



GNurseSIM

HIGH FIDELITY SIMULATION SCENARIOS FOR INTERCULTURAL GERIATRIC NURSING

Publishing House of the University of Applied Sciences in Tarnow



Co-funded by
the European Union

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GERIATRIC NURSING**

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Publishing House of the University of Applied Sciences in Tarnow
Tarnow 2023

GNURSESIM – Improving Geriatric Patient Satisfaction: Development of a High-Fidelity E-learning Simulation Course to Develop Intercultural Skills in Geriatric Patient Care

Project 2020-1-PL01-KA226-HE-096353

This publication has been funded with support from the European Commission.

This publication reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

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Centria University of Applied Sciences

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ISBN 978-83-966917-5-0

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Introduction

Europe is undergoing a demographic shift as the populations are moving more than ever nowadays and it is predicted that older adult population will considerably increase in the near future. Those social, demographic and cultural phenomenons are making a high impact on the nations' health organizations and therefore health professions education and competencies should be adapted within the European context. Providing learners with the opportunity to engage and care for patients, not only from the clinical perspective but also from the social and cultural one, by considering their cultural background understood as: diverse ethnic heritages, gender roles, cultural characteristics, values, traditions, practices, lifestyles and religious beliefs is crucial to preparing them for the realities of their professional careers especially within the European Union where mobility of students and professionals is promoted.

On the other hand, High Fidelity Healthcare Simulation is an effective educational tool in nursing education that allows students from different countries and cultures to master the principles of both Nursing Care and skills; and Culturally Competent Care. This type of simulation allows the learners' contact with other cultural realities even when mobility is not either recommended or forbidden and may contribute to overcome future potential mobility restrictions and lock-downs such as the ones recently experienced due to Covid Pandemic or political conflicts.

In line with this, we present numerous high fidelity simulation scenarios which could benefit Geriatric Nursing Care Simulation programs by including additionally such diversity-based training in their

permanent curriculums throughout replicating real-world scenarios from different cultures in a controlled and nonthreatening environment due to the high-fidelity perspective.

The GNurseSim Project Partnership major assumption is that by using Healthcare Simulation to educate and train for cultural competence, the research evidence is overwhelmingly clear as the potential exists for the use of high-fidelity patient simulation as an effective teaching strategy for cultural competency training.

Each of the following GNurseSim Scenarios have been designed for learners to reflect and discuss on:

- Enhancing Culturally Competent Nursing Care;
- Meeting Cultural Awareness, Knowledge, Congruency and Competency about the cultural differences and similarities;
- Providing a safe environment to conduct a cultural assessment;
- Eliciting students' attitudes toward cross-cultural situations;
- Improving Communication among people with different cultural backgrounds by providing learners with strategies to communicate sensitively with culturally and linguistically diverse patients;
- Recognizing cross-cultural issues in interviewing, communicating medical information, and providing treatment and cultural competent care for patients from diverse ethnic and cultural backgrounds;
- Promoting Cultural Respect encompassing Simulation Training;
- Exploring learners' self-efficacy perception when facing cross-cultural situations;
- Developing Reflexive learning and Critical Thinking;
- Cultivating Inclusion, Equity and Diversity;
- Eliminating health disparities;
- Recognizing minorities;
- Enhancing patient outcomes;
- Preventing multicultural conflicts.

With this framework, Nursing students are challenged to provide culture-specific care for current situations experienced by older adult population in terms of healthcare representing diversity in ethnicity, language, socioeconomic status, religion, gender, sexual orientation,

immigration history, and lifestyle and frequently lack confidence (self-efficacy) in their knowledge, skills, and abilities; as well as recognizing the similarities and differences among cultural backgrounds.

Some basic resources useful as an introduction for students in relation with Cultural Competency before starting the didactic process of the High Fidelity Simulation Scenarios could be:

- European Transcultural Nurses Association. <http://europeantransculturalnurses.eu/>;
- Transcultural Nursing Society. <https://tcns.org/>;
- National Center for Cultural Competence at Georgetown University. <https://nccc.georgetown.edu/curricula/culturalcompetencehtml>;
- Purnell Model: Purnell L.D. (2014). Guide to culturally competent health care. FA Davis;
- BENEFITS European Commission funded project. <https://benefits.hku.edu.tr/> Pacquiao D., Purnell L. (Eds.). (2018). Global applications of culturally competent health care: guidelines for practice. Springer International Publishing.

No. 1

Simulation scenario

Proactive home care

HIGH FIDELITY SIMULATION			
Field of study	Gerontological nursing		
Topic	Proactive home care		
References, materials for classes	<ul style="list-style-type: none"> ➤ Dementia. Alzheimer Europe. https://www.alzheimer-europe.org/dementia ➤ About Alzheimer's and Dementia. Alzheimer's Disease International. https://www.alzint.org/about ➤ Mini-Mental State Examination (MMSE). https://www.dementiacarecentral.com/mini-mental-state-exam 		
Prerequisites	<p>Theoretical studies of gerontological nursing.</p> <p>The student has knowledge of changes in the functional capacity of older people.</p> <p>The student has knowledge of symptoms of memory disorders.</p> <p>The student has the ability to encounter the older person and interact with him/her.</p>		
PLANNED TIME OF CLASSES	30 + 45 min		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBRIEFING
	10 min	20 min	45 min
SIMULATION ROOM	Home environment		

INTRODUCTION

85-year-old woman, Helmi, has widowed recently. Her adult daughter lives far away, the distance is 400 km. Helmi lives in a rural area, in a remote aging village, from which to the centre of the nearest village is 20 km. An elderly neighbour lives nearby and visits Helmi weekly. The neighbour has noticed changes in Helmi's functioning and the conversation with Helmi does not work out as before. A neighbour has contacted Helmi's daughter with concern.

The municipality will conduct proactive home care visits for all 85-year-old persons to check on how they manage at home. Helmi and her daughter have given permission to make this home care visit. A nurse from home care makes a home care visit to Helmi.

Helmi does not yet have any home care services. Until now, she has independently coped with her daily activities. Helmi's wish is to live at home as long as possible.

During a home visit, it turns out that Helmi is tired and clearly has memory difficulties. She is incapable of answering every question asked.

The nurse gathers information of client's cognitive functioning by discussing and observing:

- Managing daily activities;
- Cognitive functioning Memory (MMSE test).

After the home visit, the nurse contacts the daughter as agreed with Helmi. The daughter becomes concerned about her mother's situation. The nurse and daughter agree that another meeting will be held after one week, where the daughter will also participate. Also, a neighbor is invited to the next home care visit on Helmi's wish.

Simulation objectives:

Assessment of need for care and services.

- Identifying the symptoms of memory disorder;
- Prioritizing and decision-making;
- Making a follow-up plan.

Expected learning outcomes:

The student:

Knowledge:

- Knows the symptoms of memory disorder.

Skills:

- Encounters an elderly person individually and in an appreciative way;
- Knows how to observe and interview a client;
- Develops decision making skills;
- Knows how to do MMSE-test and can interpret its result.

Social and intercultural competencies:

- Understands the importance of own home and the conditions for safe living at home.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator

Simulator parameters (input, intervention, output)

Reusable equipment

Disposable equipment

Optional accessories

Necessary documentation

Nurse's laptop;
MMSE-test forms.

Description of the scenario (information for the student)

85-year-old woman, Helmi, has widowed recently. Her adult daughter lives far away, the distance is 400 km. Helmi lives in a rural area, in a remote aging village, from which to the centre of the nearest village is 20 km. An elderly neighbour lives nearby and visits Helmi weekly. The neighbour has noticed changes in Helmi's functioning and the conversation with Helmi does not work out as before. A neighbour has contacted Helmi's daughter with concern.

The municipality will conduct proactive home care visits for all 85-year-old persons to check on how they manage at home. Helmi and her daughter have given permission to make this home care visit. A nurse from home care makes a home care visit to Helmi.

Helmi does not yet have any home care services. Until now, she has independently coped with her daily activities. Helmi's wish is to live at home as long as possible.

During a home visit, it turns out that Helmi is tired and clearly has memory difficulties. She is incapable of answering every question asked.

The nurse gathers information of client's cognitive functioning by discussing, observing and making MMSE test.

After the home visit, the nurse contacts the daughter as agreed with Helmi. The daughter becomes concerned about her mother's situation. The nurse and daughter agree that another meeting will be held after one week, where the daughter will also participate. Also, a neighbor is invited to the next home care visit on Helmi's wish.

Current clinical condition:

85-year-old woman, has widowed recently, lives alone in a rural area. Adult daughter lives far away. Neighbour visits weekly and has noticed changes in clients' functioning and memory.

Interview:

The student gathers information of client's by discussing and observing:

- Managing daily activities;
- Cognitive functioning, memory (MMSE test).

PREBRIEFING

Introduce:

- scenario topic;
- the procedure that will be practiced in the scenario;
- prerequisites (what the student should know);
- learning outcomes to be realized;
- what the division of tasks will be;
- scenario execution time.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed

- A student in a role of a nurse can ask for help from other students and the teacher at any time during the simulation scenario.

Identify critical activities

- Encountering the client according to the principles of dialogue;
- Identification of factors affecting the safe living at home;
- Identification of symptoms of a memory disorder.

Additional information

Roles:

- Client;
- Home care nurse;
- Observers.

Observers' task is to observe and provide constructive and supportive feedback for those in the roles:

- Interaction between all parties involved;
- The nurse's verbal communication;
- The nurse's nonverbal communication;
- Encountering the client;
- Decision-making: What kind of decisions did the nurse make?
- Assessing safety factors, what kind of safety factors arose?
- Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Remind the goals

Emotion phase:

- Ask about the feelings during the exercise: first the client, then the nurse.

Fact phase:

- What happened – describe what happened step by step;
- What went well;
- Feedback from observers on verbal and non-verbal interaction and critical activities.

Analysis phase:

- Why specific decisions were made;
- How it should/could be done (ideas are generated by students, the tutor leads to the conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not);

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deconstructing strengths and correct paths.

Cultural aspects:

- How was the client approached as an individual?
- How did the nurse demonstrate cultural sensitivity in interaction with the client?
- What is the meaning of own home and familiar environment for the older person and safe living at home?

Summarizing phase:

Teacher summarizes the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of gerontological care.

OR

Teacher asks the students to summarize the most essential things they learned (each student says 1 thing).

No. 2

Simulation scenario

Coping with Loneliness

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing
Topic	Coping with loneliness
References, materials for classes	<p>WHO:</p> <ul style="list-style-type: none"> ➤ Social isolation and loneliness among older people: advocacy brief. https://www.who.int/publications/i/item/9789240030749 ➤ Alzheimer’s society UK. The Dementia Statements and rights-based approaches. https://www.alzheimers.org.uk/dementia-professionals/dementia-experience-toolkit/dementia-statements-and-rights-based-approaches ➤ The 15-item geriatric depression scale GDS-15. https://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF ➤ Perceived loneliness, loneliness questions. https://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Loneliness_and_Interpersonal_Problems_UCLA_LONELINESS.pdf
Prerequisites	<p>Theoretical studies of gerontological nursing.</p> <p>The student has knowledge of changes in the functional capacity of older people.</p> <p>The student has the ability to encounter the older person and interact with him/her.</p>

PLANNED TIME OF CLASSES	30 + 45 min
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DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBRIEFING
	10 min	20 min	45 min

SIMULATION ROOM	Home environment
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INTRODUCTION

Same client, as in scenario 1. 85-year-old woman, Helmi, has widowed recently. Her adult daughter lives far away, the distance is 400 km. Helmi lives in a rural area, in a remote aging village, from which to the centre of the nearest village is 20 km. An elderly neighbour lives nearby and visits Helmi weekly.

Previous home care visits have been made a month earlier by a home care nurse. Necessary diagnostic examinations have been carried out after the home care nurse identified Helmi's forgetfulness and difficulties to follow conversation. Helmi has been diagnosed with Alzheimer's disease and a medication has been started on it. This is a home care visit where Helmi's daughter, a nurse and a nurse student are present. The aim is to assess Helmi's psychosocial well-being and managing at home. Helmi does not yet have any home care services. Until now, she has independently coped with her daily activities. She wants to live at home, where she has been living more than 60 years.

At the meeting, Helmi seems depressed and tearful. She perceives life as meaningless. Helmi says, that the days are always repeated similarly, there are no friends and no relatives, everyone has passed away. She says, that the only close ones are Otto, her neighbour, and a daughter, even though she has a life of her own. In the conversation it turns out that Helmi experiences her days long, she is also scared to be home alone, but she insists that her own home is the best place.

The nurse and nurse student gather information of Helmi's psychosocial well-being and managing at home by discussing and observing following:

- Helmi's mood and presence of depression (applying GDS-15);
- The loneliness experiences (applying Perceived loneliness-scale);
- Hearing the daughter's concerns.

Simulation objectives:

Assessment of need for care and services:

- Identifying the factors leading to perceived loneliness of older person;
- Identifying the factors affecting older person's mood and depression;
- Identify strengths and resources in older person's life;
- Making a follow-up plan.

Expected learning outcomes:

The student:

Knowledge:

- Knows the risk factors for the psychosocial well-being of the elderly and the factors that support well-being.

Skills:

- Knows how to encounter an elderly person individually and in an appreciative way;
- Knows how to collaborate with family members;
- Knows how to observe and interview a client;
- Develops decision making skills;
- Is able to act professionally empathetically and enables dialogical interaction between participants;
- Knows how to assess depressive symptoms and loneliness.

Social and intercultural competencies:

- Understands the meaning of social participation and networks for the older person;
- Is able to secure the rights of a person with memory disorder to promote a quality of life.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator

Simulator parameters (input, intervention, output)

Reusable equipment

Disposable equipment	
Optional accessories	
Necessary documentation	Nurse's laptop; GDS-15; Loneliness scale.
Description of the scenario (information for the student)	
<p>85-year-old woman, Helmi, has widowed recently. Her adult daughter lives far away, the distance is 400 km. Helmi lives in a rural area, in a remote aging village, from which to the centre of the nearest village is 20 km. An elderly neighbour lives nearby and visits Helmi weekly.</p> <p>Previous home care visits have been made a month earlier by a home care nurse. Necessary diagnostic examinations have been carried out after the home care nurse identified Helmi's forgetfulness and difficulties to follow conversation. Helmi has been diagnosed with Alzheimer's disease and a medication has been started on it. This is a home care visit where Helmi's daughter, a nurse and a nurse student are present. The aim is to assess Helmi's psychosocial well-being and managing at home.</p> <p>Helmi does not yet have any home care services. Until now, she has independently coped with her daily activities. She wants to live at home, where she has been living more than 60 years.</p> <p>At the meeting, Helmi seems depressed and tearful. She perceives life as meaningless. Helmi says, that the days are always repeated similarly, there are no friends and no relatives, everyone has passed away. She says, that the only close ones are Otto, her neighbour, and a daughter, even though she has a life of her own. In the conversation it turns out that Helmi experiences her days long, she is also scared to be home alone, but she insists that her own home is the best place.</p> <p>The nurse and nurse student gather information of Helmi's psychosocial well-being and managing at home by discussing and observing following:</p> <ul style="list-style-type: none"> ➤ Helmi's mood and presence of depression (applying GDS-15); ➤ The loneliness experiences (applying Perceived loneliness-scale); ➤ Hearing the daughter's concerns. 	

Current clinical condition:

85-year-old woman, has widowed recently, lives alone in a rural area. Adult daughter lives far away. Neighbour visits weekly. Client has been diagnosed with Alzheimer's disease and a medication has been started on it. Client does not yet have any home care services. Until now, she has independently coped with her daily activities. She wants to live at home. Client expresses feelings of depression and loneliness.

Interview:

The students' gather information of client's psychosocial well-being and managing at home by discussing and observing following:

- client's mood and presence of depression (applying GDS-15);
- the loneliness experiences of the client (applying Perceived loneliness scale);
- hearing the daughter's concerns.

PREBRIEFING

Introduce:

- scenario topic;
- the procedure that will be practiced in the scenario;
- prerequisites (what the student should know);
- learning outcomes to be realized;
- what the division of tasks will be;
- scenario execution time.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)**Description of the course of the scenario / structure of performed activities**

Describe in detail how the student / students should proceed

- Students in a role of a nurse / nurse student can ask for help from other students and the teacher at any time during the simulation scenario.

Identify critical activities

- Encountering the client and a family member according to the principles of dialogue;
- Identification of factors that threaten client's psychosocial well-being and managing at home.

Additional information

Roles:

- Client;
- Daughter;
- Home care nurse;
- Nurse student;
- Observers.

Observers' task is to observe and provide constructive and supportive feedback for those in the roles:

- Interaction between all parties involved;
- The nurse's and nurse student's verbal communication;
- The nurse's and nurse student's nonverbal communication;
- Issues promoting dialogue in interaction;
- Encountering the client and the family member;
- Decision-making: What kind of decisions did the nurse make?
- Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Remind the goals

Emotion phase:

- Ask about the feelings during the exercise: first the client, then the nurse.

Fact phase:

- What happened – describe what happened step by step;
- What went well;
- Feedback from observers on verbal and non-verbal interaction and critical activities.

Analysis phase:

- Why specific decisions were made;
- How it should/could be done (ideas are generated by students, the tutor leads to the conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not);

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deceiving strengths and correct paths.

Cultural aspects:

- How was the client approached as an individual?
- How did the nurse demonstrate cultural sensitivity in interaction with the client?
- What is the meaning of own home and familiar environment for the older person and safe living at home?

Summarizing phase:

Teacher summarizes the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of gerontological care.

OR

Teacher asks the students to summarize the most essential things they learned (each student says 1 thing).

Assuring home safety

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing
Topic	Assuring home safety
References, materials for classes	<ul style="list-style-type: none"> ➔ Sundgren S., Stolt M., Suhonen R. Ethical issues related to the use of gerontechnology in older people care: A scoping review. <i>Nursing Ethics</i>. 2020; 27(1): 88–103. doi: 10.1177/0969733019845132. https://journals.sagepub.com/doi/full/10.1177/0969733019845132 ➔ Safety and activity tracking system (Hoivaturva). https://seniortek.fi/ratkaisu/hoivaturva/ (in Finnish). https://www.tuttunet.fi/referenssit/seniortek.html (in Finnish) ⇒ everyone should include what they have at their disposal ➔ Medication dispenser service (Evondos). https://www.evondos.com/homepage.html ⇒ everyone should include what they have at their disposal
Prerequisites	<p>The student has knowledge of changes in the functional capacity of older people.</p> <p>The student has knowledge of empowering patient education.</p> <p>The student has the ability to encounter the older person and interact with him/her.</p> <p>The student knows about gerontechnology applications for supporting functional capacity, independent and safe living and well-being of the older person.</p>

PLANNED TIME OF CLASSES	30 + 45 min		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBRIEFING
	10 min	20 min	45 min
SIMULATION ROOM	Home environment		

INTRODUCTION

Same client, as in scenarios 1 and 2. 85-year-old woman, Helmi, has widowed recently. Her adult daughter lives far away, the distance is 400 km. Helmi lives alone in a rural area, in a remote aging village, from which to the centre of the nearest village is 20 km. An elderly neighbour lives nearby and visits Helmi weekly. Helmi has been diagnosed with Alzheimer's disease. In a previous home care visits Helmi's activities of daily living, her psychosocial well-being and managing at home have been assessed. Based on the assessment, a care and service plan has been made to support Helmi's safe living at home and psycho-social wellbeing.

In a mutual agreement with Helmi, a decision has been made on technology utilization to secure safe living at home and day activities once a week in a village's service centre for older people. Helmi has now a transport service and she will be taken on Wednesdays by taxi to the village's service centre 20 km away, where she has the opportunity to go to sauna, meet other people of day activities and visit the food store. Helmi has received a week ago Hoivaturva – safety and activity tracking system to monitor her daily activity at home for securing safe living. Helmi's activity and the course of the day can be followed in real time 24 hours by home care services and by daughter using a smartphone or computer application.

Today, the home care nurse checks that the Hoivaturva – device has worked without problems and that its use can be continued on behalf of Helmi and the daughter to ensure the safe living at home.

Today, Helmi will also receive a medication dispensing service machine to alert daily medication intake and to secure safe pharmacotherapy. The nurse installs the device and guides Helmi and her daughter in its use.

The nurse teaches Helmi and her daughter to use the following devices:

- Hoivaturva – Safety and activity tracking system;
- Evondos – Medication dispensing service;
- Everyone should include welfare technology that they have at their disposal.

At the meeting there are Helmi, a daughter and home care nurse.

Simulation objectives:

Patient education of following technical devices.

- Hoivaturva – Safety and activity tracking system;
- Medication dispensing service.

Effective and empowering patient education of older people.

- client-centered patient education according to the client's needs and functioning;
- effective patient education methods;
- empowering the elderly person and promoting his/her active participation;
- utilizing technology expertise in patient education.

Expected learning outcomes:

The student

Knowledge:

- Knows what kind of technological solutions are applicable in the home environment;
- Knows the principles of empowering patient education of older people.

Skills:

- Is able to implement effective and empowering patient education in accordance with older client's needs and situation.

Social and intercultural competencies:

- Understands the needs and views of an older person with memory disorder and family member of gerontechnology;
- Takes into account the older person's earlier experiences of technology;
- Digitalisation of society and services.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	Hoivaturva – Safety and activity tracking system; Medication dispensing service; Or welfare technology, that is available in partner’s country.
Simulator parameters (input, intervention, output)	
Reusable equipment	
Disposable equipment	
Optional accessories	
Necessary documentation	Written patient education material
Description of the scenario (information for the student)	
<p>85-year-old woman, Helmi, has widowed recently. Her adult daughter lives far away, the distance is 400 km. Helmi lives alone in a rural area, in a remote aging village, from which to the centre of the nearest village is 20 km. An elderly neighbour lives nearby and visits Helmi weekly. Helmi has been diagnosed with Alzheimer’s disease. In a previous home care visits Helmi’s activities of daily living, her psycho-social well-being and managing at home have been assessed. Based on the assessment, a care and service plan has been made to support Helmi’s safe living at home and psycho-social wellbeing.</p> <p>In a mutual agreement with Helmi, a decision has been made on technology utilization to secure safe living at home and day activities once a week in a village’s service centre for older people. Helmi has now a transport service and she will be taken on Wednesdays by taxi to the village’s service centre 20 km away, where she has the opportunity to go to sauna, meet other people of day activities and visit the food store. Helmi has received a week ago Hoivaturva – safety and activity tracking system to monitor her daily activity at home for</p>	

securing safe living. Helmi's activity and the course of the day can be followed in real time 24 hours by home care services and by daughter using a smartphone or computer application.

Today, the home care nurse checks that the Hoivaturva – device has worked without problems and that its use can be continued on behalf of Helmi and the daughter to ensure the safe living at home

Today, Helmi will also receive a medication dispensing service machine to alert daily medication intake and to secure safe pharmacotherapy. The nurse installs the device and guides Helmi and her daughter in its use.

The nurse teaches Helmi and her daughter to use the following devices:

- ➔ Hoivaturva – Safety and activity tracking system;
- ➔ Evondos – Medication dispensing service;

Or welfare technology, that is available in partner's country.

At the meeting there are Helmi, a daughter and home care nurse.

Current clinical condition:

85-year-old woman, has widowed recently, lives alone in a rural area. Adult daughter lives far away. Neighbour visits weekly. Client has been diagnosed with Alzheimer's disease and a medication has been started on it. A decision has been made on technology utilization to secure safe living at home and day activities once a week in a village's service centre for older people.

Interview:

Client-centered and empowering patient education.

PREBRIEFING

Introduce:

- ➔ scenario topic;
- ➔ the procedure that will be practiced in the scenario;
- ➔ get acquainted with the gerontechnology equipment in a simulation environment;
- ➔ prerequisites (what the student should know);
- ➔ learning outcomes to be realized;
- ➔ what the division of tasks will be;
- ➔ scenario execution time.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

- A student in a role of a nurse can ask for help from other students and the teacher at any time during the simulation scenario.

Identify critical activities

- Encountering the client and a family member according to the principles of dialogue;
- Principles of empowering patient education.

Additional information

Roles:

- Client;
- Daughter;
- Home care nurse;
- Observers.

Observers' task is to observe and provide constructive and supportive feedback for those in the roles:

- Interaction between all parties involved;
- The nurse's verbal communication;
- The nurse's nonverbal communication;
- Issues promoting dialogue in interaction;
- Encountering the client and the family member;
- What kind of patient education methods were used?
- Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Remind the goals.

Emotion phase:

- Ask about the feelings during the exercise: first the client, then the nurse.

Fact phase:

- What happened – describe what happened step by step;
- What went well;
- Feedback from observers on verbal and non-verbal interaction and critical activities.

Analysis phase:

- Why specific decisions were made;
- How it should / could be done (ideas are generated by students, the tutor leads to the conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not);

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deconstructing strengths and correct paths.

Cultural competencies:

- How was the client encountered as an individual? How were the client's rights taken into account?
- How did the nurse demonstrate cultural sensitivity in interaction with the client?
- How were the client's experience and attitudes towards gerontechnology discussed during a home visit?
- What role does technology play in home care services? In what way can technology benefit the client and the professional and the services? What ethical issues may arise using gerontechnology?

Summarizing phase:

Teacher summarizes the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of gerontological care.

OR

Teacher asks the students to summarize the most essential things they learned (each student says 1 thing).

No. 4

Simulation scenario

Planning assisted living

HIGH FIDELITY SIMULATION			
Field of study	Gerontological nursing		
Topic	Coping with loneliness		
References, materials for classes	<ul style="list-style-type: none"> ➤ Template for "My lifestory". https://www.dementiauk.org/life-story-work ➤ Reminiscence for people with dementia. https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/reminiscence.asp ➤ Meaningful activities, part four: Reminiscence. https://www.dementiauk.org/reminiscence-activities 		
Prerequisites	<p>The student knows the importance of a care and service plan in nursing process.</p> <p>The student knows the legislation in terms of assisted living.</p> <p>The student knows the importance of life history and reminiscence for the quality care of a person with memory disorder.</p> <p>The student has the ability to encounter the older person and interact with him / her.</p>		
PLANNED TIME OF CLASSES	30 + 45 min		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBRIEFING
	10 min	20 min	45 min
SIMULATION ROOM	Home environment		

INTRODUCTION

Helmi, 86-year-old woman, who has Alzheimer's disease, has moved into an assisted living this week as the need for care has increased and safe living at home is no longer possible. Earlier, she has lived alone in a remote village. Helmi started to feel more frightened to live alone. At home she received home care services and had home care technology (safety bracelet, activity tracking system and medication dispensing service).

Today, a care and service plan is drawn up for Helmi together with her daughter. The conversation involves Helmi's named nurse. The conversation takes place in Helmi's own room.

The care and service plan has been made in other respects, but the part of the life story is supplemented today.

Simulation objectives:

Understanding the importance of the client's life story when drawing up a care and service plan.

Implementing empowering client-centered practice.

Enabling the client's and the family member's participation in the conversation and preparation of a care and service plan.

Expected learning outcomes:

The student

Knowledge:

- Knows the meaning of the client's life story in care planning and securing client's quality of life.

Skills:

- Knows how to enable client's and family member's active participation in care planning;
- Knows how to empower the older person with memory disorder to live dignified life.

