

Simulation Design Template

(revised May 2019)

Anna Grace Mitchell Simulation

Date: 8/13/2020

Discipline: Nursing

Expected Simulation Run Time: 20 min.

Location: Structured Remote Simulation

Today's Date: XX/XX/XX

File Name: The Well Baby Visit

Student Level: Multi-Level Clinical Immersion

Guided Reflection Time: at least twice the amount of time that the simulation runs.

Location for Reflection: Online Synchronous

Brief Description of Client

Name: Anna Grace Mitchell

Date of Birth: 07/01/2019

Gender: Female **Age:** 13-month-old **Weight:** 9kg **Height:**

Race: Biracial

Religion: Christian

Major Support: Susan Mitchell (Mother) **Support Phone:** 301-567-7010

Allergies: NKA

Immunizations: missing 8-month and 12-month-old shots

Attending Provider/Team: Dianna Cook, FNP-BC

Past Medical History: No significant PMH

History of Present Illness: Baby Anna is 13 months old presents with her mother for a well child visit over Zoom platform as a telehealth visit. Baby was born at 35 weeks' gestation; mom was diagnosed with preeclampsia and was induced at 35 weeks. At birth baby's weight was 1.8 kg and she was admitted to the NICU; baby progressed well in the NICU and was discharged home a week later. Mother is G-3 P-3; she attempted to breastfeed baby in the NICU but was unsuccessful. She worked with a lactation consultant at home and was unsuccessful. Baby was seen by an oral surgeon who diagnosed her with a posterior tongue tie (ankyloglossia) at 4 months of age, she received breast milk that mom pumped.

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Social History: Baby Anna lives at home with mother, father, grandmother and 2 siblings, No S&S or concern for neglect or abuse. Parents currently deny any tobacco, alcohol, or illicit drug use in the home. Mother and father work outside of the home and leaves baby Anna at the baby-sitter Mon-Fri 8am-5:30 pm, but due to the pandemic, Anna is at home with mom (who is now working from home) and the other siblings while dad still works outside of the home. Baby's grandmother is helping with the care of Anna and her siblings while mom works from home.

Primary Medical Diagnosis: Healthy thirteen-month-old female.

Surgeries/Procedures & Dates: No PSH

Psychomotor Skills Required of Participants Prior to Simulation

(list skills)

- Assessment of the pediatric client
- Attendance and Active participation in pre briefing
- Review Skills workshop of health assessment and Vital Signs

Cognitive Activities Required of Participants Prior to Simulation

(textbooks, lecture notes, articles, websites, etc.)

- <https://raquelbertiz1969.pressbooks.com/>
- <https://www.practicalclimalskills.com/>
- Active Learning Templates: Assessment
- CDC Guidelines: <https://www.cdc.gov/vaccines/vpd/vaccines-age.html>
- https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_POCKETGUIDE.pdf

Simulation Learning Objectives

General Objectives (Note: The objectives listed below are general in nature and once learners have been exposed to the content, they are expected to maintain competency in these areas. Not every simulation will include all of the objectives listed.)

1. Practice standard precautions.
2. Employ strategies to reduce risk of harm to the patient.
3. Conduct assessments appropriate for care of patient in an organized and systematic manner.
4. Perform priority nursing actions based on assessment and clinical data.
5. Reassess/monitor patient status following nursing interventions.
6. Communicate with patient and family in a manner that illustrates caring, reflects cultural awareness, and addresses psychosocial needs.
7. Communicate appropriately with other health care team members in a timely, organized, patient-specific manner.
8. Make clinical judgments and decisions that are evidence-based.
9. Practice within nursing scope of practice.
10. Demonstrate knowledge of legal and ethical obligations.

Simulation Scenario Objectives (limit to 3 or 4)

1. Assess pediatric client.
 2. Utilize therapeutic communication to build rapport with family.
 3. Provide anticipatory guidance to parents.
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For Faculty: References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario:

American Academy of Pediatrics (2019). Bright futures information for parents: 9 month visit. Bright Futures.

<https://brightfutures.aap.org>

Badowski, D. M., Rossler, K. L., & Gill-Gembala, L. T. (2019). Telehealth Simulation With Motivational Interviewing: Impact on Learning and Practice. *The Journal of nursing education*, 58(4), 221–224.

