

Ambulatory Care Nursing Simulation Toolkit Psychological First Aid (PFA)

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1. Development & Background Information

1.1 Purpose

The purpose of this simulation-based activity is to practice psychological first aid (PFA) in a scenario with someone who is experiencing an emotional crisis. Learners will apply steps within the RAPID model of PFA to mitigate and stabilize crises and to triage the patient's needs.

1.2 Learning Objectives

By the end of this simulation-based experience, the learner will be able to...

1. Apply the steps of the RAPID model to provide PFA to someone who is in emotional distress.
2. Apply the principles of triage to prioritize which needs to address.
3. Provide basic emotional support interventions.
4. Assess efficacy of intervention and need for additional referrals for resources.

1.3 Scenario Development

Author(s):	Emily Ishado, MSW, LICSW & Diana Taibi Buchanan, PhD, RN
Reviewer(s):	TBD
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1.4 Brief Summary

This simulation was developed to be delivered as a “freeze frame” activity in which students pause and change roles between the steps of the RAPID process.

Students will play the role of an ambulatory care nurse who works in a large healthcare system that has multiple departments, including pharmacy, social work/behavioral health, and rehabilitative services. The nurse will be checking on Ms. Jones, who is presenting for her annual physical exam. The student will start the scenario by receiving report from the medical assistant (MA), who checked vital signs and roomed the patient. As part of the standard check-in process, the MA collected the PHQ-2, which scored 4 (threshold for full PHQ-9 screening is ≥ 3). The MA asks the nurse to check on the patient and administer the PHQ-9. The first student will give the PHQ-9 and will find a score of 11, indicating moderate depression. The student should begin the RAPID approach to PFA. At the end of each step in the process, the facilitator will cue the students to pause, briefly review components of the next step, and proceed with another student playing the nurse.

During the encounter, the nurse will discover other multiple challenges that the patient is facing and will use PFA techniques of reflective listening, assessment, prioritization, intervention, and disposition. At the end of the full scenario, the students will practice an SBAR warm hand-off to a behavioral health provider.

Notes:

- This simulation is designed so it could be run **in-person** or **remote** (via video conferencing). Notes throughout this document give instructions for each type of delivery.
- More than one student could play the role of the nurse. For instance, one might complete the first two steps of RAPID, another the third, and so forth.
- For a shorter simulation-based activity, the facilitator may choose to enact only certain acts and focus briefing and debriefing on those portions.

1.5 Activity Duration: 90 min

1.6 Clinical Performance Expectations

General Expectations	Metrics
Use Universal Precautions at all times	<ul style="list-style-type: none"> • Washes/Gels Hands
Demonstrate safety check	<ul style="list-style-type: none"> • Identify patient using 2 identifiers • Safety checks
Use effective communication skills	<ul style="list-style-type: none"> • Introduces self, explains role • SBAR
Demonstrate understanding of the implications of lifespan development for patient care	<ul style="list-style-type: none"> • Correctly identify developmental stage of adulthood and relevant concerns
Scenario Specific	Competencies
Rapport:	Establish therapeutic rapport <ul style="list-style-type: none"> • Introduce self • Explain who you are and what you do • Administer PHQ-9 • Ask open ended questions to gather information • Reflective listening, compassion, paraphrasing what you hear
Assessment:	Assess domains and level of distress <ul style="list-style-type: none"> • Domains: Cognitive, Emotional, Behavioral, Spiritual, Physiological • Distress vs. Dysfunction
Prioritization:	Prioritization and Triage <ul style="list-style-type: none"> • What issue(s) to address first? • Evidence-Based Triage • Risk-Based Triage
Intervention:	Plan and implement the appropriate intervention and support <ul style="list-style-type: none"> • Stabilization Strategies • Mitigation Strategies
Disposition:	Disposition <ul style="list-style-type: none"> • Assess efficacy of intervention – is further care needed? • Collaboratively develop an individualized plan of care • Educate and refer to other resources (medical, mental health, spiritual, financial) • Develop a timeline for re-evaluation and follow-up • Provide plan that is understandable and acceptable to the patient • Validation that the plan is understood by the patient

1.7 Intended Learners

The Ambulatory Care Nursing Simulation Toolkit was designed primarily for pre-licensure nursing students who have completed foundational courses (i.e., pathophysiology, pharmacology, fundamentals of nursing care, and medical-surgical clinical training). The course is also appropriate for RN Residents and for practicing RNs who are new to the ambulatory care setting.

