

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 GROUPS¹: graduated nurses, BLOC 3 learners, BLOC 2 learners (depending on learning outcomes)

ESTIMATED SCENARIO DURATION: 7 minutes

SCENARIO SUMMARY²:

Patient, 79 – 3rd 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:

¹ Skill level and number of participants

² Scenario key words

SCENARIO PREPARATION

SIMULATION TYPE:

DUMMY TYPE:

SIMULATOR PREPARATION:

- Selection of simulator: standard female patient
- Setting: corresponding to initial state (cf. table)
- Positioning¹¹: patient on the edge of the bed, non-safe position, confused state
- Accessories¹²: detached drip plaster, drip almost torn away

ENVIRONMENT PREPARATION¹³:

Bed with lowered bars, armchair nearby, personal belongings scattered on the bed, including a pair of nail scissors.

PREPARATION OF ADDITIONAL EXAMINATIONS¹⁴:

PREPARATION OF STUDENTS/LEARNERS¹⁵:

Professional outfit and reading the nursery file or patient's file.

BRIEFING

TIME:

SITUATION¹⁶:

DOCUMENTS¹⁷:

PATIENT DATA¹⁸

Surname:

Age:

Name:

Weight:

Date of birth:

Height:

Allergies:

Gender:

History:

Medical history:

Surgeries:

Ob/gyn:

Personal treatment:

FRAMES OF REFERENCE / EXPERTS RECOMMENDATIONS¹⁹

¹¹ Half sit-up, lying down

¹² Presence of oxygen, of a drip tube, already scoped...

¹³ Raised bed rails, presence of patients belongings, tissues, needed information received (Displayed thermometer, glycaemia...)

¹⁴ If foreseen in the scenario, prepare additional examinations to display (chest radiograph, blood test...)

¹⁵ Preliminary analysis of documents if needed

¹⁶ Location where the scenario takes place, information before entering the simulation room

¹⁷ Document handed during the briefing/ care record, biological results, written transmissions ...

¹⁸ Care record layout or if not necessary to the scenario, voice memo for the trainer

¹⁹ Quoted sources, bibliography

DEBRIEFING IDEAS

SCENARIO PROGRESS

Monitor setting	Patient dummy	Students' interventions (what we would like to see...)	Messages
Beginning time of scenario: 8:30			
Initial state: AP: HR: RR: SpO ₂ : ECG curve ²⁰ : Clinical signs: - eyes ²¹ - pupils ²² - 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

POSITIVE ASPECTS:

TO IMPROVE:

REALISM:

USED PROTOCOLS:

PROTOCOLS TO IMPLEMENT:

²⁰ Sinus, Fibrillation...

²¹ Open, half-closed, closed

²² Miosis, mydriasis, anisocoria, normal-reactive