A SIMULATION IN ADVANCE CARE PLANNING CONVERSATIONS: CHATT – CONVERSATIONS HAD AT TRYING TIMES

Simulation developed at University of Connecticut, Storrs, CT

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Reference: Parekh de Campos, A. & Polifroni, C. E. (2023). Development of a Standardized Simulation: Advance Care Planning Conversations for Nurses. *Nursing Research*. https://doi.org// 10.1097/NNR.0000000000000625

Pre-work

I attached the article for the students to read (file: Whitehead, P et al 2022)

Instructions: Read **Introduction, Discussion and Recommendations** and write a one paragraph (max ½ page) reflection on your thoughts related to advance care planning conversations. Choose to reflect on one or more of the following questions: Am I comfortable having this type of conversation with my patient? Am I comfortable having this type of conversation with a family member? I think it's important/not important to have advance care planning conversations. You are required to bring in your reflection to lab the day of the simulation.

For Instructors ONLY:

- Questions with answers to questions about the pre-work article (Pre-work Q&A_Prebrief_ACPsim.pdf)
- Simulation Template (SimTemplate_ACP.docx)
- Debrief Guidelines (Debrief guidelines_ACPsim&resources) -- and copies of the 4 resources below
- Instructors should have students look back on their reflections and see if their thoughts are the same. As if anyone would like to share - not required though.

Resources that will be shared and explained with students during debrief:

1. MOLST (MOLSTCTMedicalOrders.pdf)
2. Serious Illness Conversation Guide (Serious-Illness-Conversation-Guide.pdf)
3. CT Advance Directives Forms (CT advance directives.pdf)
4. VitalTalk Resources: https://www.vitaltalk.org/resources/

Simulation Design Template

(Jane Franklin) Simulation

Date:

Discipline: Nursing

Expected Simulation Run Time: 10 minutes

Location: Middlesex Health Simulation Laboratory

Today's Date:

File Name: ACP_Jane_Franklin
Student Level: Registered Nurses

Guided Reflection Time: Twice the amount of time that the simulation runs.

Location for Reflection: Middlesex Health Debriefing Room

Brief Description of Client

Name: Jane Franklin

Date of Birth: 6/25/1941

Gender: F **Age**: 77 **Weight**: 105lbs **Height**: 5'2

Race: Caucasian **Religion**: Catholic

Major Support: Daughter, Emily **Support Phone:** 860-523-0896

Allergies: Banana- hives **Immunizations:** Shingrix, Flu 10/2019

Attending Provider/Team: Dr. Leona Jenkins, hospitalist

Past Medical History: anxiety, arthritis, chronic respiratory failure, COPD, depression, eczema, emphysema, former smoker, history of GI bleed, hyperlipidemia, hypertension, hypothyroidism, lower extremity edema, oxygen-dependent, peptic ulcer disease, pulmonary hypertension, pulmonary nodules, shortness of breath

History of Present Illness: 77-year-old female coming from Wellington Park skilled nursing facility with a history listed above, who presented to the emergency department today with reports of having altered mental status and being unresponsive to staff.

The patient was just discharged to Wellington Park last week after being readmitted for acute on chronic hypercapnic respiratory failure due to possible malfunctioning BiPAP. She was stabilized in the hospital and was discharged to Wellington Park on BiPAP at 18/8. According to the daughter, she did well on discharge and was placed on CPAP for two nights after discharge, but she noted that the patient has been off it since Friday and the weekend and she wasn't sure why. Based on the facility's note, the patient had low O2 sats in the 80's on CPAP which was switched to BiPAP yesterday but despite that had O2 sats hovering in the 80's. She was then kept on high flow oxygen after that. Her mental status worsened, and she became more lethargic and less responsive this morning and was transferred to the emergency department. There, she was found to have an elevated PCO2 of 125.3 on VBG. CPAP was placed, and since then, her mental status has slightly improved. She was admitted to the IMCU. After 24 hours, the patient has improved with O2 sats in the low 90's on 4L O2 via nasal cannula. She is currently on S8, is AOx2, and can respond to simple questions.

Social History: Widowed; recently discharged to short-term rehab. Daughter Emily lives in CT, two sons James and Mike live in California. Quit smoking in 1996 with a prior 30+ pack-year history. She denies alcohol use. She is a retired ultrasound technician.

