

## SIMULATION SCENARIO DEVELOPMENT TEMPLATE

Scenario name: Skin Problem

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Institution: Univ. of Wash. School of Nursing

Target audience: Undergrad  Grad  Other:

Goal/Purpose: To provide novice advanced practice students for their first clinical placements

### Lab Set-up

Patient simulator/Task trainer: SimMan with pedal pulses; red, warm, swollen LE.

Patient characteristics: Male/female, gray wig; 65 y/o

Vital parameters, beginning: BP 138/86; P 82, RR 14, T 98.9, Pulse ox 98%

Environment/setting/location: Inpatient surgical floor

Lab staff needed day of simulation: Program manikin, run scenario; patient voice

Equipment, supplies & prop list: chart with CBC results, VS; tape measure; stool for clinician, chair prn for family; VS machine/pulse ox; exam gloves; checklist for evaluation.

### Learning Objectives

For patient with a skin problem, learner will be able to:

1. choose communication and relationship development strategies for interaction with patient, patient family and preceptor.
2. Demonstrate advanced skills in performing an history & physical exam.
3. Formulate and deliver a case presentation in collaboration with preceptor that includes a rationale for choice of working diagnosis.
4. (Optional) Formulates a management plan and documents in SOAP note format.

### Student Preparation

Pre-requisite knowledge/activities:

1. Skin lesions and rashes didactic materials reviewed and prompt created.
2. Focused health history/symptom analysis lecture reviewed.
3. Focused physical exam skills for skin reviewed in Bates.
4. Experience with case presentation and differential diagnosis.
5. Experience in documenting H&P findings, working diagnosis & plan in SOAP note format.

### Clinical Case Information

Case description/Patient history (HPI, PMH, Social Hx, FH):

Mrs. Johnson is a 65 year old female, just admitted to her hospital room, intake not completed. Right knee replacement scheduled for tomorrow morning. Student APN called to evaluate right LE that is red, swollen and warm. Started as eczema rash with itching 2 weeks ago. Dime-sized area of redness and warmth that has gradually increased in size. Pain 5/10 aching at rest; worse & sharp with walking. Edema and pain since last night. No radiation or calf pain. Tylenol helped pain a little & tried steroid cream helped itching only. No MRSA exposure or trauma other than scratching. Associated sx: No fever, chills, nausea, vomiting. No numbness or tingling in feet or legs. No SOB. Left knee normal. No lesion exudates. PMH: OA hips & knees x 5 years. No hx CAD, CHF, HTN, DM, COPD. Lives with husband. Dtr lives nearby.

### Medications and Allergies (MAR):

Allergies: Sulfa drugs (as a child, reaction unknown)

Tylenol 500mg one tab Q 4hrs prn pain.

Hydrocortisone cream for rash bid

Aspirin 325 mg 2 tabs tid for arthritis (stopped 3 days ago for surgery)

Multivitamin QD intermittently

## Actor Roles and Behavior Overview

### Actor/Role – Brief overview of behavior during scenario

1. H&P, deliver case presentation.
2. Actions Checklist for debriefing an evaluation later.
3. husband - Be generally supportive but not overly intrusive. Verbalize your concern that she may not have surgery because you have taken off time to be with her.
4. ortho surgeon - Hear student case presentation. Repeat important hx and PE.
5. nurse or CNA - Gives report when student APN arrives. Interrupts history to take vital signs; does not volunteer VS values but has results if asked or to write in chart.

## Scenario Events and Expected Actions

### Events in chronological order – Expected actions

1. APN student enters room & introduces self to patient. - Performs H&P.
2. During exam, daughter or husband provides missing history.
3. Floor nurse or CNA interrupts history to take vital signs; does not volunteer VS values but has results if asked or to write in chart.
4. Family member wants to know lab results. Verbalizes concern that pt may not have surgery because you have taken off time to be with her. APN provides information to family using lay language.
5. When H&P completed, leaves room to give case presentation.
6. ortho surgeon - Hear student's case presentation that includes a differential diagnosis and brief plan of care. Repeat important hx and PE.
7. Actions Checklist to check off H&P & PE, case presentation skills. Participates in debriefing.
- 8.

## Debriefing Points

What went well?

What would you do differently next time?

What were challenges in meeting family members needs?

If being used for evaluation, what critical actions checklist items were completed, omitted.

## References

Evidenced-based practice guidelines, protocols or algorithms used in creating scenario:

Dains, Baumann, & Scheibel (2007). "Advanced Health Assessment and Clinical Diagnosis in Primary Care", 3rd Ed.

Uphold, CR, Graham, MV (2003). "Clinical Guidelines in Family Practice", 4th Ed.

Bickley, Lynn S. (2009). Bates' Guide to Physical Examination and History Taking, 10th ed. Philadelphia: Lippincott.

## Key Words:

Skin problem; Graduate-adv; Geriatric; Inpatient; Clinical reasoning; Evaluation; Low fidelity manikin