Social and intercultural competencies:

- Understands assisted living as a socio-cultural environment.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator

Simulator parameters (input, intervention, output)

Reusable equipment

Disposable equipment

Optional accessories

Necessary documentation

My life story – template / My life story – App, what is available in each partner’s country

Description of the scenario (information for the student)

Helmi, 86-year-old woman, who has Alzheimer’s disease, has moved into an assisted living this week as the need for care has increased and safe living at home is no longer possible. Earlier, she has lived alone in a remote village. Helmi started to feel more frightened to live alone. At home she received home care services and had home care technology (safety bracelet, activity tracking system and medication dispensing service).

Today, a care and service plan is drawn up for Helmi together with her daughter. The conversation involves Helmi’s named nurse. The conversation takes place in Helmi’s own room.

The care and service plan has been made in other respects, but the part of the life story is supplemented today.

Current clinical condition:

86-year-old woman, who has Alzheimer’s disease, has moved into an assisted living this week as the need for care has increased and safe living at home is no longer possible.

Interview:

Getting to know the client’s life story in care planning and securing client’s quality of life.

PREBRIEFING

Introduce:

- scenario topic;
- the procedure that will be practiced in the scenario;
- prerequisites (what the student should know);
- learning outcomes to be realized;
- what the division of tasks will be;
- scenario execution time.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed

- Students in a role of a nurse can ask for help from other students and the teacher at any time during the simulation scenario.

Identify critical activities

- Encountering the client and a family member according to the principles of dialogue;
- Identification of empowering practices;
- Understanding the meaning of client's life story in care planning and securing client's quality of life.

Additional information

Roles:

- Client;
- Daughter;
- Nurse;
- Observers.

Observers' task is to observe and provide constructive and supportive feedback for those in the roles:

- Interaction between all parties involved;
- The nurse's verbal communication;
- The nurse's nonverbal communication;
- Issues promoting dialogue in interaction;
- Encountering the client and the family member;

- How the client's life story was taken into account in the care planning?
- Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Remind the goals.

Emotion phase:

- Ask about the feelings during the exercise: first the client, then the nurse.

Fact phase:

- What happened – describe what happened step by step;
- What went well;
- Feedback from observers on verbal and non-verbal interaction and critical activities.

Analysis phase:

- Why specific decisions were made;
- How it should / could be done (ideas are generated by students, the tutor leads to the conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not);

Point out step by step what the students' behavior should look like – exemplary;

Motivate students to think reflectively while deconstructing strengths and correct paths.

Cultural competencies:

- How was the client encountered as an individual? How were the client's rights taken into account?
- How did the nurse demonstrate cultural sensitivity in interaction with the client?
- How were the client's own culture and customs supported in assisted living environment?
- What kind of generational differences and diversity existed / may exist in the field of nursing?

Summarizing phase:

Teacher summarizes the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of gerontological care.

OR

Teacher asks the students to summarize the most essential things they learned (each student says 1 thing).

Securing self-determination

HIGH FIDELITY SIMULATION			
Field of study	Gerontological nursing		
Topic	Securing self-determination		
References, materials for classes	<ul style="list-style-type: none"> ➤ Alzheimer's society UK. The Dementia Statements and rights-based approaches. https://www.alzheimers.org.uk/dementia-professionals/dementia-experience-toolkit/dementia-statements-and-rights-based-approaches ➤ Wolfe S.E., Greenhill B., Butchard S., Day J. The meaning of autonomy when living with dementia: A Q-method investigation. <i>Dementia</i>. 2021; 20(6):1875–1890. doi:10.1177/1471301220973067. https://journals.sagepub.com/doi/pdf/10.1177/1471301220973067 		
Prerequisites	<p>The student knows the legislation in terms of assistive living.</p> <p>The student knows the principles of respect for autonomy of a person with memory disorder.</p> <p>The student has the ability to encounter the older person with memory disorder and interact with him/her.</p>		
PLANNED TIME OF CLASSES	30 + 45 min		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBRIEFING
	10 min	20 min	45 min
SIMULATION ROOM	Home environment		

INTRODUCTION

Helmi, 86-year-old woman, who has Alzheimer's disease, lives in an assisted living. At times Helmi feels confused, she has difficulties to express her thoughts and she needs assistance with daily activities and self-care.

Today, Helmi has sauna-day. She has been in sauna in the afternoon, and, after the sauna, she hopes to get some cognac. In addition, Helmi hopes to have rollers in her hair and her nails polished. The nurse doesn't have time, but there is an international nursing student who helps Helmi according to her wishes. The student can use Finnish language in simple work-related situations.

The student plans to put a basic lotion on Helmi's skin, but Helmi wants to put a night cream on her face herself. When Helmi asks for cognac, the student goes little confused and ensures from the nurse on duty that it is ok. Helmi does not understand all what the student is saying, and it makes her restless and agitated. The student knows, based on the information Helmi's Life Story, that Helmi enjoys singing. The student starts to sing to Helmi, Helmi calms down and starts singing along.

Simulation objectives:

Taking into account the expression of the older person's own will in relation to treatment and everyday choices.

Providing nursing care in a person-centered manner.

Expected learning outcomes:

The student

Knowledge:

- Knows the importance of self-determination / autonomy for the quality of life of an older person with memory disorder;
- Knows the principles of person-centered dementia care.

Skills:

- Is able to take into account the older person's own will and daily choices.

Social and intercultural competencies:

- ➔ Understands and respects the client's personal and cultural identity and cultural traditions;
- ➔ Understands assisted living as a socio-cultural environment.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator

Simulator parameters (input, intervention, output)

Reusable equipment

Disposable equipment

Optional accessories

Hygiene and beauty supplies, "Cognac";
Instead sauna and cognac, there can be any enjoyment that is suitable to the culture of the client / partner's country.

Necessary documentation

Description of the scenario (information for the student)

Helmi, 86-year-old woman, who has Alzheimer's disease, lives in an assisted living. At times Helmi feels confused, she has difficulties to express her thoughts and she needs assistance with daily activities and self-care.

Today, Helmi has sauna-day. She has been in sauna in the afternoon, and, after the sauna, she hopes to get some cognac. In addition, Helmi hopes to have rollers in her hair and her nails polished. The nurse doesn't have time, but there is an international nursing student who helps Helmi according to her wishes. The student can use Finnish language in simple work-related situations.

The student plans to put a basic lotion on Helmi's skin, but Helmi wants to put a night cream on her face herself. When Helmi asks for cognac, the student goes little confused and ensures from the nurse on duty that it is ok. Helmi does not understand all what the student is saying, and it

makes her restless and agitated. The student knows, based on the information Helmi's Life Story, that Helmi enjoys singing. The student starts to sing to Helmi, Helmi calms down and starts singing along.

Current clinical condition:

86-year-old woman, who has moderate stage Alzheimer's disease, lives in an assisted living.

Interview:

Understanding client's wishes and assisting her in a client-centered way.

PREBRIEFING

Introduce:

- scenario topic;
- the procedure that will be practiced in the scenario;
- prerequisites (what the student should know);
- learning outcomes to be realized;
- what the division of tasks will be;
- scenario execution time.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed:

- Students in a role of a nurse and nurse student can ask for help from other students and the teacher at any time during the simulation scenario.

Identify critical activities:

- Encountering the client and a family member according to the principles of dialogue;
- Identification of rehabilitative practices;
- Understanding the meaning of client's own will and daily choices.

Additional information

Roles:

- Client;
- Nurse;

- Nurse student;
- Observers.

Observers' task is to observe and provide constructive and supportive feedback for those in the roles:

- Interaction between all parties involved;
- The nurse's and nurse student's verbal communication;
- The nurse's and nurse student's nonverbal communication;
- Encountering the client;
- What nursing interventions were used?

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan.

Remind the goals.

Emotion phase:

- Ask about the feelings during the exercise: first the client, then the nurse.

Fact phase:

- What happened – describe what happened step by step;
- What went well;
- Feedback from observers on verbal and non-verbal interaction and critical activities.

Analysis phase:

- Why specific decisions were made;
- How it should / could be done (ideas are generated by students, the tutor leads to the conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not); Point out step by step what the students' behavior should look like – exemplary;

Motivate students to think reflectively while deconstructing strengths and correct paths.

Cultural competencies:

- How was the client encountered as an individual? How were the client's rights taken into account?
- How did the nurse demonstrate cultural sensitivity in interaction with the client?
- How were the client's own culture and customs supported in assisted living environment?
- What kind of generational differences and diversity existed / may exist in the field of nursing?

Summarizing phase:

Teacher summarizes the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of gerontological care.

OR

Teacher asks the students to summarize the most essential things they learned (each student says 1 thing).

No.6

Simulation scenario

Missing aspects of care 1

HIGH FIDELITY SIMULATION							
Field of study	Nursing/Older person						
Topic	Missing aspects of care 1						
References, materials for classes	<ul style="list-style-type: none"> ➤ Video of scenario, trigger questions, reflective space 						
Prerequisites	<p>The student has knowledge of:</p> <ul style="list-style-type: none"> ➤ Holistic approaches to care planning; ➤ Asking open questions for assessment; ➤ Patient partnership in care. <p>The student has the skills:</p> <ul style="list-style-type: none"> ➤ Assessing patients physical abilities (ADLs); ➤ Assessment and anticipatory care eg falls, diet and nutrition etc. ...; ➤ Goal setting. 						
PLANNED TIME OF CLASSES	45 min						
DURATION OF THE SCENARIO	<table border="1"> <thead> <tr> <th>PREBRIEFING</th> <th>SIMULATION</th> <th>DEBRIEFING</th> </tr> </thead> <tbody> <tr> <td>e.g. 10 min</td> <td>e.g. 15 min</td> <td>e.g. 20 min</td> </tr> </tbody> </table>	PREBRIEFING	SIMULATION	DEBRIEFING	e.g. 10 min	e.g. 15 min	e.g. 20 min
PREBRIEFING	SIMULATION	DEBRIEFING					
e.g. 10 min	e.g. 15 min	e.g. 20 min					
SIMULATION ROOM	e.g. G200						
INTRODUCTION							
<p>e.g. The scenario is a simulation of a situation which may be set in a hospital, day centre or care home environment. The premise is a nursing student taking over shift and evaluating the patients in her</p>							

care and planning the patient care based on prioritizing needs. The student has an allocation of 4 patients with physical care needs including mobilizing, washing and nutrition.

The patients are:

- Mrs Rebekah Isaac, a 79 year old Jewish lady (widowed);
- Miss Doreen Frame, a 72 year old lady;
- Mrs Sofia Christodoulou, an 80 year old Greek Cypriot lady;
- Mr Abdul Raheem, a 75 year old Muslim man.

The scenario was prepared based on the content contained in the literature

- Duty of Candor. <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf>
- UK Nursing and Midwifery Professional code of practice. <https://www.nmc.org.uk/standards/code/>
- Medicines and Muslim observance. <https://pharmaceutical-journal.com/article/opinion/medicines-advice-for-patients-observing-a-halal-diet>
- Røndahl G., Innala S., Carlsson M. Heterosexual assumptions in verbal and non-verbal communication in nursing. J Adv Nurs. 2006 Nov; 56(4): 373–381. doi: 10.1111/j.1365-2648.2006.04018.x. PMID: 17042817. <https://pubmed.ncbi.nlm.nih.gov/17042817/>
- Heath H. (2011). Older people in care homes: sex, sexuality and intimate relationships. RCN Guidance document. <https://www.equalityhumanrights.com/sites/default/files/004136.pdf>
- AgeUK – Bereavement support – financial practical arrangements. <https://www.ageuk.org.uk/information-advice/money-legal/benefits-entitlements/bereavement-benefits/>
- Pentaris P. (2012). Death in the Modern Greek Culture. https://research.gold.ac.uk/id/eprint/11349/1/STA_Pentaris_2012.pdf
- Anon. (2015). Jewish Practices and Rituals for Death and Mourning: A Guide. <https://tikkunvor.org/wp-content/uploads/sites/112/2019/04/Jewish-Practices-for-Death-and-Mourning.pdf>

Simulation objectives:

Hard skills:

- Documentation
- Professional accountability
- Prioritising individuals and their needs in care planning;
- Provide actual and anticipatory care;
- Identifying when care practices or approaches are wrong and acting upon this (Duty of Candour and Openness).

Soft skills:

- Communication verbal and nonverbal
- Negotiating and seeking partnership in care practices;
- Acknowledging and acting upon specific individual needs and expectations;
- Recognising cultural factors in self-care

Expected learning outcomes:

Knowledge:

Skills:

Social and intercultural competencies:

As above

Prerequisites (what the student should already know):

- Supporting clients/patients when they are distressed;
- Stages of confusion, upset and distress;
- Communication – how to ask questions and use verbal and non verbal cues.

Learning outcomes:

1. Recognize loneliness and isolation and physical and behavioral manifestations;
2. Using open questions to determine the patient/clients need and actions to resolve this;
3. Define and explain cultural issues related to death, dying and bereavement and necessary interventions or preparations which can be supported;
4. Professional accountability and effective accurate documentation especially consequences of inaccuracy.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / mannequin / simulator	Actor/person
Simulator parameters (input, intervention, output)	
Reusable equipment	
Disposable equipment	
Optional accessories	
Necessary documentation	
<p>Description of the scenario (information for the student)</p> <p>You have just arrived on your placement area for the shift in this hospital/care home/residence. Your mentor/supervisor says you have been allocated four (4) patients to care for. You greet each of these patients and look at their diagnosis and care goals and determine what they need in terms of physical care needs including mobilizing, washing and nutrition for this shift.</p> <p>The patients are:</p> <ul style="list-style-type: none"> ➔ Mrs Rebekah Isaac, a 79 year old Jewish lady (widowed); ➔ Miss Doreen Frame, a 72 year old lady; ➔ Mrs Sofia Christodoulou, an 80 year old Greek Cypriot lady; ➔ Mr Abdul Raheem, a 75 year old Muslim man. <p>This first scene concerns Mrs Rebekah Issac...</p>	
<p>Current clinical condition: (the teacher determines the patient's condition)</p> <p>Mrs Rebekah Issaac is anxious and sits stiffly in her chair – she looks sad and is refusing to meet or talk to any other patients. She states she wants her 'Ben' to come and see her. You look in the patients notes and it states her next of kin is her husband Ben Isaac.</p>	

Interview:

(description of what the student should learn from the patient)

The nature of her anxiety. Why she feels unsettled. How long she has been married and any other relatives she may have. What is her social circumstances?

PREBRIEFING

Scenario topic:

Mrs Rebeckah Isaac is anxious and sits stiffly in her chair – she looks sad and is refusing to meet or talk to any other patients. She refuses to eat or do any hygiene cares (she is self caring). She states she wants her ‘Ben’ to come and see her. This is Rebekah’s third visit to this institution over the last 2 years so it is not too unfamiliar.

Procedure that will be practiced in the scenario:

Get acquainted with the simulation environment (where the scenario takes place, which trainers, phantom will be used, how to use the equipment):

- Room;
 - Patient in chair – evident distress.
- scenario execution time: 10 mins

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Approach Mrs Isaac and determine her state of mind and cause for her distress

Critical activities

You look in the patients notes and it states her next of kin is her husband Ben Isaac – since Rebekah is so upset you want to telephone him to ask when he is coming in to visit her. This news ought help her settle and you suggest getting her a cup of tea and feel a bit more relaxed. You ask about Ben and find out they were inseparable. She has one daughter, Ruth Cohen who lives abroad but you don’t know where. Tomorrow is Friday, she says something about Shabbat.

You telephone ‘Ben’ using the next of kin details in the nursing notes. The telephone is not answered, you call again and again. Still no answer.

On Saturday an elderly neighbour comes to see Rebekah. They are worried she is so upset. The neighbour tells you Ben died a year ago and she still grieves him. It appears the details were transferred over and no-one had checked with Rebekah and there are no up to date next of kin details.

How will you address this with Rebekah – find out what is making her distressed? Questioning techniques etc. ...

What will you do? What are the professional issues here?

Desirable behavior, communication, additional information should be described.

- ⊕ Assessing skills, Open communication, Sensitivity to the grief process, recognizing cultural issues and social and practical actions;
- ⊕ Professional accountability, cultural frame and consequences;
- ⊕ Duty of Candor – accept error say ‘sorry’.

Description of simulator preparation: As above – simple elderly lady in a chair dressed in black, anxious.

- ⊕ Appearance;
- ⊕ Initial simulator parameters (if applicable);
- ⊕ Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities.

DEBRIEFING – plan

Emotion phase:

- ⊕ Remind the goals (student doing the exercise);
- ⊕ Ask about the feeling during the exercise.

Fact phase:

- ⊕ What happened – describe what happened step by step (student);
- ⊕ What went well.

Analysis phase:

- ⊕ Why specific decisions were made;
- ⊕ How it should be done (ideas are generated by students, the tutor leads to the right conclusions);

- What would they do next time;
- Students' questions – anything unclear or not mentioned from the scenario;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively.

Summarizing phase:

(Demonstrate and summarize the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of care, patient safety...).

No. 7

Simulation scenario

Missing aspects of care 2

HIGH FIDELITY SIMULATION							
Field of study	Nursing/Older person						
Topic	Missing aspects of care 2						
References, materials for classes	<ul style="list-style-type: none"> ➤ Video of scenario, trigger questions, reflective space 						
Prerequisites	<p>The student has knowledge of:</p> <ul style="list-style-type: none"> ➤ Holistic approaches to care planning; ➤ Asking open questions for assessment; ➤ Patient partnership in care. <p>The student has the skills:</p> <ul style="list-style-type: none"> ➤ Assessing patients physical abilities (ADLs); ➤ Assessment and anticipatory care eg falls, diet and nutrition etc. ...; ➤ Goal setting. 						
PLANNED TIME OF CLASSES	45 min						
DURATION OF THE SCENARIO	<table border="1"> <thead> <tr> <th>PREBRIEFING</th> <th>SIMULATION</th> <th>DEBRIEFING</th> </tr> </thead> <tbody> <tr> <td>e.g. 10 min</td> <td>e.g. 15 min</td> <td>e.g. 20 min</td> </tr> </tbody> </table>	PREBRIEFING	SIMULATION	DEBRIEFING	e.g. 10 min	e.g. 15 min	e.g. 20 min
PREBRIEFING	SIMULATION	DEBRIEFING					
e.g. 10 min	e.g. 15 min	e.g. 20 min					
SIMULATION ROOM	e.g. G200						

INTRODUCTION

e.g. The scenario is a simulation of a situation which may be set in a hospital, day centre or care home environment. The premise is a nursing student taking over shift and evaluating the patients in her care and planning the patient care based on prioritizing needs. The student has an allocation of 4 patients with physical care needs including mobilizing, washing and nutrition. The patients are:

- Mrs Rebekah Isaac, a 79 year old Jewish lady (widowed);
- Miss Doreen Frame, a 72 year old lady;
- Mrs Sofia Christodoulou, an 80 year old Greek Cypriot lady;
- Mr Abdul Raheem, a 75 year old Muslim man.

The scenario was prepared based on the content contained in the literature

- Duty of Candor. <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf>
- UK Nursing and Midwifery Professional code of practice. <https://www.nmc.org.uk/standards/code/>
- Medicines and Muslim observance. <https://pharmaceutical-journal.com/article/opinion/medicines-advice-for-patients-observing-a-halal-diet>
- Rödahl G., Innala S., Carlsson M. Heterosexual assumptions in verbal and non-verbal communication in nursing. *J Adv Nurs.* 2006 Nov; 56(4): 373–381. doi: 10.1111/j.1365-2648.2006.04018.x. PMID: 17042817. <https://pubmed.ncbi.nlm.nih.gov/17042817/>
- Heath H. (2011). Older people in care homes: sex, sexuality and intimate relationships. RCN Guidance document. <https://www.equalityhumanrights.com/sites/default/files/004136.pdf>
- AgeUK – Bereavement support – financial practical arrangements. <https://www.ageuk.org.uk/information-advice/money-legal/benefits-entitlements/bereavement-benefits/>
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Simulation objectives:

Hard skills:

- Documentation
- Professional accountability
- Prioritising individuals and their needs in care planning;
- Provide actual and anticipatory care;
- Identifying when care practices or approaches are wrong and acting upon this (Duty of Candour and Openness).

Soft skills:

- Communication verbal and nonverbal
- Negotiating and seeking partnership in care practices;
- Acknowledging and acting upon specific individual needs and expectations;
- Recognising cultural factors in self-care

Prerequisites (what the student should already know):

Supporting clients/patients when they have distressed planning and determining needs for last stages of life. Palliative options and emotional care. Stages of grief and practical actions around stages and phases of death.

Learning outcomes:

1. Recognize signs and symptoms of deterioration in dying patients;
2. Using open questions to determine the patient/clients need and actions to resolve this;
3. Define and explain cultural issues related to death, dying and bereavement and necessary interventions or preparations which can be supported;
4. Professional accountability and effective accurate documentation especially consequences of inaccuracy.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / mannequin / simulator

Actor/person

Simulator parameters (input, intervention, output)

Reusable equipment

Disposable equipment

Optional accessories

Necessary documentation

Description of the scenario (information for the student)

You have just arrived on your placement area for the shift in this hospital/care home/residence. Your mentor/supervisor says you have been allocated four (4) patients to care for. You greet each of these patients and look at their diagnosis and care goals and determine what they need in terms of physical care needs including mobilizing, washing and nutrition for this shift. The patients are:

- Mrs Rebekah Isaac, a 79 year old Jewish lady (widowed);
- Miss Doreen Frame, a 72 year old lady who is quite unwell with a terminal disease and may be transferred to the adjacent hospice soon if her care needs increase;
- Mrs Sofia Christodoulou, an 80 year old Greek Cypriot lady;
- Mr Abdul Raheem, a 75 year old Muslim man.

Current clinical condition:

(the teacher determines the patient's condition)

Miss Doreen Frame, a 72 year old lady who is quite unwell with a terminal disease and may be transferred to the adjacent hospice soon if her care needs increase.

Interview:

(description of what the student should learn from the patient)

You assess Miss Frame and her pain is increasing and her breathing is more laboured. You call the doctor to prescribe some medication and are awaiting him/her.

PREBRIEFING

Scenario topic:

Miss Doreen Frame, a 72 year old lady who is quite unwell with a terminal disease and may be transferred to the adjacent hospice soon if her care needs increase. The doctor arrives and tells you he

wishes to speak to her as her cancer is worsening and her laboratory tests and physical abilities are worsening. She has very little time left and they need to discuss the next stages and her and her family's wishes.

Procedure that will be practiced in the scenario:

Get acquainted with the simulation environment (where the scenario takes place, which trainers, phantom will be used, how to use the equipment):

- Room;
- Patient in bed, lady companions sitting on a chair holding Doreen's hand who is in evident distress.

scenario execution time: 10 mins

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Approach Miss Frame...

Critical activities:

Doreen is sitting in her bed and another lady is sitting beside her holding her hand and weeping. You say to Miss Frame... 'Hello Miss Frame, can I call you Doreen?' She agrees. Then you say 'The doctor would like to have a chat with you now so can we please ask your friend to wait outside? Do you have any relatives coming in to see you so we can also speak to them?' Doreen is distraught and her friend becomes quite angry – How will you address this with Doreen and her friend – find out what is making her distressed? Questioning techniques etc.

What will you do? What are the professional issues here?

After a moment or two the companion starts shouting and complains 'I have told you loads of times Doreen is my wife Im not her friend or sister – we want to share the decisions for her dying together... Why don't you involve me?

She accuses you of being insensitive and wants to complain to the

What is the key issue here? What assumptions can be made? What professional issues arise for culture/identity/sexuality for older people? Is this patient centred care – why? How do you address her complaints: immediately, in the short term and in longer term care planning?

- Desirable behavior, communication, additional information should be described.
- Assessing skills, Open communication, Sensitivity to the grief process, recognizing cultural issues and social and practical actions;
- Ascertaining the nature of the family and friend group – who is the significant partner/'other'?
- Professional accountability, cultural frame and consequences;
- Addressing a patient centred approach to care – specific needs, requests and options;
- Resolving complaints and learning from this.

Description of simulator preparation: As above – simple elderly lady in a bed, breathing is challenging, her companion is next to her holding her hand and weeping.

- Appearance;
- Initial simulator parameters (if applicable);
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities.

DEBRIEFING – plan

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase:

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions);

- What would they do next time;
- Students' questions – anything unclear or not mentioned from the scenario;
- What do you remember from the exercise? (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not);

Point out step by step what the students' behavior should look like – exemplary;

Motivate students to think reflectively.

Summarizing phase:

(Demonstrate and summarize the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of care, patient safety...).

No. 8

Simulation scenario

Missing aspects of care 3

HIGH FIDELITY SIMULATION							
Field of study	Nursing/Older person						
Topic	Missing aspects of care 3						
References, materials for classes	<ul style="list-style-type: none"> ➤ Video of scenario, trigger questions, reflective space 						
Prerequisites	<p>The student has knowledge of:</p> <ul style="list-style-type: none"> ➤ Holistic approaches to care planning; ➤ Asking open questions for assessment; ➤ Patient partnership in care. <p>The student has the skills:</p> <ul style="list-style-type: none"> ➤ Assessing patients physical abilities (ADLs); ➤ Assessment and anticipatory care e.g. falls, diet and nutrition etc....; ➤ Goal setting. 						
PLANNED TIME OF CLASSES	45 min						
DURATION OF THE SCENARIO	<table border="1"> <thead> <tr> <th>PREBRIEFING</th> <th>SIMULATION</th> <th>DEBRIEFING</th> </tr> </thead> <tbody> <tr> <td>e.g. 10 min</td> <td>e.g. 15 min</td> <td>e.g. 20 min</td> </tr> </tbody> </table>	PREBRIEFING	SIMULATION	DEBRIEFING	e.g. 10 min	e.g. 15 min	e.g. 20 min
PREBRIEFING	SIMULATION	DEBRIEFING					
e.g. 10 min	e.g. 15 min	e.g. 20 min					
SIMULATION ROOM	e.g. G200						

INTRODUCTION

e.g. The scenario is a simulation of a situation which may be set in a hospital, day centre or care home environment. The premise is a nursing student taking over shift and evaluating the patients in her care and planning the patient care based on prioritizing needs. The student has an allocation of 4 patients with physical care needs including mobilizing, washing and nutrition. The patients are:

- Mrs Rebekah Isaac, a 79 year old Jewish lady (widowed);
- Miss Doreen Frame, a 72 year old lady;
- Mrs Sofia Christodoulou, an 80 year old Greek Cypriot lady;
- Mr Abdul Raheem, a 75 year old Muslim man.

The scenario was prepared based on the content contained in the literature

- Duty of Candor. <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf>
- UK Nursing and Midwifery Professional code of practice. <https://www.nmc.org.uk/standards/code/>
- Medicines and Muslim observance. <https://pharmaceutical-journal.com/article/opinion/medicines-advice-for-patients-observing-a-halal-diet>
- Røndahl G., Innala S., Carlsson M. Heterosexual assumptions in verbal and non-verbal communication in nursing. J Adv Nurs. 2006 Nov; 56(4): 373–381. doi: 10.1111/j.1365-2648.2006.04018.x. PMID: 17042817. <https://pubmed.ncbi.nlm.nih.gov/17042817/>
- Heath H. (2011). Older people in care homes: sex, sexuality and intimate relationships. RCN Guidance document. <https://www.equalityhumanrights.com/sites/default/files/004136.pdf>
- AgeUK – Bereavement support – financial practical arrangements. <https://www.ageuk.org.uk/information-advice/money-legal/benefits-entitlements/bereavement-benefits/>
- Pentaris P. (2012). Death in the Modern Greek Culture. https://research.gold.ac.uk/id/eprint/11349/1/STA_Pentaris_2012.pdf
- Anon. (2015). Jewish Practices and Rituals for Death and Mourning: A Guide <https://tikkunvor.org/wp-content/uploads/sites/112/2019/04/Jewish-Practices-for-Death-and-Mourning.pdf>

Simulation objectives:**Hard skills:**

- Documentation
- Professional accountability
- Prioritising individuals and their needs in care planning
- Provide actual and anticipatory care;
- Identifying when care practices or approaches are wrong and acting upon this (Duty of Candour and Openness).

