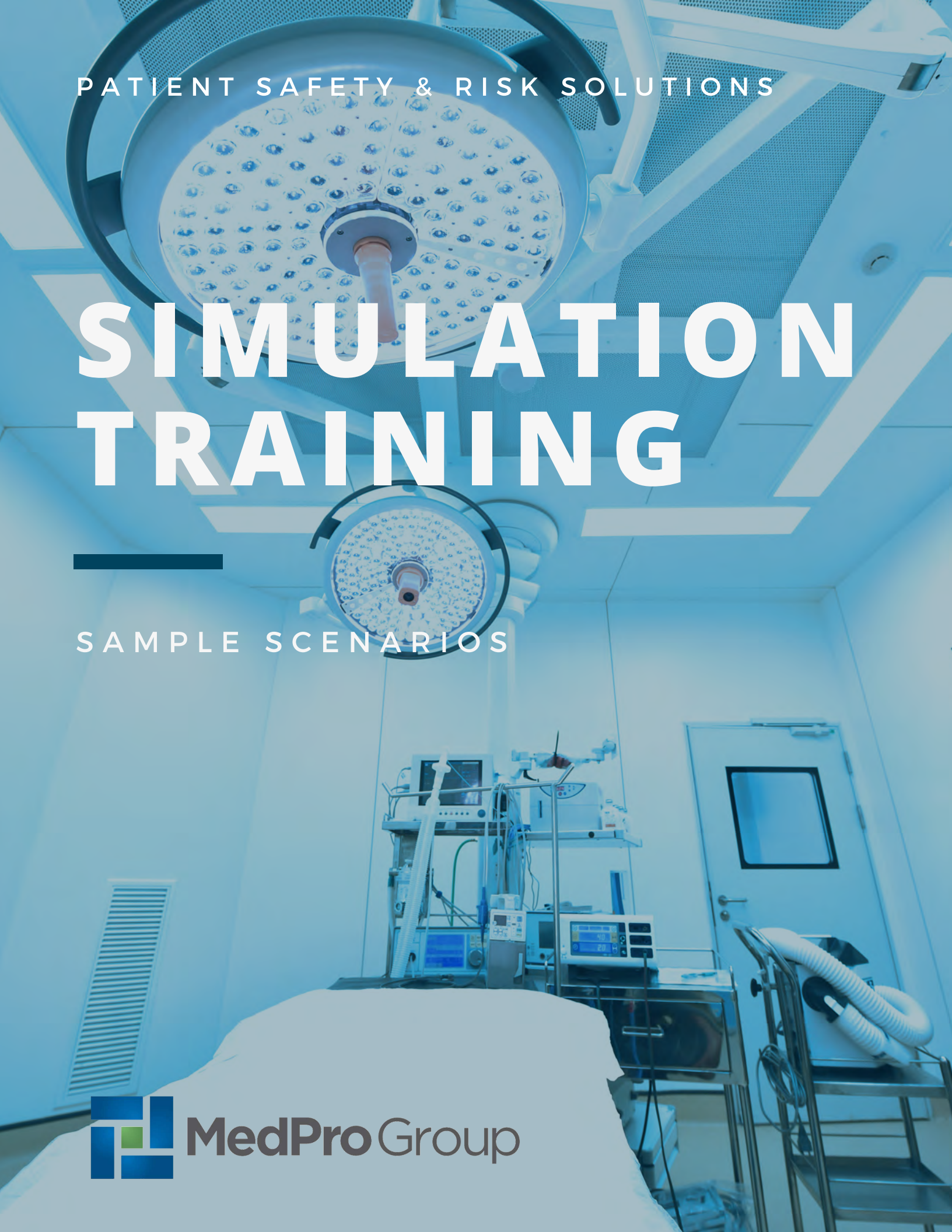
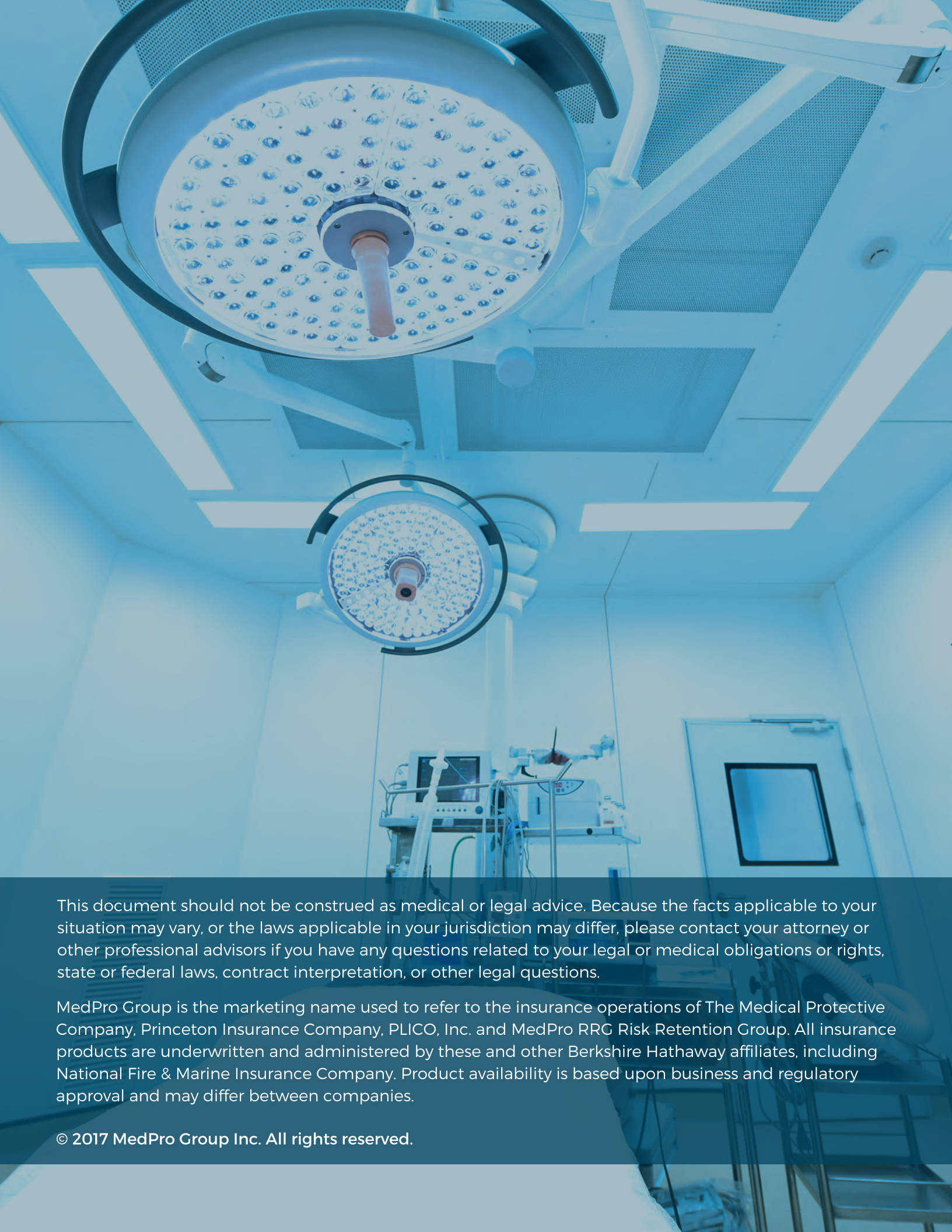
PATIENT SAFETY & RISK SOLUTIONS