1.8 Skills Required for Learners

Psychomotor skills required prior to the simulation:

- Reflective listening, showing compassion & empathy
- Use good communication to interview patients
- Communicate professionally in person
- Synthesize information from multiple sources in applying the nursing process
- Communicate using SBAR format

Knowledge required prior to the simulation:

- PFA principles and RAPID steps
- Triage principles and protocols
- Nursing process in the context of telehealth nursing practice

2. Simulation Set-up

2.1 Personnel Needed and Responsibilities

- **Facilitator(s):** provide briefing, facilitate the scenario and debriefing, play an acted role if needed.
- **Actor(s):** patient (played by facilitator), providers (both could be played by facilitator or simulation staff)

2.2 Acted Roles (scripted)

Role	Description
<i>Patient</i>	This role is the 78-year-old patient. The patient role will speak to the nurse in-person, by script.
<i>Provider</i>	The provider will receive the SBAR report from the nurse.

2.3 Set-up Information

Set-up	Set-up information: <u>In-Person</u>	Set-up information: <u>Remote</u>										
Setting Primary care clinic	The simulation room should be set up as an outpatient exam room.	Use Zoom or other teleconferencing software with a neutral background.										
Manikin or task trainer	<p>A person (staff or facilitator) will play the patient.</p> <p>VS may will be taken using the simulator technology so the simulated VS will show for BP and HR.</p> <p>Initial settings:</p> <table border="1"> <tbody> <tr> <td>HR</td> <td>67</td> </tr> <tr> <td>Spo2</td> <td>97%</td> </tr> <tr> <td>BP</td> <td>122/68</td> </tr> <tr> <td>RR</td> <td>16</td> </tr> <tr> <td>Temp</td> <td>98.4°F</td> </tr> </tbody> </table>	HR	67	Spo2	97%	BP	122/68	RR	16	Temp	98.4°F	<p>A person (staff or facilitator) will play the patient.</p> <p>Have the PowerPoint file “CHSIE AC Simulation PFA PPT.pptx” open to screen-share images.</p>
HR	67											
Spo2	97%											
BP	122/68											
RR	16											
Temp	98.4°F											
General clinical equipment	<ul style="list-style-type: none"> • Stethoscope • VS – via simulation monitor 	<p>Images in the PowerPoint for screen share:</p> <ul style="list-style-type: none"> • <i>Patient picture</i> • <i>Vital Signs</i> • <i>PHQ-2</i> • <i>PHQ-9</i> • <i>PHQ-9 Scoring</i> 										
Orders and documentation	<ul style="list-style-type: none"> • PHQ-9 form for the student to give. 	PHQ-9 questions and scoring on-screen via PowerPoint for the students to administer.										

Other documents	<ul style="list-style-type: none"> • Attendance form • Actor scripts • Observer worksheet (students should bring) 	<ul style="list-style-type: none"> • Attendance form • Actor scripts • Observer worksheet (students should bring)
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2.4 Fidelity

Type of fidelity	Characteristics of the simulation: In person	Characteristics of the simulation: Remote
Physical: Setting, patient/actors, and props are used to create realism.	The simulation room will be set up to appear as an outpatient clinic.	Images of the patient and forms provided.
Conceptual: Elements of the scenario relate in a realistic way so the case makes sense as a whole. E.g., VS consistent with diagnosis.	<p>Students will use PHQ assessments.</p> <p>The case was modeled on common psychological wellness issues in older adults.</p>	
Conceptual: Elements of the scenario relate in a realistic way.	Scripting will allow for actual conversations for assessment and care planning. The actor should provide signs of depression mixed with anxiety (e.g., flat or sad affect and voice, slow or hesitant to respond, restlessness).	

3. Facilitator Orientation

3.1 Scenario Overview (with correct treatment decisions— do not share with students):

In this scenario, the patient is a 78-year-old female who is presenting to the clinic for a physical exam. The scenario starts with students receiving report from an MA who roomed the patient, checked vital signs, and checked the PHQ-2, which indicated the need for full depression screening with a score of 4.

The students will go through the RAPID process with the patient, with a different student playing the nurse at each step of the process.

