

# COMMON STRUCTURE FOR HIGH FIDELITY SIMULATION SCENARIO

## SCENARIO TITLE

**Taking care of an elderly in delirium with a risk of immobilisation  
Communication with the family about whether to occasionally  
immobilise her**

## 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 SUMMARY<sup>2</sup>:

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:

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<sup>1</sup> Skill level and number of participants

<sup>2</sup> Scenario key words

## PARTICIPANTS' ROLE

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

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

Medical supplies:

- Circulation<sup>5</sup>: - PV
- Ventilation<sup>6</sup>:
- Miscellaneous<sup>7</sup>: - thermometers
  - hand sanitiser
  - glove box

Medicines and solutes:

- P.O.
- DIV
- Drip:
  - o Empty Augmentin drib
  - o 1l/24h mixed

Documents<sup>8</sup>: nursery file

Accessories<sup>9</sup>:

- Bed with bars
- Immobilisation straps and/or belt

Environment<sup>10</sup>:

- **patient's armchair**

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

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

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

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

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

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

<sup>9</sup> Pen, phone, diagnostic penlight for pupils, work outfits (white coats...)

<sup>10</sup> Wig, basin, tissues with blood, **patient's suitcase...**

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

## SCENARIO PREPARATION

SIMULATION TYPE:

DUMMY TYPE:

SIMULATOR PREPARATION:

- Selection of simulator: standard female patient
- Setting: corresponding to initial state (cf. table)
- Positioning<sup>11</sup>: patient on the edge of the bed, non-safe position, confused state
- Accessories<sup>12</sup>: drip almost torn away, in the bed

ENVIRONMENT PREPARATION<sup>13</sup>:

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

PREPARATION OF ADDITIONAL EXAMINATIONS<sup>14</sup>:

PREPARATION OF STUDENTS/LEARNERS<sup>15</sup>:

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

## BRIEFING

TIME:

SITUATION<sup>16</sup>:

DOCUMENTS<sup>17</sup>:

## PATIENT DATA<sup>18</sup>

Surname:

Age:

Name:

Weight:

Date of birth:

Height:

Allergies:

Gender:

History:

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

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

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

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

<sup>15</sup> Preliminary analysis of documents if needed

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

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

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

Medical history:  
 Surgeries:  
 Ob/gyn:  
 Personal treatment:

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

## DEBRIEFING IDEAS

## SCENARIO PROGRESS

Monitor setting	Patient dummy	Students' interventions (what we would like to see...)	Messages
Beginning time of scenario: 13:30			
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 sitting in the armchair.  Family sitting on the edge of the bed: ask to put her mother back to bed and prefer if she were immobilised.  Patient: "why to you want to bind me?"  Family: "I fear you will do something stupid"  Patient: "But I'm not doing anything stupid"	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:

<sup>19</sup> Quoted sources, bibliography

<sup>20</sup> Sinus, Fibrillation...

<sup>21</sup> Open, half-closed, closed

<sup>22</sup> Miosis, mydriasis, anisocoria, normal-reactive