Primary Medical Diagnosis: COPD

Relevant Surgeries/Procedures & Dates: non-invasive mechanical ventilation (8/2014), esophagogastroduodenoscopy (9/2014), non-invasive mechanical ventilation (4/2015), assistance with respiratory ventilation – less than 24 consecutive hours – continuous positive airway pressure (11/2015), assistance with respiratory ventilation – less than 24 consecutive hours – continuous positive airway pressure (3/2016), excision of duodenum-diagnostic (12/2016), excision of stomach-diagnostic (12/2016), excision of esophagogastric junction (12/2016), assistance with respiratory ventilation – less than 24 consecutive hours – continuous positive airway pressure (10/2018), assistance with respiratory ventilation – less than 24 consecutive hours – intermittent positive airway pressure (10/2018), assistance with respiratory ventilation – greater than 96 consecutive hours (12/2018).

Psychomotor Skills Required of Participants Prior to Simulation

General care of a patient diagnosed with a serious illness.

Cognitive Activities Required of Participants Prior to Simulation

None

Simulation Learning Objectives

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

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

Simulation Scenario Objectives

1. Ask permission and elicit the patient's and family member's understanding of the patient's condition.
2. Engage patient and family in a goals of care conversation.
3. Perform an advance care planning conversation.
4. Explain advanced directives and the reason initiation of this conversation is important.
5. Guide them through this conversation in a compassionate manner.

References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario:

Coyne, P. J., Bobb, B., & Plakovic, K (Eds.). (2017). *Conversations in palliative care: Questions and answers with the experts.* Pittsburgh, Pennsylvania: Hospice and Palliative Nurses Association.

INACSL Standards Committee. (2016). INACSL standards of best practice: Simulation debriefing. *Clinical Simulation in Nursing, 12*(S), S21-S25.

INACSL Standards Committee. (2016). INACSL standards of best practice: Simulation design. *Clinical Simulation in Nursing, 12*(S), S5-S12.

INACSL Standards Committee. (2016). INACSL standards of best practice: Simulation facilitation. *Clinical Simulation in Nursing, 12*(S), S16-S20.

INACSL Standards Committee. (2016). INACSL standards of best practice: Simulation outcome and objectives. *Clinical Simulation in Nursing, 12*(S), S13-S15.

INACSL Standards Committee. (2016). INACSL standards of best practice: Simulation participant evaluation. *Clinical Simulation in Nursing, 12*(S), S26-S29.

INASCL Standards Committee. (2016). INASCL standards of best practice: Simulation simulation glossary. *Clinical Simulation in Nursing, 12*(S), S39-S47.

Setting/Environment

☐ Emergency Room ☒ Medical-Surgical Unit ☐ Pediatric Unit ☐ Maternity Unit ☐ Behavioral Health Unit	☐ ICU ☐ OR / PACU ☐ Rehabilitation Unit ☐ Home ☐ Outpatient Clinic ☐ Other:

Equipment/Supplies

Simulated Patient/Manikin/s Needed: Standardized Patients – Jane-patient elderly female, Emily-daughter

Recommended Mode for Simulator: N/A

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

Other Props & Moulage:

Equipment Attached to Manikin/Simulated Patient:	**Equipment Available in Room:**
☒ ID band ☐ IV tubing with primary line fluids running at __mL/hr ☐ Secondary IV line running at ___mL/hr ☐ IVPB with _____ running at mL/hr ☐ IV pump ☐ PCA pump ☐ Foley catheter with ___mL output ☐ 02 ☐ Monitor attached ☒ Other: O2 tubing **Other Essential Equipment:** Blood pressure cuff, thermometer, stethoscope	☐ Bedpan/urinal ☐ 02 delivery device (type) ☐ Foley kit ☐ Straight catheter kit ☐ Incentive spirometer ☐ Fluids ☐ IV start kit ☐ IV tubing ☐ IVPB tubing ☐ IV pump ☐ Feeding pump ☐ Crash cart with airway devices and emergency medications ☐ Defibrillator/pacer ☐ Suction

Medications and Fluids: ☐ Oral Meds: ☐ IV Fluids: ☐ IVPB: ☐ IV Push: ☐ IM or SC:	☒ Other: Simulated television, producing noise; bedside table w/water pitcher and tissues; chair for daughter at bedside The scenario will not be recorded; however, an outside observer will be present for each simulation and take notes. The scenario will be streamed to the debriefing room.

