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Simulation Guide Template – Telehealth

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Simulation Guide Template – Telehealth

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Simulation Faculty/Technology Specialists Guide

Microsoft Teams App

- Log into Microsoft Teams
- Click comments icon to view chat on side bar
- Team Huddle – Facilitator, Faculty moderator, SP
- Check attendance using ‘View All Members’ function of chat window

Room Set-Up – Home

- E-Visit with SP in home

Medications – [Via Med Labels or N/A]

- File photo of med labels to post on chat –

SP Setup – [Patient Name and Age]

- Clothing/Appearance –

Files to Share – (posted by moderator or SOS in chat window)

- Prescription Labels –
- Instructions –
- Vital Signs Data –

Simulation Facilitator Guide

Prebrief Checklist (45-50 minutes)

1. Welcome/Prep/Introductions

- a. Use AIDET method (Acknowledge, Introduce, Duration, Explanation, Thank You)
- b. Participants need to show completed prep assignment
- c. Participants need to be dressed for clinical
- d. Participants need to be on time
- e. Introduce self, supporting team members, participants

2. Safe Container

- a. Simulation is a learning environment, mistakes are inevitable
- b. Simulation is an educational tool that promotes critical thinking, clinical decision making, and clinical judgement in a safe learning environment
- c. ‘Mistakes are puzzles to be solved, not crimes to be punished’
 - i. Simulation is inherently vulnerable!
 - ii. Mutual respect and professionalism is expected
- d. Establish the basic assumption: ‘Everyone participating in activities in this facility are intelligent, capable, cares about doing their best, and wants to improve.’
- e. We recognize that simulation often deals with heavy topics, and our personal experiences may affect how we respond to these scenarios. We remind you that your own mental and emotional health is just as important as your patients', and encourage you to take time to care for yourself as well. Please remind students that it is ok to become emotional, and they may step out of the debriefing space to collect themselves at any point if needed.

3. Fiction Contract

- a. Acknowledge simulation is not real and it is also not pretend
 - i. Discuss limitations of realism that are inherent in simulation learning activities
 - ii. The participant is acting as the RN, therefore should care for the patients as if they were in the clinical setting
- b. No “Got’cha” moments – no plans to trick participants
- c. Suspend disbelief and stay professional even if you’re having trouble ‘buying in’. *Ex. Your client may not look 80 years old, but they will act like it*
- d. Confidentiality – what happens in simulation, stays in simulation. HIPAA/FERPA regulations apply. Experiences may vary based on what participants uncover, so discussing the case may alter the perception of participants’ experience
 - i. Reminder that when you started in the nursing program you signed a confidentiality agreement, and that you may be recorded during simulation for the purposes of faculty peer evaluations and/or delivery to students who need to make up a missed simulation
- e. Remember to practice just as you would in off-campus clinical. If there is something you need but aren’t sure you have access to, or an intervention that you would like to implement, even if you think may not be possible in simulation, please do call the unit secretary and ask for what you need. If

possible, we will bring you what you need, or the unit secretary will let you know that it is not available. Please do not let the idea that this is simulation limit your clinical judgment and critical thinking.

4. Orientation to Teams Platform

- a. Virtual environment – You are Clinic Nurses performing an E-Visit due to Social Distancing Guidelines provided by Oregon Health Authority
 - i. Teams Platform use – camera/mic functions, chat function, only 4 video feeds at a time
 - ii. Those who are actively participating in the scenario, primary RNs and SP, are the only participants to have their camera and mic on as the scene unfolds
 - iii. Observers and Clinic Lead will have camera feed and mic off. Please write down any notes as the scene unfolds to discuss during debrief
- b. SP engagement guidelines – suspend disbelief and stay present and engaged to client story
- c. Any requests for data, i.e. vital signs, images of wound, will be provided in chat function.

