Integrating Simulation into Nursing Curriculum: Unfolding Cases and Care of Special Populations

Susan Gross Forneris, PhD RN CNE CHSE
Mary Anne Rizzolo, EdD, RN, FAAN, ANEF

Expanding on the Advancing Care Excellence Series

ACES (Seniors)
ACE/V (Veterans)
ACE/Alzheimer’s
Faculty Resources & Unfolding Cases
Using the ACES Model

Have you used ACES cases?
Faculty Programs & Resources

ACES
Advancing Care Excellence for Seniors

Unfolding Cases

An unfolding case is one that evolves over time in a manner that is unpredictable to the learner. New situations develop and are revealed with each encounter. Each case includes the following:

- A first-person monologue that introduces the individual or couple and the complex problems to be addressed.
- Simulation scenarios designed to help students practice assessing function and expectations of their patient(s), with links to appropriate evidence-based assessment tools, including those from the Try This® and How to Try This® Series.
- An innovative final assignment that asks students to finish the story.
- An instructor toolkit with suggestions on how to use the various components of the unfolding cases and incorporate them into the curriculum.

These unfolding cases combine the power of storytelling with the experiential nature of simulation scenarios. They are intended to create a robust, meaningful experience for students, one that provides a simulated experience of continuity of care and that will help them integrate the Essential Knowledge Domains and Nursing Actions into their practice of nursing. We hope you will give them a try!

Millie Larsen | Red Yoder
Henry and Ertha Williams | Julia Morales and Lucy Grey

Alzheimer's Cases:

George Palo | Judy and Karen Jones | Ertha Williams
What is an Unfolding Case?

Evolves over time in a manner that is unpredictable to the learner.
Elements and new situations develop and are revealed with each encounter.
NLN/Jeffries Framework

- **Teacher**
  - Demographics
  - Program
  - Level
  - Age
  - Active Learning
  - Feedback
  - Student/Faculty Interaction

- **Student**
  - Collaboration
  - High Expectations
  - Diverse Learning
  - Time on Task

- **Educational Practices**
  - Objectives
  - Fidelity
  - Problem Solving
  - Student Support
  - Debriefing

- **Outcomes**
  - Learning (Knowledge)
  - Skill Performance
  - Learner Satisfaction
  - Critical Thinking
  - Self-Confidence
Pedagogy

• Storytelling
• Continuity of care
• Constructivist Learning Theory
• Scaffolding
• Narrative pedagogy
• 7 Principles of Good Practice
  active learning, student/faculty interaction
  high expectations, diverse ways of learning,
  time on task, collaboration, prompt feedback
Every Case Includes

• Complexity
• Missing information
• Common problems
• Varied settings
• Family dynamics
Model

- First Person Monologues
- Simulation Scenarios
- Instructor Toolkits
- Finish the Story
Advancing Care Excellence for Alzheimer’s Patients
Simulation Design Template – George Palo - Simulation #1

Date:
Discipline: Nursing
Expected Simulation Run Time: approx. 20-30 minutes
Location: Apartment in retirement community

File Name: George Palo- Simulation #1
Student Level:
Guided Reflection Time: twice the amount of simulation run time
Location for Reflection

Admission Date: George Palo began residing in this independent retirement community six months ago.

Today’s Date:

Brief Description of Client
Name: George Palo
Gender: Male Age: 90 Race:
Weight: 85.09 kg 185 pounds
Height: 180.34 cm 5 ft 11 inches
Religion: Lutheran
Major Support: Maggie (daughter)
Phone: 218-777-8877
Allergies: Penicillin

Psychomotor Skills Practice Required Prior to Simulation:
Orientation to program’s home visit protocols
Head-to-toe assessment

Cognitive Activities Required Prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]:
Read information in textbook and lecture notes on dementia, Alzheimer’s disease, and cognitive changes in older adults. (R) (L)

Tools in the Try This:® and How to Try This Series, available on ConsultGeriRN.org (www.ConsultGeriRN.org). Specific tools recommended for this scenario are Confusion
Joining Forces

Among the most pressing health care issues facing military men and women and their families are the effects of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and other combat-related injuries. Approximately one in six service personnel returning from Afghanistan and Iraq — more than 300,000 veterans — have been affected by PTSD and TBI; since 2000, more than 44,000 of those troops have suffered at least a moderate-grade traumatic brain injury.

In April 2012, through the Joining Forces initiative, spearheaded by First Lady Michelle Obama and Dr. Jill Biden, the NLN and many other nursing organizations and schools committed to educate current and future nurses how to recognize the symptoms of these debilitating, often invisible, conditions and provide care appropriate to each nurse’s practice setting.

The curriculum resources provided on these pages are offered by the NLN to faculty as teaching tools to provide evidence-based references ready to use in your classrooms and clinical settings. Please use them throughout the program of learning to teach students to provide quality care to military men and women and their families.