SIMULATION TRAINING

SAMPLE SCENARIOS



MedPro Group



CONTENTS

ANESTHESIA

SURGICAL TEAM SCENARIO

▼ANESTHESIA: SURGICAL TEAM SCENARIO

The purpose of this scenario is to practice effective communication and efficient teamwork skills, such as those defined in crew resource management programs and the Agency for Healthcare Research and Quality's (AHRQ's) TeamSTEPPS® program. For more details, refer to the "Facilitator Notes" on page 2.

This scenario is designed for an OR setting; however, the setting can be adjusted based on individual facility practices.

Scenario Background

Information for the Facilitator

The patient is being admitted to the hospital because of end-stage renal failure. Her past medical history is significant for diabetes, hypertension, severe anemia, and suspected sepsis. On admission, the patient's BP is 150–160/100.

During the admission, the patient receives dialysis on five occasions. It is then determined that the access catheter needs to be changed. An anesthesiologist evaluates the patient and determines that she is ASA-IV. The patient is dialyzed prior to the procedure.

At 1430, the anesthesiologist administers IV sedation with midazolam 1 mg. Pulse oximetry and ECG monitoring are in place. BP is 120/60 at 1430, 110/60 at 1435, and 100/60 at 1445. Normal saline is administered at 100 mL/hr. At 1450, the patient's BP drops to 80/60. The anesthesiologist administers atropine 0.5 mg. The surgeon replaces the catheter in 10 minutes.

At the end of the procedure, the patient becomes bradycardic (30–40 beats per minute) and then asystolic. The circulating nurse administers epinephrine 1 mg IV, the anesthesia provider intubates the patient, and a code is called at 1456 (simultaneously).

Learning Objectives

During this scenario, participants will:

- Recognize risks for complications and plan for appropriate monitoring
- Provide appropriate and timely interventions (response to changes in physiological status)
- Exhibit proficient technical performance of interventions (code response)

- Demonstrate effective communication with team members
- Integrate resourceful teamwork in providing patient care

Target Participants

OR staff, surgeon(s), and anesthesia providers/staff

Expected Outcomes

- **Short-term:** Implement effective communication and efficient teamwork concepts. TeamSTEPPS-specific tools should include: brief, huddle, situation awareness, cross-monitoring, CUS, and the two-challenge rule.
- **Long-term:** Demonstrate improved patient outcomes for similar patient types.

Facilitator Notes

Below are tips to help the facilitator conduct the simulation.

Throughout this scenario, participants will be tasked with identifying opportunities to apply effective communication and efficient teamwork skills, such as the ones recommended by TeamSTEPPS. The tools and strategies specific to this scenario include: brief, huddle, situation awareness, cross-monitoring, CUS, and the two-challenge rule. Visit AHRQ's website for more information about TeamSTEPPS.

Give each participant his/her own patient chart to review. This enables him/her to obtain basic information about the patient. However, prevent discussion among members of the patient care team prior to the administration of midazolam. This puts the team members in a situation in which no focus is on potential complications for this highly compromised patient.

▶ NOTE

If you prefer not to use the TeamSTEPPS tools, a description of what is expected from the participants is provided. Simply disregard the words in parentheses in the paragraphs below.

Again, the goal is to have patient care team members proactively initiate a discussion **(brief)** prior to the procedure so that everyone is aware of what to look for **(situation awareness)** and ready to assist each other in performing their tasks as needed **(cross-monitoring)**.

Once a complication is recognized and shared with the team, and treatment efforts are initiated, attention to the patient's treatment response is paramount **(situation awareness)**. When information regarding complications isn't shared and interventions aren't effective to the level desired, a team discussion about additional options **(huddle)** should take place. Continuing with the initial procedure should elicit a response from team members — i.e., questioning or stating concern about the patient's safety **(CUS and/or two-challenge rule).**

It is recommended that participants perform this scenario twice in the same training session so that learning and re-enforcement of communication and teamwork skills can be applied to their clinical practice.

Throughout the scenario, the facilitator will need to provide data for the patient's vital signs (see "Scenario Steps" on page 5). The data should be displayed on a card, paper, or placard located near the actual monitor.

Additionally, to facilitate the time needed for each scenario session, the facilitator has the option to compress (speed up) time as needed. Make the participants aware of the time by either displaying the time in a visible location or stating the time throughout the scenario.

▶ DEFINITIONS

- **CUS** is a tool to use when a conflict of information is identified that warrants a team member voicing his/her **C**oncern, that he/she is **U**ncomfortable, and a **S**afety issue exists. Each facility or practice may develop a unique word, phrase, or signal to alert the other team members without alarming the patient/family.
- The **two-challenge rule** is a tool to use when a conflict of information is identified that warrants a team member speaking up, alerting, and/or questioning other team members at least twice before proceeding any further with a task or intervention.

Equipment and Supplies

- Operating room bed and bed sheet
- Cardiac monitor/anesthesia machine and pulse oximetry with displays demonstrating patient's hemodynamic baseline and subsequent decompensation
- Endotracheal tube (ETT) with lubricant
- ETT holder
- Hemodialysis catheters (old one to be removed/new one to be inserted)
- IV cannula, fluid, and tubing
- Paper tape (to secure IV, dialysis catheter, and IV cannula)
- Scrub gowns, scrub caps, and shoe covers
- Surgical procedure supplies (sterile field, drapes, etc.)
- Syringes labeled midazolam, atropine, and epinephrine
- Telephone

Scenario Setup

Patient

- Hospital gown and slipper socks (for the actor)
- Hemodialysis catheter (secure to the patient's upper right chest; current catheter to be removed)
- IV cannula (secure to either of the patient's forearms)
- IV fluid with tubing (connect to the IV cannula)

▶ NOTE

An actor along with a separate airway task trainer or simulator with ETT capability can be used.