5. Detail & Expectations of SBE – logistics and flow of the day

- a. General structure – Prebrief, 3 scenes, debriefing after each scene, 2 scheduled breaks between scenes 1 & 2 and 2 & 3, final wrap-up at the end
- b. Scene length will be 15-20 minutes
 - i. Scene participants will work in pairs and one (or two) students will be designated as Charge RN
 - ii. Scene participants will have camera/mic function on, observers will have camera/mics off
 - iii. While technology is a key component of our care today, please be mindful of how the sounds of typing during a visit may be distracting to your patient. The same expectations for technology usage and engagement apply to this simulation apply, even in the telehealth setting.
 - iv. During scene, observers please keep notes in your own ‘parking lot’ instead of using the chat window; bring your observations/input to debrief discussion!

6. Role Descriptions – participants play the role of RNs, not student nurses

- a. Assign roles – Primary RNs, Charge RN/Clinic Lead/Care Coordinator, Observers. Facilitator will decide order prior to Simulation start.
 - i. **Primary RNs** – Plan and implement care for the patient until your client cues you that it is time to leave. Complete what you are doing and re-engage with group for debriefing. For example, if your client cues you to leave and you are in the middle of providing education, complete the education, and then client will turn camera/mic off to exit the scene.
 - ii. **Charge RN/Clinic Lead/Care Coordinator** – You oversee the care your colleagues provide to the client. You are also responsible for taking notes as the scene unfolds and providing a summary and feedback related to the care your colleagues provided and/or response. Additionally, please be prepared to provide recommendations/next steps. For example, if you notice your client misunderstood an educational point and your colleagues missed it, you can provide feedback and make recommendations for strengthening practice, as well as additional resources/strategies that may be helpful.
 - a. You are a reference for your colleagues to go to for feedback on the plan and for care recommendations
 - b. You provide input regarding the plan of care after the nurses identify what their plan is
 - c. You provide recommendations before and after each visit

- d. You take summary notes of each visit
 - iii. **Observers** – Please take notes as the scene unfolds to discuss in debrief. Consider how your colleagues are implementing their plan according to the needs of the patient; consider how your colleagues are meeting the objectives of the Simulation.
 - iv. **Debriefing Faculty** – My role is to guide you through simulation today and help facilitate discussion and meeting of case objectives. I’m going to be pointing out things that I noticed; this isn’t to call anyone out, but just to stimulate conversation so we can all learn from each other. I might call on you specifically to share your thoughts because I want to make sure everyone has a chance to contribute to the conversation, and sometimes I’ll draw in examples from my own experience and ask you to share yours to help expand the conversation further and think about how to apply what we are learning to a slightly different context.
 - b. Participants are expected to stay engaged, take notes, and participate in debriefing to explore clinical judgment and how it is applied to safe patient care.
- 7. Debriefing Structure – PEARLS → Reactions-Description-Analysis-Summary**
- a. **Reactions Phase – Happens Immediately After Scene**
 - Debrief Faculty will engage reactions (i.e. ‘How did that feel?’ or ‘How was that experience for you?’) from scene participants first, then will turn to rest of group
 - b. **Description Phase – Details of what was observed**
 - Observers may utilize this time to offer feedback to their colleagues now
 - Charge RN will summarize visit and provide feedback on care provided
 - c. **Analysis Phase – Advocacy/Inquiry**
 - Utilize Critical Conversations to understand how the scene unfolded and how this effected client care
 - “I noticed... I’m curious what this means... How did the client respond?... etc.”
 - We will assess how the nursing process was utilized, including what we **noticed**, how we **interpreted** what we noticed/the data we collected, how we **responded**, and **reflect** on how our care affected our client and how we might continue caring for this patient moving forward
 - d. **Summarize Phase** – Charge RN reads back comments for planning and provides recommendations to the team to implement their plan of care
 - e. **Break** – 10 minutes
 - f. **SBAR** – Read story update and next scene participants incorporate Charge RN/group recommendations into the story update to create their visit plan
- 8. Objectives** – After participating in this Simulation the learner will be able to:
-

SCENE 1 SBAR Report

It is Sim time [----] and Sim date [----].