<https://doi.org/10.3928/01484834-20190321-06>

Cady, R. G., & Finkelstein, S. M. (2014). Task-technology fit of video telehealth for nurses in an outpatient clinic setting. *Telemedicine journal and e-health : the official journal of the American Telemedicine Association*, 20(7), 633–639. <https://doi.org/10.1089/tmj.2013.0242>

Center for Connected Health Policy (2021). What is telehealth. Public Health Institute. [About Telehealth | CCHP Website \(cchpc.org\)](#)

Center for Disease Control and Prevention (2020). CDC's Developmental Milestones. [CDC's Developmental Milestones | CDC](#)

Hays, Tiffany (2021). Feeding guide for the first year. The Johns Hopkins University, The Johns Hopkins Hospital, and Johns Hopkins Health System. [Feeding Guide for the First Year | Johns Hopkins Medicine](#)

Hviid, A., Hansen, J. V., Frisch, M., & Melbye, M. (2019). Measles, Mumps, Rubella Vaccination and Autism: A Nationwide Cohort Study. *Annals of internal medicine*, 170(8), 513–520. <https://doi.org/10.7326/M18-2101>

Merritt, L. S., Brauch, A. N., Bender, A. K., & Kochuk, D. (2018). Using a Web-Based e-Visit Simulation to Educate Nurse Practitioner Students. *The Journal of nursing education*, 57(5), 304–307.
<https://doi.org/10.3928/01484834-20180420-10>

Polaschek, L., & Polaschek, N. (2007). Solution-focused conversations: a new therapeutic strategy in well child health nursing telephone consultations. *Journal of advanced nursing*, 59(2), 111–119. <https://doi.org/10.1111/j.1365-2648.2007.04314.x>

Ragavan, M. I., Li, W., Elwy, A. R., Cowden, J. D., & Bair-Merritt, M. (2018). Chinese, Vietnamese, and Asian Indian Parents' Perspectives About Well-Child Visits: A Qualitative Analysis. *Academic pediatrics*, 18(6), 628–635.
<https://doi.org/10.1016/j.acap.2017.11.003>

Smith, T. S., Watts, P., & Moss, J. A. (2018). Using Simulation to Teach Telehealth Nursing Competencies. *The Journal of nursing education*, 57(10), 624–627. <https://doi.org/10.3928/01484834-20180921-10>
Baccalaureate nursing students' experiences with multi-patient, standardized patient simulations using telehealth to collaborate

Telehealth and telenursing using simulation for pre-licensure USA students:

<https://www.sciencedirect.com/science/article/pii/S1471595317307588#bib17>

Trends in Well Child Visits USA <https://www.ncbi.nlm.nih.gov/books/NBK493872/>

Turner K. (2018). Well-Child Visits for Infants and Young Children. *American family physician*, 98(6), 347–353.
<https://www.cdc.gov/ncbddd/actearly/milestones/index.html>

Setting/Environment

<input type="checkbox"/> Emergency Room	<input type="checkbox"/> ICU
<input type="checkbox"/> Medical-Surgical Unit	<input type="checkbox"/> OR / PACU
<input type="checkbox"/> Pediatric Unit	<input type="checkbox"/> Rehabilitation Unit
<input type="checkbox"/> Maternity Unit	<input type="checkbox"/> Home
<input type="checkbox"/> Behavioral Health Unit	<input type="checkbox"/> Outpatient Clinic
	<input checked="" type="checkbox"/> Other: (Patient's home) Telehealth visit

Equipment/Supplies (choose all that apply to this simulation)

Simulated Patient/Manikin/s Needed: Simulated Patient

Recommended Mode for Simulator: follow script

(i.e. manual, programmed, etc.)

Other Props & Moulage:

Equipment Attached to Manikin/Simulated Patient:	Equipment Available in Room:
<input type="checkbox"/> ID band	<input type="checkbox"/> Bedpan/urinal
<input type="checkbox"/> IV tubing with primary line fluids running at ____mL/hr	<input type="checkbox"/> O2 delivery device (type)
<input type="checkbox"/> Secondary IV line running at ____mL/hr	<input type="checkbox"/> Foley kit
<input type="checkbox"/> IVPB with _____ running at mL/hr	<input type="checkbox"/> Straight catheter kit
<input type="checkbox"/> IV pump	<input type="checkbox"/> Incentive spirometer
<input type="checkbox"/> PCA pump	<input type="checkbox"/> Fluids
<input type="checkbox"/> Foley catheter with ____mL output	<input type="checkbox"/> IV start kit
<input type="checkbox"/> O2	<input type="checkbox"/> IV tubing
<input type="checkbox"/> Monitor attached	<input type="checkbox"/> IVPB tubing
<input type="checkbox"/> Other:	<input type="checkbox"/> IV pump
	<input type="checkbox"/> Feeding pump
	<input type="checkbox"/> Crash cart with airway devices and emergency medications
	<input type="checkbox"/> Defibrillator/pacer
	<input type="checkbox"/> Suction
	<input checked="" type="checkbox"/> Other: computer monitor/speakers/video

Other Essential Equipment:

Medications and Fluids:

- Oral Meds:
- IV Fluids:
- IVPB:
- IV Push:
- IM or SC:

Roles

<input checked="" type="checkbox"/> Nurse 1 <input type="checkbox"/> Nurse 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Provider (physician/advanced practice nurse) <input type="checkbox"/> Other healthcare professionals: (pharmacist, respiratory therapist, etc.)	<input type="checkbox"/> Observer(s) <input type="checkbox"/> Recorder(s) <input checked="" type="checkbox"/> Family member #1: Mother <input type="checkbox"/> Family member #2 <input type="checkbox"/> Clergy <input type="checkbox"/> Unlicensed assistive personnel <input type="checkbox"/> Other:
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Guidelines/Information Related to Roles

Learners in role of nurse should determine which assessments and interventions each will be responsible for, or facilitator can assign nurse 1 and nurse 2 roles with related responsibilities.

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be created from Scenario Progression Outline.

Pre-briefing/Briefing

Prior to report, participants will need pre-briefing/briefing. During this time, faculty/facilitators should establish a safe container for learning, discuss the fiction contract and confidentiality, and orient participants to the environment, roles, time allotment, and objectives.

For a comprehensive checklist and information on its development, go to <http://www.nln.org/sirc/sirc-resources/sirc-tools-and-tips#simtemplate>.

Report Students Will Receive Before Simulation

(Use SBAR format.)

Time: 1000

Person providing report: Charge Nurse

Situation: Anna is a thirteen-month-old child who was born at full term to a 31-year-old mother. Her Apgar score was 8/10. Her weight was 1.8kg at birth. She is being presented by her mother today for a nine month well baby visit via telehealth over Zoom platform.

Background: Baby Anna was born at 35 weeks' gestation; mom was diagnosed with preeclampsia and was induced at 35 weeks. At birth baby's weight was 1.8 kg and she was admitted to the NICU; baby progressed well in the NICU and was discharged home a week later. Mother is G-3 P-3; she attempted to breastfeed baby in the NICU but was unsuccessful. She worked with a lactation consultant at home and was unsuccessful. Baby was seen by an oral surgeon who diagnosed her with a posterior tongue tie (ankyloglossia) at 4 months of age, she received breast milk that mom pumped.

She has no known allergies and mother stated that she is now introducing new pureed foods weekly along with bottle feeds.

Assessment: Baby's mother denies any rashes, cough, ear-pulling, diarrhea, blood in the stool, foul smelling urine or hematuria, and trauma. Baby is now sleeping throughout the night.

Recommendation: I recommend that you complete a history and assessment, provide anticipatory guidance, and schedule an appointment for immunizations, then call me with an update. Do you have any questions?

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Scenario Progression Outline

Patient Name:

Date of Birth:

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-5 min	Baby is sitting on mother's lap being seen by the nurse over Zoom (via laptop computer)	Learners are expected to: <ul style="list-style-type: none"> • Nurse introduces self to mother and infant • Confirms patient name and date of birth • Gathers patient history including immunization history • Notes environment and safety hazards • Establish rapport/therapeutic communication • Scan the baby (appearance and behavior) by looking closely at baby on the zoom screen • Request information on the baby's current weight, is she walking yet, is she communicating effectively, sleeping through the night (meeting milestones) • Asks specific screening questions related to the COVID-19 pandemic. 	Role member providing cue: Mother <p>Cue: Cue: given if nurse does not ask about patient history: "Please let me tell you what has been going on with my baby!"</p>
5-10 min		Learners are expected to:	Role member providing cue: Mother

