

Simulation Design Template

Date: 2013
Discipline: Nursing
Expected Simulation Run Time: 20 Min
Location: Room 432

File Name: Intro to Cultural
Student Level: All levels
Guided Reflection Time: 40 Min
Location for Reflection: Room 432

<p>Admission Date: 2013 Today's Date:</p> <p>Brief Description of Client: Name: Mr. G.K. Ackah Gender: M Age: 75</p> <p>Race: African from Ghana</p> <p>Weight: 180 lb. Height: 6' 2"-cm/in</p> <p>Religion: Catholic Major Support: Daughter, Sister, Son- in-law, and local church family.</p> <p>Phone: 240-567-5665</p> <p>Allergies: Penicillin Immunizations: Influenza</p> <p>Attending Physician/Team: Dr. Montgomery</p> <p>Past Medical History: HTN, otherwise unremarkable</p> <p>History of Present illness: Patient was admitted through the ER yesterday c/o retention of urine and headache "on and off" for one week. MD has discussed Transurethral (TURP) surgery. Patient is visiting his daughter from Ghana. She is a professor at a local college in the US. This is first time in the US.</p> <p>Social History: Very active at church. Fluent in Nzema, French, Italian and English</p> <p>Primary Medical Diagnosis: Benign Prostatic Hyperplasia.(Enlarged Prostate) Surgeries/Procedures & Dates: Chest X-ray</p>	<p>Psychomotor Skills Required Prior to Simulation:</p> <p>Communication</p> <p>Head to toe assessment</p> <p>Vital Signs</p> <p>Cognitive Activities Required prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]</p> <p>*This simulation can be a stand- alone simulation; however, it was first revealed to students following a pre-simulation staff facilitated workshop to introduce the participants to considerations of cultural competence in nursing care—the journey toward cultural competency, unconscious bias and cultural humility. This workshop was highly interactive using both instructive learning activities and video clips. Following each activity and video clip, the participants were then debriefed. As with each debriefing, the participants were asked activity or video specific questions and then, as with each, the participants: explored general comments or impressions; the relevance of the activity or clip to cultural competency; and, relevance of the activity or clip to their work as nurses.</p> <p>http://ce.nurse.com/content/ce570/mind-your-manners-multiculturally/</p> <p>http://www.youtube.com/watch?v=zlfKdbWwruY</p> <p>http://www.youtube.com/watch?v=Pwe-pA6TaZk</p> <p>www.youtube.com/watch?v=AEmRfxxGGcE</p> <p>http://www.teachertube.com/viewVideo.php?video_id=66954</p> <p>http://www.youtube.com/watch?v=SaSHLbS1V4w</p>
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	<p>Review Pathophysiology on TURP</p>
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Acute complications of TURP

Review S/S of Enlarged Prostate

Simulation Learning Objectives:

- 1. Students will recall and implement appropriate safety measures particularly related to informed consent and preoperative preparation.**
- 2. Students will identify the most important focused assessment.**
- 3. Students will identify the cultural needs of the patient and family, and implement these needs as appropriate in the care provided.**
- 4. Students will communicate effectively with the patient, family members and the health care team as required.**

Fidelity (choose all that apply to this simulation)

Setting/Environment

- ER
- Med-Surg
- Peds
- ICU
- OR / PACU
- Women's Center
- Behavioral Health
- Home Health
- Pre-Hospital
- Other _____

Simulator Manikin/s Needed:

Props:

Equipment attached to manikin:

- IV tubing with primary line
____NS____ fluids running at
____100____ cc/hr
- Secondary IV line __ running at __cc/hr
- IV pump
- Foley catheter _____cc output
- PCA pump running
- IVPB with Rocefin ____ running at __45__
cc/hr
- O2 :
- Monitor attached
- ID band: R hand_____
- Other__Allergy
Band_____

Equipment available in room

- Bedpan/Urinal
- Foley kit
- Straight Catheter Kit
- Incentive Spirometer
- Fluids
- IV start kit
- IV tubing
- IVPB Tubing
- IV Pump
- Feeding Pump
- Pressure Bag
- O2 delivery device (type)
- Crash cart with airway devices and
emergency medications
- Defibrillator/Pacer
- Suction
- Other_____

Medications and Fluids

- IV Fluids: Normal Saline
- Oral Meds:
- IVPB: Rocefin
- IV Push:
- IM or SC:

Diagnostics Available

- Labs
- X-rays (Images)
- 12-Lead EKG
- Other_____

Documentation Forms

- Physician Orders
- Admit Orders
- Flow sheet
- Medication Administration Record
- Kardex
- Graphic Record
- Shift Assessment
- Triage Forms
- Code Record
- Anesthesia / PACU Record
- Standing (Protocol) Orders
- Transfer Orders
- Other Consent Form**

Recommended Mode for Simulation (i.e. manual, programmed, etc.)