- **S:**
- **B:**

- **A:**
 - **R:**
- a. What do we already know about this patient’s diagnosis? What more do we want to know? What information from the client’s background is significant? What do you expect to happen?
 - b. Based on what you know, what are this client’s top 3 priority problems?
 - i. Here, we are interested in getting behind their thinking, especially the ‘related to’ or etiology, because that tells us a lot about how they plan to proceed with interventions. This will tell us if they are making the necessary connections in their clinical judgement. Less concerned with perfectly written NANDA format.

Simulation Faculty/Technology Specialists Guide

Scene 1 (Time of Visit) E-Visit

TIME BLOCK/ASSESSMENT SETTINGS/FAC-TECH DIRECTION	SP DIRECTION (Patient Name) DOB: --/--/XX (--yrs. old)	EXPECTED LEARNING BEHAVIORS	CUES
<p>Beginning (phase 1) 0-5 min</p> <ul style="list-style-type: none"> <input type="checkbox"/> Remind SP to set/start timer <input type="checkbox"/> File for medication labels <input type="checkbox"/> Please attach to chat if students ask to see this 	<ul style="list-style-type: none"> <input type="checkbox"/> SP start timer for 15 min. <p>SP CUE FOR VITAL SIGNS:</p>	<ul style="list-style-type: none"> • • <p>*Students should [expected goal to transition to next phase].</p>	<ul style="list-style-type: none"> • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]”
<p>Middle (phase 2) 5-10 min</p>		<ul style="list-style-type: none"> • • <p>*Students should [expected goal to end interaction].</p>	<ul style="list-style-type: none"> • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]”
<p>Ending (phase 3) 10-15 min</p>	<p>At 15 min mark, please thank students for coming, let them finish any current task they were working on, and end the scene.</p>	<p><i>Potential outcomes</i></p> <p>A: If all expected learner behaviors are met</p> <p>B: If learners do not meet</p>	<p>*SP Direction: [Statement/behavior that confirms learners are meeting objectives] “Thank you for your time. I’m just tired of living like this. There must be another way.”</p> <p>*SP Direction: [Statement/behavior that confirms learners are not meeting objectives] “This is a lot of information to process right now.”</p>

Simulation Facilitator Guide**Debriefing Guide – Scene 1**

- Use the PEARLS Healthcare Debriefing tool
 - **Reactions** – ‘How are you feeling?’ ‘Any initial reactions?’
 - Direct first towards learners who were just ended the scenario
 - ‘Observers, how are you feeling about **[Patient name]**’s care?’
 - “Charge, what do you think about the care the nurses provided for **[Patient name]**?”
 - **Description** – ‘CHARGE RNs: Can you please share a short summary of the case thus far?’ ‘What did we learn about **[Patient name]**?’
 - Make sure everyone is on the same page about what happened, develop a shared understanding
 - Make sure data, interventions, client response, initial plan, etc. makes sense to everyone
 - **Analysis** – Explore clinical judgement utilizing Critical Conversations
 - “I noticed... I’m curious ... What does that mean... **[Patient name]**’s response ... etc.”
 - Now that we have gathered this initial data – our assessment, what is your interpretation of the data? What does this mean to **[Patient name]**’s care?
 - **Sample debriefing questions to use during the analysis phase of debriefing**
 - Notice
 - What did you notice about **[patient name]** (ex. safety, behaviors, medications)? Any patterns or inconsistencies? Is there anything you noticed that was concerning? Why or why not?
 - What did you notice about how **[patient name]** understands their care?
 - Interpret
 - What are possible causes of what you noticed? Which signs and symptoms were most significant?
 - Are there any new nursing diagnoses/priority problems you might formulate based on what you noticed?
 - How might **[patient name]**’s understanding of care affect them?
 - Respond
 - How did you/your colleagues respond to what you noticed?
 - What is the expected care for this patient based on the new data we have collected?
 - What nursing interventions might be appropriate?
 - What patient education might be important to include?
 - Reflect
 - What interventions were successful during this visit? What was not successful? Why?
 - If interventions were not successful, what might you do differently moving forward?
 - What will you continue to monitor moving forward?
 - What data might be important to collect as you continue caring for this client?