News Releases

National League for Nursing Joins Forces with First Lady Michelle Obama and Dr. Jill Biden to support Veterans and Military Families — April 12, 2012

http://www.nln.org/aboutNln/joiningforces/index.htm
ACE/V: Four cases/three simulations each

- Eugene Shaw - *Korean War veteran, trench foot, amputee*

- Butch Sampson - *Vietnam War veteran, homeless, diabetic*

- Jenny and Eric Brown - *Female current conflict veteran; Pregnant, PTSD*

- Randy and Joy Adams - *Male current conflict veteran; auto accident, PTSD*
Case Study

• Let’s meet...
Case Study…Let’s meet…

• What are your concerns for this patient?

• What issues may or may not be related to this patient’s service?

• What more do you need to know?
ACE/Alzheimer’s: Four cases/three simulations each

- **George Palo**
  Age 90, widower, living alone in retirement community, mild cognitive impairment

- **Ertha Williams**
  Age 74, recent widow (Henry), frequent memory lapses; dementia-Alzheimer’s type; behavioral management issues

- **Judy Jones**
  Age 85, becomes delirious during hospitalization; mild dementia
Overview: George Palo is a 90 year old male who has been diagnosed with mild cognitive impairment. George’s wife Elva died 2 years ago and he moved into a small 1-bedroom apartment in a retirement community independent living setting. George has 5 children, but only his oldest daughter Maggie lives nearby. George has been relatively healthy over his long life with the exception of high blood pressure which is controlled with medication. He is very independent and loves to be outdoors, walking his golden retriever, Max. Maggie and her siblings are trying to support their dad’s independence as long as possible, but are cognizant of his age and concerned about his overall safety.
Overview: Ertha Williams is 74-years-old, retired, and living with her husband Henry. Henry and Ertha had one son who was killed in the war 10 years ago. They have a daughter-in-law, Betty, who is a nurse, and one grandson, Ty. Ertha and Henry have experienced a lot of change in the past year. Henry was hospitalized with COPD and became is more and more concerned about Ertha because she was experiencing frequent memory lapses. They were recently able to get an apartment in an assisted living facility. Neither of them can drive.
Case Study...Let’s meet...

• What are your concerns for this patient?

• What more do you need to know?
FACULTY DEVELOPMENT: SIMULATION TEACHING STRATEGIES

Faculty Programs & Resources

ACES
Advancing Care Excellence for Seniors

Teaching Strategies

The teaching strategies offered in this section are guidelines for faculty to develop encounters with older adults that are intentional and that incorporate all or some of the ACES Knowledge Domains and Essential Nursing Actions into student learning experiences. Teaching Strategies are categorized using the ACES Knowledge Domains.

Individualized Aging
Since the aging process is unique to each individual, assessing function and expectations of care is essential.

- Teaching Strategy: Dorothy as the Prototype in Looking at Client Expectations; Quality of Life and Functioning
- Caring for the Older Adult Living in the Community
- Assessment of Older Adults in Long-Term Care
- Examining Risks and Benefits to Enhance Quality of Life
Teaching Strategies

Recognizing Dementia, Depression, and Delirium In Older Adults

Click here for a printer-friendly version of this teaching strategy.

Overview of Teaching Strategy

Dementia, depression, and delirium are among the most common psychiatric disorders seen with older adults and speak to the complexity of the specialty of geriatrics. The overlap of symptoms prevalent in this triad is abundant. The ability to differentiate the subtle differences is vital to optimum outcomes to older adults. Understanding the differences and putting the proper interventions into place helps to ensure the best outcomes. Adding to the complexity of dementia, depression, and delirium is the very real possibility of having a combination of these issues, even all three concurrently. Mortality and morbidity rates increase with delirium with mortality rates from 22-76 percent in hospitalized patients and rates as high as 40 percent one year after diagnosis of delirium (Inouye, 2006). The possible cascade of negative outcomes, which can result from any combination of this trio, can cumulate into a significant alteration in the quality of life of an older adult.

This teaching strategy is designed to help students understand dementia, depression, and delirium. By better understanding this triad and developing a clearer understanding of the similarities and differences, the student will be better able to intervene to ensure the best outcomes. This strategy utilizes active learning to help students understand the content and to apply it to clinical practice.

Learning Objectives

Students will:

- Develop an understanding of behaviors associated with Alzheimer's dementia
Overview: Judy Jones is an 85-year old widow. Joseph, her husband of 50 years, died seven years ago. Three years ago Judy was diagnosed with mild dementia, and her oldest daughter, Joanne, moved back into the family home to provide support for her mother. Judy also has two sons who live about an hour away. Joanne works as a teacher in the local public school, and Judy has been able to stay home alone during the day while Joanne is at work.
IS IT DEMENTIA, DELIRIUM, OR DEPRESSION?

THIS IS A FUN INTERACTIVE GAME THAT TESTS YOUR KNOWLEDGE OF THE SIMILARITIES AND DIFFERENCES OF THIS TRIAD OF ISSUES THAT AFFECTS OLDER ADULTS.
How do you think use of unfolding cases can impact the way you help students understand the needs of these populations?
Questions?

Thank you!