Room

- Place bed sheet on the bed
- Position patient (actor with airway task trainer or simulator) on the bed
- Assemble sterile surgical table with new hemodialysis catheter, syringes, and procedural instruments, as needed
- Position sterile surgical table near the bed
- Position cardiac monitor/anesthesia machine at the head of the bed
- Connect cardiac monitor/anesthesia machine leads and pulse oximetry to patient

Scenario Commencement

Handoff Report for Participants

The patient is being admitted to the hospital because of end-stage renal failure. Her past medical history is significant for diabetes, hypertension, severe anemia, and suspected sepsis. On admission, the patient's BP is 150–160/100.

During the admission, the patient receives dialysis on five occasions. It is then determined that the access catheter needs to be changed.

An anesthesiologist evaluates the patient and determines that she is ASA-IV. The patient is dialyzed prior to the procedure.

▶ NOTE

Provide the handoff information in patient chart form only. Discourage verbal discussion prior to the start of the scenario (see the "Facilitator Notes" on page 2).

Scenario Steps

Patient Response and Participant Actions

TIME	PATIENT CONDITION/ RESPONSE	PARTICIPANT ACTIONS	TASKS COMPLETED	
1430	BP: 120/60 Cardiac rhythm: normal sinus	• Patient status and concerns discussed with team members • Anesthesiologist administers midazolam 1 mg IV	Patient status and concerns discussed with team members **(brief)** prior to midazolam administration?	
			☐ Yes	☐ No
1435	BP: 110/60	• Anesthesiologist alerts the team about the patient's decreasing BP	Information about decreasing BP communicated?	
			☐ Yes	☐ No
1445	BP: 100/60	• Anesthesiologist alerts the team about the patient's decreasing BP • Anesthesiologist leads a quick discussion about potential emergency interventions • Anesthesiologist infuses normal saline 100 ml/hr	Team members alerted about the patient's decreasing BP **(situation awareness/ cross-monitoring)?**	
			☐ Yes	☐ No
			Quick discussion about potential emergency interventions conducted **(huddle)?**	
			☐ Yes	☐ No
1450	BP: 80/60	• Anesthesiologist discusses concern regarding patient status and continuing with procedure • Anesthesiologist administers atropine 0.5 mg IV	Discussion conducted about patient status and continuing with procedure **(CUS and/or two-challenge rule)?**	
			☐ Yes	☐ No

TIME	PATIENT CONDITION/ RESPONSE	PARTICIPANT ACTIONS	TASKS COMPLETED	
1455	Heart rate: 30–40 BPM Cardiac rhythm: bradycardia	• Surgeon completes new catheter placement	N/A	
1456	Heart rate: N/A Cardiac rhythm: asystole	• Epinephrine 1 mg IV administered, ETT inserted, and code called	Timely CPR initiated?	
			☐ Yes	☐ No

Debrief

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers.

- What did you think was happening?
- What did you do and why?
- Do you think your interventions were helpful? Describe how. If not, explain why.
- Did the team members communicate effectively with each other? Provide examples.
- Did the team members communicate effectively with the patient? Provide examples.
- How efficient was the teamwork? Provide examples.
- What aspects of this scenario exercise can you apply to your clinical practice? How might you apply those aspects?

Resources

- Agency for Healthcare Research and Quality: TeamSTEPPS

BEHAVIORAL HEALTH

DE-ESCALATION SCENARIO

▼ BEHAVIORAL HEALTH: DE-ESCALATION SCENARIO

The purpose of this scenario is for participants to recognize early signs and symptoms of a potential behavioral crisis. De-escalation techniques should be performed to assist the patient in maintaining safety and appropriate behaviors. For more details, refer to the “Facilitator Notes” on page 10.

This scenario is written for an inpatient setting; however, it can be reconfigured for an emergency department scenario.

Scenario Background

Information for the Facilitator

At the time of admission, the patient’s principal diagnosis is paranoid schizophrenia with a secondary diagnosis of paranoid personality disorder. The admission record notes a history of nonadherence, a past suicide attempt, and a several-month history of refusal to eat, decreased sleep, and social isolation. The patient’s Global Assessment of Functioning score is 28.

Further assessment reveals that the patient believes people are conspiring against him, dogs talk to him, and the television sends him messages. The patient exhibits irritable and anxious behavior. Psychiatrist assessment reveals the patient has suicidal ideations and that his judgment is grossly impaired.

The patient appears disheveled, disorganized, suspicious, delusional, and paranoid. He refuses voluntary treatment. Intense supervision until further stabilization is warranted, and the process of inpatient involuntary commitment is completed. During Day 1 of admission, while in his room, the patient becomes increasingly agitated. He begins to throw furniture and threatens others who he believes are conspiring against him.

Learning Objectives

During this scenario, participants will:

- Recognize a potentially volatile situation (risks of escalation)
- Provide appropriate and timely interventions (de-escalation techniques)
- Demonstrate effective communication with the patient and team members
- Integrate resourceful teamwork in providing patient care

Target Participants

Behavioral health staff

Expected Outcomes

- **Short-term:** Apply appropriate de-escalation techniques to avoid patient and staff harm and to safely resolve the crisis.
- **Long-term:** Recognize early signs of an escalating crisis and promptly notify staff.

Facilitator Notes

Below are tips to help the facilitator conduct the simulation.

Because communication and behavioral assessment are the main objectives of the scenario, a standardized patient (SP) actor can best fill the role of the patient. Provide scripting and general behavior guidelines to the SP prior to the simulation session so that he can deliver appropriate responses to the participants.

Times listed under “Scenario Steps” serve as a guide only. Depending on the participants, the time for this scenario might need to be shortened or extended.

Equipment and Supplies

- Hospital bed and bed sheet
- Two kitchen-type/cafeteria-type chairs
- Small table
- Telephone

Scenario Setup

Patient

- Street clothes

Room

- Place bed sheet on bed
- Position patient (actor) in the room

Scenario Commencement

Handoff Report for Participants

The patient was admitted with a primary diagnosis of paranoid schizophrenia and a secondary diagnosis of paranoid personality disorder. He has a history of nonadherence, a past suicide attempt, and a several-month history of refusing to eat, decreased sleep, and social isolation.

In addition, he believes people are conspiring against him, dogs talk to him, and the television sends him messages.

The patient exhibits irritable and anxious behavior, and he has suicidal ideations and grossly impaired judgment. His Global Assessment of Functioning score is 28. The patient has refused voluntary treatment. In the meantime, he requires intense supervision until the process of inpatient involuntary commitment is completed. He appears disheveled, disorganized, suspicious, delusional, and paranoid.