- **(R)** The first student will begin with **rapport building** by introducing self and role, and requesting permission to administer PHQ-9. After calculating results, the student will see that the score is in the moderate depression range. The student should report results back to patient and begin **reflective listening**, with open-ended questions.
- **(A)** The second student will **assess** the patient, finding that she is anxious due to concerns about COVID-19, and is feeling depressed and lonely due to loss of usual social support system. She is a widow with no family in the area and no social support. Despite this emotional distress, she is able to manage her own basic needs.
- **(P) Prioritization** should be “evidence-based” (emphasizing cognitive, functional, and emotional health) rather than “risk-based” since she is not in immediate danger (no suicidal ideation).
 - **There may not be a lot of direct patient contact for this part, as prioritization generally done by the nurse, based on findings of assessment phase. However, the nurse can ask the patient what she is most concerned or distressed about and/or ask additional questions about her distress.
 - In this stage, the nurse/student can instead think aloud and share how the student is prioritizing issues and what is most concerning regarding patient’s condition.
- **(I) Interventions** should focus on loneliness (increase social support), validating anxiousness and providing education on appropriate precautions to take, and educating on stress management (e.g., deep breathing).
- **(D) Disposition** should involve the nurse educating the patient about and recommending behavioral health services due to her level of emotional distress. Then, nurse will conduct a warm hand-off to a behavioral health provider using SBAR and work with the patient to plan follow-up behaviors for increasing social support.

3.2 Facilitator Requirements and Preparation

The facilitator must be competent in the appropriate simulation skills (i.e., briefing, acting in a simulation, and debriefing). The facilitator should review the full simulation guide (i.e., this document).

The facilitator also should review the readings/videos assigned in the Student Guide to incorporate teaching points in briefing and debriefing. Key topics include principles of PFA, including reflective listening, assessment, triage & prioritization, intervention and disposition.

3.3 Level of facilitation during the scenario (low, medium, high): Medium

Students have completed a preparatory module and readings on PFA. Any cuing should be done within the context of the acted role (patient or clinician) to the extent possible.

3.4 Simulation evaluation

This simulation was developed as part of a HRSA-funded Nursing Education, Practice, Retention, and Quality Research (NEPQR) project. We request that schools using this simulation ask students to complete the online evaluation form after they have participated in the simulation (including those who were observers). This evaluation includes the Simulation Effectiveness Tool-Modified (SET-M) and evaluation of the learning outcomes. We will gladly share evaluation data with schools at which the students are located, upon request (email Nicole Summerside at nicoles1@uw.edu).

Online evaluation URL: https://docs.google.com/forms/d/e/1FAIpQLSeT5-xG5vHpPzHG3txIdb7FiTrGRMOQ-3PhI4Kc8Y4qCAx9nQ/viewform?usp=sf_link

4. Simulation Facilitation Guide

4.1 Suggested Timeline

Time	Event
15 minutes	Briefing
35 minutes	Run scenario
10 minutes	Break
10 minutes	SBAR hand-off to behavioral health
40 minutes	Debriefing (use guide)

4.2 Briefing

a. **Greet the group and establish a safe learning environment.**

- i. Review the [Basic Assumption™](#) of simulation: “We believe that everyone participating in activities at (your organization’s name) is intelligent, capable, cares about doing their best and wants to improve.” Review the simulation agreement if you have one.
- ii. Remind them of the ground-rules of simulation: full participation, professional behavior, and confidentiality. Establish a fiction contract. Learners are to engage in a respectful manner, honoring diversity of thought and of personal background.
- iii. **Remote:** If the simulation is conducted over video conferencing, orient the learners to expectations pertaining to communication etiquette and use of audio, video, and mute functions.

b. **Purpose of the Simulation (read to students).**

“The purpose of this simulation-based activity is to practice psychological first aid (PFA) in a scenario with someone who is experiencing an emotional crisis. Learners will apply steps within the RAPID model of PFA to mitigate and stabilize crises and to triage the patient’s needs.”

c. **Learning Objectives *briefly*.**

The purpose of reviewing the learning objectives is to orient the students just enough that they know what to do in the simulation.

1. Apply the steps of the RAPID model to provide PFA to someone who is in emotional distress.
2. Apply the principles of triage to prioritize which needs to address.
3. Provide basic emotional support interventions.
4. Assess efficacy of intervention and need for additional referrals for resources.

d. **Expectations.**

“The patient is a 78 year-old woman who is at the clinic for a regular annual physical. As part of the normal “rooming” process, the medical assistant (MA) has collected the vital signs and PHQ-2. The PHQ-2 indicates the need for further depression screening. The scenario will begin with you receiving report from the MA and meeting the patient. We will be switching roles for each step of

the RAPID process, so five students will get the chance to interact with the patient. I will cue you when it is time to pause, plan, and switch roles. After the scenario, we'll take a break. Then we will practice SBAR report and debrief the whole simulation."

e. Assign roles.

