



SCENARIO	THE SYSTEMATIC EXAMINATION AND TREATMENT OF PATIENT AND COMMUNICATION SKILLS		Teacher template		 	
Target group	Multiprofessional team: final year student (nursing and paramedic), middle year student (nursing and paramedic) and student of medical science OR Multiprofessional team from HCO		Large group	Small group	Scenario 3 Communication by SLIPPS Project Team is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License . Based on a work at https://www.slipps.eu/ .	
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Theme	Near miss at A&E department: systematic examination and treatment of patient and communication					
Expected learning outcomes	<p>Technical learning outcomes:</p> <ol style="list-style-type: none"> The students are able to do systematic examination of patient: primary assessment (A,B,C) and advanced patient assessment (A,B,C,D,E) The students are able to evaluate status of the patient and make working diagnosis. <p>Non-technical learning outcome:</p> <ol style="list-style-type: none"> The students are able to give report about patient by using ISBAR (Identify, Situation, Background, Assessment, Recommendation) <p>(DO NOT TELL THIS ONE TO PARTICIPANTS BEFORE HAND : participants need to find out that also patient`s hip is broken and the paramedics have not noticed it)</p>					
Based on	Teaching / Instruction		Literature			
	This simulation is a part of studies: Patient safety in Nursing Care Emergency Nursing Care Examination and Treatment of patient		CRM key points. Rall & Gaba in Miller, Anesthesia, 6 th Edition. 2005 Standards of Best Practice: Simulation INACSL Standards of Best Practice: Simulation SM Simulation Design INACSL Standards Committee. Clinical simulation in nursing 2016. Ministry of Social Affairs and Health. Patient and client safety strategy. 2017.			
Time frame	Briefing:	15 min: <ul style="list-style-type: none"> describe the structure of simulation 	Simulaton:	Recommended time for this is 15 – 20 min	Debriefing:	max 45 min

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		<ul style="list-style-type: none"> to get familiar with simulator, environment, medical devices 			
Participants	Student roles:		Teacher roles:		Any other roles:
	participants: two nursing students: 1. triage , 1.nurse, 1. medical student observers/peer learners: max 12 Patient: mannequin		Facilitator/Defriefer: the leader of simulation Co-debriefer: programs vital functions to patient monitor: expected physiological changes to mannequin and is also voice of the patient		Technical personnel who control simulation programming: is available, if there occurs any technical problems
Practical preparations	Tasks/to-do-list:		Preparation of simulator / patient and environment:		Available equipment:
	<ul style="list-style-type: none"> - Order rooms/ facilitators - Order technical and / or technical assistance from the skills center / facilitators - Inform the students about the scenario well ahead of time/ facilitators → student-guideline - Prepare the simulator and room/ facilitators and technical personnel - Make sure that the students are familiar with the simulator/ facilitators - Clean up after completion of scenario/ participants, facilitators, technical personnel 		The preparations that must be made for simulator and room to be realistic in relation to the scenario: environment: A&E and equipment Supported documents: patient files and report file from paramedics Get the mannequin ready: makeup, clothes, injury/ facilitators and technical personnel		A&E equipment Supported documents: patient files, report file from paramedics, x-ray Suitable clothes for participants, mannequin and doctor
Case	An ambulance brings a patient to A&E. Paramedics give a report about patient to triage nurse. The patient has fallen at home and have sore ankle. Paramedics think, that a cause of falling is patients Meniere disease. They say, that the patient can walk and the only problem is ankle. IF PARTICIPANTS DO NOT NOTICE A WRONG ROTATION OF PATIENTS FEET: Later, after paramedics have left A&E, the patients ask if he can go to toilette. When the nurse takes blanket from him, she/he will notice that wrong rotation of patients feet.				
Briefing	Participants		Peer learners/ observers		Mannequin/ co-debriefer
	Here is an overview of what facilitator should brief the participants just before the simulation sequence. The preparation can take place in a separate room together with the facilitator. If it is natural then the participants can wear suitable clothes. It is important that the participants have familiarized themselves with the simulator before the simulation starts		Present case and learning outcomes Assign tasks If large student group, the observers will sit in their own room and look at the simulation that is transmitted digitally. Facilitator controls sound and image transfer. It is important that		Arrives to A&E in ambulance. The patient has pain in left thigh and foot.. Patient have Meniere disease. IF PARTICIPANTS DO NOT NOTICE A WRONG ROTATION OF PATIENTS FEET: Later, after paramedics have left