Soft skills:

- Communication verbal and nonverbal
- Negotiating and seeking partnership in care practices;
- Acknowledging and acting upon specific individual needs and expectations;
- Recognising cultural factors in self-care

Prerequisites (what the student should know):

- Supporting clients/patients when they have long term degenerative conditions and limitations in daily activities of living. Addressing their personal circumstances and support structures;
- Older people living independently and adjusting to changed roles and ways of managing;
- Locating and asking for support services and sources for older people adapting to new situations practically and emotionally.

Learning outcomes:

1. Recognize the impact of chronic health conditions and limited mobility on daily living activities;
2. Explore psychological and emotional consequences to limited physical activity and frame within a cultural sphere;
3. Using open questions to determine the patient/clients need and actions to resolve this;
4. Potential sources of support for managing practically especially post bereavement;
5. Professional accountability and effective accurate documentation especially consequences of inaccuracy.

Expected learning outcomes:

Knowledge:

Skills:

Social and intercultural competencies:

As above

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / mannequin / simulator

Actor/person

Simulator parameters (input, intervention, output)

Reusable equipment

Disposable equipment

Optional accessories

Necessary documentation

Description of the scenario (information for the student)

You have just arrived on your placement area for the shift in this hospital/care home/residence. Your mentor/supervisor says you have been allocated four (4) patients to care for. You greet each of these patients and look at their diagnosis and care goals and determine what they need in terms of physical care needs including mobilizing, washing and nutrition for this shift. The patients are:

- Mrs Rebekah Isaac, a 79 year old Jewish lady (widowed);
- Miss Doreen Frame, a 72 year old lady;
- Mrs Sofia Christodoulou, an 80 year old Greek Cypriot lady;
- Mr Abdul Raheem, a 75 year old Muslim man.

This scene concerns **Mrs Sofia Christodolou...**

Current clinical condition:

(the teacher determines the patient's condition)

Miss Doreen Frame, a 72 year old lady who is quite unwell with a terminal disease and may be transferred to the adjacent hospice soon if her care needs increase.

Interview:

(description of what the student should learn from the patient)
How she manages her pain, what triggers or relieves it, support she needs from services, managing medications and her general wellbeing in terms of diet, mobilization etc. ... What is her domestic situation and plans for her to go back home...

PREBRIEFING

Scenario topic:

Mrs Sofia Christodoulou an 80 year old Greek Cypriot lady who is fit and active and needs some support with pain management for her arthritis in her hands and knees.

Procedure that will be practiced in the scenario:

Get acquainted with the simulation environment (where the scenario takes place, which trainers, phantom will be used, how to use the equipment):

- ➔ Room, letters;
- ➔ Patient in chair – evident distress:
scenario execution time: 10 mins.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Approach Mrs Christodoulou and determine her state of mind and cause for her distress.

Critical activities

She indicates her husband died recently (a few weeks ago) and she asks you if you will help her with her post which a neighbour brought in to her. You say you will later – it looks like a lot of letters which you assume are condolence cards. You recognize that in Greek culture spouses of the diseased wear black for sometime but are unsure how long for. You are keen to know more so focus on this in planning your daily physical care and questioning.

How will you address Sofia's cultural needs – find out what is making her distressed? Questioning techniques etc. ...

What will you do? What are the professional issues here?

You help her open her letters and discover there are a lot of final payment demands and a summons/official letter to say her house will be repossessed due to no payment – this is a challenge for her going home as she is having financial issues and her family live many miles away. She says she has never managed the family finances and is lost

What are the key issues here? Financially (broadly), her role and cultural frame, support mechanisms? What can you ask her?

Desirable behavior, communication, additional information should be described .

- Assessing skills, Open communication, Sensitivity to the grief process, recognizing cultural issues and social and practical actions;
- Professional accountability, cultural frame and consequences;
- Intersection with social care services – who can best offer information and support for financial concerns?

Description of simulator preparation: As above – simple elderly lady in a chair dressed in black, anxious

- Appearance;
- Initial simulator parameters (if applicable);
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities.

DEBRIEFING – plan:

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions);

- What would they do next time;
- Students' questions – anything unclear or not mentioned from the scenario;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not);

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively.

Summarizing phase:

(Demonstrate and summarize the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of care, patient safety...).

No. 9

Simulation scenario

Missing aspects of care 4

HIGH FIDELITY SIMULATION			
Field of study	Nursing/Older person		
Topic	Missing aspects of care 4		
References, materials for classes	<ul style="list-style-type: none"> ➔ Video of scenario, trigger questions, reflective space 		
Prerequisites	<p>The student has knowledge of:</p> <ul style="list-style-type: none"> ➔ Holistic approaches to care planning; ➔ Asking open questions for assessment; ➔ Patient partnership in care. <p>The student has the skills:</p> <ul style="list-style-type: none"> ➔ Assessing patients physical abilities (ADLs); ➔ Assessment and anticipatory care eg falls, diet and nutrition etc. ...; ➔ Goal setting. 		
PLANNED TIME OF CLASSES	45 min		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBRIEFING
	e.g. 10 min	e.g. 15 min	e.g. 20 min
SIMULATION ROOM	e.g. G200		

INTRODUCTION

e.g. The scenario is a simulation of a situation which may be set in a hospital, day centre or care home environment. The premise is a nursing student taking over shift and evaluating the patients in her care and planning the patient care based on prioritizing needs. The student has an allocation of 4 patients with physical care needs including mobilizing, washing and nutrition. The patients are:

- Mrs Rebekah Isaac, a 79 year old Jewish lady (widowed);
- Miss Doreen Frame, a 72 year old lady;
- Mrs Sofia Christodoulou, an 80 year old Greek Cypriot lady;
- Mr Abdul Raheem, a 75 year old Muslim man.

The scenario was prepared based on the content contained in the literature

- Duty of Candor. <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf>
- UK Nursing and Midwifery Professional code of practice. <https://www.nmc.org.uk/standards/code/>
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Simulation objectives:

Hard skills:

- Documentation
- Professional accountability
- Prioritising individuals and their needs in care planning;
- Provide actual and anticipatory care;
- Identifying when care practices or approaches are wrong and acting upon this (Duty of Candour and Openness).

Soft skills:

- Communication verbal and nonverbal
- Negotiating and seeking partnership in care practices;
- Acknowledging and acting upon specific individual needs and expectations;
- Recognising cultural factors in self-care

Expected learning outcomes:

Knowledge:

Skills:

Social and intercultural competencies:

As above

Prerequisites (what the student should know):

- Supporting clients/patients when they have long term degenerative conditions and limitations in daily activities of living. Addressing their personal circumstances and support structures;
- Older people living independently and adjusting to changed roles and ways of managing;
- Cultural frames of illness and family roles and caring appropriately within these;
- Locating and asking for support services and sources for older people adapting to new situations practically and emotionally.

Learning outcomes:

1. Recognize the impact of chronic health conditions and limited mobility on daily living activities focus on managing disease and improving health promotion in partnership with the patient;

2. Explore psychological and emotional consequences to limited physical activity and frame within a cultural sphere;
3. Using open questions to determine the patient/clients need and actions to resolve this;
4. Potential sources of support for managing practically especially post bereavement;
5. Professional accountability and effective accurate documentation especially consequences of inaccuracy.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / mannequin / simulator

Actor/person

Simulator parameters (input, intervention, output)

Reusable equipment

Disposable equipment

Optional accessories

Necessary documentation

Description of the scenario (information for the student)

You have just arrived on your placement area for the shift in this hospital/care home/residence. Your mentor/supervisor says you have been allocated four (4) patients to care for. You greet each of these patients and look at their diagnosis and care goals and determine what they need in terms of physical care needs including mobilizing, washing and nutrition for this shift. The patients are:

- Mrs Rebekah Isaac, a 79 year old Jewish lady (widowed);
- Miss Doreen Frame, a 72 year old lady;
- Mrs Sofia Christodoulou, an 80 year old Greek Cypriot lady;
- Mr Abdul Raheem, a 75 year old Muslim man.

This scene also concerns **Mr Abdul Raheem...**

Current clinical condition:

(the teacher determines the patient’s condition)

Mr Abdul Raheem is a 75 year old Muslim man who is recovering from previous heart problems (angina) and is having a period of respite care.

Interview:

(description of what the student should learn from the patient)

How he expresses his understanding of his condition and the impact on his lifestyle. His level of independence and managing medications and daily living tasks such as diet and mobilization... guidance and advice on returning home post respite care and managing to live independently and improve his condition (health promotion).

PREBRIEFING

Scenario topic:

Mr Abdul Raheem is a 75 year old Muslim man who is recovering from previous heart problems (angina) and is having a period of respite care.

Procedure that will be practiced in the scenario:

Discussing his lifestyle (food etc. ...) and understanding of a healthy diet for someone with heart problems.

Understanding of medications and frequency of dosing and side effects – does he need any guidance?

Get acquainted with the simulation environment (where the scenario takes place, which trainers, phantom will be used, how to use the equipment):

- ➡ Room;
- ➡ Patient in chair.

scenario execution time: 10 mins.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Approach Mr Raheem and determine his level of self care management, his approach to his medications and his questions on returning to his family home.

Critical activities

Mr Raheem indicates he was previously fit and well and does not like being dependent. He is keen to improve his lifestyle (diet and exercise) and ensure he is there to remain head of his family, His oldest son is due to get married and as is traditional his son and new wife will live with Mr Raheem in their family home. They are a close family. At lunchtime you distribute food to the patients – your colleague a junior nurse is helping you and gives Mr Raheem his lunch. Another nurse has formulated a plan for discharge home – you tell him you have ordered meals to be delivered to his home (meals on wheels) – he says it is Ramadan and now he is home he must observe this. He is angry. You aim to calm him.

Furthermore he has been prescribed a series of medications as preventative treatment (for thrombus) one of which is Daltaparin – an anticoagulant. You calmly explain this and how to administer it. The pharmacist arrives on the ward/department looks at Mr Raheem's notes and becomes very agitated about his medication saying something about 'pork'..

Mr Raheem is getting more angry seeing these inconsistencies...

What will you do? What are the professional issues here?

How will you address Mr Raheem's cultural needs? Questioning techniques etc. ...

What are the key issues here? Culturally, assumptions, patient centred care (broadly), perception of disrespect? What can you ask him?

Desirable behavior, communication, additional information should be described.

- Assessing skills, Open communication, Sensitivity to the grief process, recognizing cultural issues and social and practical actions;
- Professional accountability, cultural frame and consequences;
- Duty of Candor – accept error say 'sorry'.

Description of simulator preparation: As above – older gentlemen sitting in chair

- Appearance;
- Initial simulator parameters (if applicable);
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities.

DEBRIEFING – plan

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase:

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions);
- What would they do next time;
- Students' questions – anything unclear or not mentioned from the scenario;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively.

Summarizing phase:

(Demonstrate and summarize the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of care, patient safety...).

No. 10

Simulation scenario

Missing aspects of care 5

HIGH FIDELITY SIMULATION							
Field of study	Nursing/Older person						
Topic	Missing aspects of care 5						
References, materials for classes	<ul style="list-style-type: none"> ➤ Video of scenario, trigger questions, reflective space 						
Prerequisites	<p>The student has knowledge of:</p> <ul style="list-style-type: none"> ➤ Holistic approaches to care planning; ➤ Asking open questions for assessment; ➤ Patient partnership in care. <p>The student has the skills:</p> <ul style="list-style-type: none"> ➤ Assessing patients physical abilities (ADLs); ➤ Assessment and anticipatory care eg falls, diet and nutrition etc.; ➤ Goal setting. 						
PLANNED TIME OF CLASSES	45 min						
DURATION OF THE SCENARIO	<table border="1"> <thead> <tr> <th>PREBRIEFING</th> <th>SIMULATION</th> <th>DEBRIEFING</th> </tr> </thead> <tbody> <tr> <td>e.g. 10 min</td> <td>e.g. 15 min</td> <td>e.g. 20 min</td> </tr> </tbody> </table>	PREBRIEFING	SIMULATION	DEBRIEFING	e.g. 10 min	e.g. 15 min	e.g. 20 min
PREBRIEFING	SIMULATION	DEBRIEFING					
e.g. 10 min	e.g. 15 min	e.g. 20 min					
SIMULATION ROOM	e.g. G200						

INTRODUCTION

e.g. **The scenario is a simulation of a situation which may be set in a hospital, day centre or care home environment.** The premise is a nursing student taking over shift and evaluating the patients in her care and planning the patient care based on prioritizing needs. The student has an allocation of 4 patients with physical care needs including mobilizing, washing and nutrition. The patients are:

- Mrs Rebekah Isaac, a 79 year old Jewish lady (widowed);
- Miss Doreen Frame, a 72 year old lady;
- Mr Sofia Christodoulou, an 80 year old Greek Cypriot lady;
- Mr Abdul Raheem, a 75 year old Muslim man.

The scenario was prepared based on the content contained in the literature

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- UK Nursing and Midwifery Professional code of practice. <https://www.nmc.org.uk/standards/code/>
- Medicines and Muslim observance. <https://pharmaceutical-journal.com/article/opinion/medicines-advice-for-patients-observing-a-halal-diet>
- Røndahl G., Innala S., Carlsson M. Heterosexual assumptions in verbal and non-verbal communication in nursing. J Adv Nurs. 2006 Nov; 56(4): 373–381. doi: 10.1111/j.1365-2648.2006.04018.x. PMID: 17042817. <https://pubmed.ncbi.nlm.nih.gov/17042817/>
- Heath H. (2011). Older people in care homes: sex, sexuality and intimate relationships. RCN Guidance document. <https://www.equalityhumanrights.com/sites/default/files/004136.pdf>
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- Pentaris P. (2012). Death in the Modern Greek Culture https://research.gold.ac.uk/id/eprint/11349/1/STA_Pentaris_2012.pdf
- Anon. (2015). Jewish Practices and Rituals for Death and Mourning: A Guide <https://tikkunvor.org/wp-content/uploads/sites/112/2019/04/Jewish-Practices-for-Death-and-Mourning.pdf>

Simulation objectives:

Hard skills:

- Documentation
- Professional accountability
- Prioritising individuals and their needs in care planning;
- Provide actual and anticipatory care;
- Identifying when care practices or approaches are wrong and acting upon this (Duty of Candour and Openness).

Soft skills:

- Communication verbal and nonverbal
- Negotiating and seeking partnership in care practices;
- Acknowledging and acting upon specific individual needs and expectations;
- Recognising cultural factors in self-care

Prerequisites (what the student should know):

- Supporting clients/patients when they have been bereaved or are distressed;
- Stages of grief and practical actions around funeral and living without the loved one.

Learning outcomes:

1. Recognize deterioration in elderly patients and report accordingly;
2. Describe stress and agitation especially in elderly people and impact of confusion and distress;
3. Define and explain ethical and cultural issues related to illness and death;
4. Outline compassion and sensitivity for caring for older patients acknowledging limits to knowledge and how to address this;
5. Professional accountability and effective accurate documentation especially consequences of inaccuracy.

Knowledge:

Skills:

Social and intercultural competencies:

As above

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / mannequin / simulator	Actor/person
Simulator parameters (input, intervention, output)	
Reusable equipment	
Disposable equipment	
Optional accessories	
Necessary documentation	
Description of the scenario (information for the student)	
<p>You have just arrived on your placement area for the shift in this hospital/care home/residence. Your mentor/supervisor says you have been allocated four (4) patients to care for. You greet each of these patients and look at their diagnosis and care goals and determine what they need in terms of physical care needs including mobilizing, washing and nutrition for this shift. The patients are:</p> <ul style="list-style-type: none"> ➤ Mrs Rebekah Isaac, a 79 year old Jewish lady (widowed); ➤ Miss Doreen Frame, a 72 year old lady; ➤ Mrs Sofia Christodoulou, an 80 year old Greek Cypriot lady; ➤ Mr Abdul Raheem, a 75 year old Muslim man. <p>This first scene concerns Mrs Rebekah Issac</p>	
Current clinical condition:	
(the teacher determines the patient's condition)	
Interview:	
(description of what the student should learn from the patient)	

PREBRIEFING

Scenario topic:

Mrs Rebeckah Issaac is anxious and sits stiffly in her chair – she looks sad and is refusing to meet or talk to any other patients. She states she wants her ‘Ben’ to come and see her.

Procedure that will be practiced in the scenario:

Get acquainted with the simulation environment (where the scenario takes place, which trainers, phantom will be used, how to use the equipment):

- Room;
- Patient in chair – evident distress seemingly very ill.

scenario execution time: 10 mins.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities:

Critical activities

Earlier you had an episode with Mrs Rebekah Isaac and details of her next of kin. This has been corrected and her daughter lives abroad will come to the UK in a week or so. Rebekah is confused and calling for her ‘Ben’ continuously. You explain to her that Ben cannot come as he is ‘passed away’ that is died. Mrs Isaac suddenly appears extremely sleepy and falls on her side in her chair and not responding to your voice. You check her vital signs – she cannot speak clearly (slurring) and her left arm and side of her face is paralyzed. Just then her daughter, Ruth appears. How will you address this with Ruth? How do you address older people and serious deterioration.

You and doctor explain to Ruth that her mother has had a stroke. She is very poorly and might even not live through the night. Ruth says she does not want her mother told what has happened but pretend everything is as before. You are uncomfortable with this.

What will you do? What are the professional issues here? Why do you think you might be uncomfortable with this? What is the issue of keeping information from a patient?

Desirable behavior, communication, additional information should be described:

- Sensitivity to the cultural issues and social and practical actions;
- Permitted care practices and who to involve or seek guidance from;
- Professional accountability, cultural frame and consequences;
- Meaning of death in various cultures.

Description of simulator preparation: As above – simple elderly lady in a bed

- Appearance;
- Initial simulator parameters (if applicable);
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities .

DEBRIEFING – plan

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase:

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions);
- What would they do next time;
- Students' questions – anything unclear or not mentioned from the scenario;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not).

Point out step by step what the students' behavior should look like

– **exemplary.**

Motivate students to think reflectively.

Summarizing phase:

(Demonstrate and summarize the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of care, patient safety...).

No. 11

Wound management

HIGH FIDELITY SIMULATION			
Field of study	Gerentological Nursing		
Topic	Wound management		
References, materials for classes	Skills lab at MCAST Insitute of Applied Science		
Prerequisites	<p>The student has knowledge on wound management and the use of wound management assessment tools.</p> <p>The student is familiar with different treatment and dressings to manage wounds in the elderly.</p>		
PLANNED TIME OF CLASSES	45 min		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBREFING
	10 min	15 min	20 min
SIMULATION ROOM	Instiute of Applied Science Simula- tion laboratory		
INTRODUCTION			
<p>The scenario is a simulation of a 77 year old Italian gentleman admitted to hospital from a long-term facility with an ankle ulceration. The patient speaks and understands a little the English language. At the facility he received different types of antibiotics with no result. Last evening the wound was foul smelling and a wound culture was sent. Students should assess the patient and implement appropriate interventions.</p>			

The scenario was prepared based on the content contained in the literature (Pre task)

- Greatrex-White S., Moxey, H. (2013). Wound assessment tools and nurses' needs: an evaluation study. *International Wound Journal*, 12(3): 293–301.
- Li W.W., Carter M.J., Mashiach E. & Guthrie, S.D. (2016). Vascular assessment of wound healing: a clinical review. *International Wound Journal*, 14(3): 460–469.
- Welsh L. (2017). Wound care evidence, knowledge and education amongst nurses: a semi-systematic literature review. *International Wound Journal*, 15(1): 53–61.

Simulation objectives:

- Student uses good communication skills with health care workers, the patient and the relatives;
- Student is able to carry out a full assessment including a wound assessment using an appropriate wound assessment tool;
- Student has the knowledge of different treatments for wound management.

Expected learning outcomes:

Knowledge:

- Demonstrate knowledge regarding head to toe assessment;
- Demonstrate knowledge regarding wound assessment and different treatment methods;
- Complete a head to toe assessment;
- Accurately document patient assessments and mediations;
- Demonstrate proper therapeutic communication with the patient;
- Implement proper actions in patient's care.

Attitude:

- Integrate resourceful teamwork in providing patient centred care.

Social and intercultural competence:

- Understands the importance of proper communication techniques so that the patient understands the way forward with treatment.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	A Maltese ward scenario; 38.2°C. Vital observation monitor.
Simulator parameters (input, intervention, output)	A Maltese simulation environment (microphones, cameras etc. ...)
Reusable equipment	None
Disposable equipment	Gloves and masks
Optional accessories	None
Necessary documentation	Wound management assessment tools; 38.2 °C. Patient assessment tool.
Description of the scenario (information for the student)	
A 77 year old Italian gentleman has been admitted to hospital from a long-term facility with an ankle ulceration. The patient suffers from hypertension and type 2 diabetes. The patient speaks and understands very little English and no Maltese. At the facility he received different types of antibiotics with no result. Last evening, the nurse noticed that the wound was foul smelling and a wound culture was taken and sent. Patient was lethargic and febrile and he was referred to hospital.	
Current clinical condition:	
(Display Vitals after students obtain them): BP 188/98, P 108, RR 12, O ₂ sat 99%, T 38.2 °C Patient is very lethargic and can barely speak.	
Interview:	
The student should assess through simple questions the cognitive capabilities of the patient and she can ask for an interpreter to help her do the patient's assessment.	

PREBRIEFING

Introduce:

Guiseppe Valentino is a 77 year old Italian gentleman currently residing at a local long-term facility. For the past month he has developed an ulcer on his ankle after he bump it against the door. He received different multiple antibiotics that didn't work. When the nurse was doing the dressing she noticed that the wound was not healing and it had a foul smell and he was referred to hospital.

Past medical history of the Patient: Hypertension and type 2 Diabetes Mellitus.

Medical History: Lisinopril 20mgs po daily
Metformin 500mgs po TDS

Current Treatment: Iv pump with 0.9% N/Saline running at 75mls/hr
Duoderm dressing on wound.

Vital observations: BP 188/98, P 108, RR 12, O₂ sat 99%, T 38.2 °C

Blood glucose: 18mmo/l

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

The student introduce her/himself to the patient. The student should apply proper communication skills. If communication is hindered she can call an interpreter.

Identify critical activities:

The student should starting doing a patient's assessment and also a wound assessment. The use of the Nursing process is important.

Description of simulator preparation:

- An actor to play the patient's role and another one the interpreter. Proper scripting should be done to advice both;
- Initial simulator parameters (if applicable): BP 188/98, P 108, RR 12, O₂ sat 99%, T 38.2 °C

DEBRIEFING – plan

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase:

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deconstructing strengths and correct paths.

Summarizing phase:

Same as before

No. 12

Obtaining informed consent

HIGH FIDELITY SIMULATION			
Field of study	Gerontological Nursing		
Topic	Obtaining informed consent		
References, materials for classes	Skills lab at MCAST Insitute of Applied Science		
Prerequisites	<p>The student has knowledge regarding the importance of obtaining informed consent and the local legal and ethical implications.</p> <p>The student will be aware of local de-escalation guidelines and the importance of applying these guidelines in volatile situations. .</p>		
PLANNED TIME OF CLASSES	45 min		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBREFING
	10 min	15 min	20 min
SIMULATION ROOM	Instiute of Applied Science Simula- tion laboratory		
INTRODUCTION			
<p>Rita is an 86 year old lady that has been admitted to hospital after a fall at home. After the necessary tests she is diagnosed with a compound hip fracture. The doctor tells Rita that she will need an urgent hip replacement operation and she needs to give her consent for the</p>			

operation. Rita is in pain and confused about whether she will sign for the operation. She will wait for her 4 children to come before she decides on the way forward.

The scenario was prepared based on the content contained in the literature (Pre task)

- Cocanour C.S. (2017). Informed consent-It's more than a signature on a piece of paper. *American journal of surgery*, 214(6): 993–997. <https://www.ncbi.nlm.nih.gov/pubmed/28974311>
- Spielfogel, J.E. & McMillen, J.C. (2016). Current use of de-escalation strategies: Similarities and differences in de-escalation across professions. *Social Work in Mental Health*, 15(3): 232–248.

Simulation objectives:

- Student uses good communication skills with the patient, the relatives and other health care professionals;
- Student is able to activate appropriate de-escalation techniques when the situation becomes volatile.

Expected learning outcomes:

Knowledge:

- Demonstrate knowledge regarding the importance of obtaining informed consent from patient;
- Demonstrate knowledge regarding information giving to patient and relatives;
- Recognise a potentially volatile situation (risks of escalation);
- Provide appropriate and timely interventions (de-escalation techniques);
- Demonstrate effective communication with the patient, relatives and health care team.

Attitude:

- Integrate resourceful teamwork in providing patient centred care.

Social and intercultural competence:

- Understands the importance of the importance of families and extended families in decision making in the Maltese culture.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	A Maltese ward scenario; Vital observation monitor.
Simulator parameters (input, intervention, output)	A Maltese simulation environment (microphones, cameras etc. ...)
Reusable equipment	None
Disposable equipment	Gloves and masks
Optional accessories	None
Necessary documentation	Wound management assessment tools; Patient assessment tool

Description of the scenario (information for the student)

Rita is an 86 year old lady that was found by her cousin, on the floor in her house after she sustained a fall. She has been admitted to hospital and after the necessary tests she is diagnosed with a compound hip fracture. The doctor explains to Rita and her cousin that she will need an urgent hip replacement operation and she needs to give her consent for the operation. Rita is in pain and confused about whether she will sign for the operation. Some pain medication is given to Rita and she is feeling a little better. She has decided to wait for her 4 children to come before she decides on the way forward. The doctor leaves and the student nurse remain with the patient. Rita's children arrive together with their wives and children. They bombard the student nurse with questions regarding their mother's situation. They ask to see the doctor and after calling the doctor the nurse informs the relatives that the doctor cannot come now as he is busy.

Rita's children would like a second opinion as they are worried about their mother undergoing an operation. She is a type one diabetic and suffered a heart attack 4 years before. Rita's family start to become irritable and start shouting that they need to speak to the doctor.

Current clinical condition:

Patient is in pain and anxious about the way forward.

Patient is very lethargic and can barely speak.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)**Description of the course of the scenario / structure of performed activities**

Describe in detail how the student / students should proceed;

The student introduce her/himself to the relatives. The student should apply proper communication and de-escalating skills and demonstrate a calm and collected presence.

Identify critical activities:

Demonstrate the use of de-escalating techniques.

Description of simulator preparation:

➔ An actor to play the patient's role and other actors to play the role of the family members. Because communication and behavioural assessment are one of the objectives of the scenario, proper scripting should be done for the actors;

➔ Initial simulator parameters (if applicable): NONE.

DEBRIEFING – plan**Emotion phase:**

➔ Remind the goals (student doing the exercise);

➔ Ask about the feeling during the exercise.

Fact phase:

➔ What happened – describe what happened step by step (student);

➔ What went well.

