

COMMON STRUCTURE FOR HIGH FIDELITY SIMULATION SCENARIO

SCENARIO TITLE

**Communication in the process of announcing bad news.
Transition to oncological / palliative / supportive cares**

SCENARIO OVERVIEW

DUMMY TYPE:

HEALTHCARE SERVICE: oncology

TARGET GROUP¹: graduated nurses / BLOC 3 / 4 learners

ESTIMATED SCENARIO DURATION: 7 minutes

SCENARIO SUMMARY²:

Women, 69, breast cancer terminal – palliative – Day 10 – asthenia – communication of bad news – return home cancelled.

The day before release, the patient's condition deteriorated; her release is postponed on the doctor's order. This bad news has just been announced to her by her doctor and the nurse who takes care of her does not know.

EDUCATIONAL OBJECTIVES

GENERAL OBJECTIVES:

- To communicate, orally, not verbally, taking into account the patient's and her family's needs, the situation, and the context.
- To communicate professionally, orally or in writing, with the purpose to cooperate with the different members of the multidisciplinary team, to ensure healthcare continuity.

SCENARIO-SPECIFIC OBJECTIVES:

¹ Skill level and number of participants

² Scenario key words

PARTICIPANTS' ROLE

STUDENT	Frontline		
PROFESSIONAL	Observers		
TRAINERS ³	Trainer 1: facilitator Trainer 2: participant		

EQUIPMENT LIST⁴

Medical supplies:

- Circulation⁵:
- Ventilation⁶:
- Miscellaneous⁷: thermometers, hand sanitiser

Medicines and solutes: PO, DIV

Documents⁸: nursery file

Accessories⁹:

- Suitcase
- Clothes for suitcase
- Tissues
- Artificial tears

Environment¹⁰:

- **Patient's armchair**
- Bed
- Magazine
- Water bottle

SCENARIO PREPARATION

SIMULATION TYPE:

DUMMY TYPE:

SIMULATOR PREPARATION: standard patient

- Setting:

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...**

- Positioning¹¹: patient standing in her room, packing her suitcase.
- Accessories¹²: **packed suitcase near her, water bottle, phone, tissue box, patient's nursery file, some clothes on the bed.**

ENVIRONMENT PREPARATION¹³: patient on the edge of the bed.

PREPARATION OF ADDITIONAL EXAMINATIONS¹⁴:

PREPARATION OF STUDENTS/LEARNERS¹⁵: professional outfit and the student must have read the nursery file or patient 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

DEBRIEFING IDEAS

SCENARIO PROGRESS

Monitor setting	Patient dummy	Students' interventions (what we would like to see...)	Messages
Beginning time of scenario:			

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

<p>Initial state:</p> <p>AP: 127/70mmHg HR: 78pls RR: 17 SpO₂: 97%</p> <p>ECG curve ²⁰: sinus tachycardia, axis 60 degrees, sub difference ST, DII, DII, aVF, V4-V6 (see figure)</p> <p>Clinical signs: - eyes²¹ - pupils²² - pulmonary auscultation</p>	<p>The patient is crying on the edge of her bed, she is unpacking her suitcase.</p> <p>“In the end, I’m not going home, I am so sad”</p> <p>“Yesterday the nurse said everything’s ready for my return, today they say the opposite” “I really don’t understand why the doctor wants to keep me”</p> <p>“I feel I will die here when all I want is to be home with y family; I don’t feel my wish is respected”</p>	<p>Phase 1:</p> <p>The student takes time to ask the patient why she is crying; The student adopts an empathetic attitude: presence, turned to the patient (can sit down, offer a tissue, touch her if consent...)</p> <p>Active listening..... NIC: 4920</p> <p>Faced with the bad news, the student expresses</p> <p>Phase 2 → the doctor confirms she cannot go home and does not have time to go to the room to explain it to her</p>	
<p>State 2:</p> <p>AP: HR: RR: SpO₂:</p> <p>ECG curve:</p> <p>Clinical signs: - eyes²³ - pupils²⁴ - pulmonary auscultation</p>			
<p>State 3:</p> <p>AP: HR: RR: SpO₂:</p> <p>ECG curve:</p> <p>Clinical signs: - eyes²⁵ - pupils²⁶ - pulmonary auscultation</p>			

²⁰ Sinus, Fibrillation....

²¹ Open, half-closed, closed

²² Miosis, mydriasis, anisocoria, normal-reactive

²³ Open, half-closed, closed

²⁴ Miosis, mydriasis, anisocoria, normal-reactive

²⁵ Open, half-closed, closed

²⁶ Miosis, mydriasis, anisocoria, normal-reactive

SCENARIO EVALUATION

POSITIVE ASPECTS:

TO IMPROVE:

REALISM:

USED PROTOCOLS:

PROTOCOLS TO IMPLEMENT: