsy a week later and the results came back positive for cervical cancer. She was surprised to hear it, but she read up on cervical cancer from the internet and it was probably because her first husband was unfaithful to her all those years ago. It probably was not because of the X-Rays. The doctor advised a total hysterectomy where they cut her open and "clean her out." The recovery would be long, approximately 4-6 weeks and might also impact her emotionally since all of her reproductive organs would be extracted but it would be the safest way to prevent the spread of this cancer to other parts of her body. Marsha and her husband agreed, and they moved forward with the surgery. However, considering Billy's health since his knee replacement he would be unable to care for her thoroughly, so they decided to move her to a rehabilitation center for the extent of the recovery.

She is coming in today for her second visit after surgery, the two-month post-op. She was in a lot of pain. Being in the center was so difficult for Marsha but she will be in good spirits because "that is where God has put her for the time being for her and Billy's health". She went for her 4-week post-op appointment and was relieved that everything internally looked good. The doctor was concerned that she was not moving much and caregivers reported she was staying in bed most of the day. Today at her appointment Marsha is very quiet and reserved. She seems to be troubled by something. She will explain that she has tried to move around more but found herself wanting to stay in bed for days at a time. Bill has been supportive staying with her as much as possible but not knowing completely what Marsha is going through. She will explain the recovery has been so much more difficult than she anticipated. She will share she has been sad being away from her home and her husband. She has no interest in being in the home but knows she needs to be there until she has recovered. During the exam she will reveal a place on her abdomen that is causing her a lot of pain. "This started hurting terribly a couple weeks ago but I did not want to bother you about it". She will reveal what looks to be an early-stage pressure sore. For the next phase of her recovery, the nurse will come in and examine the sore and take measurements. Marsha will need to be given all the information possible to help the sore to heal and prevent the sore from getting any worse. She will be concerned and scared but open to everything the nurse advises.

**Health:** Stage II A cervical cancer, high blood pressure, does not have a primary care doctor.

**Family:** Her only living family is her one sister who she sees once a week for lunch on Saturday. She is currently married to Billy. They married three years ago but she considers herself a newlywed. Marsha loves to talk to her husband and can go on and on about how much of a God sent he is for her. Under normal circumstances, she would show the nurses photos of their wedding and show off her ring but today is different.

**Housing:** Marsha and Bill live in a small home they rent about three blocks from where Marsha grew up. It is not in a great part of town which limits their healthcare options.

**Social History:** Marsha does not drink, smoke, or do drugs. Her main support is her sister, her husband, and her church family. She has an amazing support system that is praying for her, which she appreciates even more after hearing this news.

**Interaction Guidelines:** Marsha will be slightly concerned talking with the nurse during the second follow-up appointment. She will explain that she has not had the energy to get out of bed much these past few weeks. The pain was a little more tolerable after the doctor increased her dosage, but she began dealing with some of the emotional side-effects of the hysterectomy. She did not want to bother anyone, so she's been silent about the symptoms she's been dealing with. Marsha is polite and quiet but will tell the nurse what's wrong when asked. She will say for the first time in her life she has felt like she could not get "out of this funk" "could this be what depression feels like?" She has not complied completely with the doctor and has not left her bed much. Bill has been there as much as he could be, but he knows she is sad to be away from her home. The whole cancer scare made him really dote on Marsha and let her have her way as much as possible. Due to Marsha's inactivity, the nurse will notice during the exam that a pressure sore has started developing. This is concerning and is definitely the real cause of Marsha's pain recently. Marsha will state she thought that it was just "something that came with surgery, and she should just try to deal with it in her own way".

When told about the pressure sore Marsha is not angry but handles this frustrating situation with a smile and maybe a tear. That is who Marsha is, she brushes off the intense stuff and puts a smile on her face and makes it a joke. Marsha is very warm and engaging and can take over the conversation quickly.

Marsha will be reeling from the news about the need for further treatment. She will ask why these treatments are needed and if they think the treatments are necessary. "If I just start getting out of bed and put bandages on it can't I treat it myself?" The nurse will need to advise her that she needs to be treated by a specialist to prevent it from getting worse. Her typical upbeat personality will become more serious, she will lean forward and become much more engaged. This will take her some time to process as she sits there to take it all in. She may ask the nurse to write it down so she can check with her insurance and have her husband read it.

#### 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 Marsha 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 Marsha 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/leg sling, etc.)

Moulage: N/A

Dress: Loose, comfortable clothing

Prop: Purse, with pen and paper, cell phone (optional)

Avkin Products: Avwound

#### STANDARDIZED PATIENT PREPARATORY INFORMATION/ASSIGNMENT

Memorize Character Description

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

Watch the [scene](#) from play *Wit*

[Wound Care: Assessing Wounds](#)- *Watch for patient presentation*

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 <i>5-10 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> <li>• Embarrassed, tries to bargain with nurse on treatment options</li> <li>• If trusting relationship built will open-up to learner(s)</li> </ul>	Correct Action: <ul style="list-style-type: none"> <li>• Develop therapeutic relationships.</li> <li>• Gather subjective data to gain insight/understanding.</li> <li>• Acknowledges/Validates patient's emotions.</li> </ul>	Debriefing Opportunities: <ul style="list-style-type: none"> <li>• Does not recognize/acknowledge a patient's emotions.</li> <li>• Provides follow-up data before gaining insight.</li> </ul>
Focused Assessment <i>10-15 minutes</i>	SP Interaction/Cues <ul style="list-style-type: none"> <li>• Difficulty focusing on instructions/next steps. Shows this through quiet pauses, asking the learner to repeat statements/questions.</li> <li>• Asking the learners what their opinion is.</li> </ul>	Correct Action: <ul style="list-style-type: none"> <li>• Integrates principles from LEARN communication to recognize disparity in expectations.</li> <li>• Works toward patient-centered resolution.</li> <li>• Obtain accurate measurements and documents accordingly for wound assessment.</li> <li>• Dress and treat wound as stated in local treatment protocol.</li> </ul>	Debriefing Opportunities: <ul style="list-style-type: none"> <li>• Works to provide information without understanding the patient perspective.</li> <li>• Makes recommendations/offers advice without seeking patient feedback.</li> <li>• Incorrect documentation/wound assessments</li> <li>• Incorrect procedure for wound care.</li> </ul>
Debriefing <i>30-50 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> .	