Analysis phase:

➔ Why specific decisions were made;

➔ How it should be done (ideas are generated by students, the tutor leads to the right conclusions);

➔ What to do to make it better;

➔ Students' questions;

☞ What do you remember from the exercise (each student says 1 item – preferably everyone should say something different).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deceiving strengths and correct paths.

Summarizing phase:

Same as before

No. 13

Assessing and managing end of life

HIGH FIDELITY SIMULATION			
Field of study	Gerontological Nursing		
Topic	Assessing and managing end of life		
References, materials for classes	Skills lab at MCAST Insitute of Applied Science		
Prerequisites	<p>The student has knowledge regarding end-of-life care in an elderly patient with Cancer.</p> <p>The student will be aware of assessments and management done in end-of-life care.</p>		
PLANNED TIME OF CLASSES	45 min		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBREFING
	10 min	15 min	20 min
SIMULATION ROOM	Instiute of Applied Science Simula- tion laboratory		

INTRODUCTION

Alma is a 75 year old muslim lady with end stage lung cancer being taken care of in a long-term facility. She was transferred to a medical-surgical ward last night. The admitting doctor recommended comfort care, DNR status and hospice care, but nothing is in place yet. Alma requested hospice service at the long-term facility, but her son still requests “everything possible to be done”.

The scenario was prepared based on the content contained in the literature (Pre task)

- Nayar P., Qiu F., Watanabe-Galloway S., Boilesen E., Wang H., Lander L., Islam M. (2014). Disparities in End of Life Care for Elderly Lung Cancer Patients. *Journal of Community Health*, 39(5): 1012–1019.
- Fine P.G. (2012). Ask The Experts: Pain management and end-of-life care. *Pain Management*, 2(4): 325–328.
- Kazaure H.S., Roman S.A., Sosa A.J. (2014). Not all do-not-resuscitate (DNR) orders are the same: outcomes of 4738 elderly surgical patients who instituted a DNR order at hospital admission. *Journal of the American College of Surgeons*, 219(4): e104.

Simulation objectives:

- Student will learn how to apply the nursing process in the care of the patient;
- Student will recognize the importance of care management in end-of-life care;
- Student will learn how to communicate effectively and compassionately with the patient, family and health care team members about end-of-life issues;
- Student will learn how to recognize own attitudes, values, feelings and expectations about death, the individual cultural and spiritual diversity existing in these customs and beliefs.

Expected learning outcomes:

Knowledge:

- Communicate effectively and compassionately with the patient, family and health care team members about end of life issues;
- Demonstrate respect for the patient's views and wishes during end of life care;
- Assess symptoms (e.g. pain, constipation, dyspnea, anxiety, nausea/vomiting, fatigue, altered cognition and skin breakdown) commonly experienced by patients at the end of life and be able to intervene appropriately according to evidence based palliative care practices;

- Apply legal and ethical principles in end of life care, recognizing the influence of personal values, professional code of ethics and patient's preferences;
- Address spiritual health during end of life care.

Attitude and Social and intercultural competence:

- Recognize one's own attitudes, feelings, values and expectations about death and the individual, cultural and spiritual diversity existing in these beliefs and customs.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	A Maltese ward scenario; Nasal cannula on patient O ₂ set at 2L/m; Fentanyl patch 25mcg on patient.
Simulator parameters (input, intervention, output)	A Maltese simulation environment (microphones, cameras etc. ...)
Reusable equipment	None
Disposable equipment	Gloves and masks
Optional accessories	The Koran and the beads on the bed table
Necessary documentation	Pain management forms; Stool chart; Treatment chart.

Description of the scenario (information for the student)

Alma is a 75 year old muslim lady with end stage lung cancer being taken care of in a long-term facility. She was transferred to a medical ward last night. The admitting doctor recommended comfort care, DNR status and hospice care, but nothing is in place yet. Alma requested hospice service at the long-term facility, but her son still requests "everything possible to be done". During the night Alma received a few doses of oral morphine which helped to relieve her pain. She did consent for blood works to be done. This morning Alma is in sever pain at the time of the handover. Multiple PRN medications are available: Fentanyl patch 25mcg 12 hrly, Oxycodone 80mgs tab dly, Compazine 10mg

tab 6 hrly, Dexamthasone 4mg tab 4 hrly PRN, Morphine IV 2mgs tds, Morphine solution (100mg/5ml) 100mg 4 hrly, Dulcolax 10mg suppository 10mg daily.

Alma has the following vital obs: O₂ sat 89%, HR:118, RR:10, Temp: 36 °C, BP: 110/60

Alma looks very withdrawn and looks anxious and uncomfortable. Starts to discuss DNR with the nurse and her son. Requests spiritual care.

Current clinical condition:

Patient is in pain and anxious about her condition.

Interview:

The student should engage in therapeutic communication with the patient and manage her symptoms.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;
The student introduce her/himself to the patient and relatives. The student should apply proper communication skill to address the patient's concerns.
Identify critical activities:

Demonstrate knowledge in end of life care.

Description of simulator preparation:

- An actor to play the patient's role and other actors to play the role of the son. members;
- Initial simulator parameters (if applicable): NONE.

DEBRIEFING – plan

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase:

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deceiving strengths and correct paths.

Summarizing phase:

Same as before

No. 14 Assessing and managing dementia

HIGH FIDELITY SIMULATION			
Field of study	Gerentological Nursing		
Topic	Assessing and managing dementia		
Target group	Second-year nursing students in the second semester, who take practical classes in the subject of geriatric care		
References, materials for classes	Skills lab at MCAST Institute of Applied Science		
Prerequisites	The student has knowledge regarding the pathophysiology of Dementia. The student will be aware of assessments and management done in dementia care.		
PLANNED TIME OF CLASSES	45 min		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBRIEFING
	10 min	15 min	20 min
SIMULATION ROOM	Institute of Applied Science Simulation laboratory		

INTRODUCTION

Emanuel is an 70-year-old widower that lives alone in a council house. He is brought to the hospital by his daughter who is his primary care giver. She lives in a village nearby but visits her Dad regularly. She has

noticed that Emanuel has been forgetting to eat, is losing weight and is becoming aggressive at times. Recent changes to his character and social behavior have been noticed by his daughter. After being evaluated by a neurologist he was diagnosed with dementia of the Alzheimer's type.

The scenario was prepared based on the content contained in the literature (Pre task)

- Cohen-Mansfield J., Jensen B., Resnick B., Norris M. (2011). Assessment and treatment of behavior problems in dementia in nursing home residents: a comparison of the approaches of physicians, psychologists, and nurse practitioners. *International Journal of Geriatric Psychiatry*, 27(2): 135–145.
- Del-Pino-Casado R., Pérez-Cruz M., Frías-Osuna A. (2014). Coping, subjective burden and anxiety among family caregivers of older dependents. *Journal of Clinical Nursing*, 23(23–24): 3335–3344.
- Innes A., Abela S., Scerri C. (2011). The organisation of dementia care by families in Malta: The experiences of family caregivers. *Dementia*, 10(2): 165–184.
- Scerri A., Scerri C. (2012). Dementia in Malta: New prevalence estimates and projected trends. *Malta Medical Journal*, 24(03): 21–24.
- Scerri C. (2015). *Empowering Change: A National Strategy for Dementia in the Maltese Islands*. Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing. Valletta, Malta.

Simulation objectives:

- Student will learn how to apply the nursing process in the care of the patient;
- Student will assess patient using the Mini Mental Examination test;
- Student will learn how to communicate effectively and compassionately with the patient, family and health care team members;
- Student will learn how to recognize own attitudes, values, feelings and expectations about dementia, the individual cultural and spiritual diversity existing in these customs and beliefs.

Expected learning outcomes:

Knowledge:

- The student will demonstrate an understanding of the signs and symptoms of dementia.

Skills:

- The student will correctly administer a Mini-Mental Examination test.

Attitude:

- The student will utilize therapeutic and professional communication techniques.

Social and intercultural competence:

- Student will show understanding of the cultural implications in the management of dementia.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	A Maltese ward scenario.
Simulator parameters (input, intervention, output)	A Maltese simulation environment (microphones, cameras etc. ...)
Reusable equipment	None
Disposable equipment	Gloves and masks
Optional accessories	
Necessary documentation	Mini Metal Examination Test chart

Description of the scenario (information for the student)

Emanuel is a 70-year-old widower that lives alone in a council house. He is brought to the hospital by his daughter who is his primary caregiver. She lives in a village nearby but visits her Dad regularly. She has noticed that Emanuel has been forgetting to eat, is losing weight and is becoming aggressive at times. Recent changes to his character and

social behavior have been noticed by his daughter. After being evaluated by a neurologist he was diagnosed with dementia of the Alzheimer's type. Emanuel's daughter is very concerned and would like her father to be taken care of in a long term facility.

The student will be administering the Mini Mental Exam to Emanuel and developing a plan of care in conjunction with Emanuel's daughter.

Current clinical condition:

Patient looks anxious and confused about his whereabouts.

Interview:

The student should engage in therapeutic communication with the patient.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed.

The student introduce her/himself to the patient and relatives. The student should apply proper communication skill to address the patient's and the daughter's concerns.

Identify critical activities:

Demonstrate knowledge in performing the mini mental state exam.

Description of simulator preparation:

- An actor to play the patient's role and other actors to play the role of the daughter;
- Initial simulator parameters (if applicable): NONE.

DEBRIEFING – plan

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase:

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while receiving strengths and correct paths.

Summarizing phase:

Same as before

No. 15

Simulation scenario

Assessing stroke

HIGH FIDELITY SIMULATION			
Field of study	Gerentological Nursing		
Topic	Assessing stroke		
Target group	Second-year nursing students in the second semester, who take practical classes in the subject of geriatric care		
References, materials for classes	Skills lab at MCAST Insitute of Applied Science		
Prerequisites	<p>The student has knowledge regarding the pathophysiology of Stroke.</p> <p>The student is aware of the clinical manifestation and complications of a stroke.</p> <p>The student is aware of the SBAR report and how to apply it.</p>		
PLANNED TIME OF CLASSES	45 min		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBREFING
	10 min	15 min	20 min
SIMULATION ROOM	Instiute of Applied Science Simula-tion laboratory		

INTRODUCTION

Paul is a 69 year old male admitted to hospital with a UTI. He is currently having antibiotic therapy to treat the UTI. The patient has a history of Hypertension being managed with antihypertensive medication. He is accompanied by his husband Saul, who is his primary care giver. While in hospital Paul develops acute onset of weakness in his right arm, a facial droop and unintelligible speech.

The scenario was prepared based on the content contained in the literature (Pre task)

- Tulek Z., Poulsen I., Gillis K., Jönsson A. (2017). Nursing care for stroke patients: A survey of current practice in 11 European countries. *Journal of Clinical Nursing*, 27(3–4): 684–693.

Simulation objectives:

- Student will learn how to apply the nursing process in the care of the patient;
- Student will assess patient using neurological assessment tool;
- Student will learn how to communicate effectively and compassionately with the patient, family and health care team members.

Expected learning outcomes:

Knowledge:

- The student will demonstrate understanding of assessment of a person experiencing a stroke;
- The student will have an understanding of appropriate resources to use while assessing, planning and implementing care.

Skills:

- The student will correctly carry out a physiological assessment;
- The student will assess vital signs and patient's symptoms and concerns;
- The student will identify assessment findings which could lead to complications;
- The student will appropriately respond to questions from the family;
- The student will create a SBAR report at the end of the simulation;

Attitude:

- The student will utilize therapeutic and professional communication techniques.

Social and intercultural competence:

- Student will show understanding of the cultural implications in the management of a stroke.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	A Maltese ward scenario
Simulator parameters (input, intervention, output)	A Maltese simulation environment (microphones, cameras etc. ...)
Reusable equipment	Vital observation monitor
Disposable equipment	Gloves and masks
Optional accessories	None
Necessary documentation	Neuro observation flow chart

Description of the scenario (information for the student)

Paul is a 69 year old male admitted to hospital with a UTI. He is currently having antibiotic therapy to treat the UTI. The patient has a history of Hypertension being managed with antihypertensive medication. He is accompanied by his husband Saul, who is his primary care giver. While in hospital Paul develops acute onset of weakness in his right arm, a facial droop and unintelligible speech. These symptoms are noticed by his husband who alters the nurse. The husband is very anxious and in panic mode. The nurse will perform an assessment of the patient and inform the doctor.

Current clinical condition:

Patient looks anxious and is having problems communicating.

Interview:

The student should engage in therapeutic communication with the patient and relative.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)**Description of the course of the scenario / structure of performed activities**

Describe in detail how the student / students should proceed

The student introduce her/himself to the patient and relative. The student should start assessing the patient neurologically and checking current vital observations.

The student should use appropriate communication skills to ask the husband what happened before the onset of signs and symptoms. Then the student using SBAR tool will inform the doctor about the patient's condition.

Identify critical activities:

Demonstrate knowledge in performing neurological observation and communicating using SBAR.

Description of simulator preparation:

- An actor to play the patient's role and another actor to play the role of the husband;
- Initial simulator parameters (if applicable): HR – 90bpm, BP – 190/100mm Hg, Sat O₂ – 98%, Temp: 37 °C.

DEBRIEFING – plan**Emotion phase**

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;

- How it should be done (ideas are generated by students, the tutor leads to the right conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deceiving strengths and correct paths.

Summarizing phase:

Same as before

No. 16

Simulation scenario

Fall prevention 1

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing
Topic	Fall prevention 1
Target group	Third-year nursing students of autumn semester, who take practical classes in the subject of gerontological nursing
References, materials for classes	Kokeilimo (simulation center, older person's home A_248)
Prerequisites from curriculum of Satakunta University of Applied Science	<p>Competences:</p> <p>Application of the most important concepts and knowledge basis of gerontological nursing into practice. Knowledge of legislation on gerontological nursing. Supporting the achievement and maintenance of the well-being, health and function of the elderly. Planning, implementation and evaluation of nursing of the elderly and application of the ethical principles and good practice in nursing in various contexts. Managing planning and assessment of gerontological nursing and district nursing with specific attention to the special groups of the elderly. Familiarisation with the knowledge basis of accessibility and its</p>

application in planning the nursing environment of the elderly. The specific features of safe medication of the elderly, its planning, implementation and assessment. Humane and symptom-based nursing care of the elderly patients with a terminal illness or chronic disease and support of their significant others. Critical information search from the most common data bases of health sciences.

Advanced knowledge

PLANNED TIME OF CLASSES

3 hours

DURATION OF THE SCENARIO

PREBRIEFING

SIMULATION

DEBRIEFING

10 min

15-max 30 min

45 min

SIMULATION ROOM

A_248

INTRODUCTION

The scenario is a simulation of a situation in which an older couple lives in their own detached home with home care services. According to a service plan the client has home care visits once a day and once a week a nurse will administer drugs to medication dispenser and checks blood pressure, pulse and over all situation of the couple. Children (a son) will take care of other issues like shopping, hygiene and financial needs.

The scenario was prepared based on the content contained in the literature (Pre task)

- Current Care Guidelines (Lonkka murtuma/ Hip fracture). <https://www.kaypahoito.fi/en/ccs00092>
- Kaatumisriskiä lisäävät lääkkeet/ Medications that higher the risk of falls in older persons (in pharmacology part of gerontological nursing course).

Teacher's background material:

- Inclusion of medication-related fall risk in fall risk assessment tool in geriatric care units. <https://bmcgeriatr.biomedcentral.com/track/pdf/10.1186/s12877-020-01845-9.pdf>

Simulation objectives:

- A student can conduct a home visit of an older person according to a service plan;
- A student can fill a form of risk of fall in co-operation with the older people and can interpret the results, and can discuss and advice the older person according to the results of the form;
- A student understands and respects the older person's way of living.

Expected learning outcomes:**Knowledge:**

- A student can implement theory into practice.

Skills:

- Hand on skills;
- Skills of providing holistic care.

Attitude:

- Ethics;
- Person centred care (interaction with older person).

Social and intercultural competencies:

- Intercultural skills, knowledge and attitude (understanding the differences between cultures).

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	Blood pressure measurement device; Tests of risk of falls; A bag of home care nurse.
Simulator parameters (input, intervention, output)	Nordic simulation environment (cameras and microphones, video connection)
Reusable equipment	
Disposable equipment	Gloves
Optional accessories	None
Necessary documentation	Tests; An evaluation of the home care visit (orally while debriefing session).

Description of the scenario (information for the student)

Scenario of SAMK

Current clinical condition:

Home care visit according to a service plan.

Interview:

Older person's functional capacity of daily issues, risk of fall assessment – test by interviewing.

PREBRIEFING

Introduction:

83-year-old Antonio with Alzheimer's disease who lives with his spouse Valerio (75) in an old detached house. Antonio was discharged home the previous day from a week-long interval called "Sulassa Sovussa", run by a private service provider. The couple's son has brought Antonio home and promised to take care of his dad's evening activities. Nurses of home care would conduct a home visit as normal the next morning. A nurse from home care is having a home visit to the couple as agreed in service plan of Antonio ja Valerio. The nurse notices all the new issues: Valerio doesn't remember the nurse's home visit and he seems confused when he opens the door, and the kitchen is messy. Antonio's medication dispenser looks a bit strange since there seems to be a new tablet that the nurse does not recognize. Also, Antonio has not took his morning medications today. The nurse has a suspicion that new drug has been prescribed during the interval period since instead of three tablets, the dispenser contains four tablets for morning medications. Below the medication list of Antonio:

	8.00	14.00	20.00	22.00
Temazepam 10 mg x1				1
Bisoprolol 5 mg x2	1		1	
Tamsulosinhydrochlorid 0,4 mgx1	1			
D-vitamin 20 microgr x1	1			

Valerio tells that Antonio has fallen when he went to toilet last night. Antonio claims that he has not hurt himself. The nurse notices a little bruise on Antonio's forehead. Valerio informs that last night fall was not the first; Antonio has fallen many times recently. The nurse states that she's going to check a tool-to-prevent falls for both of the couple, Antonia and Valerio.

How to proceed the home visit as a nurse?

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed

A student in a role of the scenario has a right to stop the scenario and ask for help from other students and the teacher (simulations are never tests).

Identify critical activities;

Additional information;

Observation: dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons) ⇒ debriefing with Padlet;

Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance: An actor in a role (real BP);
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase:

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions) in a positive matter;
- What to do to make it better (if we run the scenario again, what would you possibly do another way);
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different) ⇒ observations according to the students: dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deceiving strengths and correct paths.

Every student has “a take away message” when they leave the simulation.

Cultural aspects:

1. What similarities did you find with Finnish culture?
2. What differences did you find with Finnish culture?
3. What is important to pay attention when caring an older person with other culture?

Summarizing phase:

Same as earlier

No. 17

Simulation scenario

Fall prevention 2

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing 4,99 CR
Topic	Fall prevention 2
Target group	Third-year nursing students of autumn semester, who take practical classes in the subject of gerontological nursing
References, materials for classes	Kokeilimo (simulation center, older person's home A_248)
Prerequisites from curriculum of Satakunta University of Applied Science	<p>Competences:</p> <p>Application of the most important concepts and knowledge basis of gerontological nursing into practice. Knowledge of legislation on gerontological nursing. Supporting the achievement and maintenance of the well-being, health and function of the elderly. Planning, implementation and evaluation of nursing of the elderly and application of the ethical principles and good practice in nursing in various contexts. Managing planning and assessment of gerontological nursing and district nursing with specific attention to the special groups of the elderly. Familiarisation with the knowledge basis of accessibility and its application in planning the nursing environment of the</p>

elderly. The specific features of safe medication of the elderly, its planning, implementation and assessment. Humane and symptom-based nursing care of the elderly patients with a terminal illness or chronic disease and support of their significant others. Critical information search from the most common data bases of health sciences.

Advanced knowledge

PLANNED TIME OF CLASSES

3 hours

DURATION OF THE SCENARIO

PREBRIEFING

SIMULATION

DEBRIEFING

10 min

15-max 30 min

45 min

SIMULATION ROOM

A_248

INTRODUCTION

The scenario is a simulation of a situation in which an older couple lives in their own detached home with home care services. According to a service plan the client has home care visits once a day and once a week a nurse will administer drugs to medication dispenser and checks blood pressure, pulse and over all situation of the couple. Children (a son) will take care of other issues like shopping, hygiene and financial needs.

The scenario was prepared based on the content contained in the literature (Pre task)

- https://www.cdc.gov/steady/pdf/TUG_test-print.pdf
- Current Care Guidelines (Lonkka murtuma / Hip fracture). <https://www.kaypahoito.fi/en/ccs00092>

Teacher's background material:

- Inclusion of medication-related fall risk in fall risk assessment tool in geriatric care units. <https://bmcgeriatr.biomedcentral.com/track/pdf/10.1186/s12877-020-01845-9.pdf>

Simulation objectives:

- A student can conduct a home visit of an older person according to a service plan;
- A student can fill a form of risk of fall in conduct a TUG-test in co-operation with the older people and can interpret the results, and can discuss and advice the older person according to the results of the test and cite the Current Care Guidelines;
- A student understands and respects the older person's way of living.

Expected learning outcomes:**Knowledge:**

- A student can implement theory into practice.

Skills:

- Hand on skills;
- Skills of providing holistic care.

Attitude:

- Ethics;
- Person centred care (interaction with older person).

Social and intercultural competencies:

- Intercultural skills, knowledge and attitude (understanding the differences between cultures).

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	<ul style="list-style-type: none"> ➤ Blood pressure measurement device; ➤ TUG-test; ➤ A bag of home care nurse.
Simulator parameters (input, intervention, output)	Nordic simulation environment (cameras and microphones, video connection)
Reusable equipment	
Disposable equipment	Gloves
Optional accessories	None
Necessary documentation	<ul style="list-style-type: none"> ➤ Tests; ➤ An evaluation of the home care visit (orally while debriefing session).

Description of the scenario (information for the student)

Scenario of SAMK

Current clinical condition:

Home care visit according to a service plan.

Interview:

Older person's functional capacity of daily issues, TUG – test while home visit.

PREBRIEFING

Introduction:

83-year-old Antonio with Alzheimer's disease who lives with his spouse Valerio (75) in an old detached house. Antonio was discharged home the previous day from a week-long interval called "Sulassa Sovussa", run by a private service provider. The couple's son has brought Antonio home and promised to take care of his dad's evening activities. Nurses of home care would conduct a home visit as normal the next morning.

A nurse from home care is having a home visit to the couple as agreed in service plan of Antonio ja Valerio. Valerio tells that Antonio has fallen when he went to toilet last night. Antonio claims that he has not hurt himself. The nurse notices a little bruise on Antonio's forehead. Valerio informs that last night fall was not the first; Antonio has fallen many times recently. The nurse states that she's going to check a tool-to-prevent falls for both of the couple, Antonio and Valerio. A nurse tells that TUG-test is good to be done.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

A student in a role of the scenario has a right to stop the scenario and ask for help from other students and the teacher (simulations are never tests).

Identify critical activities;

Additional information;

Observation:

dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons) ⇒ debriefing with Padlet;

Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance: An actor in a role (real BP);
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase:

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions) in a positive matter;
- What to do to make it better (if we run the scenario again, what would you possibly do another way);
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different)
⇒ observations according to the students: dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deceiving strengths and correct paths.

Every student has “a take away message” when they leave the simulation.

Cultural aspects:

1. What similarities did you find with Finnish culture?
2. What differences did you find with Finnish culture?
3. What is important to pay attention when caring an older person with other culture?

Summarizing phase:

Same as earlier

No. 18 Rehabilitation in memory disorders

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing 4,99 CR
Topic	Rehabilitation in memory disorders
References, materials for classes	Kokeilimo (simulation center, older person's home A_248)
Prerequisites from curriculum of Satakunta University of Applied Science	<p>Competences:</p> <p>Application of the most important concepts and knowledge basis of gerontological nursing into practice. Knowledge of legislation on gerontological nursing. Supporting the achievement and maintenance of the well-being, health and function of the elderly. Planning, implementation and evaluation of nursing of the elderly and application of the ethical principles and good practice in nursing in various contexts. Managing planning and assessment of gerontological nursing and district nursing with specific attention to the special groups of the elderly. Familiarisation with the knowledge basis of accessibility and its application in planning the nursing environment of the elderly. The specific features of safe medication of the elderly, its planning, implementation and assessment. Humane and symptom-based nursing care of the elderly patients with a terminal illness or</p>

chronic disease and support of their significant others. Critical information search from the most common data bases of health sciences.

Advanced knowledge

PLANNED TIME OF CLASSES

3 hours

DURATION OF THE SCENARIO

PREBRIEFING

SIMULATION

DEBRIEFING

10 min

15-max 30 min

45 min

SIMULATION ROOM

A_248

INTRODUCTION

The scenario is a simulation of a situation in which an older couple lives in their own detached home with home care services. According to a service plan the client has home care visits once a day and once a week a nurse will administer drugs to medication dispenser and checks blood pressure, pulse and over all situation of the couple. Children (a son) will take care of other issues like shopping, hygiene and financial needs.

The scenario was prepared based on the content contained in the literature (Pre task)

- Tuomikoski A., Parisod H., Oikarainen A., Siltanen H., Holopainen A. (2018). Lääkkeettömien menetelmien vaikutukset muistisairautta sairastavan haasteelliseksi koettuun käyttäytymiseen – raportti järjestelmällisten katsausten katsauksesta. Muistiliiton julkaisusarja 1/2018. Muistiliitto & Hoitotyön tutkimussäätiö.
- Memory disorders. (2017). Current Care guidelines in Finland.
- Strøm B.S., Engedal K. Ethical aspects in dementia care – The use of psychosocial interventions. *Nursing Ethics*. 2021; 28(3): 435–443.
- Mohr W. et al. Key Intervention Categories to Provide Person-Centered Dementia Care: A Systematic Review of Person-Centered Interventions. 1 Jan. 2021: 343–366.
- HILDA. <https://www.kardemummo.fi/> (each partner adds here their link of welfare technological applications)

Teacher's background material:

- Tuomikoski A., Parisod H., Oikarainen A., Siltanen H., Holopainen A. (2018). Lääkkeettömien menetelmien vaikutukset muistisairautta sairastavan haasteelliseksi koettuun käyttäytymiseen – raportti järjestelmällisten katsausten katsauksesta. Muistiliiton julkaisusarja 1/2018.
- Ottoboni I. et al. (2021). Psychosocial care in dementia in European higher education: Evidence from the SiDECAR (Skills in DEmentia Care) project, Nurse Education Today, Volume 103/2021.
- Boltz M., Capezuti E., Fulmer T., & Zwicker D. (2016). Evidence-Based Geriatric Nursing Protocols for Best Practice. 5th edition. New York: Springer Publishing Company.

Simulation objectives:

- A student can conduct a home visit of an older person with memory disorders according to a service plan;
- A student can plan and implement psychosocial activities according to needs of patient with memory disorders;
- A student understands and respects the way of living of older person with memory disorders.

Expected learning outcomes:**Knowledge:**

- A student can implement theory into practice.

Skills:

- Hand on skills;
- Skills of providing holistic care.

Attitude:

- Ethics;
- Person centred care (interaction with older person).

Social and intercultural competencies:

- Intercultural skills, knowledge and attitude (understanding the differences between cultures).

