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

SCENARIO TITLE

Therapeutic education of a patient with lung transplant to manage his medicinal treatment

SCENARIO OVERVIEW

DUMMY TYPE:

HEALTHCARE SERVICE: cardiopulmonary transplantation unit

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

* graduated nurses
* BLOC ¾ learners depending on learning outcomes

ESTIMATED SCENARIO DURATION: 10 minutes

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

Man, 31 – lung transplant/cystic fibrosis post-op Day 15 – ANXIETY about managing self-care: medicinal treatment.

EDUCATIONAL OBJECTIVES

GENERAL OBJECTIVES:

A patient with lung transplant adopting a therapeutic education approach.

SCENARIO-SPECIFIC OBJECTIVES:

PARTICIPANTS’ ROLE

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT | Frontline |  |  |
| PROFESSIONAL | Observers |  |  |
| TRAINERS[[3]](#footnote-3) | Trainer 1: facilitator  Trainer 2: Participant |  |  |

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

Medical supplies:

- Circulation[[5]](#footnote-5):

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

- O2 ln pending

- aerosol mask

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

- thermometers

- hand sanitiser

- glove box

Medicines and solutes:

- PO

- DIV

- Drip

- Abelcet aerosol

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

- Nursery file

- List of personal medicinal treatment

Accessories[[9]](#footnote-9):

- Reading

- Water bottle

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

- Standard room

- Patient armchair

SCENARIO PREPARATION

SIMULATION TYPE:

DUMMY TYPE:

SIMULATOR PREPARATION: standard male patient

- Setting: initial state: patient reading a book

- Positioning[[11]](#footnote-11): patient half-sat in bed

- Accessories[[12]](#footnote-12): specific personal treatment sheet on his lap.

ENVIRONMENT PREPARATION[[13]](#footnote-13): patient half-sat

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

PREPARATION OF STUDENTS/LEARNERS[[15]](#footnote-15): professional outfit and prior reading of nursery file or patient sheet.

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: 10:00** | | | | |
| **Initial state:**  AP: 12/7 cmHG  HR: 87 pls/min  RR: 14/min  SpO2: 99%  Clinical signs:  - eyes[[20]](#footnote-20): opened  - pupils[[21]](#footnote-21): normal  - pulmonary auscultation: some wheezes | The patient is doing something (watching TV, reading a newspaper or book, using his phone…). He is quiet but seems preoccupied.  He is holding the list of medicinal treatment he will have to manage. | ………………………………………….... ………………………………………......  …………………………………………....  Medicinal education: NIC 5616 |  | |
| **State 2:** | …………………………………………............................................……………………………………….......  ………………………………………….. | …………………………………………............................................….……………………………………...........  …………………………………………...  Health education: NIC 5510 (ex)  ………………………………………….. |  | |
| **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. Open, half-closed, closed [↑](#footnote-ref-20)
21. Miosis, mydriasis, anisocoria, normal-reactive [↑](#footnote-ref-21)