

PCC4U PALLIATIVE CARE HIGH FIDELITY SIMULATION SCENARIO



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INTRODUCTION

This resource provides the case information and instructional materials to support the implementation of a palliative care high fidelity simulated learning activity for health care students. It is based upon use of an advanced patient simulator using a mannequin, associated software and clinical laboratory set up.

The scenario aims to support student learning in the area of caring for people with life-limiting illnesses. The scenario and associated learning activities have been designed to develop the learner's capabilities in providing palliative care, specifically communicating effectively and working effectively as a team in the context of providing palliative care. As health professionals working in all settings will be required to care for people who are dying, these capabilities are relevant for students in all health professions.

Implementing a simulation scenario requires planning. This resource provides a framework and some underpinning content as a basis for implementation. It is designed to articulate with the academic unit's existing policies and procedures for implementing student centred simulation activities, including scenario set up and student and facilitator pre briefing and debriefing. The scenario itself can be refined and expanded to meet the learning needs of particular student groups and disciplines and to align with existing course content.

STUDENT LEARNING OUTCOMES

Broad capabilities

1. Understand principles for providing palliative care for people with life limiting illnesses.
2. Apply principles of effective communication in the context of palliative care.
3. Work effectively as a team member in providing palliative care.

Specific learning outcomes

1. Identify the principles for assessment and management of clinical and supportive care needs in a palliative care context.
2. Identify strategies to facilitate effective communication in the context of an individual's response to loss and grief, situational uncertainty and changing goals of care.
3. Identify factors that facilitate effective team work when caring for individuals with a life limiting condition.

PRE-READING

Academic staff should identify appropriate readings relevant to the learning outcomes and individual learning needs (e.g., discipline; course level). These readings could address topics including:

- Principles of palliative care
- Principles of pain assessment and pain management
- Principles for communication
- Pathophysiology and management of pancreatic cancer.

Palliative care specific resources:

PCC4U Learning modules, available at www.pcc4u.org, particularly Module 1 Principles of palliative care, Module 2 Communication and Topic 1 Multidisciplinary care.

CareSearch, Knowledge Network in Palliative Care, www.caresearch.com.au. This website is an online repository of current palliative care information and evidence.

SIMULATION SCENARIO

This scenario is set in a general medical ward within a tertiary hospital facility, however it could apply to practice in other settings such as a rural/remote health care facility, an acute care hospital ward, an aged care facility or in a client's home. The scenario can be adapted to incorporate specific topics relevant to student learning needs. For example, the scenario could be expanded to include a wider range of health professional disciplines who may be involved in the interaction.

The scenario is suitable for a group of 2-3 students to act as care providers. Other students may be allocated an observer role. One student will act as the primary caregiver with the rest of the team acting as supporting staff as required for the patient's care.

Geoff Holder, a 52 year old owner/operator of a pest control franchise, has been admitted to the medical ward. He was admitted from home via the emergency department, and arrived on the ward at 0200hrs this morning.

Geoff has a history of Diabetes Mellitus Type II which has been previously well controlled by diet and exercise. He was diagnosed with pancreatic cancer six months ago and underwent a Whipple's procedure with initially good outcomes. Geoff lives at home with his wife and eight year old son: his daughter from a previous marriage lives with Geoff's ex-wife and attends university, studying education. Geoff has increased contact with his daughter since his diagnosis and she has dinner/visits with his family at least once a week.

Geoff's father died aged fifty in hospital from liver cancer, after a history of heavy alcohol and cigarette use. Geoff was twenty years old and recalls him experiencing significant pain before he died. Geoff's mother has dementia and has lived in a residential dementia unit for two years. Geoff has limited contact with his only sibling, a brother who lives in Perth.

Geoff has previously been working from home with the assistance of his wife, but is now fatigued, cannot mobilise independently, and requires assistance with activities of daily living, and has increased pain. He presented to the emergency department at 1800hrs for pain control and reluctantly consented to admission for review by the palliative care team today. He has not accepted community services (including community palliative care services) to date. His care has been managed by the GP since his discharge after the Whipple's procedure.

Since being on the ward he has had two episodes of breakthrough pain for which he was given analgesia, and has been too fatigued to mobilise to the toilet. Geoff is still in pain, and seems agitated and angry. He is for review by the palliative care team later today.