Roles

☒ Nurse 1 ☒ Nurse 2 ☐ Nurse 3 ☐ Provider (physician/advanced practice nurse) ☐ Other healthcare professionals: (pharmacist, respiratory therapist, etc.)	☐ Observer(s) ☐ Recorder(s) ☐ Family member #1 Daughter Emily ☐ Family member #2 ☐ Clergy ☐ Unlicensed assistive personnel ☐ Other:

Guidelines/Information Related to Roles

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

Nurse #1 – responsible for patient assessment, discuss goals of care and advance directives with patient

Nurse #2– responsible for family assessment, provide ACP information to family

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

Pre-briefing/Briefing

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

Expectations and orient participants

Environment – Welcome, restrooms, turning off pagers/cell phones

Scenario – Purpose of simulation & simulation study, Middlesex Health orientation video,

SP overview and embedded roles, basic assumption, confidentiality and safe learning environment, fiction contract, logistics, debriefing explanation, psychological safety

Roles – Define the SP's roles, the participating nurse's roles

Time allotment – Overview of timeline

Objectives – Review objectives of simulation, answer questions

Scenario Progression Outline

Patient Name: Jane Franklin **Date of Birth: 7/24/1941**

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-3 minutes	Jane is resting in bed. Emily walks into the room and is visibly upset. Emily: "Mom, they said that you started Morphine for your breathing…does that	**Learners should begin by:** • Introducing selves • Recognize distress between patient and daughter • Sits at eye level with patient and daughter	**Role member providing cue:** Jane, patient. **Cue**: "Will this Morphine make me die?"

	mean that you're dying?" Jane: "No...at least, I don't think so. It helps me breathe. It's just another medication. I don't know much more about it." Emily: "Well, I think you should stop taking it, or it'll make you die."	• Shuts off tv • Provide education about Morphine and use	
3-6 minutes	Jane: "Thank you for the explanation for the medication. I had a palliative care consult, and the nurse recommended Morphine, which has worked well. She gave me a lot to think about though…she was talking about advance directives and planning, so much to think about."	• Provide information on specifics of advanced directives such as DNR/DNI, living wills, designated health representatives. • Difference between DNR/DNI (effective immediately) & the living will (takes effect only when patient cognitively compromised).	**Role member providing cue:** Jane, patient. **Cue**: She said something about a DNW...or something and a will…oh and that I had to pick someone to answer questions for me."
6-10 minutes	Emily (panicked): "Who came? Why was she talking about that? I don't understand why it would be brought up if you're not dying." Jane: Well I know that my breathing has been getting worse and worse the past few months. I can't seem to recover like I usually do. I would want Emily to make decisions for me if I can't. I know I'm sick of coming back to the hospital over and over, feeling better for a little while, and then getting sick again.	• Initiate discussion on ACP with points of - what does patient know, long-term goals, discuss time frame of illness (…when is the last time you felt well…do you remember specific details)	**Role member providing cue:** Jane, patient. **Cue**: "All I know is that James's son is graduating kindergarten in 4 months, and I am flying out to California to watch it!"

	Emily: I didn't realize that you felt this way. We should talk more about what you want		

Debriefing/Guided Reflection

(see debrief script)

Themes for this scenario:

- Discuss ACP conversations among patients
- Advance Directives/MOLST/POLST
- Effective therapeutic communication
- Medication education

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

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

16. How would you assess the quality of care provided?
17. What could you do improve the quality of care for this patient?
18. If you were able to do this again, how would you handle the situation differently?
19. What did you learn from this experience?
20. How will you apply what you learned today to your clinical practice?
21. Is there anything else you would like to discuss?

Scripts for Standardized patients

Patient (Jane)

General appearance/affect:	You are anxious about being in the hospital again and have been given a lot of information. You are generally agreeable to whatever the nurse and physicians are recommending for you. Due to your COPD, you speak slowly and are frequently out of breath. If you run into trouble, the safety phrase is: "My chest hurts." If the participant/s talk in front of you and don't maintain fidelity: "Are you saying you don't know what you're doing? Could you please get someone that does?"

Daughter (Emily)

General appearance/affect:	You are anxious and worried about your mother. With her being back and forth from the hospital and nursing home, you haven't slept well for a few weeks. You are generally distrustful of the physicians and nurses and wonder what kind of information they're giving your mom. At first, you are suspicious of the nurse (participant); however, you begin to listen more when they explain using Morphine, advance directives, advance care planning. If you run into trouble, the safety phrase is: "My chest hurts." If the participant/s talk in front of you and don't maintain fidelity: "Are you saying you don't know what you're doing? Could you please get someone that does?"