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	Welfare technological application; f.ex Hilda-application; Life history application.
Simulator parameters (input, intervention, output)	Nordic simulation environment (cameras and microphones, video connection)
Reusable equipment	
Disposable equipment	Gloves
Optional accessories	No
Necessary documentation	Tests; An evaluation of the home care visit (orally while debriefing session).
Description of the scenario (information for the student)	
Scenario of SAMK	
Current clinical condition:	
Home care visit according to a service plan.	
Interview:	
Older person's life history, e.g. his interests.	
PREBRIEFING	
Introduction:	
83-year-old Antonio with Alzheimer's disease who lives with his spouse Valerio (75) in an old detached house. Antonio was discharged home the previous day from a week-long interval called "Sulassa Sovussa", run by a private service provider. The couple's son has brought Antonio home and promised to take care of his dad's evening activities. Nurses of home care would conduct a home visit as normal the next morning. A nurse from home care is having a home visit to the couple as agreed in service plan of Antonio ja Valerio. The nurse notices all the new issues: Valerio reports increasing lethargy and social withdrawal (he has stopped attending an exercise group). He appears sad and flat. Around a year ago, his general practitioner commenced sertraline. Valerio is	

frustrated that Antonio sits on the couch watching television all day, initiates little conversation, shows minimal interest in family affairs and needs prompting to tasks such as washing the dishes or lawn mowing. Antonio himself is unconcerned.

In life history Antonio tells he has before enjoyed music and nature but he has not listened music anymore. He likes to listen birds singing. Nurse plans to use Hilda-application and teach Antonio and Valerio to use that.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

A student in a role of the scenario has a right to stop the scenario and ask for help from other students and the teacher (simulations are never tests).

Identify critical activities;

Additional information;

Observation: dialogue, symptoms of depression or behavioral and psychological symptoms of dementia, clinical skills, pharmacological knowledge of the nurse, ethics (what kinds of psychosocial interventions are best for Antonio) ⇒ debriefing with Padlet;

Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance, An actor in a role (real BP);
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase:

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions) in a positive matter;
- What to do to make it better (if we run the scenario again, what would you possibly do another way);
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different)
⇒ observations according to the students: dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deceiving strengths and correct paths.

Every student has “a take away message” when they leave the simulation.

Cultural aspects:

1. What similarities did you find with Finnish culture?
2. What differences did you find with Finnish culture?
3. What is important to pay attention when caring an older person with other culture?

Summarizing phase:

Same as earlier.

No. 19 Guidance for activities of daily living

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing
Topic	Guidance for activities of daily living
References, materials for classes	Kokeilimo (simulation center, older person's home A_248)
Prerequisites from curriculum of Satakunta University of Applied Science	<p>Competences:</p> <p>Application of the most important concepts and knowledge basis of gerontological nursing into practice. Knowledge of legislation on gerontological nursing. Supporting the achievement and maintenance of the well-being, health and function of the elderly. Planning, implementation and evaluation of nursing of the elderly and application of the ethical principles and good practice in nursing in various contexts. Managing planning and assessment of gerontological nursing and district nursing with specific attention to the special groups of the elderly. Familiarisation with the knowledge basis of accessibility and its application in planning the nursing environment of the elderly. The specific features of safe medication of the elderly, its planning, implementation and assessment. Humane and symptom-based nursing care of the elderly patients with a terminal illness</p>

or chronic disease and support of their significant others. Critical information search from the most common data bases of health sciences.

Advanced knowledge

PLANNED TIME OF CLASSES

3 hours

DURATION

PREBRIEFING

SIMULATION

DEBRIEFING

OF THE SCENARIO

10 min

15-max 30 min

45 min

SIMULATION ROOM

A_248

INTRODUCTION

The scenario is a simulation of a situation in which an older couple lives in their own detached home with home care services. According to a service plan the client has home care visits once a day and once a week a nurse will administer drugs to medication dispenser and checks blood pressure, pulse and over all situation of the couple. Children (a son) will take care of other issues like shopping, hygiene and financial needs.

The scenario was prepared based on the content contained in the literature (Pre task)

- Prizer L.P., Zimmerman S. (2018). Progressive Support for Activities of Daily Living for Persons Living With Dementia, The Gerontologist, Volume 58, Issue suppl_1, February 2018: S74–S87.
- Memory disorders. 2017. Current Care guidelines in Finland.
- Jenkins C. et al. (2016). Dementia Care at a Glance, John Wiley & Sons, Incorporated. ProQuest Ebook Central.
- <https://www.alzheimers.org.uk/get-support/daily-living/getting-dressed-changing-clothes>

Teacher's background material:

- Tuomikoski A., Parisod H., Oikarainen A., Siltanen H., Holopainen A. (2019). Lääkkeettömien menetelmien vaikutukset muistisairautta sairastavan päivittäisistä toiminnoista selviytymiseen – raportti järjestelmällisten katsausten katsauksesta. Muistiliiton julkaisusarja 1/2019. Muistiliitto & Hoitotyön tutkimussäätiö.

Boltz M., Capezuti E., Fulmer T., & Zwicker D. (2016). Evidence-Based Geriatric Nursing Protocols for Best Practice. 5th edition. New York: Springer Publishing Company.

Simulation objectives:

- A student can conduct a home visit of an older couple according to a service plan;
- A student can implement guidance for the older person concerning dressing and other activities of daily living;
- A student understands and respects the older person's way of living;
- A student can plan guidance according to client's remaining abilities.

Expected learning outcomes:

Knowledge:

- A student can implement theory into practice.

Skills:

- Hand on skills;
- Skills of providing holistic care.

Attitude:

- Ethics;
- Person centred care (interaction with older person).

Social and intercultural competencies:

- Intercultural skills, knowledge and attitude (understanding the differences between cultures).

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator

Simulator parameters (input, intervention, output)

Nordic simulation environment (cameras and microphones, video connection)

Reusable equipment

Disposable equipment

Optional accessories	None
Necessary documentation	Tests; An evaluation of the home care visit (orally while debriefing session).
Description of the scenario (information for the student)	
Scenario of SAMK	
Current clinical condition:	
Home care visit according to a service plan.	
Interview:	
Older person's life history, e.g. his interests.	
PREBRIEFING	
Introduction:	
83-year-old Antonio with Alzheimer's disease who lives with his spouse Valerio (75) in an old detached house. Antonio was discharged home the previous day from a week-long interval called "Sulassa Sovussa", run by a private service provider. The couple's son has brought Antonio home and promised to take care of his dad's evening activities. Nurses of home care would conduct a home visit as normal the next morning. A nurse from home care is having a home visit to the couple as agreed in service plan of Antonio ja Valerio. Valerio is concerned because Antonio has difficulties getting dress. It is important to allow Antonio to make his own decisions as long as possible and to carry out the activity as independently as possible. Nurse is thinking about evidence-based strategies to promote ADL function and how to guide patient and spouse in dressing and other activities of daily living.	
IMPLEMENTATION OF THE SCENARIO (information for the teacher)	
Description of the course of the scenario / structure of performed activities	
Describe in detail how the student / students should proceed.	
A student in a role of the scenario has a right to stop the scenario and ask for help from other students and the teacher (simulations are never tests).	

Identify critical activities;

Additional information;

Observation: dialogue, performance of activities of daily living, support of activities of daily living, ethics (person-centered care e.g. dignity) ⇒ debriefing with Padlet;

Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance, An actor in a role (real BP);
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase:

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions) in a positive matter;
- What to do to make it better (if we run the scenario again, what would you possibly do another way);
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different)
⇒ observations according to the students: dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deceiving strengths and correct paths.

Every student has “a take away message” when they leave the simulation.

Cultural aspects:

1. What similarities did you find with Finnish culture?
2. What differences did you find with Finnish culture?
3. What is important to pay attention when caring an older person with other culture?

Summarizing phase:

Same as earlier

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing 4,99 CR
Topic	Fall prevention 3
References, materials for classes	Kokeilimo (simulation center, older person's home A_248)
Prerequisites from curriculum of Satakunta University of Applied Science	<p>Competences:</p> <p>Application of the most important concepts and knowledge basis of gerontological nursing into practice. Knowledge of legislation on gerontological nursing. Supporting the achievement and maintenance of the well-being, health and function of the elderly. Planning, implementation and evaluation of nursing of the elderly and application of the ethical principles and good practice in nursing in various contexts. Managing planning and assessment of gerontological nursing and district nursing with specific attention to the special groups of the elderly. Familiarisation with the knowledge basis of accessibility and its application in planning the nursing environment of the elderly. The specific features of safe medication of the elderly, its planning, implementation and assessment. Humane and symptom-based nursing</p>

care of the elderly patients with a terminal illness or chronic disease and support of their significant others. Critical information search from the most common data bases of health sciences.

PLANNED TIME OF CLASSES

3 hours

DURATION OF THE SCENARIO

PREBRIEFING

SIMULATION

DEBRIEFING

10 min

15-max 30 min

45 min

SIMULATION ROOM

A_248

INTRODUCTION

The scenario is a simulation of a situation in which an older couple lives in their own detached home with home care services. According to a service plan the client has home care visits once a day and once a week a nurse will administer drugs to medication dispenser and checks blood pressure, pulse and over all situation of the couple. Children (a son) will take care of other issues like shopping, hygiene and financial needs.

The scenario was prepared based on the content contained in the literature (Pre task)

- a link of THL (the Finnish institute for health and welfare) Kaatumisvaaran arviointi/ Fall risk assessment tool. [https://www.physio-pedia.com/Falls_Risk_Assessment_Tool_\(FRAT\):_An_Overview_to_Assist_Understanding_and_Conduction](https://www.physio-pedia.com/Falls_Risk_Assessment_Tool_(FRAT):_An_Overview_to_Assist_Understanding_and_Conduction)
- <https://ukkinstituutti.fi/en/products-services/kaatumisseula-tools-to-prevent-falls/>
- https://www.cdc.gov/steady/pdf/TUG_test-print.pdf
- Current Care Guidelines (Lonkka murtuma/ Hip fracture). <https://www.kaypahoito.fi/en/ccs00092>
- Kaatumisriskiä lisäävät lääkkeet/ Medications that higher the risk of falls in older persons (in pharmacology part of gerontological nursing course).

Teacher's background material:

- Inclusion of medication-related fall risk in fall risk assessment tool in geriatric care units. <https://bmcgeriatr.biomedcentral.com/track/pdf/10.1186/s12877-020-01845-9.pdf>

Simulation objectives:

- A student can conduct a home visit of an older person according to a service plan;
- A student can fill a form of risk of fall in co-operation with the older people and can interpret; the results, and can discuss and advice the older person according to the results of the form;
- A student understands and monitors the medication-related fall risk at home;
- A student understands and respects the older person's way of living.

Expected learning outcomes:**Knowledge:**

- A student can implement theory into practice.

Skills:

- Hand on skills;
- Skills of providing holistic care.

Attitude:

- Ethics;
- Person centred care (interaction with older person).

Social and intercultural competencies:

- Intercultural skills, knowledge and attitude (understanding the differences between cultures).

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	Blood pressure measurement device; Tests of risk of falls; A bag of home care nurse.
Simulator parameters (input, intervention, output)	Nordic simulation environment (cameras and microphones, video connection)
Reusable equipment	
Disposable equipment	Gloves
Optional accessories	None

Necessary documentation

Tests;
An evaluation of the home care visit (orally while debriefing session).

Description of the scenario (information for the student)

Scenario of SAMK

Current clinical condition:

Home care visit according to a service plan.

Interview:

Older person's functional capacity of daily issues, risk of fall assessment – test by interviewing.

PREBRIEFING

Introduction:

83-year-old Antonio with Alzheimer's disease who lives with his spouse Valerio (75) in an old detached house. Antonio was discharged home the previous day from a week-long interval called "Sulassa Sovussa", run by a private service provider. The couple's son has brought Antonio home and promised to take care of his dad's evening activities. Nurses of home care would conduct a home visit as normal the next morning.

A nurse from home care is having a home visit to the couple as agreed in service plan of Antonio ja Valerio. The nurse notices all the new issues: Valerio doesn't remember the nurse's home visit and he seems confused when he opens the door, and the kitchen is messy. Antonio's medication dispenser looks a bit strange since there seems to be a new tablet that the nurse does not recognize. Also, Antonio has not taken neither his morning nor evening medications. The nurse has a suspicion that new drug has been prescribed during the interval period since instead of four tablets, the dispenser contains five tablets for morning medications.

Valerio tells that Antonio fell when he went to toilet last night. Antonio claims that he has not hurt himself. The nurse notices a little bruise on Antonio's forehead. Valerio informs that last night fall was not the first; Antonio has fallen many times recently. The nurse states that she's going to check a tool-to-prevent falls for both of the couple, Antonia and Valerio.

How to proceed the home visit as a nurse?

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

A student in a role of the scenario has a right to stop the scenario and ask for help from other students and the teacher (simulations are never tests).

Identify critical activities;

Additional information;

Observation: dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons) ⇒ debriefing with Padlet;

Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance, An actor in a role (real BP);
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Emotion phase:

- Remind the goals (student doing the exercise);
- Ask about the feeling during the exercise.

Fact phase:

- What happened – describe what happened step by step (student);
- What went well.

Analysis phase:

- Why specific decisions were made;
- How it should be done (ideas are generated by students, the tutor leads to the right conclusions) in a positive matter;

- What to do to make it better (if we run the scenario again, what would you possibly do another way);
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different) ⇒ observations according to the students: dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not). Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deceiving strengths and correct paths.

Every student has “a take away message” when they leave the simulation.

Cultural aspect:

1. What similarities did you find with Finnish culture?
2. What differences did you find with Finnish culture?
3. What is important to pay attention when caring an older person with other culture?

Summarizing phase:

Same as earlier

No. 21

Simulation scenario

Assessing hydration

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing
Topic	Assessing hydration
References, materials for classes	Assessing hydration
Prerequisites	<p>The student has knowledge of:</p> <ol style="list-style-type: none"> 1. Risk factors and health threats in patients of different ages; 2. Etiopathogenesis, clinical symptoms, course; treatment, prognosis and principles of care; 3. Nursing care for patients in selected diseases; 4. Principles of diagnosing and planning patient care in Nursing Geriatric; 5. Nursing standards and procedures used in the care of patients of different age and health condition. <p>The student has the skills:</p> <ol style="list-style-type: none"> 1. Gather information, formulate a nursing diagnosis, and set goals and care plans implement nursing interventions and evaluate nursing care; 2. Provide counseling in the field of self-care of patients of different age and health status regarding malformations, diseases and addictions; 3. Prevent complications occurring in the course of diseases.

PLANNED TIME OF CLASSES	90 min		
DURATION OF THE SCENARIO	PREBRIEFING e.g. 30 min	SIMULATION e.g. 15 min	DEBRIEFING e.g. 45 min
SIMULATION ROOM			

INTRODUCTION

Adam Kowal, aged 88, has been feeling weak for several days. He is at home, lying in bed. This is the second visit of the health nurse. On the first visit, the nurse assessed the patient's family status.

Expected learning outcomes:

Knowledge:

- ➔ The student knows what the medical history should contain to diagnose dehydration and its causes;
- ➔ The student knows how to measure basic vital functions according to the procedure (blood pressure, pulse, oxygen saturation) using medical equipment and breathing, and how to interpret the results;
- ➔ The student knows what types of dehydration are and what the symptoms of dehydration may be;
- ➔ The student knows what the water requirement is for an adult;
- ➔ The student knows the risk factors for dehydration in an older person.

Skills:

Student is able to:

- ➔ Conduct a medical history to identify dehydration and its causes;
- ➔ Perform vital functions measurements in accordance with the procedure in force (blood pressure, pulse, and oxygen saturation) using medical equipment and taking breaths, and to interpret the results;
- ➔ Assess the degree of dehydration.

Social and intercultural competencies:

- ➔ The student is prepared to act in the best interest of the patient, to respect the dignity and autonomy of persons entrusted with care, to show understanding for the world-view and cultural differences and to show empathy in relation to the patient and his/her family;
- ➔ Is ready to respect patients' rights;

- Is ready to independently and diligently perform the profession in accordance with ethical principles, including respecting values and moral obligations in patient care;
- Is ready to take responsibility for the professional actions performed;
- Is ready to foresee and take into account factors influencing his/her own and the patient's reactions.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	Geriatric patient simulator
Simulator parameters (input, intervention, output)	<p>Initial parameters:</p> <p>Respiration: 18/min, normal</p> <p>Skin – plasticine – like skin (loss of skin elasticity), dry skin in axillary and groin areas</p> <p>SpO₂: 92%</p> <p>HR: 116/min, thready, fast</p> <p>BP: 90/40 mmHg</p> <p>Patient verbal, co-operative, mood decreased</p> <p>Findings:</p> <p>Na: 153 mmol/L</p> <p>Albumin: 5,0 g/dL</p> <p>Serum creatinine: 2,5mg/dL</p> <p>Hematocrit: 57%</p> <p>Hemoglobin: 19g/dL</p>
Reusable equipment	<p>Adult phantom;</p> <p>Blood pressure monitor;</p> <p>Stethoscope;</p> <p>Pulse oximeter.</p>
Disposable equipment	<p>Non-sterile gloves in packs, sizes: S, M, L;</p> <p>Disinfectant fluid;</p> <p>Non-sterile swabs.</p>

<p>Optional accessories</p>	<p>Props:</p> <ul style="list-style-type: none"> ➤ pajamas ➤ glasses ➤ bottle of water ➤ hospital slippers ➤ men's underwear – simulator dressed ➤ table and two chairs ➤ pen ➤ slippers
<p>Necessary documentation</p>	<p>Additional information:</p> <ul style="list-style-type: none"> ➤ medical history ➤ hospital discharge summary ➤ individual nursing care record ➤ previous day's test results
<p>Description of the scenario (information for the student)</p> <p>Adam Kowal, aged 88, has been feeling weak for several days. He is at home, lying in bed. This is the second visit of the health nurse. During the first visit, the nurse assessed the patient's family status. The patient lives with his wife (84 years old), next door at home lives his daughter with his son-in-law and two grandchildren.</p> <p>Contact with patient – preserved, patient logical, answers questions briefly, must have time to answer, speaks with difficulty, patient's mood – lowered.</p>	
<p>Current clinical condition:</p> <p>Patient lying in bed, weakened. Skin dry. He reports drowsiness and headache and lowered mood. Has suffered from hypertension for 20 years – treated for this condition, takes medication in tablets.</p>	
<p>Interview:</p> <p>Time of onset of first symptoms – a few days before.</p> <p>The patient has dry skin, the skin is not very elastic.</p> <p>Tongue and mucous membranes are dry, little saliva, which causes problems with speaking.</p>	

Small amount of urine, dark urine with a strong smell.

Stools every other day with difficulty, hard.

He has had headaches and weakness for several days and spends more time in bed.

In the history, the patient states that he drinks, after a more detailed description it turns out that it is about three cups of tea a day. Mineral water is on the bedside table, unopened. He does not like to drink mineral water.

Treatment used – Hydrochlorothiazide 1 x 1 tab, Indapamide 1 x 1 tab, Perazine p. o. 25 mg 2 x day, Spironolactone 1 x 1 tab, Hydroxyzine 10 mg at night

Allergies – none

PREBRIEFING

In today's class we will learn how to handle patient with dehydration.

We are aware that the consequences of dehydration pose a serious threat to health and life. Knowledge of its causes and consequences can help to improve health. The nurse has the opportunity to directly influence the patient's actions. For this to be effective, the acquisition of knowledge, skills and social competencies is essential. By completing this scenario, you will consolidate your knowledge and acquire the skills needed to care for a dehydrated patient. In today's medical simulation class, you will learn how to recognise symptoms and carry out appropriate tests and measurements on a dehydrated patient. Skills required:

- taking a history with a view to diagnosing dehydration;
- taking vital measurements in accordance with the procedure in force (blood pressure, pulse, body temperature) using medical equipment and breathing, and interpret the results;
- interpret and document the results of the measurements, and communicate the patient's condition to the therapeutic team.

Do you remember the importance of water in the human body? What do you think is the daily water requirement? Do you recall what types of water and electrolyte disorders we have? Do you remember what the risk factors for dehydration are?

Do you know what the symptoms of dehydration can be? How do you think we can assess dehydration in an older person? Answer: We can ask how much the patient drinks, we can measure basic vital signs (RR), we can assess the condition of the skin and mucous membranes by evaluating the test results. Is it important to do these tests?

Do you have any ideas about what else you could ask the patient?

Imagine that you are working as a family nurse and there is a dehydrated patient at home.

There will be two people involved in the scenario. One person will act as the first nurse, who will be the team leader and will be responsible for taking the history. The other will be the nurse responsible for taking measurements of basic vital signs. Do you understand all the information and know what you are responsible for?

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

A student in a role of the scenario has a right to stop the scenario and ask for help from other students and the teacher (simulations are never tests).

Identify critical activities;

Additional information;

Observation: dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons) ⇨ debriefing;

Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable);
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities.

DEBRIEFING – plan

Description phase:

Starting with the leader, the participants describe in detail what happened one by one. Each student should say what they were responsible for and what they did.

Analysis phase:

This is an exploration of the reasons for the actions taken and their evaluation. In this phase the participants analyse the feelings they have experienced; this is the emotional and empathic content of the discussion. Each student chooses one or two things they did well. We do not comment on students' opinions. The analysis phase allows to discover the reasons for successes or failures in the scenario, to understand the reasons for action.

- What was most challenging for you when you made the measurements?
- For what purpose did you make the vital signs measurements?
- How did you feel when you made contact with the patient?
- What actions did you take towards the patient and why?
- Which decisions were good and why?
- What did you do first and what did you do next?
- What was your biggest success while doing the task?
- What did you find most challenging during the task?
- What actions did the leader take and why?

In the analysis phase it is also good to ask the following questions:

- How well did you as a team perform the task?
- What was the result of your action?
- What caused your frustration?
- What would you have done differently?
- How would you have done it?

Application phase:

It allows the students to try to compare with real events, to assess the needs, possibilities and how to use the experience gained in everyday practice.

- Please tell us what you would use from the experience gained today in a real-life situation with such a patient?
- What did you learn from the simulation?
- What do you think is important in caring for a dehydrated patient?
- What do we need to pay attention to when performing these actions?
- What is the most important thing you learned during the simulation?
- Please have everyone say what they learned during the scenario. Where can we apply the skills learned?

Cultural aspect:

What do you think should be done if the patient has culture related requirements or limitations (religious, regional, .)?

Summarizing phase:

Concluding, thanking and appreciating, giving the topic of the next class.

Thank you very much. You did a great job, you have great knowledge and skills, you can look at the patient holistically. Your decisions were well thought out and correct. Congratulations!

The scenario concerned the care of a dehydrated patient at home.

The objectives were achieved.

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing
Topic	Assessing the level of nutrition of a patient in home care
References, materials for classes	<ul style="list-style-type: none"> ➤ https://d9qc22597pyja.cloudfront.net/Uploads/i/u/x/20200629malnutritionsupplementv4_889820.pdf ➤ Ahmed T., Haboubi N. Assessment and management of nutrition in older people and its importance to health. Clin Interv Aging. 2010; 5: 207–216.
Prerequisites	<p>The student has knowledge of:</p> <ol style="list-style-type: none"> 1. Risk factors and health threats in patients of different ages; 2. Etiopathogenesis, clinical symptoms, course, treatment, prognosis and principles of care; 3. Nursing care for patients in selected diseases; 4. Principles of diagnosing and planning patient care in nursing; 5. Nursing Geriatric; 6. Nursing standards and procedures used in the care of patients of different age and health condition.

The student has the skills:

1. Gather information, formulate a nursing diagnosis, and set goals and care plans;
2. Implement nursing interventions and evaluate nursing care;
3. Provide counselling in the field of self-care of patients of different age and health status regarding malformations, diseases and addictions;
4. Prevent complications occurring in the course of diseases.

PLANNED TIME OF CLASSES

90 min

DURATION

PREBRIEFING

SIMULATION

DEBRIEFING

OF THE SCENARIO

e.g. 30 min

e.g. 15 min

e.g. 45 min

SIMULATION ROOM

INTRODUCTION:

Adam Kowal, aged 88, has been feeling weak for several days. He is at home, lying in bed. This is the second visit of the health nurse. On the first visit, the nurse assessed the patient's family status.

Expected learning outcomes:

Knowledge:

- ➔ The student knows what the patient's medical history should contain in order to diagnose malnutrition and its causes;
- ➔ The student knows how to measure basic vital functions according to the procedure (blood pressure, pulse, oxygen saturation) using medical equipment and breathing, and how to interpret the results;
- ➔ The student knows how to assess the degree of malnutrition, e.g. calculate the BMI, measure the arm circumference;
- ➔ The student is aware of the types of malnutrition and what the symptoms of malnutrition may be;
- ➔ The student knows what the risk factors for malnutrition can be in an older person;
- ➔ The student knows what the consequences of malnutrition can be.

Skills:**Student is able to:**

- Conduct a medical history in order to identify malnutrition and its causes;
- Carry out measurements of basic vital functions according to the procedure in force (blood pressure, pulse, oxygen saturation) using medical equipment and breathing, and to interpret the results;
- Assess the degree of malnutrition;
- Calculate BMI.

Social and intercultural competencies:

- The student is prepared to act in the best interest of the patient, to respect the dignity and autonomy of persons entrusted with care, to show understanding for the world-view and cultural differences and to show empathy in relation to the patient and his/her family;
- Is ready to respect patients' rights;
- Is ready to independently and diligently perform the profession in accordance with ethical principles, including respecting values and moral obligations in patient care;
- Is ready to take responsibility for the professional actions performed;
- Is ready to foresee and take into account factors influencing his/her own and the patient's reactions.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator

Geriatric patient ALS simulator

Props:

- pyjamas;
- goggles;
- water bottle;
- hospital slippers;
- patient's bedside cabinet;
- men's underwear;
- simulator dressed.

Simulator parameters (input, intervention, output)	Initial parameters: Respiration: 18/min, normal Skin – plasticine skin (loss of skin elasticity), dry skin in axillary and groin areas SpO ₂ : 92%
	HR: 116/min, fluttery, fast BP: 90/40 mmHg Patient verbal, co-operative, mood decreased
Reusable equipment	Adult phantom Blood pressure monitor Stethoscope Pulse oximeter Scales with an incrementometer Centimetre tape
Disposable equipment	Non-sterile gloves in packs, sizes: S, M, L Disinfectant fluid Non-sterile swabs
Optional accessories	Props: ➤ pajamas ➤ glasses ➤ bottle of water ➤ nospital slippers ➤ men's underwear – simulator dressed ➤ table and two chairs ➤ pen ➤ men's pyjamas (trousers, open top) ➤ slippers
Necessary documentation	Additional information: ➤ medical history ➤ individual nursing care record ➤ blood test results

Description of the scenario (information for the student)

Adam Kowal, aged 88, has been feeling weak for several days. He is at home, lying in bed. This is the second visit of the health nurse. During the first visit, the nurse assessed the patient's family status. The patient lives with his wife (84 years old), next door at home lives his daughter with his son-in-law and two grandchildren. He lives in a small village. He has always kept chickens for eggs and meat and planted own vegetables.

Contact with patient – maintained, patient is logical, answers questions briefly, needs time to respond, speaks with difficulty, patient's mood – lowered.

Current clinical condition:

Patient lying in bed, weakened. Skin dry. He reports drowsiness and headache and lowered mood. He has suffered from hypertension for 20 years – treated for this and takes medication in pills.

Interview:

Time of onset of first symptoms – a few days before.

Patient passes hard stools every other day with difficulty.

Patient has incomplete teeth, has dentures but got them done at age 65.

The patient's daughter noticed that she had to take the patient's pyjama trousers in. She also noticed that the shirt was too wide.