FACILITATOR INFORMATION

Timing

- Pre-briefing activities should take 5-10 minutes.
- The simulation scenario 15-20 minutes.
- Debriefing approximately 10-15 minutes.

Commencement of simulation

The simulation activity commences when students are given a patient report from the facilitator. The report is directed towards the student in the role of team leader with all students present and listening. Suggested script for patient handover/report:

“Geoff Holder, 51 year old admitted early this morning from the emergency department.

History of pancreatic cancer, diagnosed six months ago, underwent Whipples procedure with good outcomes initially. Geoff was able to continue working from home, but now is extremely fatigued, cannot undertake activities of daily living and has increased pain. He also has Diabetes Mellitus type II, not well controlled.

He presented to the emergency department at 1800hrs for pain control and reluctantly consented to admission for review by the palliative care team today. He has not accepted community services, including community palliative care services, to date. His care has been managed by the GP since his discharge after the Whipples procedure. His medications from home (Ordine) have been brought in and are locked in the controlled drugs cupboard. He has an Acute Resuscitation Plan and is not for active resuscitation.

Since being on the ward he has had two episodes of break through pain (9/10) that he was given oral analgesia for, the first at 0230hrs of 5 mg of Ordine and another 5mg of Ordine at 0500hrs. This reduced his pain to a score of 4/10, but the pain continues to worsen. He says his pain score goal is to remain below 3/10. He has been too fatigued to mobilise to the toilet. His blood sugar level was 8.2mmol/L at 0600 hrs, and this is being checked three times daily.

I understand that you are looking after Geoff this morning. Can you please get him ready for breakfast and check on his pain level? He is for review by the palliative care team later today. The ward admission process will also need to be completed. The form is there as we couldn't get it all completed at 0200hrs this morning.

I am really concerned about Geoff and his wife. He seems very angry about everything and I am unsure why this might be particularly directed towards his wife. He has refused all offers for food and fluid overnight and is extremely focussed on controlling his pain so he can go home. He does not want to be here and has expressed quite clearly that he wants to die at home.

I have started the care plan for today and the admission form and patient risk assessment, but have not been able to complete them.”

PATIENT SIMULATOR SET UP *Geoff Holder*

Simulator programming	<ul style="list-style-type: none"> ○ Vital signs: T 37.2, BP 108/70, P 110/regular, R 16, SpO2 98% on room air ○ Monitor beeping will be turned off for this scenario 	
Patient mannequin set up	<ul style="list-style-type: none"> ○ Male, middle-aged, average size, hospital bed, own clothes ○ Patient not attached to any monitor or BP cuff ○ Position manikin supine, bed head at 45° and pillow propped behind right shoulder to lift him slightly 	
Equipment needed	<ul style="list-style-type: none"> ○ ID Band (UR: 106425, Geoffrey Ray HOLDER, 10 Luca Street, Brighton. DOB: 07.02.1960, Male) ○ Medications in trolley (noted below) ○ Monitoring equipment (pt tablet) ○ Oxygen basic at back of bed- not on manikin (Hudson mask, suction tubing and yankeur sucker, nasal prongs) ○ Hand washing and bed bathing towelettes, emesis bags, mouth care, water on bedside table and cup ○ Pill counter if tablets are not in blister packs ○ Medicine cups with ml measure if in stock ○ Chair in room ○ Note paper- blank and pencil ○ Communication resource in briefing room, simulation room and the observer room 	
Medications	<u>Controlled drugs cupboard</u> <ul style="list-style-type: none"> ○ Ordine (Morphine Sulphate) 1mg/1ml – clear liquid in bottle with pt name on it & prescription 2.5-5mg PRN Dr Mitchell ○ MS Contin SR 5mg tablets 	<u>Bedside table</u> <ul style="list-style-type: none"> ○ Paracetamol (tablets) 500mg
IV fluids:	<ul style="list-style-type: none"> ○ IV bag 0.9% Sodium Chloride, running at 100ml/hr on infusion pump 	
Injection equipment	<ul style="list-style-type: none"> ○ drawing up needles ○ 21g and 23g and 25g needles ○ 2, 5 and 10ml syringes 	<ul style="list-style-type: none"> ○ 10ml N/S flushes ○ injection trays ○ sharps container
Time/clock	Approx 0715hrs	
Date on wall	02/08/2011, with bed allocation info: Base Hospital, Medical and Assessment Planning Unit, Bed 2	
Documentation forms:	<ul style="list-style-type: none"> Progress notes Observation chart Daily patient care record Intravenous and subcutaneous fluid order form 	<ul style="list-style-type: none"> Patient risk assessment Fluid chart Medication chart Acute Resuscitation Plan (ARP)

