# COMMON STRUCTURE FOR HIGH FIDELITY SIMULATION SCENARIO

#### **SCENARIO TITLE**

Taking care of an elderly in delirium with risk of immobilisation

#### SCENARIO OVERVIEW

**DUMMY TYPE:** 

**HEALTHCARE SERVICE**: acute geriatrics

TARGET GROUPs<sup>1</sup>: graduated nurses, BLOC 3 learners, BLOC 2 learners (depending on learning outcomes)

**ESTIMATED SCENARIO DURATION: 7 minutes** 

SCENARIO SUMMARY2:

Patient, 79 – 3<sup>rd</sup> days of hospitalisation – Agitation-delirium-fall at home-withdrawal/drug abuse (antidepressants, anxiolytic) – Rhabdomyolysis - Acute kidney injury, Urinary tract infection

#### **EDUCATIONAL OBJECTIVES**

#### **GENERAL OBJECTIVES:**

- To analyse situations in order to avoid immobilisation and demonstrate it, through clinical actions and decisions taking into account the ethical, deontological and legal dimensions.
- To collaborate with different healthcare professionals in order to understand the specific situations of healthcare recipients and to propose responses adapted to their specific needs.
- To professionally communicate, orally or in writing, with the purpose to cooperate with the different member of the multidisciplinary team and to maintain continuity of healthcare.
- To show reflexivity and to seek to always improve the quality and safety of one's practice.

SCENARIO-SPECIFIC OBJECTIVES:

<sup>&</sup>lt;sup>2</sup> Scenario key words





<sup>&</sup>lt;sup>1</sup> Skill level and number of participants

## PARTICIPANTS' ROLE

STUDENT	Frontline	
PROFESSIONA	Observer	
TRAINERS <sup>3</sup>	Trainer 1: facilitator Trainer 2: participant	

### **EQUIPMENT LIST<sup>4</sup>**

#### Medical supplies:

- Circulation<sup>5</sup>: - PV: detached plaster

- bloodstained plaster

- Ventilation6:

- Miscellaneous<sup>7</sup>: - thermometers

- hand sanitiser

- glove box

Medicines and solutes: P.O. – DIV

- Empty Augmentin drib

- 11/24h mixed

Documents8: nursery file

#### Accessories9:

- Bed with bars

- Immobilisation straps and/or belt

#### Environment<sup>10</sup>:

- patient's armchair
- alarm clock
- framed family picture
- magazines, crosswords
- patient's eyeglasses
- pack of cigarettes
- vanity case with nail scissors

 $<sup>^{\</sup>rm 10}$  Wig, basin, tissues with blood, patient's suitcase...





<sup>&</sup>lt;sup>3</sup> Control of dummy setting / Debriefing/ Dummy voice/ Facilitator/ Disruptive element/ external stakeholder (phone speaker)

<sup>&</sup>lt;sup>4</sup> Prefer Check-list for quick check-up

<sup>&</sup>lt;sup>5</sup> Catheters, infusion lines, needles (IV, intraosseous, subcutaneous), blood collection tubes, tourniquet...

<sup>&</sup>lt;sup>6</sup> Nasal cannulas, non-rebreather masks, intubation supplies...

<sup>&</sup>lt;sup>7</sup> Capillary glycaemia, urinary catheter, thermometer, stethoscope, gloves, hand sanitizer....

<sup>&</sup>lt;sup>8</sup> Patient medical file, transmission sheet, ECG, recommendation summary sheet

 $<sup>^{\</sup>rm 9}$  Pen, phone, diagnostic penlight for pupils, work outfits (white coats...)

#### SCENARIO PREPARATION

	TO THE THE THE
SIMULATION TYPE:	
DUMMY TYPE:	
SIMULATOR PREPARATION: - Selection of simulator: standard femal - Setting: corresponding to initial state - Positioning <sup>11</sup> : patient on the edge of t - Accessories <sup>12</sup> : detached drip plaster, d	(cf. table) he bed, non-safe position, confused state
ENVIRONMENT PREPARATION <sup>13</sup> : Bed with lowered bars, armchair nearby including a pair of nail scissors.	, personal belongings scattered on the bed,
PREPARATION OF ADDITIONAL EXAMINA	ATIONS <sup>14</sup> :
PREPARATION OF STUDENTS/LEARNERS Professional outfit and reading the nurse	
	BRIEFING
TIME:	
SITUATION <sup>16</sup> :	
DOCUMENTS <sup>17</sup> :	
PAT	ΓΙΕΝΤ DATA <sup>18</sup>
Surname: Name: Date of birth: Allergies: History: Medical history: Surgeries: Ob/gyn:	Age: Weight: Height: Gender:

# FRAMES OF REFERENCE / EXPERTS RECOMMENDATIONS<sup>19</sup>

Personal treatment:

<sup>&</sup>lt;sup>19</sup> Quoted sources, bibliography





<sup>&</sup>lt;sup>11</sup> Half sit-up, lying down

<sup>&</sup>lt;sup>12</sup> Presence of oxygen, of a drip tube, already scoped...

<sup>&</sup>lt;sup>13</sup> Raised bed rails, presence of patients belongings, tissues, needed information received (Displayed thermometer, glycaemia...)

<sup>&</sup>lt;sup>14</sup> If foreseen in the scenario, prepare additional examinations to display (chest radiograph, blood test...)

<sup>&</sup>lt;sup>15</sup> Preliminary analysis of documents if needed

<sup>&</sup>lt;sup>16</sup> Location where the scenario takes place, information before entering the simulation room

<sup>&</sup>lt;sup>17</sup> Document handed during the briefing/ care record, biological results, written transmissions ...

<sup>&</sup>lt;sup>18</sup> Care record layout or if not necessary to the scenario, voice memo for the trainer

# DEBRIEFING IDEAS

## **SCENARIO PROGRESS**

Monitor setting	Patient dummy	Students' interventions (what we would like to see)	Messages
Beginning time of sc	enario: 8:30		
Initial state:  AP: HR: RR: SpO <sub>2</sub> :  ECG curve <sup>20</sup> :  Clinical signs: - eyes <sup>21</sup> - pupils <sup>22</sup> - pulmonary auscultation	Patient on the edge of the bed  – bed in raised position, lowered bars, in unsafe position, obsessed with putting on her clothes but anxious she will not manage to.  "I won't be on time for dinner"  Repetitive speech and gestures: "I can't, I can't" Gestures to fix the drip, already torn away.	To introduce oneself, stay calm, empathetic attitude. Confirm the identity of the patient? "Good afternoon Mrs. X, what is your name?" Evaluate DST: do you know where you are? What day, what time? Ask what is happening. Identify the trigger elements and/or behaviour. Read patient's file	
End time of scenario	:		

# SCENARIO EVALUATION

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TO IMPROVE:

REALISM:

**USED PROTOCOLS:** 

PROTOCOLS TO IMPLEMENT:

<sup>&</sup>lt;sup>21</sup> Open, half-closed, closed <sup>22</sup> Miosis, mydriasis, anisocoria, normal-reactive





<sup>&</sup>lt;sup>20</sup> Sinus, Fibrillation....