	<p>Mother shares that Anna Grace missed her 9 and 12-month-old well visit due to the pandemic, mom was concerned about the possible exposure to the virus and did not bring child in for her well visits.</p> <p>Mom is very worried about the pandemic and the possibility of her children being exposed.</p> <p>Mom asks “should I bring my daughter in for her vaccines, are they important at this time, does she really need it?</p> <p>Mom states “I feel so guilty, that I didn’t bring her to the office for her 9-month-old and 12-month-old shot”, “I should have known better”</p>	<p>Asks open ended questions to assess situation.</p> <p>Inform mother that the office space is safe since all precautions are being maintained and strict sanitization maintained.</p> <p>Inform her that catch-up immunization can be given.</p> <p>Communicates with mother therapeutically</p> <p>Reassures mom that she is doing a good job and it was a difficult time for everyone.</p>	<p>Cue: “Will she be ok?”</p>
10-15 min	<p>Mother: “I have started to introduce pureed beans, mashed potatoes, and some pureed fruits to Anna. I have started her on formula feeds as well.”</p>	<p>Identifies need for education, provides anticipatory guidance.</p> <p>Provides Anticipatory guidance for 15-month-old child</p> <p>Recommends for mom to bring Anna to the office for catch-up vaccines</p> <p>Asks whether the other kids are up to date on their physical and immunizations</p>	<p>Role member providing cue: Mother</p> <p>Cue: Will I need to schedule another appointment for additional shots?</p>
15-20 min	<p>Mother: Verbalizes understanding</p>	<p>Learners are expected to:</p> <p>Provides anticipatory guidance for specific developmental stage</p> <p>Reinforces information on the safety measures in place</p>	<p>Role member providing cue: Mother</p> <p>Cue: What do we do next?”</p>

		<p>at the office to prevent the spread of COVID-19</p> <p>Asks mom if she has any questions</p> <p>Schedules a visit for the vaccine.</p> <p>Contacts the Agency Charge Nurse uses ISBAR to give update and findings.</p>	
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Debriefing/Guided Reflection

Note to Faculty

We recognize that faculty will implement the materials we have provided in many different ways and venues. Some may use them exactly as written and others will adapt and modify extensively. Some may choose to implement materials and initiate relevant discussions around this content in the classroom or clinical setting in addition to providing a simulation experience. We have designed this scenario to provide an enriching experiential learning encounter that will allow learners to accomplish the listed objectives and spark rich discussion during debriefing. There are a few main themes that we hope learners will bring up during debriefing, but if they do not, we encourage you to introduce them.

Themes for this scenario:

- Health Promotion – Immunizations, anticipatory guidance
- Communication
- Health Maintenance during the pandemic

We do not expect you to introduce all of the questions listed below. The questions are presented only to suggest topics that may inspire the learning conversation. Learner actions and responses observed by the debriefer should be specifically addressed using a theory-based debriefing methodology (e.g., Debriefing with Good Judgment, Debriefing for Meaningful Learning, PEARLS). Remember to also identify important concepts or curricular threads that are specific to your program.

1. How did you feel throughout the simulation experience?
2. Give a brief summary of this patient and what happened in the simulation.
3. What were the main problems that you identified?
4. Discuss the knowledge guiding your thinking surrounding these main problems.
5. What were the key assessment and interventions for this patient?
6. Discuss how you identified these key assessments and interventions.
7. Discuss the information resources you used to assess this patient. How did this guide your care planning?
8. Discuss the clinical manifestations evidenced during your assessment. How would you explain these manifestations?
9. Explain the nursing management considerations for this patient. Discuss the knowledge guiding your thinking.
10. What information and information management tools did you use to monitor this patient's outcomes? Explain your thinking.
11. How did you communicate with the patient?
12. What specific issues would you want to take into consideration to provide for this patient's unique care needs?
13. Discuss the safety issues you considered when implementing care for this patient.
14. What measures did you implement to ensure safe patient care?
15. What other members of the care team should you consider important to achieving good care outcomes?
16. How would you assess the quality of care provided?
17. What could you do improve the quality of care for this patient?
18. If you were able to do this again, how would you handle the situation differently?
19. What did you learn from this experience?

20. How will you apply what you learned today to your clinical practice?
 21. Is there anything else you would like to discuss?
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