Scenario Steps

Patient Response and Participant Actions

TIME	PATIENT CONDITION/ RESPONSE	PARTICIPANT ACTIONS	TASKS COMPLETED	
0100	Appearance: disheveled Behavior: Irritable, anxious, suspicious, delusional, and paranoid	• Perform assessment of patient	Appropriate assessment completed?	
			☐ Yes	☐ No
0102	Behavior: Increasing irritability and anxiousness	• Apply appropriate de-escalation techniques	Appropriate de-escalation techniques applied?	
			☐ Yes	☐ No
0103	Behavior: Begins acting out by throwing furniture	• Continue with de-escalation techniques and notify coworkers	De-escalation techniques continued?	
			☐ Yes	☐ No
			Coworkers notified?	
			☐ Yes	☐ No
0105	Behavior: Irritability and anxiousness decrease	• Engage in appropriate communication with patient	Appropriate communication occurred?	
			☐ Yes	☐ No

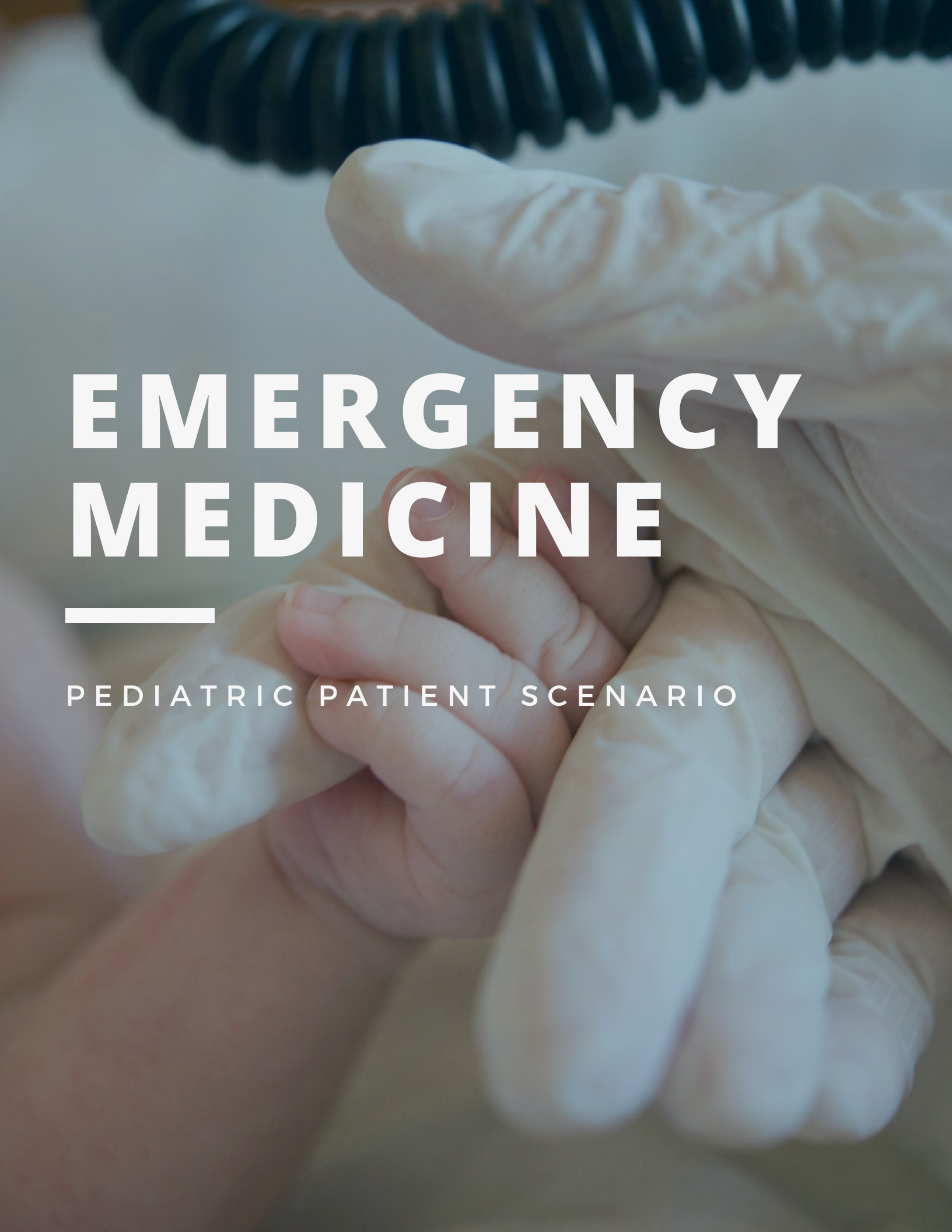
Debrief

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers.

- What did you think was happening?
- What did you do and why?
- Do you think your interventions were helpful? Describe how. If not, explain why.
- Did the team members communicate effectively with each other? Provide examples.
- Did the team members communicate effectively with the patient? Provide examples.
- How was safety addressed and maintained throughout the scenario (e.g., notified response team, maintained eye contact with the patient, positioned yourself between the patient and the exit door, demonstrated a calm but firm tone, and exhibited nonthreatening body language)?
- What aspects of this scenario exercise can you apply to your clinical practice? How might you apply those aspects?

Resources

- Crisis Prevention Institute: Create a Culture of Safety: How to Reduce Intimidation and Violence in Health Care Facilities (Webinar)
- Crisis Prevention Institute: From Chaos to Calm: How to Create a Safe and Caring Hospital (Webinar)
- *Western Journal of Emergency Medicine:* Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup



EMERGENCY MEDICINE

PEDIATRIC PATIENT SCENARIO

▼ EMERGENCY MEDICINE: PEDIATRIC PATIENT SCENARIO

The purpose of this scenario is to practice (a) assessment and care for a pediatric patient in respiratory distress, and (b) effective communication and efficient teamwork skills, such as those defined in crew resource management programs and the Agency for Healthcare Research and Quality's (AHRQ's) TeamSTEPPS® program. For more details, refer to the "Facilitator Notes" on page 16.

An infant simulator with endotracheal tube (ETT) intubation capability should be used to practice ETT intubation during this scenario. If your organization does not have one, contact your local emergency medical services (EMS) provider to see whether it has an infant simulator available for use. Other options for securing an infant simulator include your organization's foundation society and healthcare/patient safety grants through state and federal programs.

Scenario Background

Information for the Facilitator

A 4-month-old male patient was transported from home by his parents to the emergency department (ED). The patient has had an upper respiratory infection over the past 24 hours with a moist cough and runny nose. Within the past few hours, the patient has become febrile, listless, and has audible rhonchi.

The parents and the patient are immediately escorted to an exam room upon arrival at the hospital. The baby has slight circumoral cyanosis, flaring nostrils, and chest retractions. Upon arrival, the baby's vital signs are BP 74/palp, pulse 110, respirations 34 and shallow, and temperature 39.5°C (103.1°F). The baby becomes unresponsive as providers are administering care to him.