Student/learner roles (unscripted)

Role	Description
<i>Nurse</i>	Five students will play a role during this simulation: one for each step of PFA. The facilitator will let students know when to pause the scenario and change roles. The whole group will discuss the events and collaboratively plan how to proceed between each step.
<i>Observers</i>	All students will use the observer form to guide their learning and to prepare for debriefing.

f. Orientation to the simulation set-up

What should be done "for real" (e.g., VS, making phone call)	Talk to the patient as you would a real patient. Give SBAR to the providers.
How will information be obtained	The patient or facilitator will give you any findings that you need.
What supplies are in the room and what is elsewhere	All resources are in the room/remote.
What do observers do?	Complete the observer form and participate in debriefing.

g. Clinical Case Background/Learner Brief – to be read and shown to the students immediately before the simulation scenario.

Medical Assistant report (use PPT slides #2 and 3): "Hi. I just roomed Mrs. Jones. She's in room 6 and is here for her annual physical exam. Her vital signs were all within normal range, but her PHQ-2 was 4. I checked her chart and the PHQ-2 was 2 the prior two years. Are you available to assess her and give the PHQ-9?"

4.3 Simulation Facilitation & Operation: Scenario Progression Outline

Act	Facilitation	Performance Expectations	Actor Notes
<p>Act Ia – Rapport Building & Reflective Listening</p>	<p>Prior to role-play, review the RAPID acronym & strategies for building rapport and reflective listening (slides #4, 5, 6):</p> <ul style="list-style-type: none"> • Introduce Self • Explain who you are • Explain what you do • Ask open ended questions • Be present & willing to listen • Be compassionate and show empathy • Paraphrase what you hear <p>**Note to students that reflective listening happens throughout the encounter and might be a good way to start each successive step. “So, you mentioned that...”</p> <p>Slide #8 (picture of patient) during interactions.</p> <p>If questioning gets specific, pause and switch roles for “Assessment” phase.</p>	<p>Rapport building: Begin by providing general rapport building and completing PHQ-9 (answers and scoring on slides #9, 10, 11).</p> <p>Reflective Listening: Asking open-ended questions to understand how patient has been doing emotionally. Nurse should...</p> <ul style="list-style-type: none"> • Refer to the PHQ-9 score or responses if patient does not initially share about her emotional well-being. • Keep asking open-ended questions when the patient is vague to help patient share/express feelings. • Paraphrase of feelings, show empathy, listen & be present. Continue to ask open-ended questions to gather information on how the patient is doing. 	<ul style="list-style-type: none"> • The nurse should ask for permission to do the PHQ-9, patient will agree. • Maintain facial expressions consistent with the emotional state described above (e.g., sad affect, look down/away, tense body language, restless). • Display some hesitation at first in sharing how you are feeling – e.g., shrugging, “I don’t know,” “It’s been difficult,” or “I’ve had a hard time.” • If the nurse references the PHQ-9 score or answers, or continues with open-ended questions, you will slowly begin to share more about your feelings/emotions. • Begin with brief but ambiguous phrases to express how you are feeling – to allow RN opportunity to ask more open-ended questions. E.g., “It’s been so quiet around my house,” “I’ve had a hard time keeping up with all the changes,” or “I’m just so sick of everything that’s been happening”. • **Once the RN demonstrates open-ended questions with some empathic responses or paraphrasing, PAUSE HERE and transition to Assessment.