N.B. Sample documentation forms for Geoff Holder are available from the PCC4U project team

SCENARIO PROGRESSION

Scenario progression	Geoff Holder Mannequin settings Responses by facilitator as patient (in response to student actions)		
Initial patient condition Team enter room Team members assess patient	<p><i>Mannequin setting:</i> Vital signs: T 37.2, BP 108/70, P 110/regular, R 16, SpO₂ 98%</p> <p>Consider Mr Holder’s profile when responding as him e.g. angry, upset, in pain as pain not controlled from previous medications given at 0500hrs.</p> <p>Pt responses need to fit the student questions but could include:</p> <ul style="list-style-type: none"> - In response to initial greeting or ‘how are you today?’: ‘I feel bloody awful. I just want to go home’ - Does not want breakfast - Pain 8/10, if asked for more details: <ul style="list-style-type: none"> o Mainly in left abdomen/trunk, goes through to back and right side o Worse after eating/drinking and lying down. 	<p>Expected interventions & interactions</p> <p>Lead student asks about patient’s condition/assesses patient</p> <ul style="list-style-type: none"> - introduces self - checks patient ID - gets team organized with: <ul style="list-style-type: none"> o pain assessment o patient vital signs o asks about getting ready for breakfast 	<p>Key concepts</p> <p>Patient identification</p> <p>Team work</p> <p>Focused assessment</p> <p>Pain assessment</p>
<p>May have three ways forward –</p> <p>A. Student acknowledges pain, anger and not wanting breakfast.</p> <p>B: Student acknowledges pain, delegates analgesia administration and then undertakes the admission assessment.</p> <p>C: Student does not acknowledge pain and/or focuses on tasks rather than patient needs.</p> <p>Note re analgesia: Patient is able to have up to 10mg more of Ordine as per orders and what has previously been given.</p>			

<p>A: Student acknowledges pain, anger and not wanting breakfast.</p> <p>Student uses open communication techniques rather than simply going through the admission form to answer questions. Involves the patient in making decision about what he wants to do first: e.g. delegates analgesia to other team member so that talking to the patient can come first.</p>	<p>B: Student acknowledges pain, delegates analgesia administration and then undertakes the admission assessment.</p> <p>The student deals with the patient’s pain: may not really acknowledge the anger and is more focussed on getting the paperwork done than listening to the patient.</p>	<p>C: Student does not acknowledge pain and/or focuses on tasks rather than patient needs.</p> <p>Student has no direction in dealing with the patient - may give placating answers that do not deal with the patient concern.</p>
<p>Patient response: May not be less angry, but becomes more cooperative and does not direct anger at nurse. Responds positively to being heard and listened to. Mr Holder will accept analgesia and allow his attention to be focussed on what he wants to happen next. May discuss desire to die at home, being afraid of pain, discussing his concerns about the uncertain future.</p> <p>Mannequin will respond with physiological changes to analgesia being given.</p>	<p>Patient response: Is not really interested in answering questions. Mr Holder wants to be listened and becomes irritated at questions, particularly if student uses the admission form as a structured interview technique. May respond abruptly at the nurse and give short answers. This could lead to poor communication, communication shutdown and reduction in rapport with the nurse.</p> <p>Mannequin will respond with physiological changes to analgesia being given.</p>	<p>Patient response: Mr Holder may get angrier or may completely shut off, and tell students to go away.</p> <p>If students respond appropriately then move Mr Holder’s responses across to being more cooperative.</p> <p>Mannequin will respond with physiological changes to analgesia being given OR NOT given.</p>
<p>If analgesia given: Pulse will decrease to 90b/min, RR=12</p> <p>If analgesia NOT given within 10 mins of simulation: Pulse will increase to 115b/min, RR= 20, BP 130/85.</p>		