Roles / Guidelines for Roles

- Primary Nurse
- Off Going Nurse
- Clinical Instructor
- Family Member #1
- Family Member #2
- Family Member # 3
- Observer/s
- Recorder
- Physician / Advanced Practice Nurse
- Respiratory Therapy
- Anesthesia
- Pharmacy
- Lab
- Imaging
- Social Services
- Clergy
- Unlicensed Assistive Personnel
- Code Team
- Other: Church Members

Important Information Related to Roles

Roles can be divided depending on the amount of students.

Significant Lab Values

Urinalysis

Physician Orders:

Possible TURP surgery

Rocephin IV

0.9% Normal Saline 100ml/hr

Student Information Needed Prior to Scenario:

- Has been oriented to simulator
- Understands guidelines /expectations for scenario
- Has accomplished all pre-simulation requirements
- All participants understand their assigned roles
- Has been given time frame expectations
- Other _____

Report Students Will Receive Before Simulation:

This is Mr. G.K. Ackah who was admitted yesterday complaining of urinary retention and a headache “on and off” for a week. The admitting physician, Dr. Montgomery, diagnosed him with Benign Prostatic Hyperplasia (BPH). Dr. Montgomery has spoken to patient about possible TURP surgery and patient has given oral consent. The patient needs to sign the consent for surgery. Patient is cooperative, alert and orientated X4. He is well educated and is a retired English Professor. This hospitalization occurred during Mr. Ackah’s first visit to the US from Ghana. He has been here for one month visiting his youngest daughter. His daughter is a health care professional and also teaches at an Urban Community College. His vitals have been stable since admission. He has a Normal Saline infusing in the primary with IV antibiotic in secondary on the right for arm.

Time: 20 Minutes

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References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used For This Scenario: (site source, author, year, and page)

Jefferys, M. R. (2010). *Teaching Cultural Competence in Nursing and Health Care*. New York, NY 10036: Springer Publishing Company LLC.

Lewis, H. D. (2007). *Medical Surgical Nursing*. St LOUIS : MOSBY, ELSEVIER.

Lynn, P. (2011). *Taylor's Clinical Nursing Skills. Anursing Appraoch*. Philadelphia: Wolters Kluwer/ Lippincott Williams & Wilkins.

Pellico, L. H. (2013). *Focus on Adult Health Medical Surgical Nursing*. Philadelphia : Wolter Kluwer/Lippincotts Williams & Wilkins.

Purnell, L. D. (2009). *Guide to Culturally Competent Haelth Care*. Philadelphia, PA : F.A Davis Company.

<http://www.youtube.com/watch?v=WWWxy8o4SzA>

<http://www.youtube.com/watch?v=XWAdGKY8GB8>

<http://www.youtube.com/watch?v=ceB0AVVq8CI>

<http://www.youtube.com/watch?v=qzOtedQS0Jc>

<http://www.youtube.com/watch?v=e0VDLPkq0vE>

<http://www.youtube.com/watch?v=ctDMxzabRSo>

<http://www.youtube.com/watch?v=kDLris3x39M>

http://youtu.be/2uQNLftx_x4

<http://www.youtube.com/watch?v=cm44xnxIJro>

<http://www.youtube.com/watch?v=asUqGmMBGW4>

2013 NCLEX-RN® Test Plan Categories and Subcategories

Choose all areas included in the simulation

Safe and Effective Care Environment

Management of Care

- Advance Directives
- Advocacy
- Case Management
- Client Rights
- Collaboration with Interdisciplinary Team
- Concepts of Management
- Confidentiality / Information Security
- Consultation
- Continuity of Care
- Delegation
- Establishing Priorities
- Ethical Practice
- Informed Consent
- Information Technology
- Legal Rights and Responsibilities
- Performance Improvement (QI)
- Referrals
- Resource Management
- Staff Education
- Supervision

Safety and Infection Control

- Accident Prevention
- Disaster Planning
- Emergency Response Plan
- Ergonomic Response Plan
- Error Prevention
- Handling Hazardous and Infectious Materials
- Home Safety
- Injury Prevention
- Medical and Surgical Asepsis
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Security Plan
- Standard /Transmission-Based / Other Precautions
- Use of Restraints/Safety Devices
- Safe Use of Equipment

Health Promotion and Maintenance

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Developmental Stages and Transitions
- Disease Prevention
- Expected Body Image Changes
- Family Planning
- Family Systems
- Growth and Development
- Health and Wellness
- Health Promotion Programs
- Health Screening
- High Risk Behaviors
- Human Sexuality
- Immunizations
- Lifestyle Choices
- Principles of Teaching/Learning
- Self-Care
- Techniques of Physical Assessment

