***COMMON STRUCTURE FOR HIGH FIDELITY SIMULATION SCENARIO***

SCENARIO TITLE

Management of chronic pain in a palliative care patient

SCENARIO OVERVIEW

DUMMY TYPE: SIM MAN 3G

HEALTHCARE SERVICE: Emergency service

TARGET GROUP[[1]](#footnote-1):

ESTIMATED SCENARIO DURATION: 10 minutes

SCENARIO SUMMARY[[2]](#footnote-2):

A patient with non-operable lung cancer comes to the emergency department for severe pain in the context of chronic pain being treated.

EDUCATIONAL OBJECTIVES

GENERAL OBJECTIVES:

* Management of pain in emergency service
* Establish a helping relationship with the patient

SCENARIO-SPECIFIC OBJECTIVES:

To be determined

PARTICIPANTS’ ROLE

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT: 1  | **Nurse student 3rd year** | **Nurse student 3rd year** |  |
| PROFESSIONAL: 1 | **Nurse (emergency service)** | **Intern** |  |
| TRAINERS[[3]](#footnote-3) | **Instructor** | **Trainer for the debriefing** |  |

EQUIPMENT LIST[[4]](#footnote-4)

Medical supplies:

 - Circulation[[5]](#footnote-5): peripheral venous route

 - Ventilation[[6]](#footnote-6): oxygen glasses

 - Miscellaneous[[7]](#footnote-7):

Medicines and solutes: morphine IV in titration, physiological saline for infusion, tubine

Documents[[8]](#footnote-8): Emergency folder

Accessories[[9]](#footnote-9): male sex, cigarette pack

Environment[[10]](#footnote-10): Emergency room

SCENARIO PREPARATION

SIMULATION TYPE: High fidelity simulation

DUMMY TYPE: High fidelity dummy

SIMULATOR PREPARATION:

 - Setting: corresponding to initial state (cf. table)

 - Positioning[[11]](#footnote-11) : seated on a stretcher

 - Accessories[[12]](#footnote-12):

ENVIRONMENT PREPARATION[[13]](#footnote-13): A stretcher, a shelf (adaptable), a care trolley, a scope (pulse, TA, SpO2, FR)

PREPARATION OF ADDITIONAL EXAMINATIONS[[14]](#footnote-14): Chest radio

PREPARATION OF STUDENTS/LEARNERS[[15]](#footnote-15): Work clothes

BRIEFING

TIME:

SITUATION[[16]](#footnote-16):

DOCUMENTS[[17]](#footnote-17):

PATIENT DATA[[18]](#footnote-18)

Surname: Age:

Name: Weight:

Date of birth: Height:

Allergies: Gender:

History:

Medical history:

Surgeries:

Ob/gyn:

Personal treatment:

FRAMES OF REFERENCE / EXPERTS RECOMMENDATIONS[[19]](#footnote-19)

DEBRIEFING IDEAS

SCENARIO PROGRESS

|  |
| --- |
|  |
| **Monitor setting** | **Patient dummy** | **Students’ interventions****(what we would like to see…)** | **Messages** |
| **Beginning time of scenario:** |
| **Initial state:**AP: HR:RR:SpO2:ECG curve [[20]](#footnote-20): Clinical signs: - eyes[[21]](#footnote-21) - pupils[[22]](#footnote-22) - pulmonary auscultation   | Symptoms, voice |   |  |
| **State 2:**AP: HR:RR:SpO2:ECG curve: Clinical signs: - eyes[[23]](#footnote-23) - pupils[[24]](#footnote-24) - pulmonary auscultation   |   |  |  |
| **State 3:**AP:HR:RR:SpO2:ECG curve: Clinical signs: - eyes[[25]](#footnote-25) - pupils[[26]](#footnote-26) - pulmonary auscultation   |  |   |  |
| **End time of scenario:** |

SCENARIO EVALUATION

POSITIVE ASPECTS:

TO IMPROVE:

REALISM:

USED PROTOCOLS:

PROTOCOLS TO IMPLEMENT:

1. Skill level and number of participants [↑](#footnote-ref-1)
2. Scenario key words [↑](#footnote-ref-2)
3. Control of dummy setting / Debriefing/ Dummy voice/ Facilitator/ Disruptive element/ external stakeholder (phone speaker) [↑](#footnote-ref-3)
4. Prefer Check-list for quick check-up [↑](#footnote-ref-4)
5. Catheters, infusion lines, needles (IV, intraosseous, subcutaneous), blood collection tubes, tourniquet… [↑](#footnote-ref-5)
6. Nasal cannulas, non-rebreather masks, intubation supplies… [↑](#footnote-ref-6)
7. Capillary glycaemia, urinary catheter, thermometer, stethoscope, gloves, hand sanitizer…. [↑](#footnote-ref-7)
8. Patient medical file, transmission sheet, ECG, recommendation summary sheet [↑](#footnote-ref-8)
9. Pen, phone, diagnostic penlight for pupils, work outfits (white coats…) [↑](#footnote-ref-9)
10. Wig, basin, tissues with blood, patient’s suitcase… [↑](#footnote-ref-10)
11. Half sit-up, lying down [↑](#footnote-ref-11)
12. Presence of oxygen, of a drip tube, already scoped… [↑](#footnote-ref-12)
13. Raised bed rails, presence of patients belongings, tissues, needed information received

 (Displayed thermometer, glycaemia…) [↑](#footnote-ref-13)
14. If foreseen in the scenario, prepare additional examinations to display (chest radiograph, blood test…) [↑](#footnote-ref-14)
15. Preliminary analysis of documents if needed [↑](#footnote-ref-15)
16. Location where the scenario takes place, information before entering the simulation room [↑](#footnote-ref-16)
17. Document handed during the briefing/ care record, biological results, written transmissions … [↑](#footnote-ref-17)
18. Care record layout or if not necessary to the scenario, voice memo for the trainer [↑](#footnote-ref-18)
19. Quoted sources, bibliography [↑](#footnote-ref-19)
20. Sinus, Fibrillation.... [↑](#footnote-ref-20)
21. Open, half-closed, closed [↑](#footnote-ref-21)
22. Miosis, mydriasis, anisocoria, normal-reactive [↑](#footnote-ref-22)
23. Open, half-closed, closed [↑](#footnote-ref-23)
24. Miosis, mydriasis, anisocoria, normal-reactive [↑](#footnote-ref-24)
25. Open, half-closed, closed [↑](#footnote-ref-25)
26. Miosis, mydriasis, anisocoria, normal-reactive [↑](#footnote-ref-26)