In the interview, the patient states that he is not hungry, his wife does not cook anymore and his daughter does not do it very well. This is too salty, that is too hard. He does not like modern food. He does not like yoghurt or other processed food.

Treatment – Hydrochlorothiazide 1 x 1 tab, Indapamide 1 x 1 tab, Perazine p. o. 25 mg 2 x day, Spironolactone 1 x 1 tab, Hydroxyzine 10 mg at night

Allergies – none

PREBRIEFING

In today's class we will learn how to manage a patient with malnutrition. We are aware that the consequences of malnutrition are a serious threat to health and life. Knowledge of its causes and consequences can contribute to improving health. The nurse has the opportunity to directly

influence patient management. To be effective, it is essential to acquire knowledge, skills and social competences. In this scenario you will consolidate your knowledge and acquire the skills needed to care for a malnourished patient. In today's medical simulation class you will learn how to recognise symptoms and carry out appropriate tests and measurements on a malnourished patient.

Skills required:

- ➔ conduct an interview for the diagnosis of malnutrition;
- ➔ take vital function measurements according to the procedure (blood pressure, pulse, body temperature) using medical equipment and breathing, and interpret the results;
- ➔ calculation of BMI;
- ➔ interpret and document the results of measurements and communicate the patient's condition to the therapeutic team.

Do you remember the importance of food in the human body? What do you think is the daily need for nutrients? Do you recall what types of malnutrition we have? Do you remember what the risk factors for malnutrition are?

Do you know what the symptoms of malnutrition can be? How do you think we can assess malnutrition in an older person? Answer: We can ask how much the patient eats, we can measure basic vital signs (RR), we can assess arm circumference and calf circumference, and we can evaluate the test results. Is it important to do these tests?

Do you have any ideas about what else you could ask the patient?

<https://www.mna-elderly.com/sites/default/files/2021-10/mna-mini-english.pdf>

How do you calculate BMI?

<https://www.calculator.net/bmi-calculator.html>

Imagine that you are working as a family health nurse and there is a malnourished patient at home.

Two people will take part in the scenario. One person will act as the first nurse, who will be the team leader and will be responsible for collecting the interview. The other will be the nurse responsible for taking measurements of basic vital signs. Do you understand all the information and know what you are responsible for?

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

A student in a role of the scenario has a right to stop the scenario and ask for help from other students and the teacher (simulations are never tests).

Identify critical activities;

Additional information;

Observation: dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons) ⇒ debriefing;

Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- ➔ Appearance;
- ➔ Initial simulator parameters (if applicable);
- ➔ Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities.

DEBRIEFING – plan

Description phase:

Starting with the leader, the participants describe in detail what happened one by one. Each student should say what they were responsible for and what they did.

Analysis phase:

This is an exploration of the reasons for the actions taken and their evaluation. In this phase the participants analyse the feelings they have experienced; this is the emotional and empathic content of the discussion. Each student chooses one or two things they did well. We do not comment on students' opinions. The analysis phase allows to discover the reasons for successes or failures in the scenario, to understand the reasons for action.

- What was most challenging for you when you made the measurements?
- For what purpose did you make the vital signs measurements?
- How did you feel when you made contact with the patient?
- What actions did you take towards the patient and why?
- Which decisions were good and why?
- What did you do first and what did you do next?
- What was your biggest success while doing the task?
- What did you find most challenging during the task?
- What actions did the leader take and why?

In the analysis phase it is also good to ask the following questions:

- How well did you as a team perform the task?
- What was the result of your action?
- What caused your frustration?
- What would you have done differently?
- How would you have done it?

Application phase:

It allows the students to try to compare with real events, to assess the needs, possibilities and how to use the experience gained in everyday practice.

- Please tell us what you would use from the experience gained today in a real-life situation with such a patient?
- What did you learn from the simulation?
- What do you think is important in caring for a malnourished patient?
- What do we need to pay attention to when performing these actions?
- What is the most important thing you learned during the simulation?
- Please have everyone say what they learned during the scenario. Where can we apply the skills learned?

Cultural aspect:

1. What do you think should be done if the patient is on a specific diet (vegan, vegetarian, other)?
2. What do you think should be done if the patient has culture related requirements or limitations (religious, regional, etc. ...)?

Summarizing phase:

Concluding, thanking and appreciating, giving the topic of the next class.

Thank you very much. You did a great job, you have great knowledge and skills, you can look at the patient holistically. Your decisions were well thought out and correct. Congratulations!

The scenario was about the care of a malnourished patient staying at home.

The objectives were achieved.

No. 23

Simulation scenario

Guidance on hydration

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing
Topic	Guidance on hydration
References, materials for classes	<ul style="list-style-type: none"> ➤ https://www.malnutritionpathway.co.uk/man-malnutrition ➤ http://apps.who.int/iris/bitstream/handle/10665/41999/a57361.pdf;jsessionid=396C0745EF24B10824BD9CD3D9DDA3A8?sequence=1
Prerequisites	<p>The student has knowledge of:</p> <ol style="list-style-type: none"> 1. Risk factors and health threats in patients of different ages; 2. Etiopathogenesis, clinical symptoms, course, treatment, prognosis and principles of care; 3. Nursing care for patients in selected diseases 4. Principles of diagnosing and planning patient care in nursing; 5. Nursing Geriatric; 6. Nursing standards and procedures used in the care of patients of different age and health condition.

The student has the skills:

1. Gather information, formulate a nursing diagnosis, and set goals and care plans implement nursing interventions and evaluate nursing care;
2. Provide counseling in the field of self-care of patients of different age and health status regarding malformations, diseases and addictions;
3. Prevent complications occurring in the course of diseases.

PLANNED TIME OF CLASSES

90 min

DURATION OF THE SCENARIO

PREBRIEFING

SIMULATION

DEBRIEFING

e.g. 30 min

e.g. 15 min

e.g. 45 min

SIMULATION ROOM

INTRODUCTION:

Adam Kowal, aged 88, has been feeling weak for several days. He is at home, lying in bed. This is the second visit of the health nurse. On the first visit, the nurse assessed the patient's family status. On subsequent visits, the nurse diagnosed dehydration and malnutrition.

Expected learning outcomes:

Knowledge:

- The student knows how to reduce or eliminate the symptoms of dehydration;
- The student knows how to reduce or eliminate the symptoms of malnutrition;
- The student knows the possible consequences of dehydration and malnutrition.

Skills:

Student is able to:

- Provide information on how to reduce or eliminate symptoms of dehydration;
- Provide information on how to reduce or eliminate symptoms of malnutrition;

- Communicate what the consequences of dehydration and malnutrition can be.

Social and intercultural competencies:

- The student is prepared to act in the best interest of the patient, to respect the dignity and autonomy of persons entrusted with care, to show understanding for the world-view and cultural differences and to show empathy in relation to the patient and his/her family;
- Is ready to respect patients' rights;
- Is ready to independently and diligently perform the profession in accordance with ethical principles, including respecting values and moral obligations in patient care;
- Is ready to take responsibility for the professional actions performed;
- Is ready to foresee and take into account factors influencing his/her own and the patient's reactions.

TECHNICAL AND ORGANIZATIONAL INFORMATION

<p>Type of training equipment / phantom / simulator</p>	<p>Geriatric patient ALS simulator Props:</p> <ul style="list-style-type: none"> ➤ pyjamas ➤ goggles ➤ water bottle ➤ hospital slippers ➤ patient's bedside cabinet ➤ men's underwear ➤ simulator dressed
<p>Simulator parameters (input, intervention, output)</p>	<p>Initial parameters: Respiration: 18/min, normal Skin – plasticine skin (loss of skin elasticity), dry skin in axillary and groin areas SpO₂: 92% HR: 116/min, fluttery, fast BP: 90/40 mmHg Patient verbal, co-operative, mood lowered</p>

Reusable equipment	Adult phantom Educational materials A drinking cup
Disposable equipment	Non-sterile gloves in packs, sizes: S, M, L Disinfectant fluid Non-sterile swabs
Optional accessories	Props: <ul style="list-style-type: none"> ➤ pajamas ➤ glasses ➤ bottle of water ➤ hospital slippers ➤ men's underwear – simulator dressed ➤ table and two chairs ➤ pen ➤ men's pyjamas (trousers, open top) ➤ slippers
Necessary documentation	Additional information: <ul style="list-style-type: none"> ➤ medical history ➤ individual nursing care record
<p>Description of the scenario (information for the student)</p> <p>Adam Kowal, aged 88, has been feeling weak for several days. He is at home, lying in bed. This is another visit of the health nurse. On the first visit, the nurse assessed the patient's family status. At the following visits, the nurse assessed the hydration and nutritional status of the patient. The patient lives with his wife (84 years old), next door at home lives his daughter with his son-in-law and two grandchildren. He lives in a small village. He has always kept chickens for eggs and meat and planted own vegetables.</p> <p>Contact with patient – maintained, patient is logical, answers questions briefly, needs time to respond, speaks with difficulty, patient's mood – lowered.</p>	

Current clinical condition:

Patient lying in bed, weakened. Skin dry. He reports drowsiness and headache and lowered mood. He has suffered from hypertension for 20 years – treated for this and takes medication in pills.

Interview:

Time of onset of first symptoms – a few days before.

Patient passes hard stools every other day with difficulty.

Patient has incomplete teeth, has dentures but got them done at age 65.

The patient's daughter noticed that she had to take the patient's pyjama trousers in. She also noticed that the shirt was too wide.

In the interview, the patient states that he is not hungry, his wife does not cook anymore and his daughter does not do it very well. This is too salty, that is too hard. He does not like modern food. He does not like yoghurt or other processed food.

Treatment – Hydrochlorothiazide 1 x 1 tab, Indapamide 1 x 1 tab, Perazine p. o. 25 mg 2 x day, Spironolactone 1 x 1 tab, Hydroxyzine 10 mg at night

Allergies – none

PREBRIEFING

In today's class we will learn who and how to educate about improving patient nutrition and hydration.

We are aware that the consequences of malnutrition and dehydration are serious threats to health and life. Knowledge of their causes and consequences can help to improve health. The nurse has the opportunity to directly influence patient behaviour. For this to be effective, the acquisition of knowledge, skills and social competencies is essential.

By completing this scenario, you will consolidate your knowledge and acquire the skills needed to educate the patient (carers).

The skills required are

- to identify who provides food and fluids to the patient;
- what content to give in terms of proper nutrition;
- what to teach about correct hydration.

Do you remember what the principles of health education are? What content do you think education should include? Do you recall, we have methods of education? Do you remember what are the methods of education?

Do you know how to check if the knowledge transferred was understood? How do you think we can evaluate if the knowledge will be used in the future?

Do you have any ideas about what else could be asked of the patient/carer?

Imagine that you are working as a family health nurse and there is a malnourished and dehydrated patient at home.

Two people will take part in the scenario. One person will act as the first nurse, who will be the team leader and will be responsible for delivering the nutrition message. The other will be the nurse responsible for delivering the hydration message. Do you understand all the information and know what you are responsible for?

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

A student in a role of the scenario has a right to stop the scenario and ask for help from other students and the teacher (simulations are never tests).

Identify critical activities;

Additional information;

Observation: dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons) ⇒ debriefing;

Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable);
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities.

DEBRIEFING – plan

Description phase:

Starting with the leader, the participants describe in detail what happened one by one. Each student should say what they were responsible for and what they did.

Analysis phase:

This is an exploration of the reasons for the actions taken and their evaluation. In this phase the participants analyse the feelings they have experienced; this is the emotional and empathic content of the discussion. Each student chooses one or two things they did well. We do not comment on students' opinions. The analysis phase allows to discover the reasons for successes or failures in the scenario, to understand the reasons for action.

- What was most challenging for you when you made the measurements?
- For what purpose did you make the vital signs measurements?
- How did you feel when you made contact with the patient?
- What actions did you take towards the patient and why?
- Which decisions were good and why?
- What did you do first and what did you do next?
- What was your biggest success while doing the task?
- What did you find most challenging during the task?
- What actions did the leader take and why?

In the analysis phase it is also good to ask the following questions:

- How well did you as a team perform the task?
- What was the result of your action?
- What caused your frustration?
- What would you have done differently?
- How would you have done it?

Application phase:

It allows the students to try to compare with real events, to assess the needs, possibilities and how to use the experience gained in everyday practice.

- Please tell us what you would use from the experience gained today in a real-life situation with such a patient?
- What did you learn from the simulation?
- What do you think is important in patient/carer education?
- What do we need to pay attention to when performing these actions?
- What is the most important thing you learned during the simulation?
- Please have everyone say what they learned during the scenario. Where can we apply the skills learned?

Cultural aspect:

1. What do you think should be done if the patient is on a specific diet (vegan, vegetarian, other)?
2. What do you think should be done if the patient has culture related requirements or limitations (religious, regional, etc. ...)?

Summarizing phase:

Concluding, thanking and appreciating, giving the topic of the next class.

Thank you very much. You did a great job, you have great knowledge and skills, you can look at the patient holistically. Your decisions were well thought out and correct. Congratulations!

The scenario was about patient/family education.

The objectives were achieved.

No. 24

Patient-centred environment

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing
Topic	Patient-centred environment
References, materials for classes	➔ Stone P.W., Hughes R., Dailey M. Chapter 21 Creating a Safe and High-Quality Health Care Environment. Patient Safety and Quality: An Evidence-Based Handbook for Nurses.
Prerequisites	<p>The student has knowledge of:</p> <ol style="list-style-type: none"> 1. Risk factors and health threats in patients of different ages; 2. Etiopathogenesis, clinical symptoms, course, treatment, prognosis and principles of care; 3. Nursing care for patients in selected diseases; 4. Principles of diagnosing and planning patient care in nursing; 5. Nursing Geriatric; 6. Nursing standards and procedures used in the care of patients of different age and health condition. <p>The student has the skills:</p> <ol style="list-style-type: none"> 1. Gather information, formulate a nursing diagnosis, and set goals and care plans; 2. Implement nursing interventions and evaluate nursing care;

3. Prevent complications occurring in the course of diseases;
4. Conduct a therapeutic conversation.

PLANNED TIME OF CLASSES

90 min

DURATION OF THE SCENARIO

PREBRIEFING

SIMULATION

DEBRIEFING

e.g. 30 min

e.g. 15 min

e.g. 45 min

SIMULATION ROOM

INTRODUCTION

Adam Kowal, aged 88, has been feeling weak for several days. He has been taken into a nursing home and is lying in bed.

Expected learning outcomes:

Knowledge:

- The student knows what the patient's personal history should contain;
- The student knows what information should be given to the patient's family.

Skills:

The student is able:

- To conduct an interview in terms of identifying the patient's preferences;
- To give information to the patient's family/guardian.

Social and intercultural competencies:

- The student is prepared to act in the best interest of the patient, to respect the dignity and autonomy of persons entrusted with care, to show understanding for the world-view and cultural differences and to show empathy in relation to the patient and his/her family;
- Is ready to respect patients' rights;
- Is ready to independently and diligently perform the profession in accordance with ethical principles, including respecting values and moral obligations in patient care;
- Is ready to take responsibility for the professional actions performed;
- Is ready to foresee and take into account factors influencing his/her own and the patient's reactions.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	Geriatric patient ALS simulator
Simulator parameters (input, intervention, output)	<p>Initial parameters:</p> <p>Respiration: 18/min, normal</p> <p>Skin – plasticine skin (loss of skin elasticity), dry skin in axillary and groin areas</p> <p>SpO₂: 92%</p> <p>HR: 120/min, fluttery, fast</p> <p>BP: 90/40 mmHg</p> <p>Patient with poor verbal communication, uncooperative, mood lowered</p>
Reusable equipment	<p>Props:</p> <ul style="list-style-type: none"> ➤ pyjamas ➤ glasses ➤ slippers ➤ patient's bedside table ➤ male underwear ➤ simulator dressed ➤ Family photo, clock on table, blanket and pillow from patient's home
Disposable equipment	
Optional accessories	<p>Props:</p> <ul style="list-style-type: none"> ➤ pyjamas ➤ glasses ➤ bottle of water ➤ hospital slippers ➤ men's underwear – simulator dressed ➤ table and two chairs ➤ pen ➤ men's pyjamas (trousers, open top) ➤ slippers

Necessary documentation

Additional information:

- ➔ medical history
- ➔ individual nursing care record

Description of the scenario (information for the student)

Adam Kowal, aged 88 (with a history of cardiovascular disease, treated) has been feeling weak for several days. Earlier home intervention did not succeed in improving the older person condition. He has been taken to a nursing home and is lying in bed because the family could not cope with daily care. The patient is weakened, has not eaten for several days, drinks small amounts of fluid.

Contact with the patient – preserved, patient is sometimes not logical, answers questions shortly, needs time to answer, speaks with difficulty, patient's mood – decreased.

Current clinical condition:

Patient lying in bed, weakened. Skin dry. He reports drowsiness and headache and lowered mood. He has suffered from hypertension for 20 years – treated for this and takes medication in pills.

Interview:

Time of onset of first symptoms – a few days before.

Patient passes hard stools every other day with difficulty.

Patient has incomplete teeth, has dentures but got them done at age 65.

The patient's daughter noticed that she had to take the patient's pyjama trousers in. She also noticed that the shirt was too wide.

In the interview, the patient states that he is not hungry, his wife does not cook anymore and his daughter does not do it very well. This is too salty, that is too hard. He does not like modern food. He does not like yoghurt.

Treatment – Hydrochlorothiazide 1 x 1 tab, Indapamide 1 x 1 tab, Perazine p. o. 25 mg 2 x day, Spironolactone 1 x 1 tab, Hydroxyzine 10 mg at night

Allergies – none

PREBRIEFING

In today's class we will learn how to organise a patient's environment in a nursing facility.

We are aware that changing the environment for an elderly patient who is ill is very difficult. Knowing what can be done for the patient can contribute to the patient's well-being. The nurse has the opportunity to directly influence the organisation of the patient's place. To be effective, it is essential to acquire knowledge, skills and social competences.

In this scenario you will consolidate your knowledge and acquire the skills needed to create the right place for a patient with a serious condition. In today's medical simulation class you will learn how to recognise a patient's needs and how to provide for them. Skills are required:

- interview the patient's habits (eating, sleeping, how they have been spending their time recently);
- provide information about what personal belongings the patient may have with him;
- provide information about visits;
- provide information about the daily schedule of the facility, the rules for patient care.

Do you remember how important it is to know about the patient's preferences? What do you think can be done to prepare the surroundings for the patient? Can you recall what might be important for the patient? Do you have any ideas about what else could be asked of the patient/carers?

Imagine that you are working as a nurse in a nursing facility to which a new patient has been admitted.

There will be one person in the scenario who is responsible for collecting the interview. Do you understand all the information and know what you are responsible for?

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed.

A student in a role of the scenario has a right to stop the scenario and ask for help from other students and the teacher (simulations are never tests).

Identify critical activities;

Additional information;

Observation: dialogue, asepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons) ⇒ debriefing;

Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable);
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities.

DEBRIEFING – plan

Description phase:

Starting with the leader, the participants describe in detail what happened one by one. Each student should say what they were responsible for and what they did.

Analysis phase:

This is an exploration of the reasons for the actions taken and their evaluation. In this phase the participants analyse the feelings they have experienced; this is the emotional and empathic content of the discussion. Each student chooses one or two things they did well. We do not comment on students' opinions. The analysis phase allows to discover the reasons for successes or failures in the scenario, to understand the reasons for action.

- What was most challenging for you when you made the measurements?
- For what purpose did you make the vital signs measurements?

- How did you feel when you made contact with the patient?
- What actions did you take towards the patient and why?
- Which decisions were good and why?
- What did you do first and what did you do next?
- What was your biggest success while doing the task?
- What did you find most challenging during the task?
- What actions did the leader take and why?

In the analysis phase it is also good to ask the following questions:

- How well did you as a team perform the task?
- What was the result of your action?
- What caused your frustration?
- What would you have done differently?
- How would you have done it?

Application phase:

It allows the students to try to compare with real events, to assess the needs, possibilities and how to use the experience gained in everyday practice.

- Please tell us what you would use from the experience gained today in a real-life situation with such a patient?
- What did you learn from the simulation?
- What do you think is important in organising a patient's place in a nursing facility?
- What do we need to pay attention to when performing these actions?
- What is the most important thing you learned during the simulation?
- Please have everyone say what they learned during the scenario. Where can we apply the skills learned?

Cultural aspect:

What do you think should be done if the patient has culture related requirements or limitations (religious, regional, etc. ...)?

Summarizing phase:

Concluding, thanking and appreciating, giving the topic of the next class.

! Thank you very much. You did a great job, you have great knowledge !
! and skills, you can look at the patient holistically. Your decisions were !
! well thought out and correct. Congratulations! !
! The scenario was about preparing a place for a patient in a nursing !
! facility. !
! The objectives were achieved. !
!-----!

No. 25

Simulation scenario

Managing impending death

HIGH FIDELITY SIMULATION	
Field of study	Gerontological nursing
Topic	Managing impending death
References, materials for classes	<ul style="list-style-type: none"> ➤ https://www.zwrotnikraka.pl/jak-to-warzyszyzyc-umierajacemu-na-raka/ ➤ Kehl K.A. How hospice staff members prepare family caregivers for the patient's final days of life: An exploratory study. Palliat Med. 2015 Feb; 29(2): 128–137. ➤ https://www.mypcnow.org/fast-fact/teaching-the-family-what-to-expect-when-the-patient-is-dying/ ➤ https://oxfordmedicine.com/view/10.1093/med/9780190066529.001.0001/med-9780190066529-chapter-9?print=pdf
Prerequisites	<p>The student has knowledge of:</p> <ol style="list-style-type: none"> 1. Risk factors and health threats in patients of different ages; 2. Etiopathogenesis, clinical symptoms, course, treatment, prognosis and principles of care; 3. Nursing care for patients in selected diseases; 4. Principles of diagnosing and planning patient care in nursing; 5. Nursing Geriatric; 6. Nursing standards and procedures used in the care of patients of different age and health condition.

The student has the skills:

1. Gather information, formulate a nursing diagnosis, and set goals and care plans;
2. Implement nursing interventions and evaluate nursing care;
3. Prevent complications occurring in the course of diseases;
4. Conduct a therapeutic conversation.

PLANNED TIME OF CLASSES

90 min

DURATION OF THE SCENARIO

PREBRIEFING

SIMULATION

DEBRIEFING

e.g. 30 min

e.g. 15 min

e.g. 45 min

SIMULATION ROOM**INTRODUCTION**

Adam Kowal is 88 years old and he's currently staying in a health care center. Despite the efforts, the patient's condition is getting worse. He doesn't eat or drink.

Expected learning outcomes:**Knowledge:**

- Student knows what are the signs of a patient dying;
- Student knows what to do when it is stated that the patient is dying;
- Student knows how to support the patient and his family or caretakers.

Skills:

- Student can evaluate the patient's condition;
- Student can organize the patient's space in the moment of dying;
- Student can support the patient and his family or caretakers.

Social and intercultural competencies:**Student is ready:**

- Student is ready to be guided by the interests of the patient as well as to respect the dignity and autonomy of people who are entrusted

to care, and to show understanding for worldview and cultural differences as well as empathy in the relationship with the patient and his family;

- Student is ready to be guided by the interests of the patient as well as to respect the dignity and autonomy of people who are entrusted to care, and to show understanding for worldview and cultural differences as well as empathy in the relationship with the patient and his family; Student is ready to obey the patient's rights;
- Student is ready to be guided by the interests of the patient as well as to respect the dignity and autonomy of people who are entrusted to care, and to show understanding for worldview and cultural differences as well as empathy in the relationship with the patient and his family; Student is ready to practice the profession independently and reliably in accordance with the principles of ethics, including observance of moral values and obligations in patient care;
- Student is ready to bear responsibility for performing his professional activities;
- Student is ready to predict and take into account factors influencing his own and the patient's reactions.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	ALS simulator, geriatric patient
Simulator parameters (input, intervention, output)	Initial parameters: Breath: 10/min, normal HR: 40/min, barely registering BP: 50/20 mmHg There's no verbal contact with the patient.
Reusable equipment	
Disposable equipment	

<p>Optional accessories</p>	<p>Props:</p> <ul style="list-style-type: none"> ➤ pajamas ➤ hospital slippers ➤ men's underwear – simulator dressed ➤ counter and two chairs ➤ pen ➤ men's underwear (trousers, sweat-shirt) ➤ slippers
<p>Necessary documentation</p>	<p>Additional information:</p> <ul style="list-style-type: none"> ➤ medical history ➤ personal care health card
<p>Description of the scenario (information for the student)</p> <p>Adam Kowal is 88 years old and he's currently staying in a health care center. Despite the efforts, the patient's condition is getting worse. He doesn't eat or drink. At admission the patient declares to be catholic. Contact with the patient – none</p>	
<p>Current clinical condition:</p> <p>The patient's condition is very severe. His pulse is weak, barely palpable, blood pressure is very low and his breath is under 10/min.</p>	
<p>Interview:</p> <p>The patient's condition is severe. His family has arrived to be with the patient.</p> <p>Current treatment – none (since two days)</p>	
<p>PREBRIEFING</p> <p>In today's class we are going to learn how to take care of a patient who is dying.</p> <p>We are aware that the moment when the patient is dying, is always painful, especially for his family. Knowledge regarding this topic is important in order to take proper actions at the appropriate time. The nurse has the ability to support the patient's family in this difficult process. In order to be effective, it is necessary to acquire knowledge, skills and social competences. By implementing this scenario, you will consolidate</p>	

your knowledge and acquire the skills that are necessary to take care of a patient who is dying. During today's medical simulation you are going to learn how to recognise the symptoms of death as well as conduct appropriate tests and take the measurements of a person who is dying.

Skills that are required:

- a skill to measure basic vital functions in accordance with the applicable procedure (RR blood pressure, heart rate, saturation) using medical equipment and breathing, and how to interpret the results;
- a skill to interpret and document the results of measurements, as well as provide information about the patient's health in the therapeutic team.

Do you remember the symptoms of death? What, in your opinion, should we do when it is stated that the patient is dying? Do you remember how to support the patient's family?

Imagine that you are working as nurses and there is a dying patient at the health care center.

Four people will take part in this scenario. One person will act as the first nurse who will lead the team and will be in charge of the assessment of the patient's condition. The second one will be a nurse responsible for preparing the patient. The third and fourth one will be the members of the patient's family. Do you understand all the information and know what you are responsible for?

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

A student in a role of the scenario has a right to stop the scenario and ask for help from other students and the teacher (simulations are never tests);

Identify critical activities.

Additional information;

Observation: dialogue, sepsis (Covid), clinical skills, pharmacological knowledge of the nurse, ethics (respect of the older persons) ⇒ debriefing;

Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable);
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities.

DEBRIEFING – plan

Description phase:

Beginning with the leader, participants report exactly what happened in turn. All students should comment on what they were responsible for and what they did.

Analysis phase:

It is the exploration of the reasons for the actions that were taken and their evaluation. In this phase, the participants analyze feelings that they experienced; it is the emotional and empathetic part of the discussion. Each student chooses one or two things that they did well. We do not comment on students' opinions. The analysis phase allows you to discover the causes of successes or failures in the scenario in order to understand the reasons for your action.

- What was the greatest challenge for you while assessing the patient's condition?
- What was the aim of taking the measurements of vital signs?
- How did you feel while making contact with the patient's family?
- What action regarding the patient did you take and why?
- Which decisions were good and why?
- What did you do at the beginning and what later?
- What was your greatest success while dealing with your task?
- What was the greatest challenge for you while taking action?
- What action did the leader take and why?