- Using SBAR, what recommendations would you give moving forward?

- **Summary:** Charge RN/Clinic Lead provides recommendations, collaborate with group

FACILITATORS – PLEASE INSTRUCT STUDENTS TO TAKE A 10 MINUTE BREAK

SCENE 2 SBAR REPORT: Facilitator please adjust assessment findings as needed.

It is Sim time [----] and Sim date [----].

- **S:**
- **B:**
- **A:**
- **R:**

Simulation Faculty/Technology Specialists Guide

Scene 2 (Time of day, # of days after initial visit) E-Visit

TIME BLOCK/ASSESSMENT SETTINGS/FAC-TECH DIRECTION	SP DIRECTION (Patient Name) DOB: --/--/XX (--yrs. Old)	EXPECTED LEARNING BEHAVIORS	CUES
Beginning (phase 1) 0-5 min <input type="checkbox"/> Remind SP to set/start timer	<input type="checkbox"/> SP start timer for 15 min. SP CUE FOR VITAL SIGNS:	<ul style="list-style-type: none"> • • *Students should (expected goal to transition to next phase).	<ul style="list-style-type: none"> • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]”
Middle (phase 2) 5-10 min		<ul style="list-style-type: none"> • • *Students should (expected goal to end interaction).	<ul style="list-style-type: none"> • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]”
Ending (phase 3) 10-15 min	At 15 min mark, please thank students for coming, let them finish any current task they were working on, and end the scene.	<i>Potential outcomes</i> A: If all expected learner behaviors are met B: If learners do not meet	*SP Direction: [Statement/behavior that confirms learners are meeting objectives] *SP Direction: [Statement/behavior that confirms learners are not meeting objectives]

Simulation Facilitator Guide**Debriefing Guide – Scene 2**

- Use the PEARLS Healthcare Debriefing tool
 - **Reactions** – ‘How are you feeling?’ ‘Any initial reactions?’
 - Direct first towards learners who were just ended the scenario
 - ‘Observers, how are you feeling about **[Patient name]**’s care?’
 - “Charge, what do you think about the care the nurses provided for **[Patient name]**?”
 - **Description** – ‘CHARGE RNs: Can you please share a short summary of the case thus far?’ ‘What did we learn about **[Patient name]**?’
 - Make sure everyone is on the same page about what happened, develop a shared understanding
 - Make sure data, interventions, client response, initial plan, etc. makes sense to everyone
 - **Analysis** – Explore clinical judgement utilizing Critical Conversations
 - “I noticed... I’m curious ... What does that mean... **[Patient name]**’s response ... etc.”
 - Now that we have gathered this initial data – our assessment, what is your interpretation of the data? What does this mean to **[Patient name]**’s care?
 - **Sample debriefing questions to use during the analysis phase of debriefing**
 - Notice
 - What did you notice about **[patient name]** (ex. safety, behaviors, medications)? Any patterns or inconsistencies? Is there anything you noticed that was concerning? Why or why not?
 - What did you notice about how **[patient name]** understands their care?
 - Interpret
 - What are possible causes of what you noticed? Which signs and symptoms were most significant?
 - Are there any new nursing diagnoses/priority problems you might formulate based on what you noticed?
 - How might **[patient name]**’s understanding of care affect them?
 - Respond
 - How did you/your colleagues respond to what you noticed?
 - What is the expected care for this patient based on the new data we have collected?
 - What nursing interventions might be appropriate?
 - What patient education might be important to include?
 - Reflect
 - What interventions were successful during this visit? What was not successful? Why?
 - If interventions were not successful, what might you do differently moving forward?
 - What will you continue to monitor moving forward?
 - What data might be important to collect as you continue caring for this client?

