

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 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

PARTICIPANTS' ROLE

| | | | |
|-----------------------|---|--|--|
| STUDENT | Frontline | | |
| PROFESSIONA | Observer | | |
| TRAINERS ³ | Trainer 1: facilitator Trainer 2: participant: patient Trainer: Participant: family | | |

EQUIPMENT LIST⁴

Medical supplies:

- Circulation⁵: - PV
- Ventilation⁶:
- Miscellaneous⁷: - thermometers
 - hand sanitiser
 - glove box

Medicines and solutes:

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

Documents⁸: nursery file

Accessories⁹:

- Bed with bars
- Immobilisation straps and/or belt

Environment¹⁰:

- **patient's armchair**

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

⁴ Prefer Check-list for quick check-up

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

⁶ Nasal cannulas, non-rebreather masks, intubation supplies...

⁷ Capillary glycaemia, urinary catheter, thermometer, stethoscope, gloves, hand sanitizer....

⁸ Patient medical file, transmission sheet, ECG, recommendation summary sheet

⁹ Pen, phone, diagnostic penlight for pupils, work outfits (white coats...)

¹⁰ 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)
- Positioning¹¹: patient on the edge of the bed, non-safe position, confused state
- Accessories¹²: drip almost torn away, in the bed

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:

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

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

FRAMES OF REFERENCE / EXPERTS RECOMMENDATIONS¹⁹

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 ₂ : ECG curve ²⁰ : Clinical signs: - eyes ²¹ - pupils ²² - 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:

¹⁹ Quoted sources, bibliography

²⁰ Sinus, Fibrillation...

²¹ Open, half-closed, closed

²² Miosis, mydriasis, anisocoria, normal-reactive