Here are some different questions worth asking during an analysis:

- How well did you do your task working as a team?
- What was the result of the action that you took?
- What caused your frustration?

- What you would have done differently?
- How would you do that?

Application phase:

It enables students to try to compare with real events, assess the needs, possibilities and the way to use the experience gained in everyday practice.

- What would you use from the experience gained today in the situation of real actions with such a patient?
- What have you learnt during the simulation?
- What, in your opinion, is important in taking care of a dying patient?
- What should we pay attention to while taking the actions mentioned above?
- What is the most important thing that you have learnt during the simulation?
- I would like everyone to tell what he or she has learnt during the scenario. Where can we apply our new skills?

Cultural aspect:

What do you think should be done if the patient has culture related requirements or limitations (religious, regional, etc. ...)?

Summarizing phase:

The completion, thanks and appreciation, giving the topic of the next classes.

Thank you very much. You did a great job, you have a lot of knowledge and skills and you can look at the patient holistically. Your decisions were thoughtful and accurate.

Congratulations!

This scenario regarded taking care of a dying patient who is staying at the health care center.

All the goals have been achieved.

No. 26

Early detection mental health disease

HIGH FIDELITY SIMULATION	
Field of study	Mental Health/Mental Wellbeing and Welfare/Patient safety/Psychiatric/Neurology
Topic	Early detection mental health disease
References, materials for classes	<p>Open access literature proposed:</p> <ul style="list-style-type: none"> ➤ Small G.W. (1998). Differential diagnosis and early detection of dementia. <i>The American Journal of Geriatric Psychiatry</i>, 6(2): 26–33. ➤ National Institute on Aging. (2021) Basics of alzheimer’s disease and dementia. What is dementia? ➤ Lillo-Crespo M., Riquelme, J. (2018). From home care to care home: a phenomenological case study approach to examining the transition of older people to long-term care in Spain. <i>Journal of research in nursing: JRN</i>, 23(2–3): 161–177. ➤ Riquelme-Galindo J., García-Sanjuán S., Lillo-Crespo M. & Martorell-Poveda M.A. (2020). Experience of People in Mild and Moderate Stages of Alzheimer's Disease in Spain. <i>Aquichan</i>, 20(4). ➤ Riquelme-Galindo J., Lillo-Crespo M. (2021). Developing a dementia inclusive hospital environment using an Integrated Care Pathway design: research protocol. <i>PeerJ</i>, 9, e11589.

- Tolson D., Fleming A., Hanson E., De Abreu W., Crespo M.L., Macrae R., ... & Routasalo P. (2016). Achieving prudent dementia care (Palliare): an international policy and practice imperative. *International Journal of Integrated Care*, 16(4).
- Lillo-Crespo M., Riquelme J., Macrae R., De Abreu W., Hanson E., Holmerova I., ... & Tolson D. (2018). Experiences of advanced dementia care in seven European countries: implications for educating the workforce. *Global Health Action*, 11(1), 1478686.

Prerequisites

The student has the knowledge and ability:

1. To know and to understand the experience of suffering from a chronic process (or disease) and living with dependency;
2. To base the interventions of Health Sciences professionals on scientific evidence and available means;
3. To lead, manage and work within a team;
4. To establish evaluation mechanisms, considering scientific, technical and quality aspects;
5. To apply the necessary methods and procedures in your field to identify health problems.

The student has the skills:

1. To carry out nursing care techniques and procedures, establishing a therapeutic relationship with patients and their families;
2. To select care interventions aimed at treating or preventing health problems and their adaptation to daily life through proximity resources and support for the elderly;
3. To provide care, guaranteeing the right to dignity, privacy, intimacy, confidentiality and decision-making capacity of the patient and family;

- 4. To individualize care considering age, gender, cultural differences, ethnic group, beliefs and values;
- 5. To know palliative care and pain control to provide care that alleviates the situation of advanced and terminally ill patients.

PLANNED TIME OF CLASSES 60 minutes approximately (with the possibility to be extended to 90 minutes for pre and post discussions)

DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBRIEFING
	20 min	15 min	25 min

SIMULATION ROOM

- Yes (it could be used at the debriefing) so that students could replicate the situations previously watched in the scenario;
- Also one room where students could work individually, in small groups and have plenary/common discussions.

INTRODUCTION

Carmen is a Spanish 75-year-old widow lady (she lost her husband 2 years ago) who visits one health organization (one health center for Primary Care) with one person (who is her main caregiver and family/social support in daily life: her daughter) to be taken a blood sample and feels disoriented (she doesn't know where she is) within the Nursing outpatient consultation room.

- Simulation objectives:**
- To learn about how to act in a situation of patient disorientation and cognitive impairment;
 - To be able to identify some of the early signs and symptoms of dementia in older population;
 - To be able to identify the main support (family/social one) and involve caregivers and family in care.

Expected learning outcomes:

- Students are able to identify and understand signs and symptoms regarding mental health diseases, cognitive impairment, neurodegenerative syndromes in the older population;
- Students are able to identify the available resources (organizational ones, devices, products, tools) in their own context;
- Students are able to identify the available resources in other contexts;
- Students are able to collaborate with other healthcare & social professionals to safeguard the older person;
- Students are able to identify the documents (protocols, guidelines, clinical pathways, legal aspects, norms) regarding the situation, at different levels (organizational, local, regional, national, European and international);
- Students are able to identify and understand the person's needs and his/her social support network from a compassionate perspective;
- Students are able to apply the adequate communication skills with the older person and also with the family, relatives, and carers;
- Students are able to identify the resources and collaborate with other healthcare & social professionals in pharmaceutical care.

TECHNICAL AND ORGANIZATIONAL INFORMATION**Type of training equipment / phantom / simulator**

Simulator room, if possible;
Actors who could perform the current situation described in order to properly simulate the scenario.

Simulator parameters (input, intervention, output)

Glasgow 15 (for adult population);
Disoriented in time and space;
Agitated and confused;

Reusable equipment

Adult phantom
Blood pressure monitor
Stethoscope
Pulse oximeter
Jeringe with needle

Disposable equipment	Non-sterile gloves in packs, sizes: S, M, L Disinfectant fluid
Optional accessories	
Necessary documentation	Additional information: ➔ electronic medical record ➔ individual nursing care record from past blood samples
Description of the scenario (information for the student)	
<p>It is a simulation of a current situation in which an old lady goes to one health organization (to the Nursing outpatient consultation room at her local Health Center for Primary Care in Spain) with one person (who is her main caregiver and family/social support in daily life: her daughter) to be taken a blood sample and then feels disoriented in an Nursing outpatient consultation room where signs and symptoms appear (such as emotional lability, crying, feeling upset and confused, feeling aggressive, disoriented in time and space). At this point the students should start reflecting about what is happening, what to do, and the specific knowledge to solve this situation should come up.</p>	
Current clinical condition:	
<p>Carmen is a 75-year-old widow lady who lives currently alone in a rural area in her own home. Her daughter, who lives next to her, is her main caregiver and daily visits her. Her daughter has observed that Carmen acts differently recently but she is reluctant to send her mother to a Day-hospital or a Residential home or Care home. Carmen's daughter has one brother (Carmen's son) but the daughter assumes her role as the main caregiver as it is something culturally-based in Spain for women. Carmen has not been diagnosed with dementia yet. She has other diseases such as diabetes and hypertension, well managed until the moment with oral medication. Carmen's daughter has observed that her mother's memory is failing during the last months.</p>	

Interview:

The student should analyze the patient situation and make decisions based on his/her current knowledge. During the situation, Carmen is calling by the name of her friend Antonia (who passed away two years ago) to her daughter. She is not even recognizing her own daughter and has reminiscence to the past and old memory.

PREBRIEFING

In this session we will see how Carmen is taken a blood sample and experiences some signs and symptoms potentially related with diseases associated with aging that could make the audience think of: a potential mental health problem, maybe part of her chronic diseases or even a cognitive impairment.

We are aware that the probability of living with any kind of dementia increases from 65 years old and especially in family-based cultures in which older adults usually have family support. Also in some cultures older population has the assumption that “not reminding things” is part of the ageing process (this is very common in Spain). It is of high importance to be aware that patients with multi-pathologies might be accessing to healthcare facilities for some specific reasons although they can experience any of the signs and symptoms related to any of the other pathologies they are currently living with. It is something that usually occurs with people that live with dementia in countries such as Spain and especially in rural areas where families are reluctant to send their older adults to professional contexts for specialized care.

Knowledge about its causes and consequences can help to improve disease management and early detection. The nurse has the opportunity to directly influence the patient's actions. For this to be effective, the acquisition of knowledge, skills and social competencies is essential. By completing this scenario, you will consolidate your knowledge and acquire the skills needed to care for disoriented people in early stages. In today's simulation class, you will learn how to recognise signs and symptoms and carry out appropriate tests and measurements on a dementia patient.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed.

- A student in a role of a nurse can ask for help from other students and the teacher at any time during the simulation scenario.

Identify critical activities:

- Encountering the patient and a family member according to the principles of dialogue;
- Principles of empowering patient and caregivers' education;
- In this case: Nurse finds it difficult to perform the blood sample as the patient does not understand what she is doing at the nursing consultation and does not recognize the role of the nurse and not even her own daughter. The patient believes the nurse wants to harm her as she does not understand clearly.

Additional information

Roles:

- Patient;
- Daughter;
- Nurse;
- Observers.

Observers' task is to observe and provide constructive and supportive feedback for those in the roles:

- Interaction among all parties involved;
- The nurse's verbal communication;
- The nurse's nonverbal communication;
- Issues promoting dialogue in interaction;
- Encountering the patient and the family member;
- What kind of patient education methods were used?
- Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Remind the goals:

Emotion phase:

- Ask about the feelings during the exercise: first the patient, then the caregiver and then the nurse.

Fact phase:

- What happened – describe what happened step by step;
- What went well;
- Feedback from observers on verbal and non-verbal interaction and critical activities.

Analysis phase:

- Why specific decisions were made;
- How it should / could be done (ideas are generated by students, the tutor leads to the conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deceiving strengths and correct paths.

Cultural competencies/Social and Cultural aspects to reflect about:

- At this point please reflect and discuss on the cultural similarities and differences with your context according to the items exposed at the

general introduction of this document keeping in mind what “culture” and “cultural aspects” are.

- How would you act when facing one situation like this in a context like this? (Imagine you are working in Spain as a Nurse.)
- Is this situation something that could happen in your country? How would the scene be in your context?
- What type of knowledge would you reflect about in this situation (from a clinical, organizational, in terms of communication and attitude perspective)?
- Who (other professional staff) would you include into this situation?
- Are there any specific resources in your current context that could act as an enabler or as a barrier?
- Could you think of similar situations currently happening in your country and health system? What differences and similarities would you point out?
- Could you think of enablers that could improve this situation? What health determinants (risk factors and protective factors) are you identifying in this situation?
- Which social and cultural aspects could be affecting positively and negatively this situation?

Summarizing phase:

Teacher summarizes the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of gerontological care.

OR

Teacher asks the students to summarize the most essential things they learned (each student says 1 thing).

No. 27

Interprofessional approach to safety 1

HIGH FIDELITY SIMULATION	
Field of study	Mental Health/Mental Wellbeing/Patient Safety
Topic	Interprofessional approach to safety 1
References, materials for classes	<p>Open access literature proposed:</p> <ul style="list-style-type: none"> ➔ Holmerova I, Waugh A., MacRae R., Veprkov, R., Sandvide A., Hanson E., ... & Tolson D. (2016). Dementia palliare best practice statement. ➔ Lillo-Crespo M., Riquelme, J. (2018). From home care to care home: a phenomenological case study approach to examining the transition of older people to long-term care in Spain. <i>Journal of research in nursing: JRN</i>, 23(2-3): 161-177. ➔ Riquelme-Galindo J., Lillo-Crespo M. (2021). Designing Dementia Care Pathways to Transform Non Dementia-Friendly Hospitals: Scoping Review. <i>International Journal of Environmental Research and Public Health</i>, 18(17), 9296. ➔ Tolson D., Fleming A., Hanson E., De Abreu, W., Crespo M.L., Macrae R., ... & Routasalo P. (2016). Achieving prudent dementia care (Palliare): an international policy and practice imperative. <i>International Journal of Integrated Care</i>, 16(4).

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Prerequisites

The student has the knowledge to:

1. Know and to understand the experience of suffering from a chronic process (or disease) and living with dependency;
2. Base the interventions of Health Sciences professionals on scientific evidence and available means;
3. Ability to lead, manage and work in a team;
4. Establish evaluation mechanisms, considering scientific, technical and quality aspects;
5. Apply the necessary methods and procedures in your field to identify health problems.

	<p>The student has the skills:</p> <ol style="list-style-type: none"> 1. Carry out nursing care techniques and procedures, establishing a therapeutic relationship with patients and their families; 2. Select care interventions aimed at treating or preventing health problems and their adaptation to daily life through proximity resources and support for the elderly; 3. Provide care, guaranteeing the right to dignity, privacy, intimacy, confidentiality and decision-making capacity of the patient and family; 4. Individualize care considering age, gender, cultural differences, ethnic group, beliefs and values; 5. To know palliative care and pain control to provide care that alleviates the situation of advanced and terminally ill patients. 		
<p>PLANNED TIME OF CLASSES</p>	<p>60 minutes approximately (with the possibility to be extended to 90 minutes for pre and post discussions)</p>		
<p>DURATION OF THE SCENARIO</p>	<p>PREBRIEFING 20 min</p>	<p>SIMULATION 15 min</p>	<p>DEBRIEFING 25 min</p>
<p>SIMULATION ROOM</p>	<p>➡ Yes (it could be used at the debriefing) so that students could replicate the situations previously watched in the scenario;</p> <p>➡ Also one room where students could work individually, in small groups and have plenary/common discussions.</p>		
<p>INTRODUCTION</p>			
<p>A Spanish lady called Carmen (75 years old) is taken to the Emergency Room after an episode of disorientation and aggression to healthcare staff during a blood sample test at the Health Center. She needs to be</p>			

explored and assessed by a group of professionals at the emergency room. After going through different tests and interventions staying at the Observation Room, the team is deciding either to hospitalize her or not. During this scenario, the situation gets worse and the old lady gets even more disoriented and is separated from her husband. Her husband does not understand the situation and starts arguing with the staff. He is a Spanish gipsy man (from the Roma culture) and does not want her wife to be explored by a man without his presence. He says they have been together for all their lives and he is the one in the couple who is making decisions. Even though he has observed Carmen's changes in daily life he has been reluctant to take her to healthcare facilities and services. As part of Spanish gipsy culture they are evangelists and they traditionally are much more eager to first visit alternative medicine services such as: curanderos.

Simulation objectives:

- To learn about how to act in a situation of patient disorientation at the Emergency Room;
- To be able to identify some of the early symptoms of dementia in older population;
- To be able to involve caregivers and family in care;
- To be able to coordinate with different healthcare professionals such as physicians and nurses in hospital and primary care.

Expected learning outcomes:

- Students are able to identify and understand signs and symptoms regarding mental health diseases, cognitive impairment, neurodegenerative syndromes in the older population;
- Students are able to identify the available resources in their own context;
- Students are able to identify the available resources in other contexts;
- Students are able to collaborate with other healthcare & social professionals to safeguard the older person;
- Students are able to identify the documents (protocols, guidelines, clinical pathways, legal aspects, norms) regarding the situation, at different levels (organizational, local, regional, national, european and international);

- Students are able to identify and understand the person's needs and his/her social support network from a compassionate perspective;
- Students are able to apply the adequate communication skills with the older person and also with the family, relatives, and carers;
- Students are able to identify the resources and collaborate with other healthcare & social professionals in pharmaceutical care.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	Simulator room, if possible; Actors who could perform the current situation described in order to properly simulate the scenario.
Simulator parameters (input, intervention, output)	Glasgow 15; Disoriented in time and space; Agitated.
Reusable equipment	Adult phantom Blood pressure monitor Stethoscope Pulse oximeter Jeringe with needle
Disposable equipment	Non-sterile gloves in packs, sizes: S, M, L Disinfectant fluid
Optional accessories	
Necessary documentation	Additional information: ➤ electronic medical record; ➤ individual nursing care record from past blood samples.

Description of the scenario (information for the student)

Carmen has experienced a panic attack followed by aggressiveness as she did not understand the reason of being disturbed with a blood test technique by the nurse at her local health center. As the nurse expressed

she did not have time to manage the situation with Carmen, she referred the patient to the nearest emergency room in order to manage agitation and aggressiveness of Carmen towards her. Carmen is taken to the nearest Emergency Room by her husband. Once Carmen has arrived and received the triage (after having waited to be attended for at least 1 hour in a waiting room full of people that she does not recognize); and the physician has decided to administer medication to control the agitation; the team is deciding to hospitalize her or not. Her husband is additionally creating a conflict as he believes the healthcare team wants to separate her from him and a male nurse and a male physician want to explore her wife and are touching her. Carmen cannot read because she never learnt to read. Her husband is her only support. She is also commenting things that happened while she was an infant though she is not able to remember what she did a couple of hours ago and not even the date.

Current clinical condition:

The clinical situation of Carmen is the same as in the previous Scenario 28 though in this case the context is different (she has been transferred to the nearest emergency room) and the social and cultural situation is also different as Carmen now is married with a gipsy man and has a low income situation and her relative has a poor understanding of the situation.

Interview:

The student should analyze the patient situation, caregiver situation and talk to the physician in order to make decisions based on the current clinical situation and the potential benefits of adapting the current pharmaceutical and non-pharmaceutical therapies available in the healthcare setting (the emergency room).

PREBRIEFING

In this session we will see how Carmen is transferred from an outpatient service such as the blood sample nursing consultation to the emergency room due to agitation, confusion and cognitive impairment.

We are aware that the probability of living with any kind of dementia increases from 65 years old and that some social and cultural aspects

may represent a risk factor for such population (such as: low income situation, belonging to some cultural groups with poor access to the health system) It is of high importance to be aware that patients with multi pathologies might be accessing to healthcare facilities for some specific reasons although they can experience any of the signs and symptoms related to any of the other pathologies they are currently living, It is something that usually occurs with people that live with dementia. Knowledge of its causes and consequences can help to improve disease management. The nurse has the opportunity to directly influence the patient's actions and also the rest of the team by putting the patient in the centre of the lived experience. For this to be effective, the acquisition of knowledge, skills and social competencies is essential. However, people with dementia do not benefit from being hospitalised and not even from being submitted to the current hospital clinical pathways designed for oriented patients. Despite of improving their current situation, they get worse as it is an unknown setting with non-trained healthcare and non-healthcare professionals in specific dementia training. During this scenario, the student should take the decision of hospitalising or not hospitalising a patient with no other clinical condition further than disorientation and agitation. By completing this scenario, you will consolidate your knowledge and acquire the skills needed to care for people with dementia. In today's simulation class, you will learn how to recognise symptoms and carry out appropriate tests and measurements on a dementia patient.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

- A student in a role of a nurse can ask for help from other students and the teacher at any time during the simulation scenario.

Identify critical activities

- Encountering the patient and a family member according to the principles of dialogue;
- Principles of empowering patient education;

- In this case: Nurse performs 4AT scale and Mini Mental State test in order to identify which is the current situation of Carmen. Administer some medication such as haloperidol in order to manage the agitation and participate in the decision of hospitalizing or not the patient. The final decision should be not to hospitalize her as she has no clinical lab value that indicates a critical situation, the patient feels oriented and confused after receiving medication and pros and cons are taken into consideration. Carmen needs to visit an specialist in dementia or other neurological specialist team of nurses, physicians and psychologists in primary care services.

Additional information

Roles:

- Patient;
- Daughter;
- Nurse;
- Observers.

Observers' task is to observe and provide constructive and supportive feedback for those in the roles:

- Interaction between all parties involved;
- The nurse's verbal communication;
- The nurse's nonverbal communication;
- Issues promoting dialogue in interaction;
- Encountering the patient and the family member;
- What kind of patient education methods were used?
- Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Remind the goals

Emotion phase:

- Ask about the feelings during the exercise: first the client, then the nurse.

Fact phase:

- What happened – describe what happened step by step;
- What went well;
- Feedback from observers on verbal and non-verbal interaction and critical activities.

Analysis phase:

- Why specific decisions were made;
- How it should / could be done (ideas are generated by students, the tutor leads to the conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise? (each student says 1 item – preferably everyone should say something different).

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deconstructing strengths and correct paths.

Cultural competencies/Social and Cultural aspects and factors to discuss about:

At this point please reflect and discuss on the cultural similarities and differences with your context according to the items exposed at the general introduction of this document keeping in mind what “culture” and “cultural aspects” are.

- What sort of improvements would you make (in terms of: organization, communication, etc. ...) to overcome the situation lived by the older person by taking the caregiver into account?

- What documents/information would be necessary either to create or to identify in this situation?
- Who (other professional staff) would you include into this situation?
- What type of knowledge would you reflect about in this situation (from a clinical, organizational, in terms of communication and attitude perspective)?
- Have you missed any professional intervention that you may apply in your own context?
- Could you reflect about how this situation described happens in your own country and health system? What are the main ethnic groups living in your country? How this situation would have been in those cases with different groups from different cultural backgrounds? What information about their cultural characteristics do you have?
- Is this information based on scientific or qualitative evidences? How many cultural and social aspects can you identify in this scenario?
- How do you think this situation occurs in other cultures/countries and in yours? Any scientific evidence or literature reference that could support your decisions?

Summarizing phase:

Teacher summarizes the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of gerontological care.

OR

Teacher asks the students to summarize the most essential things they learned (each student says 1 thing).

No. 28

Interprofessional pharmaceutical care

HIGH FIDELITY SIMULATION	
Field of study	Pharmaceutical care/Medication Management/ Patient Safety
Topic	Interprofessional pharmaceutical care
References, materials for classes	<p>Open access literature proposed:</p> <ul style="list-style-type: none"> ➔ European Directorate for the Quality of Medicines & HealthCare, EDQM. (2011). Pharmaceutical Care. Policies and Practices for a Safer, More Responsible and Cost-effective Health System. ➔ De Baetselier E., Van Rompaey B., Batalha L.M. et al. EUPRON: nurses’practice in inter-professional pharmaceutical care in Europe. A cross-sectional survey in 17 countries. <i>BMJ Open</i> 2020;10:e036269. doi:10.1136/ bmjopen-2019-036269. ➔ De Baetselier E., Dilles T., Feyen H., Haegdorens F., Mortelmans L., Van Rompaey B. (2021). Nurses’ responsibilities and tasks in pharmaceutical care: A scoping review. <i>Nursing Open</i>. ➔ Dijkstra N.E., De Baetselier, E., Dilles, T., Van Rompaey B., Da Cunha Batalha L.M., Filov I., ... & Sino C.G. (2021). Developing a competence framework for nurses in pharmaceutical care: A Delphi study. <i>Nurse Education Today</i>, 104: 104926.

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- Riquelme-Galindo J., Lillo-Crespo M. (2021). Designing Dementia Care Pathways to Transform Non Dementia-Friendly Hospitals: Scoping Review. *International Journal of Environmental Research and Public Health*, 18(17): 9296.

Prerequisites	The student has the knowledge:		
	<ol style="list-style-type: none"> 1. To know and to understand the experience of suffering from a chronic process (or disease) and living with dependency; 2. Base the interventions of Health Sciences professionals on scientific evidence and available means; 3. Ability to lead, manage and work in a team; 4. Establish evaluation mechanisms, considering scientific, technical and quality aspects; 5. Apply the necessary methods and procedures in your field to identify health problems. 		
Prerequisites	The student has the skills:		
	<ol style="list-style-type: none"> 1. Carry out nursing care techniques and procedures, establishing a therapeutic relationship with patients and their families; 2. Select care interventions aimed at treating or preventing health problems and their adaptation to daily life through proximity resources and support for the elderly; 3. Provide care, guaranteeing the right to dignity, privacy, intimacy, confidentiality and decision-making capacity of the patient and family; 4. Individualize care considering age, gender, cultural differences, ethnic group, beliefs and values; 5. To know palliative care and pain control to provide care that alleviates the situation of advanced and terminally ill patients. 		
PLANNED TIME OF CLASSES	60 minutes approximately (with the possibility to be extended to 90 minutes for pre and post discussions)		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBRIEFING
	20 min	15 min	25 min

SIMULATION ROOM

- Yes (it could be used at the debriefing) so that students could replicate the situations previously watched in the scenario;
- Also one room where students could work individually, in small groups and have plenary/common discussions.

INTRODUCTION

An 82 year-old lady called Carmen is hospitalized after a severe urine infection during the Covid Pandemic. She was diagnosed of Alzheimer disease 7 years ago. During her hospitalization, she is disoriented and her condition of living with Alzheimer was not taken into consideration at the emergency room as she arrived with an ambulance and the communication with her daughter has been always by telephone. Thus, her medication for Alzheimer disease was discontinued for 5 days and she is fluctuating between agitation and disorientation states and sleep due to the current situation. Each day and shift the patient is attended by different nurses and physicians in an internal medicine in-patient hospitalization unit. Suddenly the team managing the patient realizes of her condition of living with Alzheimer as the daughter, tired of communicating by telephone (as she is not allowed to enter the Hospital) to the staff that her mother is missing her Alzheimer medication, decides to write a claim in the client support station. After that, the current internal medicine team performs an exhaustive anamnesis identifying missing medication that was not prescribed and other needs that were not met from Carmen such as following some of her daily routines while she is living at home (in an low income urban area). The current internal medicine team wrote an inter consultation to the Neurology unit in order to adapt the care and medication prescription guideline. Afterwards, the Neurology team (physician and nurse) visits Carmen, allowing her daughter to be present and the internal medicine team in order to build a new plan based in Carmen's current situation. Carmen and her daughter are Latin-Americans and do not count with support from the state in order to cover some treatments required for Dementia. They arrived in Spain illegally 10 years ago. Her daughter is worried because it seems Carmen's Alzheimer Disease phase is worsening and an accident could occur at home.

Simulation objectives:

- ➔ To learn about how to act in a situation of patient disorientation;
- ➔ To be able to identify some of the middle symptoms of dementia in older population;
- ➔ To be able to involve caregivers and family in care;
- ➔ To be able to coordinate with different healthcare professionals such as physicians and nurses in hospital and primary care;
- ➔ To be able to identify pharmaceutical and non-pharmaceutical interventions to improve quality of life and wellbeing of the patient during hospitalisation.

Expected learning outcomes:

- ➔ Students are able to identify and understand signs and symptoms regarding mental health diseases, cognitive impairment, neurodegenerative syndromes in the older population;
- ➔ Students are able to identify the available resources in their own context;
- ➔ Students are able to identify the available resources in other contexts;
- ➔ Students are able to collaborate with other healthcare & social professionals to safeguard the older person;
- ➔ Students are able to identify the documents (protocols, guidelines, clinical pathways, legal aspects, norms) regarding the situation, at different levels (organizational, local, regional, national, european and international);
- ➔ Students are able to identify and understand the person's needs and his/her social support network from a compassionate perspective;
- ➔ Students are able to apply the adequate communication skills with the older person and also with the family, relatives, and carers;
- ➔ Students are able to identify the resources and collaborate with other healthcare & social professionals in pharmaceutical care.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator

Simulator room, if possible;
Actors who could perform the current situation described in order to properly simulate the scenario.