<p>Act 1b - Assessment</p>	<p>Prior to role-play, review first priority (any immediate safety needs) and second priority (distress) (slides #12, 13)</p> <ul style="list-style-type: none"> Briefly review 5 domains – cognitive, emotional, behavioral, psychological, spiritual, physiologic. Briefly review severity of distress – distress vs dysfunction. <p>Switch roles when Assessment is done.</p>	<p>Assessment: Nurse will begin by acknowledging feelings (what was revealed by patient in Act 1a) and then assessing needs. Any basic needs not being met? If not sure, then nurse will ask about food, housing, supplies, safety concerns.</p> <p>Nurse will begin to evaluate which of the 5 domains are most concerning, if patient is at a distress or dysfunction level? Nurse will continue to ask questions to gather more information.</p>	<ul style="list-style-type: none"> If the RN asks you any “closed-ended” questions (e.g., yes-no questions), just shrug your shoulders and say, “I don’t know.” Don’t provide information until the RN asks you an open-ended question (e.g., How have you been feeling? Can you tell me more?) After nurse asks more open ended questions, explain how you have been feeling lonely and stuck/trapped at home, constantly worried about COVID-19, are constantly cleaning things, even feel worried being in the MD office now and in general feel like you have nothing to do since you can’t see your friends and that you’re not doing anything useful. Additionally, you worry about your friend, who is hospitalized with COVID-19 – you’re not sure if friend will survive. When RN asks about meeting basic needs, you can tell them that you can get basic things done, but sometimes make mistakes because you’re not concentrating (e.g., washed a red shirt with the whites). Then PAUSE HERE and transition to Prioritization.
<p>Act 1c – Prioritization</p>	<p>Prior to role-play, review prioritization based on evidence-based (cognitive, functioning, and emotional) and risk based (death, dislocation, disabling impact) around planning for this patient (slide #15).</p>	<p>Prioritization: What are the priorities to address? What information do you have to determine priorities based on evidence-based triage and risk-based triage approaches? Is there other information you need to gather? Should you ask patient what is most bothersome or concerning to her?</p>	<ul style="list-style-type: none"> Prioritization should be “evidence-based” (emphasizing cognitive, functional, and emotional) rather than “risk-based” since she is not in immediate danger (no suicidal ideation). If asked for the patient priority, actor can answer with tearfulness and state “I don’t know what to do, I’m so alone and scared and don’t want to die. Am I doing enough to

	<p>This patient interaction may not be as long as the other steps of the RAPID approach, as it is possible that enough information is gathered from Assessment step to understand how to prioritize. If this is the case, encourage student to still ask more questions, or student can ask patient what she is most concerned about. Then, the student can think aloud and share what they think the priorities are.</p> <p>Switch roles when Prioritization is done.</p>		<p>keep myself safe? I don't know. This is too much to figure out. I just keeping thinking about things over and over again.”</p> <ul style="list-style-type: none"> • Actor can also share that you sometimes think about and miss your husband, who died 4 years ago as well – you feel especially lonely now because you're stuck at home. • With these statements, it will show that the main area for priority would be the emotional domain. • Instructor can ask student to state aloud what they think the priorities are. • When RN student asks some open-ended questions (including what patient priorities are), demonstrates reflective listening and states what they believe to be the priority, then PAUSE HERE and transition to Intervention step.
<p>Act 1d – Intervention</p>	<p>Before role-play, review and brainstorm some interventions as a group (share slide #17).</p> <p>Stabilization – remove cues, provide tasks, allow venting, gentle advice.</p> <p>Mitigation – explanatory guidance, social support, anticipatory guidance, stress management.</p>	<p>Intervention: Based on prioritization of needs, what interventions will you utilize? Which Stabilization and Mitigation Strategies seem most appropriate?</p>	<p>RN should address <u>loneliness</u> (increase social support), validate <u>anxiousness</u> (explanatory guidance) and provide education on appropriate <u>precautions</u> to take, educate on <u>stress management</u> (ex. deep breathing).</p> <ul style="list-style-type: none"> • If RN addresses all 3 areas (or more), then indicate that you are feeling better; change facial expression to show some relief and smile. • If RN does not address one of the key areas, continue to express distress in that area (anxiousness, loneliness or general stress) to help cue RN to provide some intervention and support in that area.

			<ul style="list-style-type: none"> When RN student provides interventions to address loneliness, stress, anxiousness, PAUSE HERE and transition to Disposition.
Act 1e – Disposition	Before role-play review (slide #17) <ul style="list-style-type: none"> Efficacy of intervention (further care needed?) Support & resources – medical, spiritual, psych, financial. 	Disposition: How effective was your intervention? Is further care needed? Any resources to refer or educate patient on? Any other recommendations to patient? Will you follow-up? When?	Disposition: Student should educate on behavioral health counseling through the social worker in your clinic and recommend this service to patient – if student does not do this, cue them by stating “This was nice, I really don’t have anyone to talk to now about my feelings. I wonder who else I can talk to.” Student should help create a plan for patient to get in touch with friends, if student does not do this, cue them by stating, “I miss hanging out with my friends, I wonder how they’re doing. I don’t get to see them in-person anymore.” If RN does not offer any follow-up call, cue them by saying and asking “Thank you for talking with me. But is that all? Am I going to talk to you again?” Once student provides resources (e.g. referral to social work) and plan for follow up, PAUSE HERE and transition to SBAR communications.
Act 2a – SBAR to physician	Instruct students to take 5 minutes to write up an SBAR for physician.	Each student will share a sample SBAR for the physician.	
Act 2b – SBAR to social work department	Instruct students to take 5 minutes to write up an SBAR for social work department.	The nurse will speak with the provider and review the case using SBAR format.	