Learning Objectives

During this scenario, participants will:

- Recognize risks for complications and plan for appropriate monitoring
- Provide appropriate and timely interventions (response to changes in physiological status)
- Exhibit proficient technical performance of interventions
- Demonstrate effective communication with team members
- Integrate resourceful teamwork in providing patient care

Target Participants

ED staff, physician(s), anesthesia providers, and respiratory therapy staff

Expected Outcomes

- **Short-term:** Identify multiple opportunities for hands-on drill training in the ED setting. Implement effective communication and teamwork skills, such as the following TeamSTEPPS tools: leadership, brief, check-back (closed-loop communication), huddle, situation awareness, and mutual support.
- **Long-term:** Implement a simulation training program for the ED that encompasses a variety of clinical and behavioral situations so that staff are better prepared, and supplies and equipment are readily available for actual events.

Facilitator Notes

Below are tips to help the facilitator conduct the simulation.

Throughout this scenario, participants will be tasked with quickly assessing and determining appropriate treatment for an infant in respiratory distress. Additionally, participants will be asked to identify opportunities to apply effective communication and efficient teamwork skills, such as the ones recommended by TeamSTEPPS. The tools and strategies specific to this scenario include: leadership, brief, closed-loop communication, huddle, situation awareness, and mutual support. Visit AHRQ's website for more information about TeamSTEPPS.

▶ NOTE

If you prefer not to use the TeamSTEPPS tools, a description of what is expected from the participants is provided. Simply disregard the words in parentheses in the paragraphs below.

During the critical patient event, participants should establish a leader **(leadership)** to delegate tasks and coordinate the team's efforts in caring for the patient. Prior to initiating interventions, the team leader should discuss the patient's status and plan of care with the team members **(brief).**

To avoid delays in, duplications of, or deviations in tasks, team members should restate the team leader's instructions **(check-back).** At some point during the emergency response, team members should review all tasks that have been done to confirm that nothing was forgotten and to determine other courses of action **(huddle).**

To prevent any patient mishaps, it is essential that all team members continually observe the ongoing event **(situation monitoring)** and provide necessary feedback and assistance **(mutual support)** to the team — particularly when performing CPR, as responder fatigue can occur quickly.

It is recommended that participants perform this scenario twice in the same training session so that learning and re-enforcement of communication and teamwork skills can be applied to their clinical practice.

Throughout the scenario, the facilitator will need to provide data for the patient's vital signs (see "Scenario Steps" on page 18). The data should be displayed on a card, paper, or placard located near the actual monitor.

Additionally, to facilitate the time needed for each scenario session, the facilitator has the option to compress (speed up) time as needed. Make the participants aware of the time by either displaying the time in a visible location or stating the time throughout the scenario.

Equipment and Supplies

- ED bed/stretcher and bed sheet
- Cardiac monitor with pulse oximetry
- IV fluid, tubing, and cannula (infant)
- Paper tape (to secure IV and IV cannula)
- Syringes labeled epinephrine and amiodarone
- Pediatric ETT with lubricant and ETT holder
- Telephone or other communication device

Scenario Setup

Patient

- Street clothing

Room

- Place bed sheet on bed
- Position patient (simulator) on bed

▶ NOTE

If possible, use an actual ED room. This setup will be most beneficial during the scenario.

Scenario Commencement

Handoff Report for Participants

A 4-month-old male patient was transported from home by his parents to the ED. The patient has had an upper respiratory infection over the past 24 hours with a moist cough and runny nose. Within the past few hours, the patient has become febrile, listless, and has audible rhonchi. The parents and the patient are immediately escorted to an exam room upon arrival at the hospital. The baby has slight circumoral cyanosis, flaring nostrils, and chest retractions. Upon arrival, the baby's vital signs are BP 74/palp, pulse 110, respirations 34 and shallow, and temperature 39.5°C (103.1°F).

Scenario Steps

Patient Response and Participant Actions

TIME	PATIENT CONDITION/ RESPONSE	PARTICIPANT ACTIONS	TASKS COMPLETED
1900	BP: 74/palp Pulse: 110 Respirations: 34/shallow Temperature: 39.5°C (103.1°F)	• Participants establish a team leader • Team leader discusses patient status and concerns with team members	Team leader established **(leadership)?** ☐ Yes ☐ No Patient status and concerns discussed with team members **(brief)?** ☐ Yes ☐ No
1905	BP: 70/palp Pulse: 110 Respirations: 36/shallow	• Tasks are delegated to and confirmed by all team members	Effective communication performed **(check-back)?** ☐ Yes ☐ No
1907	BP: 68/palp Pulse: 110 Respirations: 36/shallow	• Team members actively monitor the event and provide feedback as needed • Team leader reviews which tasks have been completed and asks for team member input	Event monitored and feedback provided **(situation awareness)?** ☐ Yes ☐ No Review of tasks performed and feedback requested **(huddle)?** ☐ Yes ☐ No
1910	BP: 0 Pulse: 0 Respirations: 0	• Team members assist in task performance	Assistance in task performance occurs **(mutual support)?** ☐ Yes ☐ No

Debrief

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers.

- What did you think was happening?
- What did you do and why?
- Do you think your interventions were helpful? Describe how. If not, explain why.
- Did the team members communicate effectively with each other? Provide examples.
- Did the team members communicate effectively with the patient's parents? Provide examples.
- How efficient was the teamwork? Provide examples.
- What aspects of this scenario exercise can you apply to your clinical practice? How might you apply those aspects?

Resources

- Agency for Healthcare Research and Quality: TeamSTEPPS

HEALTHCARE PRACTICE

EMERGENCY SCENARIO

▼ HEALTHCARE PRACTICE: EMERGENCY SCENARIO

The purpose of this scenario is to (a) assess the healthcare practice's emergency preparedness for an unresponsive patient, and (b) to apply effective communication and efficient teamwork skills, such as those defined in crew resource management programs and the Agency for Healthcare Research and Quality's (AHRQ's) TeamSTEPPS® program. For more details, refer to the "Facilitator Notes" on page 22.

This scenario is written for the primary care setting; however, it can be reconfigured for other specialty settings.

Scenario Background

Information for the Facilitator

A young adult male presents to the healthcare practice with chronic cough from seasonal allergies and a complaint of chest discomfort. Because of the patient's age and history of allergies, he is diagnosed with sore chest wall muscles.

A family history significant for heart disease is indicated on the intake form, but it is not taken into consideration.

Two days later, the patient returns to the practice for a follow-up visit for worsening chest discomfort. While waiting, the patient suddenly falls to the floor and becomes unresponsive.