- Using SBAR, what recommendations would you give moving forward?

- **Summary:** Charge RN/Clinic Lead provides recommendations, collaborate with group

FACILITATORS – PLEASE INSTRUCT STUDENTS TO TAKE A 10 MINUTE BREAK

SCENE 3 SBAR REPORT: Facilitator please adjust assessment findings as needed.

It is Sim time [----] and Sim date [----].

- **S:**
- **B:**
- **A:**
- **R:**

Simulation Faculty/Technology Specialists Guide

Scene 3 (Time of day, # of days after initial visit) E-Visit

TIME BLOCK/ASSESSMENT SETTINGS/FAC-TECH DIRECTION	SP DIRECTION (Patient Name) DOB: --/--/XX (--yrs. Old)	EXPECTED LEARNING BEHAVIORS	CUES
Beginning (phase 1) 0-5 min <input type="checkbox"/> Remind SP to set/start timer	<input type="checkbox"/> SP start timer for 15 min. SP CUE FOR VITAL SIGNS:	<ul style="list-style-type: none"> • • *Students should (expected goal to transition to next phase).	<ul style="list-style-type: none"> • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]”
Middle (phase 2) 5-10 min		<ul style="list-style-type: none"> • • *Students should (expected goal to end interaction).	<ul style="list-style-type: none"> • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]” • “[Dialogue to get learners to possible behavior]”
Ending (phase 3) 10-15 min	At 15 min mark, please thank students for coming, let them finish any current task they were working on, and end the scene.	<i>Potential outcomes</i> A: If all expected learner behaviors are met B: If learners do not meet	*SP Direction: [Statement/behavior that confirms learners are meeting objectives] *SP Directions: [Statement/behavior that confirms learners are not meeting objectives]

Simulation Facilitator Guide**Debriefing Guide – Scene 3**

- Use the PEARLS Healthcare Debriefing tool
 - **Reactions** – ‘How are you feeling?’ ‘Any initial reactions?’
 - Direct first towards learners who were just ended the scenario
 - ‘Observers, how are you feeling about **(Patient name)**’s care?’
 - “Charge, what do you think about the care the nurses provided for **(Patient name)**?”
 - **Description** – ‘CHARGE RNs: Can you please share a short summary of the case thus far?’ ‘What did we learn about **(Patient name)**?’
 - Make sure everyone is on the same page about what happened, develop a shared understanding
 - Make sure data, interventions, client response, initial plan, etc. makes sense to everyone
 - **Analysis** – Explore various performance domains (see below for sample questions)
 - Decision Making – *(Describe factors that influenced the testing decisions? How did collaboration factor into decision making?)*
 - Technical Skills – *(How did your development/delivery of SBARs contribute to decision making? What was the impact of your understanding of the CDC recommendations?)*
 - Communication – *(What barriers to communication were present? What was present in the group that contributed to effective communication?)*
 - Resource Utilization – *(Let’s talk about needing to prioritize test kits. How were you able to effectively consider available resources in your nursing care? How did you use those resources? What additional resources could you have used?)*
 - Leadership – *(You are getting ready to graduate as a nurse leader. How were leadership characteristics demonstrated in your care today? Leadership involves evaluating care delivered. What aspects of today’s care can be evaluated? How would you go about doing that? How did you collaborate with colleagues to deliver complex care in incredibly complex circumstances?)*
 - Situational Awareness – *(In what ways did you **respond** today? How did you follow protocols, but then how did you use your clinical judgment to use the protocol to advocate for the best patient outcome?)*
 - Teamwork – *(Considering the roles each of you played today, how did you each contribute? What are the benefits to each of the roles? How did you and your colleagues work together? What were your responsibilities to the team?)*
 - **Summary** – ask some Reflection-Beyond-Action questions: these questions work to help students transfer the learning to future client care experiences.
 - How will you apply what you have learned to day to future practice?
 - Maybe you won’t begin your nursing practice actively triaging patients, for example, as in an emergency department or outpatient clinic. However, what about this process *is* directly applicable to your understanding of your practice? How can you apply it right away?