4.5 Debriefing

LET THE STUDENTS DO MOST OF THE TALKING

First, invite only active scenario participants to debrief, and ask observers to wait to speak until later in the debriefing. Remind students that simulation performance and debriefing are confidential. Briefly review the learning objectives.

Reaction Phase

1. How would you describe your experience? (Alternatively, “How did you feel during the scenario?”)

Analysis

Plus/Delta questions

2. How would you describe your experience? (Alternatively, “How did you feel during the scenario?”)
3. What worked well? What would you do again?
4. If you could do this scenario again, what would you do differently?

Scenario-Specific Questions: RAPID

1. Once you realized the patient was in emotional distress due to answers on the PHQ-2, how did you decide on a strategy for building rapport?
2. What reflective listening strategies did you use? What else might have been useful?
3. What were our assessment findings on this patient? Is there anything else you would have liked to know? What domains were involved?
4. What were your top priorities for this patient? Do these fit with the risk based or evidence based categories? How would that affect your planning?
5. Which stabilization or mitigation intervention approaches did we use? What else might have been used?
6. How did you evaluate the effectiveness of the intervention? What was the disposition of the patient – more care needed or no?

Scenario-Specific Questions: SBAR & SOAP

7. How did the SBAR go? What would you have done differently?

Scenario-Specific Questions: Technology

8. How can EHR and telehealth technology support care of this patient?

Application

9. How well did you achieve the learning objectives? What else do you think you need to do to address unmet learning objectives?
10. How would you summarize your experience? What are your “take aways”?

5. Acted Role: Patient

Description of the patient	78-years-old, spouse passed away 4 years ago.
Mood, demeanor	Flat affect, cooperative
Functional Health Patterns	
FHP #1: Health Perception and Health Management Patterns	<ul style="list-style-type: none"> You are very worried about the pandemic and becoming ill with COVID-19, so frequently wash your hands, use anti-bacterial wipes in the house and on the rare occasion when you leave home, repeatedly use hand sanitizer.
FHP #2: Values and Belief Patterns	<ul style="list-style-type: none"> You consider yourself spiritual but do not have any beliefs that you feel affect your care.
FHP #3: Cognitive and Perceptual Patterns	<ul style="list-style-type: none"> Difficulty concentrating.
FHP #4: Nutrition and Metabolic Patterns	<ul style="list-style-type: none"> No difficulties or recent changes.
FHP #5: Activity and Exercise Patterns	<ul style="list-style-type: none"> You would like to do something more productive, but do not seem to enjoy anything and have difficulty concentrating on activities that you usually will just give-up. No significantly impairing physiological symptoms, but notice that your body and muscles feel more tense and tight
FHP #6: Elimination Patterns (and Environmental)	<ul style="list-style-type: none"> No difficulties.
FHP #7: Sleep and Rest Patterns	<ul style="list-style-type: none"> Difficulty sleeping, often waking throughout the night, tired during the day Periods of low energy alternate with periods of restlessness and constant perseveration about what will happen and when this will all end.
FHP #8: Role and Relationship Patterns	<ul style="list-style-type: none"> You grieved the loss of your spouse; however, had mostly recovered and were able to resume your usual life. One son who lives in Arizona, not in regular contact. You were active in the local senior center, enjoyed playing cards with friends and doing the exercise classes 3-4x/week. Since the pandemic, you have been primarily staying at home, have not been in contact with any friends or your son and have been mainly watching the news non-stop. You have a friend who is currently in the hospital, sick with COVID-19 and are very worried about her.

FHP #9: Coping and Stress Patterns	<ul style="list-style-type: none"> • Very distressed over the multiple changes • Feel stuck and “trapped” at home • Very lonely, anxious, Easily upset or frustrated, • Sad about how things have changed over the past year, cried on a few occasions 	
FHP #10: Self-Perception and Self-Management Patterns	<ul style="list-style-type: none"> • Feel alone, powerless to change the thing you are worried about. 	
FHP #11: Sexuality and Reproductive Patterns	<ul style="list-style-type: none"> • No current partner, no interest in sex. 	
Past Medical History	Type 2 diabetes, hypercholesterolemia	
Medications	Metformin Lipitor	
Allergies	Penicillin (anaphylaxis)	
PHQ-9 Answers 0= not at all 1 = several days 2 = >half days 3 = nearly every day	1. Little interest or pleasure in doing things	2
	2. Feeling down, depressed, or hopeless	2
	3. Trouble falling or staying asleep, or sleeping too much	1
	4. Feeling tired or having little energy	3
	5. Poor appetite or overeating	0
	6. Trouble concentrating on things, such as reading the newspaper or watching television	3
	7. Moving or speaking so slowly that other people could have noticed. Or the opposite being so figety or restless that you have been moving around a lot more than usual	0
	8. Thoughts that you would be better off dead, or of hurting yourself	0