Learning Objectives

During this scenario, participants will:

- Recognize signs and symptoms of a medical emergency and plan for care
- Provide appropriate and timely interventions
- Exhibit proficient technical performance of interventions
- Demonstrate effective communication with team members
- Integrate resourceful teamwork in providing patient care

Target Participants

Healthcare providers and office staff

Expected Outcomes

- **Short-term:** Recognize the importance of conducting and participating in a variety of emergency drills throughout the year to enhance provider/staff knowledge and proficiency.
- **Long-term:** Implement an emergency preparedness program that includes periodic practice drills to ensure timely response and optimal patient outcomes.

Facilitator Notes

Below are tips to help the facilitator conduct the simulation.

Throughout this scenario, participants will be tasked with providing primary emergency response for a critically ill patient and identifying opportunities to apply effective communication and efficient teamwork skills, such as the ones recommended by TeamSTEPPS. The tools and strategies specific to this scenario include: leadership, brief, check-back (closed-loop communication), mutual support, communication, and situation monitoring. Visit AHRQ's website for more information about TeamSTEPPS.

▶ NOTE

If you prefer not to use the TeamSTEPPS tools, a description of what is expected from the participants is provided. Simply disregard the words in parentheses in the paragraphs below.

Prepare a patient chart for participants based on the patient information provided in the "Scenario Background" on page 21. The patient should be 20–30 years old. The facilitator can determine the patient's ethnic and social history.

During the medical emergency, participants should establish a leader **(leadership)** to delegate tasks and coordinate the team's efforts in caring for the patient. Prior to initiating interventions, the team leader should discuss the patient's status and plan of care with the team members **(brief).** To avoid delays in, duplications of, or deviations in tasks, team members should restate the team leader's instructions **(check-back).**

Effective discussions **(communication)** among all team members will promote timely execution of interventions and team awareness of all steps being performed, such as the number of CPR cycles, cardiac rhythm assessment, and safety precautions during defibrillations. Team members should continually observe the ongoing event **(situation monitoring)** and provide necessary assistance and guidance **(mutual support)** to the team — particularly when performing chest compressions, as responder fatigue can occur quickly.

It is recommended that participants perform this scenario twice in the same training session so that learning and re-enforcement of communication and teamwork skills can be applied to their clinical practice. Additionally, running the scenario twice might help participants identify ways in which they can more successfully execute their responses.

Throughout the scenario, the facilitator will need to provide data for the patient's vital signs and cardiac rhythms (see "Scenario Steps" on page 24). The data should be displayed on a card, paper, or placard located near the equipment being used. If an actual monitor is being used, program the cardiac rhythm and other parameters according to the data indicated in the "Scenario Steps." If participants are using an actual monitor and/or defibrillator for the scenario, ensure safety precautions are followed when the equipment is in use.

Additionally, to facilitate the time needed for each scenario session, the facilitator has the option to compress (speed up) time as needed. Make the participants aware of the time by either displaying the time in a visible location or stating the time throughout the scenario.

Equipment and Supplies

- Telephone
- Timepieces (wall clocks, etc.)
- BLS/ACLS supplies, if appropriate to setting (portable oxygen with flow meter, adult bag-valve-mask)
- AED (if none available, note during debrief)
- Notepad for recording response and intervention

Scenario Setup

Patient

- Street clothes

Room

- Position patient on the floor in the waiting area
- Obtain equipment from normal storage place at time of simulation response

Scenario Commencement

Handoff Report for Participants

A young adult male presents to the healthcare practice with chronic cough from seasonal allergies and a complaint of chest discomfort. Because of the patient's age and history of allergies, he is diagnosed with sore chest wall muscles. A family history significant for heart disease is indicated on the intake form, but it is not taken into consideration.

Two days later, the patient returns to the practice for a follow-up visit for worsening chest discomfort. While waiting, the patient suddenly falls to the floor and becomes unresponsive.

Scenario Steps

Patient Response and Participant Actions

TIME	PATIENT CONDITION/ RESPONSE	PARTICIPANT ACTIONS	TASKS COMPLETED
0900	BP: 0 Pulse: 0 Respirations: 0	• Participants recognize patient unresponsiveness and notify office team	Team members alerted to unresponsive patient? ☐ Yes ☐ No
0903	Same as above	• Team members establish a team leader • Team leader discusses patient status and concerns with team members	Team leader established **(leadership)?** ☐ Yes ☐ No Patient status and concerns discussed with team members **(brief)?** ☐ Yes ☐ No
0905	Same as above	• Tasks are delegated to and confirmed by all team members • Team members communicate effectively about patient status, notifications (e.g., EMS, office support), and task performance	Effective communication performed **(check-back)?** ☐ Yes ☐ No Verbal interaction **(communication)** with team is effective? ☐ Yes ☐ No
0907	Same as above	• Team members monitor the patient's response and team performance	Monitoring of patient response and team performance conducted **(situation monitoring)?** ☐ Yes ☐ No

TIME	PATIENT CONDITION/ RESPONSE	PARTICIPANT ACTIONS	TASKS COMPLETED	
0910	Same as above	• Team members assist in task performance	Assistance in tasks performance occurs **(mutual support)?**	
			☐ Yes	☐ No

Debrief

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers.

- What did you think was happening?
- What did you do and why?
- What was the timeline between initial recognition of the patient's unresponsiveness and interventions (i.e., initiating BLS/ACLS, calling 911, using the AED, and providing oxygen using a bag-valve-mask)?
- Do you think your interventions were helpful? Describe how. If not, explain why.
- Did the team members communicate effectively with each other? Provide examples.
- How efficient was the teamwork? Provide examples.
- What aspects of this scenario exercise can you apply to your clinical practice and workplace protocols? How might you apply those aspects?

▶ NOTE

A discussion should take place with regards to the timeframe from when the patient initially became unresponsive until the time when EMS or other emergency care responders would likely arrive.

Resources

- American Academy of Family Physicians: A Practical Guide to Emergency Preparedness for Office-Based Family Physicians
- American Academy of Pediatrics: Pediatric Preparedness Resource Kit

MEDICAL-SURGICAL NURSING

SEPSIS SCENARIO

▼ MEDICAL-SURGICAL NURSING: SEPSIS SCENARIO

The purpose of this scenario is to have participants recognize early signs and symptoms of sepsis and to initiate the elements of a sepsis bundle. In addition, the participants should be prepared to notify the emergency response team and demonstrate BLS skills. For more details, refer to the "Facilitator Notes" on page 28.

Scenario Background

Information for the Facilitator

Earlier in the day, a female patient weighing 132 pounds (60 kg) underwent a laparoscopic right hemicolectomy for newly diagnosed colon cancer. The surgery was reported to be without complications.