Simulator parameters (input, intervention, output)	Glasgow 13 (Eyes response: To verbal command (+3); Verbal response: Confused (+4); Motor response: Obeys commands (+6); Disoriented in time and space; Agitated.
Reusable equipment	Adult phantom Blood pressure monitor Stethoscope Pulse oximeter Jeringe with needle
Disposable equipment	Non-sterile gloves in packs, sizes: S, M, L Disinfectant fluid
Optional accessories	
Necessary documentation	Additional information: ➤ electronic medical record ➤ individual nursing care record from past blood samples

Description of the scenario (information for the student)

An 82 year-old lady called Carmen is hospitalized after a severe urine infection during Covid Pandemic. She was diagnosed of Alzheimer disease 7 years ago and she has been under control in a mild phase of Alzheimer's disease. During her hospitalization, she is disoriented and her condition of living with Alzheimer was not taken into consideration in the emergency room. Thus, her medication for Alzheimer disease was discontinued for 5 days and she is fluctuating between agitation and disorientation states and sleep due to the current prescription. You are part of a Neurology specialist team that evaluates and orientate general practitioners in order to identify potential unmet needs.

Current clinical condition:

Carmen lives alone in an urban low income area. Her daughter is the main caregiver. She was diagnosed of Alzheimer disease 7 years ago.

She has other diseases such as diabetes and hypertension, not too well managed at this moment with oral medication that she skips as she forgets to take the medication by her own. Currently she was found at home where she lives alone with high temperature, not oriented and dehydrated. Her daughter called the Pre-emergency services and Carmen was transferred to the Hospital alone as the daughter was not allowed to go with her due to Covid restrictions.

Interview:

The student should analyze the patient situation, caregiver situation and organize with the specialist team she or he is part the new guideline to be followed in order to adapt the pharmaceutical and non-pharmaceutical prescription to Carmen needs and current status.

PREBRIEFING

In this session we will see how Carmen is hospitalised due to a urine infection that has caused her a difficult situation at home.

We are aware that the probability of living with any kind of dementia increases from 65 years old. It is of high importance to be aware that patients with multi pathologies might be accessing to healthcare facilities for some specific reasons although they can experience any of the signs and symptoms related to any of the other pathologies they are currently living, It is something that usually occurs with people that live with dementia.

Knowledge of its causes and consequences can help to improve disease management. The nurse has the opportunity to directly influence the patient's actions. For this to be effective, the acquisition of knowledge, skills and social competencies is essential. However, conditions of people with dementia are not usually taken into consideration when they are hospitalised by other reason such as urine infection.

During this scenario, the student should help a team in order to adapt pharmaceutical and non-pharmaceutical intervention to the person living with Alzheimer.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed:

- A student in a role of a nurse can ask for help from other students and the teacher at any time during the simulation scenario.

Identify critical activities

- Encountering the patient and a family member according to the principles of dialogue;
- Principles of empowering patient education.

In this case:

Nurse specialist with the Physician has to identify which is the best treatment option based in pharmaceutical and non pharmaceutical interventions, based in Carmen and her daughter feedback. Current medication is not reconciliated and non pharmaceutical strategies were not performed. The student needs to identify which are the potential areas of improvement that could contribute to improve pharmaceutical care management.

Additional information

Roles:

- Patient;
- Daughter;
- Nurse;

Observers

Observers' task is to observe and provide constructive and supportive feedback for those in the roles:

- Interaction between all parties involved;
- The nurse's verbal communication;
- The nurse's nonverbal communication;
- Issues promoting dialogue in interaction;
- Encountering the patient and the family member;
- What kind of patient education methods were used?
- Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Remind the goals

Emotion phase:

- Ask about the feelings during the exercise: first the client, then the nurse.

Fact phase:

- What happened – describe what happened step by step;
- What went well;
- Feedback from observers on verbal and non-verbal interaction and critical activities.

Analysis phase:

- Why specific decisions were made;
- How it should / could be done (ideas are generated by students, the tutor leads to the conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);
- What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not);
- Point out step by step what the students' behavior should look like – exemplary;
- Motivate students to think reflectively while deconstructing strengths and correct paths.

Cultural competencies/Social and Cultural aspects to discuss about:

At this point please reflect and discuss on the cultural similarities and differences with your context according to the items exposed at the

general introduction of this document keeping in mind what “culture” and “cultural aspects” are.

- How would you communicate with the older person in this case?
- What sort of improvements would you make to overcome the situation lived by the older person by taking the caregiver into account?
- What documents would be necessary either to create or to identify in this situation?
- Who (other professional staff) would you include into this situation?
- What type of knowledge would you connect with this situation (from a clinical, organizational, in terms of communication and attitude perspective)?
- Have you missed any professional intervention that you may apply in your own context?
- How do you think this situation occurs in other cultures/countries? Would you include any metrics?
- Could you reflect about how this situation described happens in your own country and health system? What are the main ethnic groups living in your country? Where do they come from? How this situation would have been in those cases? What information about their cultural characteristics do you have? Is this information based on scientific or qualitative evidences?
- How do you think this situation occurs in other cultures/countries? Any scientific evidence that could support your decisions?
- Could you think of any type of social support that you could recommend to Carmen and her daughter in your country? Any Norms or Legal aspects related?

Summarizing phase:

Teacher summarizes the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of gerontological care.

OR

Teacher asks the students to summarize the most essential things they learned (each student says 1 thing).

HIGH FIDELITY SIMULATION

Field of study	Nursing professional Values
Topic	Compassionate care
References, materials for classes	<p>Open access literature proposed:</p> <ul style="list-style-type: none"> ➔ Wasserman I.C., McNamee S. (2010). Promoting compassionate care with the older people: a relational imperative. <i>International Journal of Older People Nursing</i>, 5(4): 309–316. ➔ Smith-MacDonald L., Venturato L., Hunter P., Kaasalainen S., Sussman T., McCleary L., ... & Sinclair S. (2019). Perspectives and experiences of compassion in long-term care facilities within Canada: a qualitative study of patients, family members and health care providers. <i>BMC geriatrics</i>, 19(1): 1–12. ➔ National Institute of Care Excellence. (2018). <i>Dementia: assessment, management and support for people living with dementia and their carers</i>. ➔ Alzheimer Scotland. (2018). <i>Getting to know me</i>. ➔ Tolson D., Fleming A., Hanson E., De Abreu W., Crespo M.L., Macrae R., ... & Routasalo P. (2016). <i>Achieving prudent dementia care (Palliare)</i>:

an international policy and practice imperative. *International Journal of Integrated Care*, 16(4).

- Lillo-Crespo M., Riquelme J., Macrae R., De Abreu W., Hanson E., Holmerova I., ... & Tolson D. (2018). Experiences of advanced dementia care in seven European countries: implications for educating the workforce. *Global Health Action*, 11(1): 1478686.
- Tolson D., Holmerova I., Macrae R., Waugh A., Hvalič-Touzery S., De Abreu W., ... & Hanson E. (2017). Improving advanced dementia care: an interprofessional Palliare learning framework. *Journal of the American Medical Directors Association*, 18(7): 561–563.
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- Riquelme-Galindo J., Lillo-Crespo M. (2021). Designing Dementia Care Pathways to Transform Non Dementia-Friendly Hospitals: Scoping Review. *International Journal of Environmental Research and Public Health*, 18(17): 9296.1589.
- Brew B.J. Chan P. (2014). Update on HIV dementia and HIV-associated neurocognitive disorders. *Current neurology and neuroscience reports*, 14(8): 1–7.
- Valcour V.G., Shikuma C.M., Shiramizu B.T., Williams A.E., Watters M.R., Poff P.W., ... & Sacktor N.C. (2005). Diabetes, insulin resistance, and dementia among HIV-1-infected patients. *Journal of acquired immune deficiency syndromes (1999)*, 38(1): 31.

Prerequisites	The student has the knowledge to:		
	<ol style="list-style-type: none"> 1. Know and to understand the experience of suffering from a chronic process (or disease) and living with dependency; 2. Base the interventions of Health Sciences professionals on scientific evidence and available means; 3. Ability to lead, manage and work in a team; 4. Establish evaluation mechanisms, considering scientific, technical and quality aspects; 5. Apply the necessary methods and procedures in your field to identify health problems. 		
Prerequisites	The student has the skills to:		
	<ol style="list-style-type: none"> 1. Carry out nursing care techniques and procedures, establishing a therapeutic relationship with patients and their families; 2. Select care interventions aimed at treating or preventing health problems and their adaptation to daily life through proximity resources and support for the elderly; 3. Provide care, guaranteeing the right to dignity, privacy, intimacy, confidentiality and decision-making capacity of the patient and family; 4. Individualize care considering age, gender, cultural differences, ethnic group, beliefs and values; 5. To know palliative care and pain control to provide care that alleviates the situation of advanced and terminally ill patients. 		
PLANNED TIME OF CLASSES	60 minutes approximately (with the possibility to be extended to 90 minutes for pre and post discussions)		
DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBRIEFING
	20 min	15 min	25 min

SIMULATION ROOM

- Yes (it could be used at the debriefing) so that students could replicate the situations previously watched in the scenario;
- Also one room where students could work individually, in small groups and have plenary/common discussions.

INTRODUCTION

A transgender lady being 83 years old and called Carmen has repetitive episodes of urine infection and at the emergency room the nurse that is following up the patient needs to perform the “getting to know me” questionnaire in order to know more about a person with dementia. She has been attended recently in different hospitals though this one has just implemented a dementia-friendly initiative. Thus, there are many actions towards adapting the setting and actions to the person living with dementia. This hospital also counts with a dementia care pathway and the first step after knowing that the patient is going to be hospitalized is to know more about him or her. The nurse is asking questions to Carmen and her caregiver (who is a Latin American non-professional caregiver) in order to know more about the following items. As soon as the nurse ask her from her sons, she disclaims that she does not want any visit from her sons as they only want her heritage and because they do not accept her (for being transgender). After performing this questionnaire in a very familiar way in an isolated room from noise, the nurse realizes of the amount of information she was missing from the patient as it was the first time she was performing the “getting to know me” questionnaire.

Simulation objectives:

- To learn about how to act when admitting people with dementia in healthcare facilities;
- To be able to involve caregivers and family in care;
- To be able to coordinate with different healthcare professionals such as physicians and nurses in hospital and primary care;
- To be able to identify unmet needs that patient cannot clearly communicate verbally to improve quality of life and wellbeing of the patient during hospitalisation.

Expected learning outcomes:

- Students are able to identify and understand signs and symptoms regarding mental health diseases, cognitive impairment, neurodegenerative syndromes in the older population;
- Students are able to identify the available resources in their own context;
- Students are able to identify the available resources in other contexts;
- Students are able to collaborate with other healthcare & social professionals to safeguard the older person;
- Students are able to identify the documents (protocols, guidelines, clinical pathways, legal aspects, norms) regarding the situation, at different levels (organizational, local, regional, national, european and international);
- Students are able to identify and understand the person's needs and his/her social support network from a compassionate perspective;
- Students are able to apply the adequate communication skills with the older person and also with the family, relatives, and carers;
- Students are able to identify the resources and collaborate with other healthcare & social professionals in pharmaceutical care.

TECHNICAL AND ORGANIZATIONAL INFORMATION

Type of training equipment / phantom / simulator	Simulator room, if possible; Actors who could perform the current situation described in order to properly simulate the scenario.
Simulator parameters (input, intervention, output)	Glasgow 15; Oriented; Non Agitated.
Reusable equipment	Adult phantom Blood pressure monitor Stethoscope Pulse oximeter Jeringe with needle

Disposable equipment	Non-sterile gloves in packs, sizes: S, M, L Disinfectant fluid
Optional accessories	
Necessary documentation	Additional information: <ul style="list-style-type: none"> ➔ electronic medical record ➔ individual nursing care record from past blood samples

Description of the scenario (information for the student)

A lady in her 83 years called Carmen is hospitalized after a severe urine infection. She was diagnosed of Alzheimer disease 8 years ago. She is a transgender lady that transitioned 29 years ago (she was one of the first transgender surgical interventions in Spain). She is also HIV positive and had problems with drugs more than 35 years now. She is going to be hospitalized to be treated with intravenous antibiotics. Now you have to perform the “getting to know me” questionnaire in order to know more about the person that is going to be admitted in the hospital and explain how her process will be within a dementia-friendly hospital.

Current clinical condition:

Carmen is a 83-year-old transgender lady who lives alone in a rural area. She became a woman 29 years ago being one of the first transgender surgeries in Spain. Her caregiver knows her from 4 years now when Carmen’s male couple died. She was diagnosed of Alzheimer disease 8 years ago. Carmen has two sons from a previous relationship (when she was a man and had not transitioned yet). She has other diseases such as diabetes and hypertension, well managed at this moment with oral and subcutaneous medication. Her caregiver is living with her. She is also HIV positive in a stable situation. She has been rehabilitated from drug addiction more than 35 years now.

Interview:

The student should analyze the patient situation and caregiver situation and know more about the patient in order to guide the rest of the team

that will manage her during hospitalization. Through this questionnaire the nurse will be able to identify critical issues that will help nurses and physicians better manage Carmen during hospitalization, making her more comfortable in a dementia-friendly environment.

PREBRIEFING

In this session we will see how Carmen (an older transgender lady) is hospitalised due to a urine infection that has caused her a difficult situation at home and has complicated her health due to the chronic diseases she is experiencing.

We are aware that the probability of living with any kind of dementia increases from 65 years old. It is of high importance to be aware that patients with multipathologies might be accessing to healthcare facilities for some specific reasons although they can experience any of the signs and symptoms related to any of the other pathologies they are currently living, It is something that usually occurs with people that live with dementia. Moreover HIV has been related with dementia in scientific literature. Knowledge of its causes and consequences can help to improve disease management. The nurse has the opportunity to directly influence the patient's and other healthcare staff actions. For this to be effective, the acquisition of knowledge, skills and social competencies is essential. However, conditions of people with dementia are not usually taken into consideration when they are hospitalised by other reason such as urine infection. However, this hospital is dementia-friendly and counts with a dementia care pathway that includes as a first step once the person is known to live with any type of dementia, that the healthcare staff needs to perform "getting to know me" questionnaire. Thus, it is easier to work with the patient and family from a compassionate care and person-centred care perspective approach.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

- ➔ A student in a role of a nurse can ask for help from other students and the teacher at any time during the simulation scenario.

Identify critical activities:

- Encountering the patient and a family member according to the principles of dialogue;
- Principles of empowering patient education.

In this case:

Nurse will perform getting to know me questionnaire for his/her first time in practice to one real patient realizing about how much he or she could know from a person asking these questions collected in the “getting to know me” pdf included in the dementia care pathway of the hospital.

Additional information

Roles:

- Patient;
- Daughter;
- Nurse;
- Observers.

Observers’ task is to observe and provide constructive and supportive feedback for those in the roles:

- Interaction between all parties involved;
- The nurse’s verbal communication;
- The nurse’s nonverbal communication;
- Issues promoting dialogue in interaction;
- Encountering the patient and the family member;
- What kind of patient education methods were used?
- Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Remind the goals.

Emotion phase:

- Ask about the feelings during the exercise: first the client, then the nurse.

Fact phase:

- What happened – describe what happened step by step;
- What went well;
- Feedback from observers on verbal and non-verbal interaction and critical activities.

Analysis phase:

- Why specific decisions were made;
- How it should / could be done (ideas are generated by students, the tutor leads to the conclusions);
- What to do to make it better;
- Students' questions;
- What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deconstructing strengths and correct paths.

Cultural competencies/Social and Cultural Aspects to discuss:

At this point please reflect and discuss on the cultural similarities and differences with your context according to the items exposed at the general introduction of this document keeping in mind what “culture” and “cultural aspects” are.

- How would you communicate with the older person in this case?
- What sort of improvements would you make to overcome the situation lived by the older person by taking the caregiver into account?

- What documents would be necessary either to create or to identify in this situation?
- Who (other professional staff) would you include into this situation?
- What type of knowledge would you connect with this situation (from a clinical, organizational, in terms of communication and attitude perspective)?
- Have you missed any professional intervention that you may apply in your own context?
- How do you think this situation occurs in other cultures/countries? Do you think this could be possible? Would you include any metrics?
- How would you refer to the patient? What sort of legal and ethical aspects would you keep in mind?
- Could you figure out the complexity of this case in terms of clinical, organizational, social and cultural aspects?

Summarizing phase:

Teacher summarizes the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of gerontological care.

OR

Teacher asks the students to summarize the most essential things they learned (each student says 1 thing).

No. 30 Interprofessional approach to safety

HIGH FIDELITY SIMULATION	
Field of study	Mental Health/Mental Wellbeing/Patient Safety
Topic	Interprofessional approach to safety
Recommended References, materials for classes	<p>Open access literature proposed:</p> <ul style="list-style-type: none"> ➔ Moncatar T.J., Nakamura K., Siongco K.L.L., Seino K., Carlson R., Canila C.C., ... & Lorenzo F.M.E. (2021). Interprofessional collaboration and barriers among health and social workers caring for older adults: a Philippine case study. <i>Human resources for health</i>, 19(1): 1–14. ➔ Chau J.P.C., Lo S.H.S., Lee V.W.Y., Yiu W.M., Chiang H.C.Y., Thompson D.R., & Lau A.Y.L. (2020). Fostering gerontology students' competence in Interprofessional collaborative practice. <i>BMC Medical Education</i>, 20(1): 1–8. ➔ Baxter, P., Markle-Reid, M. (2009). An interprofessional team approach to fall prevention for older home care clients 'at risk' of falling: health care providers share their experiences. <i>International journal of integrated care</i>, 9: e15. ➔ Riquelme-Galindo J., Lillo-Crespo M. (2021). Developing a dementia inclusive hospital environment using an Integrated Care Pathway design: research protocol. <i>PeerJ</i>, 9: e11589.

- Riquelme-Galindo J., Lillo-Crespo, M. (2021). Designing Dementia Care Pathways to Transform Non Dementia-Friendly Hospitals: Scoping Review. *International Journal of Environmental Research and Public Health*, 18(17): 9296.
- Brew B.J., Chan P. (2014). Update on HIV dementia and HIV-associated neurocognitive disorders. *Current neurology and neuroscience reports*, 14(8): 1–7.
- Valcour V.G., Shikuma C.M., Shiramizu B.T., Williams A.E., Watters M.R., Poff P.W., ... & Sacktor N.C. (2005). Diabetes, insulin resistance, and dementia among HIV-1-infected patients. *Journal of acquired immune deficiency syndromes (1999)*, 38(1): 31.

Prerequisites

The student has the knowledge:

1. To know and to understand the experience of suffering from a chronic process (or disease) and living with dependency;
2. Base the interventions of Health Sciences professionals on scientific evidence and available means;
3. Ability to lead, manage and work in a team;
4. Establish evaluation mechanisms, considering scientific, technical and quality aspects;
5. Apply the necessary methods and procedures in your field to identify health problems.

The student has the skills:

1. Carry out nursing care techniques and procedures, establishing a therapeutic relationship with patients and their families;
2. Select care interventions aimed at treating or preventing health problems and their adaptation to daily life through proximity resources and support for the elderly;

- 3. Provide care, guaranteeing the right to dignity, privacy, intimacy, confidentiality and decision-making capacity of the patient and family;
- 4. Individualize care considering age, gender, cultural differences, ethnic group, beliefs and values;
- 5. To know palliative care and pain control to provide care that alleviates the situation of advanced and terminally ill patients.

PLANNED TIME OF CLASSES 45 min (with the possibility to be extended to 60 minutes or 1 hour for pre and post discussions)

DURATION OF THE SCENARIO	PREBRIEFING	SIMULATION	DEBRIEFING
	20 min	15 min	20 min

- SIMULATION ROOM**
- Yes (it could be used at the debriefing) so that students could replicate the situations previously watched in the 5 scenarios;
 - Also one room where students could work individually, in small groups and have plenary/common discussions.

INTRODUCTION

Antonio is a 85 years old person who lives in the city center of Alicante (South east Spain). He has been a very sportive man as he was a professional football player since he was young. He was infected by COVID-19 as he refused to be vaccinated and spent 1 month in intensive care unit due to severe COVID infection. He was prone to suffer severe COVID infection as he is HIV positive since 2005. His husband is his main caregiver. After that, he was discharged to a care home in order to improve deterioration from being hospitalized during 3 months. He has been followed up by an interprofessional team focused on cognitive stimulation, physical stimulation and wellbeing since he was hospitalized.

Simulation objectives:

- To learn about how to act when working with people diagnosed with HIV;

- To be able to involve caregivers and family in care;
- To be able to coordinate with different healthcare professionals such as physicians and nurses in hospital and primary care;
- To be able to develop an individualised care plan focused in keep patients as autonomous as possible preserving their safety.

Expected learning outcomes:

- Students are able to identify and understand signs and symptoms regarding mental health diseases, cognitive impairment, neurodegenerative syndromes in the older population;
- Students are able to identify the available resources in their own context;
- Students are able to identify the available resources in other contexts;
- Students are able to collaborate with other healthcare & social professionals to safeguard the older person;
- Students are able to identify the documents (protocols, guidelines, clinical pathways, legal aspects, norms) regarding the situation, at different levels (organizational, local, regional, national, european and international);
- Students are able to identify and understand the person's needs and his/her social support network from a compassionate perspective;
- Students are able to apply the adequate communication skills with the older person and also with the family, relatives, and carers;
- Students are able to identify the resources and collaborate with other healthcare & social professionals in pharmaceutical care.

TECHNICAL AND ORGANIZATIONAL INFORMATION

<p>Type of training equipment / phantom / simulator</p>	<p>Simulator room, if possible; Actors who could perform the current situation described in order to properly simulate the scenario.</p>
<p>Simulator parameters (input, intervention, output)</p>	<p>Glasgow 15; Oriented; Barthel Scale: 40-moderate dependence; Non Agitated.</p>

Reusable equipment	<ul style="list-style-type: none"> Adult phantom Blood pressure monitor Stethoscope Pulse oximeter Jeringe with needle
Disposable equipment	<ul style="list-style-type: none"> Non-sterile gloves in packs, sizes: S, M, L Disinfectant fluid
Optional accessories	
Necessary documentation	<p>Additional information:</p> <ul style="list-style-type: none"> ➔ electronic medical record ➔ individual nursing care record from past blood samples

Description of the scenario (information for the student)

Antonio is a 85 years old person who lives in the city center of Alicante (South east Spain). He has been a very sportive man as he was a professional football player since he was young. He was infected by COVID-19 as he refused to be vaccinated and spent 1 month in intensive care unit due to severe COVID infection. He was prone to suffer severe COVID infection as he is HIV positive since 2005. His husband is his main caregiver. After that, he was discharged to a care home in order to improve deterioration from being hospitalized during 3 months. He has been followed up by an interprofessional team focused on cognitive stimulation, physical stimulation and wellbeing since he was hospitalized.

Current clinical condition:

Antonio is a 75 years old. His main disease is HIV positive since 2005, now he is suffering from long COVID-19 effects. He had very good physical condition as he was practicing sport daily. However, at this moment he has difficulties with soft sports as he feels tired and short of breath with low intensity exercise. This situation makes him frustrated as he has drastically changed in less than one year and his quality of life has worsened from his perspective. At this moment the most relevant

score scale is 40 (moderate dependent) as he has been sedated during 20 days in intensive care unit. A group of healthcare professionals are trying to adapt a plan for him once he is going to be discharged to his home with the support of his husband in order to make him feel comfortable and satisfied establishing realistic goals for the next months following his preferences in terms of healthy habits, physical and mental training.

Interview:

The student should analyze the patient situation and caregiver situation and know more about the patient in order to guide the rest of the team that will manage him after discharge from hospitalization. The student needs to address the future guideline that Antonio will follow after discharge in order to adapt their needs and wills to his current situation at home focusing in keeping him safe and as autonomous as he can.

PREBRIEFING

In this session we will see how Antonio is discharged due to COVID-19 infection.

The nurse has the opportunity to directly influence the patient's and other healthcare staff actions empowering him and his caregiver with tools and knowledge in order to make him as less dependent as possible. For this to be effective, the acquisition of knowledge, skills and competencies is essential.

IMPLEMENTATION OF THE SCENARIO (information for the teacher)

Description of the course of the scenario / structure of performed activities

Describe in detail how the student / students should proceed;

- A student in a role of a nurse can ask for help from other students and the teacher at any time during the simulation scenario.
- Encountering the patient and a family member according to the principles of dialogue;
- Principles of empowering patient education.

Nurse will have an interview with Antonio in order to get to know his preferences to empower him and his husband in order to follow an individualized discharge plan based in the safety of his HIV and dependent condition and to keep him as independent as possible through physical and mental stimulation activities.

Additional information

Roles:

- Patient;
- Daughter;
- Nurse;
- Observers.

Observers' task is to observe and provide constructive and supportive feedback for those in the roles:

- Interaction between all parties involved;
- The nurse's verbal communication;
- The nurse's nonverbal communication;
- Issues promoting dialogue in interaction;
- Encountering the patient and the family member;
- What kind of patient education methods were used?
- Desirable behavior, communication, additional information should be described.

Description of simulator preparation:

- Appearance;
- Initial simulator parameters (if applicable): NO;
- Simulator parameters changing during the course of the scenario in accordance with the predicted algorithm of the procedure or the structure of activities: NO.

DEBRIEFING – plan

Remind the goals

Emotion phase

- Ask about the feelings during the exercise: first the client, then the nurse.

Fact phase:

- ☉ What happened – describe what happened step by step;
- ☉ What went well.

Feedback from observers on verbal and non-verbal interaction and critical activities.

Analysis phase:

- ☉ Why specific decisions were made;
- ☉ How it should / could be done (ideas are generated by students, the tutor leads to the conclusions);
- ☉ What to do to make it better;
- ☉ Students' questions;
- ☉ What do you remember from the exercise (each student says 1 item – preferably everyone should say something different);

What should happen (select 3–4 items here that should always be discussed with students regardless of whether they happened or not).

Point out step by step what the students' behavior should look like – exemplary.

Motivate students to think reflectively while deconvolving strengths and correct paths.

Cultural competencies/Social and Cultural Factor to be discussed:

At this point please reflect and discuss on the cultural similarities and differences with your context according to the items exposed at the general introduction of this document keeping in mind what “culture” and “cultural aspects” are.

- ☉ How would you ideally think this situation should happen?
- ☉ Is there any type of resource that you would include?
- ☉ What kind of individualized support would you advise Antonio to search for?
- ☉ What kind of individualized support would you advise Antonio to search for? Is there any initiative in your country for HIV population?

- What kind of individualized support would you advise Antonio to search for? What would you say to him as he has rejected to be vaccinated? What about his main caregiver?
- What kind of individualized support would you advise Antonio to search for? What would you advice to your colleagues if you see that some of them are arguing with him in order to make him understand the importance of being vaccinated?
- What kind of individualized support would you advice Antonio to search for? Do you think that he could help other people with HIV with his experience after suffering COVID?

Summarizing phase:

Teacher summarizes the importance of skills practiced and consolidated knowledge in nursing practice for improving the quality of gerontological care.

OR

Teacher asks the students to summarize the most essential things they learned (each student says 1 thing).

About the GNurseSIM Project and this publication

Globally, the number of people over the age of 60 is expected to more than double by 2050. Diseases associated with ageing are identified by the World Health Organization as being a major global health challenge that future healthcare providers must be prepared to meet. Simulation is a safe way to train healthcare providers to provide effective care for older people and their families. GNurseSIM supports higher education institutions to provide students in geriatric nursing with opportunities during their training, to practice skills of adopting a multidisciplinary holistic approach to the care of older patients.