6. Additional Materials

Other materials this document:

1. Attendance Form
2. PHQ-9 to administer to the patient
3. PHQ-9 scoring
4. RAPID Quick Reference Sheet
5. PFA Simulation.pptx (separate PowerPoint file for remote simulation)

**Psychological First Aid
Attendance Sign-in**

Date: _____ Group _____

Name	Role	<i>Facilitator use – prep done?</i>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
	<input type="checkbox"/> Observer <input type="checkbox"/> Nurse	<input type="checkbox"/>
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Patient Health Questionnaire-9

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use “✓” to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way.	0	1	2	3


PHQ-9 Scoring and Interpretation

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

Kroenke, K., & Spitzer, R. L. (2002). The PHQ-9: A new depression diagnostic and severity measure. *Psychiatric Annals*, 32(9), 509–515. <https://doi.org/10.3928/0048-5713-20020901-06>


Psychological First Aid: RAPID Quick Reference Sheet

EAI2



Psychological First Aid (PFA) RAPID Approach

R	Rapport Building / Reflective Listening
A	Assessment
P	Prioritization
I	Intervention
D	Disposition



RAPID Approach RAPPORT BUILDING

R	Rapport Building / Reflective Listening
A	Assessment
P	Prioritization
I	Intervention
D	Disposition

- 1) Introduce self
- 2) Explain who you are and what you do
- 3) Gentle and positive body language and facial expressions

RAPID Approach REFLECTIVE LISTENING

R	Rapport Building / Reflective Listening
A	Assessment
P	Prioritization
I	Intervention
D	Disposition

- 1) Open ended questions
 - a) "What... how... tell me more..."
- 2) Be present and willing to listen
- 3) Show compassion and empathy
 - a) Eye contact
 - b) Facial expressions / body language
 - c) Empathic responses "That seems really difficult."
- 4) Paraphrase what you hear
 - a) "It sounds like..."
- 5) NOTE: Reflective Listening is skill that will likely occur throughout a PFA encounter.

RAPID Approach ASSESSMENT: Initial Triage & Functional Domains

R	Rapport Building / Reflective Listening
A	Assessment
P	Prioritization
I	Intervention
D	Disposition

- 1) Initial Triage – Any immediate safety issues?
- 2) Functioning **domains**
 - a) Cognitive
 - i) E.g. Difficulty making decisions, confusion
 - b) Emotional
 - i) E.g. Distress, anxious, sad
 - c) Behavioral
 - i) E.g. Avoidance, compulsion, aggression
 - d) Spiritual
 - i) E.g. Questioning faith
 - e) Physiologic
 - i) E.g. Changes in appetite, body aches
- 3) Questions can focus on whether patient has noticed any impairment in these 5 domains. Continue open-ended questions.

7. References Used in Scenario Development

- American Academy of Ambulatory Care Nursing (AAACN). (2017) *Ambulatory care registered nurse residency program: Transition to the specialty of ambulatory care*. (J. Levine, Ed.). AAACN.
- Brusie, C. (2020). Nurses Ranked Most Honest Profession 18 Years in a Row. <https://nurse.org/articles/nursing-ranked-most-honest-profession/>
- Cronenwett, L., Sherwood, G., Barnsteiner J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D., Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3)122-131.
- Everly, G.S. (n.d.). Psychological First Aid. John Hopkins University. <https://www.coursera.org/learn/psychological-first-aid>
- Everly, G.S. (2010). The use of psychological first aid (PFA) training among nurses to enhance population resiliency. *International Journal of Emergency Mental Health*, 12(1), 21-31.
- INACSL Standards Committee. (2021). Healthcare Simulation Standards of Best Practice™. *Clinical Simulation in Nursing*, <https://doi.org/10.1016/j.ecns.2021.08.018>.
- Klick, N. & Simsek, N. (2018). Psychological first aid and nursing. *Journal of Psychiatric Nursing*, 9(3), 212-218.
- Shah, K., Bedi, S., Onyeaka, H., et al. (2020). The Role of Psychological First Aid to Support Public Mental Health in the COVID-19 Pandemic. *Cureus*, 12(6): e8821. DOI 10.7759/cureus.8821

Psychological First Aid: Student Guide

Please be sure to complete the [online evaluation](#) after your simulation session!