The patient has been on the medical-surgical nursing unit for the past 4 hours. Currently the patient is stable, has no complaints of pain, and has the following vital signs: BP 112/74, pulse 88, respirations 14, and temperature 37°C (98.6°F).

The patient is on intake and output monitoring with a Foley catheter in place and draining clear yellow urine. The patient is to remain NPO for the next 24 hours. A 20-gauge IV catheter has been placed in the patient's right forearm with normal saline infusing at 150 mL/hour.

IV antibiotics are ordered for the patient — cefazolin 1 gram every 6 hours and metronidazole 500 mg every 6 hours. Neither antibiotic has been given at this time because of a pharmacy delay. The patient was given hydromorphone 0.4 mg IV 30 minutes ago, and an order is in place for her to receive 0.4 mg every 1–2 hours, as needed.

Within 4 hours of surgery, the patient's abdomen becomes distended and tender, her urine output is 15 mL/hour, and her white blood cell count increases from 5.8 immediately after surgery to 8.2. Her other vital signs are: BP 82/52, pulse 130, and respirations 37. Lactic acid is 3.6 mmol/L. The patient is taken back to surgery where a duodenal perforation is discovered.

Learning Objectives

During this scenario, participants will:

- Recognize risks for complications and plan for appropriate monitoring
- Provide proper and timely interventions (response to changes in physiological status)

- Exhibit proficient technical performance of interventions
- Demonstrate effective communication with team members
- Integrate resourceful teamwork in providing patient care

Target Participants

Medical-surgical nurses and staff

Expected Outcomes

- **Short-term:** Recognize early signs and symptoms of sepsis and quickly implement a sepsis bundle.
- **Long-term:** Demonstrate improved patient outcomes for similar patient types.

Facilitator Notes

Below are tips to help the facilitator conduct the simulation.

A standardized patient (SP) actor can be used for much of this scenario. A BLS manikin will be needed at the point when the patient becomes unresponsive so that participants can practice CPR skills. If a high-fidelity simulator is available, the team can use it for the entire scenario.

In conducting this scenario, the facilitator needs to ensure that the appropriate organizational process for initiating a sepsis bundle is followed. For example, if the sepsis bundle is a standardized order set that nursing can initiate without a physician or advanced practice provider (APP) order, then participants should demonstrate that course of action during the scenario. However, if a physician or APP must initiate all patient orders, then the facilitator must have the physician or APP state the order for the bundle elements.

It is recommended that participants perform this scenario twice in the same training session so that learning and re-enforcement of the sepsis bundle elements and BLS skills can be applied to their clinical practice.

Throughout the scenario, the facilitator will need to provide data for vital signs. The data should be displayed on a card, paper, or placard located near the actual monitor.

Additionally, to facilitate the time needed for each scenario session, the facilitator has the option to compress (speed up) time as needed. Make the participants aware of the time by either displaying the time in a visible location or stating the time throughout the scenario.

Equipment and Supplies

- Patient bed and bed sheet
- Monitors (pulse oximeter and BP)

- IV fluid (normal saline), tubing, and cannula
- Gloves
- Telephone
- Clock
- Phlebotomy supplies (blood culture and lactate)

Scenario Setup

Patient

- Hospital gown and slipper socks (for the actor)
- IV cannula (secure to the patient's forearm)
- IV fluid with tubing (connect to the cannula)
- BP device/monitor
- Pulse oximetry device/monitor

Room

- Place bed sheet on bed
- Position patient on bed

Scenario Commencement

Handoff Report for Participants

Earlier in the day, a female patient weighing 132 pounds (60 kg) underwent a laparoscopic right hemicolectomy for newly diagnosed colon cancer. The surgery was reported to be without complications. The patient has been on the medical-surgical nursing unit for the past 4 hours. Currently the patient is stable, has no complaints of pain, and has the following vital signs: BP 112/74, pulse 88, respirations 14, and temperature 37°C (98.6°F).

The patient is on intake and output monitoring with a Foley catheter in place and draining clear yellow urine. The patient is to remain NPO for the next 24 hours. A 20-gauge IV catheter has been placed in the patient's right forearm with normal saline infusing at 150 mL/hour.

IV antibiotics are ordered for the patient — cefazolin 1 gram every 6 hours and metronidazole 500 mg every 6 hours. Neither antibiotic has been given at this time because of a pharmacy delay. The patient was given hydromorphone 0.4 mg IV 30 minutes ago, and an order is in place for her to receive 0.4 mg every 1–2 hours, as needed.

Scenario Steps

Patient Response and Participant Actions

TIME	PATIENT CONDITION/ RESPONSE	PARTICIPANT ACTIONS	TASKS COMPLETED
1500	BP: 112/74 Pulse: 88 SpO_2: 99% on 4L NC Respirations: 14 Temperature: 37°C (98.6°F) Pain: 0 out of 10	• Assess the patient	Patient assessment done? ☐ Yes ☐ No
1510	BP: 88/62 Pulse: 98 SpO_2: 95% on 4L NC Respirations: 18 Temperature: 37°C (98.6°F) Abdominal pain: 6 out of 10	• Assess the patient • Consider possible causes for pain and changes in vital signs • Notify physician (see "Facilitator Notes" on page 28)	Patient assessment done? ☐ Yes ☐ No Possible causes considered? ☐ Yes ☐ No Physician notified? ☐ Yes ☐ No
1512	BP: 88/62 Pulse: 98 SpO_2: 95% on 4L NC Respirations: 18 Temperature: 37°C (98.6°F) Abdominal pain: 6 out of 10	• Activate sepsis bundle • Collect blood cultures prior to antibiotic administration • Obtain lactate level • Increase IV normal saline infusion (30 mL/kg x 60 kg = 1,800 mL/hr)	Sepsis bundle activated? ☐ Yes ☐ No Blood cultures collected? ☐ Yes ☐ No Lactate level obtained? ☐ Yes ☐ No Saline infusion increased? ☐ Yes ☐ No

TIME	PATIENT CONDITION/ RESPONSE	PARTICIPANT ACTIONS	TASKS COMPLETED	
1515	BP: 84/58 Pulse: 122 SpO_2: 92% on 4L NC Respirations: 30/shallow Temperature: 37.2°C (98.6°F) Abdominal pain: 9 out of 10	• Call for assistance • Activate Emergency Response Team • Clear the room • Retrieve crash cart • Move head of bed away from wall • Place defibrillator leads on patient	Assistance called?	
			☐ Yes	☐ No
			Emergency Response Team notified?	
			☐ Yes	☐ No
			Room cleared?	
			☐ Yes	☐ No
			Crash cart retrieved?	
			☐ Yes	☐ No
			Bed moved away from the wall?	
			☐ Yes	☐ No
			Defibrillator leads placed on patient?	
			☐ Yes	☐ No
1518	Patient unresponsive; no vital signs detected	• Begin CPR • Defibrillate patient as needed	CPR initiated?	
			☐ Yes	☐ No
			Defibrillation provided as needed?	
			☐ Yes	☐ No