Psychosocial Integrity

- Abuse/Neglect
- Behavioral Interventions
- Chemical and Other Dependencies
- Coping Mechanisms
- Crisis Intervention
- Cultural Diversity
- End of Life Care
- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- Psychopathology
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Support Systems
- Therapeutic Communications
- Therapeutic Environment
- Unexpected Body Image Changes

Physiologic Integrity

Basic Care and Comfort

- Assistive Devices
- Complementary and Alternative Therapies
- Elimination
- Mobility/Immobility
- Non-Pharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Palliative/Comfort Care
- Personal Hygiene
- Rest and Sleep

Pharmacological and Parenteral Therapies

- Adverse Effects/Contraindications
- Blood and Blood Products
- Central Venous Access Devices
- Dosage Calculation
- Expected Effects/Outcomes
- Medication Administration
- Parenteral/Intravenous Therapies
- Pharmacological Agents/Actions
- Pharmacological Interactions
- Pharmacological Pain Management
- Total Parenteral Nutrition

Reduction of Risk Potential

- Diagnostic Tests
- Lab Values
- Monitoring Conscious Sedation
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Potential for Complications from Surgical Procedures and Health Alterations
- System Specific Assessments
- Therapeutic Procedures
- Vital Signs

Physiologic Adaptation

- Alterations in Body Systems
- Fluid and Electrolyte Imbalances
- Hemodynamics
- Illness Management
- Infectious Diseases
- Medical Emergencies
- Pathophysiology
- Radiation Therapy
- Unexpected Response to Therapies

This Scenario was prepared with the view toward implementing QSEN KSA's competencies.

Patient-Centered Care

Teamwork and Collaboration

Evidence-based Practice (EBP)

Quality Improvement (QI)

Safety

Informatics (<http://qsen.org/competencies/pre-licensure-ksas/>)

Scenario Progression Outline

Timing (approximate)	Manikin Actions	Expected Interventions	May Use the Following Cues
5 Minutes	Initial State: R 18, HR 100 BP 142/96 SPO2 92 on RA Temp 99.2F Patient sleeping quiet Vital signs	Basic safety: Hand hygiene, therapeutic communication Two Patient ID Assessing patient's readiness for surgery. Performs assessment.	Role member providing cue: Manikin Cue: Patient is saying yes to every open ended questions that is being asked.
10 minutes	Patient is avoiding eye contact with nurse and continues to be agreeable to all that is asked.	Focused physical assessment of patient Review MD orders and discussion/questioning of patient for confirmation of consent.	Role member providing cue: Family Member Cue: Family member enters room and interrupts the nurse conversation and ask what consent we are talking about?
15 minutes	Patient quiet and trying to calm daughter down so she complies with the physician recommendation and need for consent.	Possible discussion of TURP surgery to patient, Notify MD using SBAR. Try to understand patient and family culture about decision making. Appropriate communication to ascertain patient-centered care.	Role member providing cue: Manikin Cue:
20 Minutes	Patient and Daughter involved in discussion	Nurse excuses family providing privacy.	Role member providing cue: RN/ Manikin Cue: Family member suggests that we need t

Debriefing / Guided Reflection Questions for This Simulation

(Remember to identify important concepts or curricular threads that are specific to your program)

1. How did you feel throughout the simulation experience?
2. Describe the objectives you were able to achieve?
3. Which ones were you unable to achieve (if any)?
4. Did you have the knowledge and skills to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. To Observer: Could the nurses have handled any aspects of the simulation differently?
7. If you were able to do this again, how could you have handled the situation differently?
8. What did the group do well?
9. What did the team feel was the primary nursing diagnosis?
10. What were the key assessments and interventions?
11. Is there anything else you would like to discuss?

Complexity – Simple to Complex

Suggestions for Changing the Complexity of This Scenario to Adapt to Different Levels of Learners

1. **For the beginning student, the focus is on recognizing and understanding the cultural implications in the scenario.**
2. **For the advanced students, the goal is to implement cultural consideration in the care they provide. For the student to understand their own cultural values that might come in play and the**

Addendum

Focus of the scenario

Patient is a father admitted for possible surgery. The patient is very receptive of the procedure. However; the Patient's Americanized daughter is not cooperative and has questions about the diagnosis and surgery and asking for second opinion etc. More family involvement when the cousin of the patient and wife comes in who has more authority than the daughter in their custom and takes the family dynamics further.

A church Member will come to visit as they did not see the patient at church and learned that he is hospitalized.

Background info

The patient is an Nzema which is a sub group of the Akan people of Ghana in West African. Ghana was colonized by the British and a lot of descendants of slaves in this country trace their roots back to Ghana. Ghana was an important route of the slave trade. Nzema's are mostly farmers generally these people live in the remote part of Ghana who have poor roads not have very limited or no healthcare access. They practice more complementary and alternative treatment. Therefore; having physicians' perspective or diagnosis is to be accepted and respected since they are educated for it. No questions asked (Lynn, 2011)