Appendix A

Faculty Summary

Overview – The purpose of this simulation is to introduce [Junior/Senior] level students to the E-Visit platform of the clinic, utilize leadership skills and adjust how care is provided in a virtual format. [*This overview should be adapted per case accordingly.*]

- Target group
 - Semester X – [Junior/Senior] Level
- Time Allotment – 4 hours (*12 clinical hours based on 1:3 ratio*)
 - Prep – X hours; Located in Moodle and DocuCare
 - Prebrief – 45-55 min. approximately
 - Simulation Scenes – 3 scenes, each scene approximately 15-20 minutes
 - Debriefing – 30-40 minutes between each scene, utilizing PEARLS method of debrief and Critical Conversations
- EHR information located in DocuCare

Trifecta Course Concepts

-

Curriculum Concept Threads

-

NRS [course number] Outcomes – *Professional Practice*

-

NRS [course number] Outcomes – *Didactic*

-

Context

- Who – Clinic nurses conducting an E-Visit
- What – [--] y/o person seeking treatment for [purpose of visit].
- Where – Virtual Platform in [setting]

Objectives – After participating in this simulation the learner will:

- *Note which course outcomes align with each objective*

Competencies – AACN/OSBN/QSEN

-

Preparation

- Familiarize yourself with the student prep materials
- Review [patient initials] case
- Review prebrief discussion points and debriefing guide
- Review faculty guides and scene tables
- Review [patient initials] faculty resources on Teams

Patient Background – [Patient Name/Age Range]

Local Support People:

- Parents:
- Partner:
- Kids:
- Marital status:
- Lives with:
- Education level:
- VA status:
- Profession:
- Hobbies/Interests:
- Social Support:
- Socioeconomic status:

General SP Direction:

SCENE 1: [General summary of what the learners should do based on above scene tables]

SCENE 2: [General summary of what the learners should do based on above scene tables]

SCENE 3: [General summary of what the learners should do based on above scene tables]

Appendix B**Standardized Patient Direction****[Patient Name]’s Monologue**

Local Support People:

- Parents:
- Partner:
- Kids:
- Marital status:
- Lives with:
- Education level:
- VA status:
- Profession:
- Hobbies/Interests:
- Social Support:
- Socioeconomic status:

General SP Direction:

SCENE 1: [General summary of what the learners should do based on above scene tables]

SCENE 2: [General summary of what the learners should do based on above scene tables]

SCENE 3: [General summary of what the learners should do based on above scene tables]

Patient Clinical Background: [Purpose for E-Visit]

Appendix C**Student Prep Guide****NRS [course number] Student Preparation Guide to E-Visit Simulation – [Case Name]****Simulation Objectives:**

-

Simulation Preparation Directions:

You are [xxxx] Nurses for University of Portland Northeast Clinic. [See below for instructions on accessing patient information prior to Simulation/You will receive patient information on day of Simulation]

1. Access Docucare system. Find the class titled: NRS [course number] (Code is: ----)
2. Review [Patient Name] story/monologue
3. Read about resources that are available for your client
4. Complete clinical preparation worksheet, turn it in prior to your simulation date and bring this worksheet with you.

Dress/Prep for Simulation

Dress as you do for attending off-campus clinical. Wear your uniform (black/white/gray long sleeve shirt is ok underneath scrub top; no hoodies permitted) and student ID badge. Have available your drug book and SHC clinical prep sheet, if applicable.

Student Post-Simulation Reflection Assignment

- 1.
- 2.
- 3.

Appendix D

References

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