The **purpose** of this simulation-based activity is to practice psychological first aid (PFA) in a scenario with someone who is experiencing an emotional crisis. Learners will apply steps within the RAPID model of PFA to mitigate and stabilize crises and to triage the patient's needs.

Learning Objectives

By the end of this simulation-based experience, the learner will be able to...

1. Apply the steps of the RAPID model to provide PFA to someone who is in emotional distress.
 2. Apply the principles of triage to prioritize which needs to address.
 3. Provide basic emotional support interventions.
 4. Assess efficacy of intervention and need for additional referrals for resources.
-

Expectations

Learners are expected to arrive having (1) fully reviewed this Student Guide, (2) completed the assigned readings and module, and (3) completed the Pre-simulation Questions. All students are expected to have the Observer Form to use if assigned that role.

The simulation session will begin with a briefing, during which the facilitator will take attendance, assign roles, review expectations, review the learning objectives, and read the learner brief to begin the scenario. The clinical scenario will involve using the RAPID process of psychological first aid for an older patient with signs of psychological distress. Students are expected to understand the components of each step in the RAPID process. Use the reflection questions below to think of how you would approach each step with a patient. The scenario will be paused after each step of the RAPID process to switch roles, so 5 students will be in the role of nurse, while the others will be active observers. Everyone will practice SBAR report. The scenario will be followed by a debriefing session, in which the facilitator will guide the learners through reflective examination of the events and decisions that occurred during the scenario.

The briefing, scenario, and debriefing will take about 90 minutes.

Topics

- PFA principles and RAPID steps

- Reflective listening
 - Therapeutic communication techniques
 - SBAR
 - Triage principles and protocols
 - Nursing process
-

Required Preparation (Readings and Learning Module)

Colino, S. (2020, September 22). The pandemic proves we all should know ‘psychological first aid.’ Here are the basics. *The Washington Post*. Retrieved from https://www.washingtonpost.com/lifestyle/wellness/pandemic-psychological-first-aid-anxiety/2020/09/21/7c68d746-fc23-11ea-9ceb-061d646d9c67_story.html

Ishado, E. (2020). *Psychological first aid: Emotional support during the Covid-19 pandemic* [Online learning module]. Center for Health Sciences Interprofessional Education, Research, and Practice (CHSIE-RP).

Ishado, E. & Buchanan, D. (2020). Psychological First Aid (PFA): Simulation Cheat Sheet.

Shah, K., Bedi, S., Onyeaka, H., Singh, R., & Chaudhari, G. (2020). The Role of Psychological First Aid to Support Public Mental Health in the COVID-19 Pandemic. *Cureus*, 12(6): e8821. DOI 10.7759/cureus.8821 Retrieved from <https://www.cureus.com/articles/32741-the-role-of-psychological-first-aid-to-support-public-mental-health-in-the-covid-19-pandemic>

Pre-simulation Questions

1. What does RAPID stand for?
 2. What are some strategies for building rapport with a patient in the primary care setting?
 3. List 3-5 reflective listening techniques.
 4. What are the 5 domains of functioning? How do you assess the differences between distress and dysfunction?
 5. How would you categorize your assessment information for prioritizing what should be addressed first?
 6. Name 2 specific strategies each for stabilization and mitigation (a specific action, not just a category).
 7. What does disposition mean? What domains or issues should you consider when planning disposition?
-

Observer Form

Learners who are not active participants in the scenario are expected to complete an Observer Form. Observers' insights offer key learning opportunities during debriefing. Have this form ready to fill out during the scenario.

Psychological First Aid: Student Observer Form

Instructions: This Student Observer Form is to help you apply critical thinking as you watch the simulation and to prepare you to actively participate in the debriefing. In the left column, check off the behaviors/performance you observed. In the right column, take notes for the debriefing discussion.

Learning Objective	Notes (What went well? What could have gone differently?)
<input type="checkbox"/> Learning Objective 1: Apply the steps of the RAPID model to provide PFA to someone who is in emotional distress.	
<input type="checkbox"/> Learning Objective 2: Apply the principles of triage to prioritize which needs to address.	
<input type="checkbox"/> Learning Objective 3: Provide basic emotional support interventions.	
<input type="checkbox"/> Learning Objective 4: Assess efficacy of intervention and need for additional referrals for resources.	
What is one take away that you will incorporate into practice?	