	<p>The participants and observers are briefed in:</p> <ul style="list-style-type: none"> - case and learning outcomes - equipment - estimated duration - debriefing - distribution of roles - any audio / image transfer <p>When recording audio / video, the participants must give permission with signature</p>	<p>it is emphasized to the observers that it is not allowed to tape or record the sequence</p>	<p>A&E, the patient asks if he can go to toilette. When the nurse takes blanket from him, she/he will notice that wrong rotation of patients feet or if not patient starts to tell about pain and patient says he can not walk.</p>
<p>During the simulation</p>	<p>FACILITATORS ROLES</p> <p>1. Facilitator/Defriefer: the leader of simulation: makes notes and if needed leeds simulation to right direction</p> <p>2. Co-debriefer: voice of mannequin and vital signs</p> <p>Patient:</p> <p>A,B Breathing:</p> <p>Airway: open</p> <p>Rate of breathing: 21-----22-25</p> <p>Breath sound: clear, symmetric</p> <p>Work of breathing: normal</p> <p>Oxygen saturation: 97%</p> <p>C: Circulation:</p> <p>Rate of hearth beat: 89/ min-----later 99-110/min</p> <p>Blood pressure: 160/95</p> <p>Periphery: arm</p> <p>EKG: Sinus</p> <p>D: Other:</p> <p>GCS= Glasqow coma scale 15</p> <p>B-gluc: 6,0</p> <p>VAS, visual analog scale (pain) 5/10-----later, when going to toilette 8/10: Tells about pain. When trying to go to toilette, could not move anymore and says pain is getting worse.</p> <p>Weight / lenght: n. 89 kg /n. 161cm</p> <p>Temperature: 37,1 ° C</p> <p>E: left foot in rotation → hip fracture</p> <p>X-ray: hipbonefracture</p>		

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OPERATOR ROLE Here you can remove this heading if there is no operator in this scenario			
	Expected observations and actions from the participants:	Response Operator:	Current input for dialogue:
	introduce themselves to patient identify patient ABC ABCDE + treatment obs. rotation contact doctor ISBAR	Response Operator: Here is presented the role the operator should play in relation to the participants' progress Here you will also find current programming of simulator(manikin) → look at During the simulation	Current input for dialogue: Prompts: ISBAR (Identify, Situation, Background, Assessment, Recommendation) Primary assessment: ABC (Airway, Breathing, Circulation) Advanced patient assessment: ABCDE (Airway, Breathing, Circulation, Disability, Expose)
Debriefing: WHAT HAS TO BE DEBRIEFED? FACILITATORS SHOULD DECIDE IT BEFORE DEBRIEFING. FACILITATORS CAN TAKE MAXIMUM 2-3 MIN TO DECIDE THIS.	Descriptive phase:	Analyzing phase:	Take home message:
	First thank participants and remind of zero tolerance on rude comments <ul style="list-style-type: none"> The roles of facilitators: The debriefer and co-debriefer Remind: aims of debriefing, confidentiality, present the structure of debriefing Descriptive phase: During this phase of the debriefing, students will describe what actually happened during the actual simulation. The purpose is to create a common understanding of the course of events. The participants must first express themselves and then any observers and standardized patient. This should not be an evaluation of the participants. Questions that you can ask students in this phase may be wise to have written here	Analyzing phase: During this phase, students will reflect on and analyze the actual simulation. Knowledge, attitudes, assessments and interaction are discussed in relation to learning outcomes. Questions that you can ask students in this phase may be wise to have written here	Summary of lessons learnt During this phase, students will identify what they learned from the simulation, how this knowledge can be further used and what they may learn more about. Questions that you can ask students in this phase may be wise to have written here. <ul style="list-style-type: none"> Thank participants and remind about confidentiality
Reflection	Debriefing is focused on the individual case, here is room for more points related to the whole scenario: WHAT HAS TO BE DEBRIEFED BASED ON LEARNING OUTCOMES/AIMS? FACILITATORS SHOULD DECIDE IT BEFORE DEBRIEFING. FACILITATORS CAN TAKE MAXIMUM 2-3 MIN TO DECIDE THIS. For example: Questions about predefined learning objectives? Questions about learning as a team: communication?		

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Evaluation	<p>Here is a presentation of how it is intended to evaluate the simulation teaching plan:</p> <ul style="list-style-type: none"> • Any suggestions to develop this scenario? <ul style="list-style-type: none"> – Participants? –Observers? –Other facilitators? • What did facilitators learn? 		
PREPARING/DEVELOPMENT OF THE SCENARIO			
Scenario Designers:	Date of design:	Modified by:	Date for change:
Arja Sara-aho and Stina Ekman	February 2019		Date last modified: 26.2.2019/ Arja Sara-aho
COMMENTS			
<p>COMMENTS</p> <p>Here are present current comments ahead of the scenario, such as logistics around the scenario Here are also current comments following the scenario, such as evaluation results and improvement potential</p>			