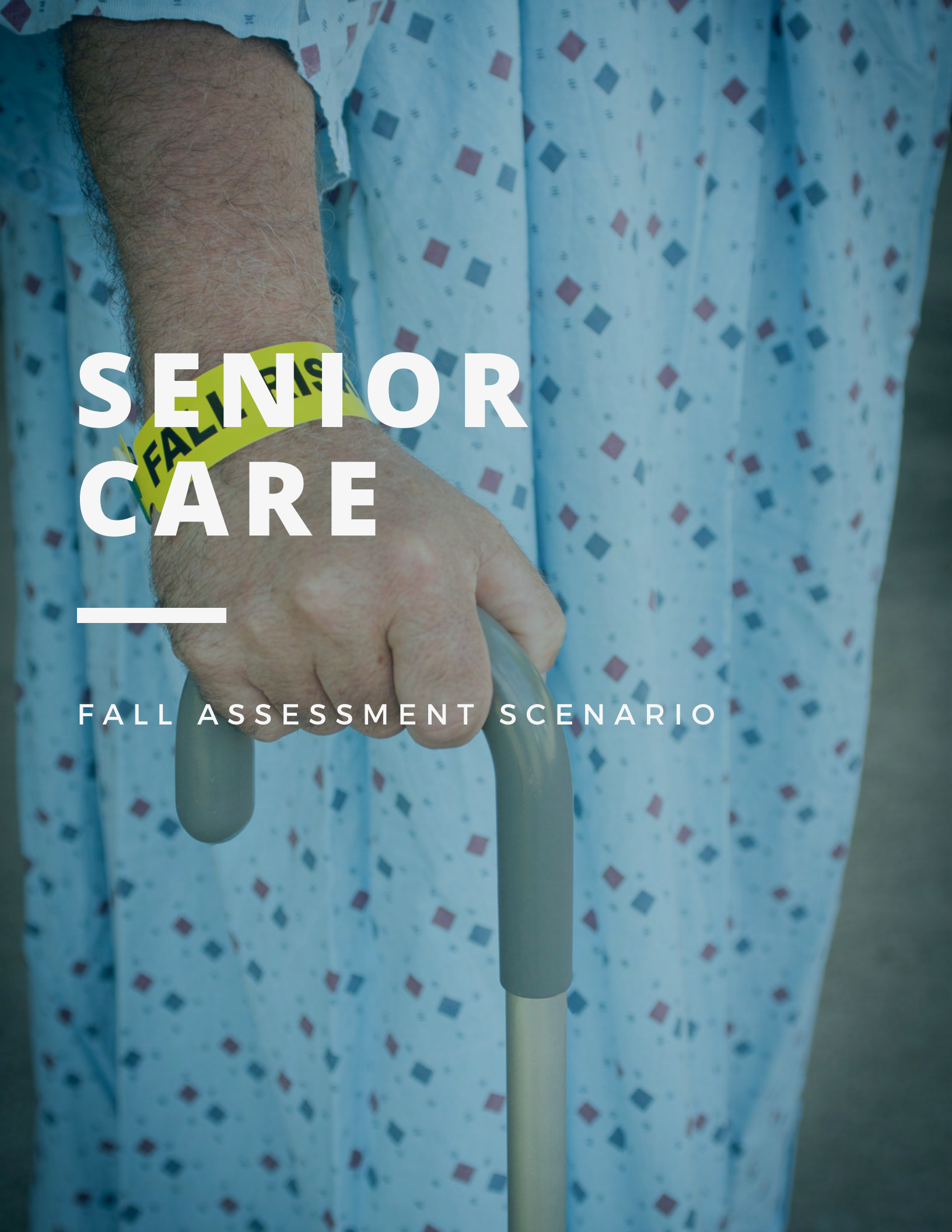
Debrief

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers.

- What did you think was happening?
- What did you do and why?
- Do you think your interventions were helpful? Describe how. If not, explain why.
- Did the team members communicate effectively with each other? Provide examples.
- Did the team members communicate effectively with the patient? Provide examples.
- How efficient was the teamwork? Provide examples.
- What aspects of this scenario exercise can you apply to your clinical practice? How might you apply those aspects?

Resources

- Surviving Sepsis Campaign: Updated Bundles in Response to New Evidence



SENIOR CARE

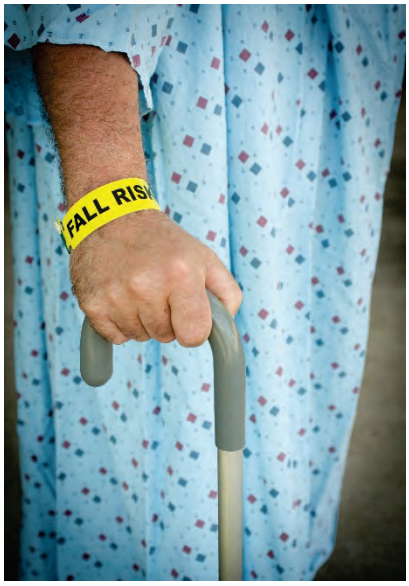
FALL ASSESSMENT SCENARIO

▼ SENIOR CARE: FALL ASSESSMENT SCENARIO

The purpose of this scenario is to have participants conduct a fall assessment and to recognize potential fall risks in order to initiate the appropriate fall prevention measures based on organizational protocols. For more details, refer to the “Facilitator Notes” on page 36.

Scenario Background

Information for the Facilitator



A 78-year-old male is being admitted to a senior care rehabilitation and nursing center following a 3-week admission in intensive care at a nearby hospital; the admission was for bilateral lung pneumonia. The resident is stable, alert, and oriented, but he has overall muscle fatigue from his lengthy hospital stay.

The plan is to have the resident regain his ability to perform activities of daily living prior to discharge home. He lives alone, but has two adult children who live several miles away. He has a past medical history of atrial fibrillation, hypertension, and osteoarthritis. His current medications include lisinopril 5 mg daily, hydrochlorothiazide 12.5 mg daily, warfarin 4 mg daily, and celecoxib 200 mg daily.

The resident’s last INR was 2.5, which was done yesterday. He is on portable oxygen at 2 L/min via nasal cannula. The resident has urinary urgency but is not incontinent. His gait is slow and shuffling. His arthritis pain is well managed with celecoxib.

Learning Objectives

During this scenario, participants will:

- Recognize risks for resident falls
- Perform a thorough fall assessment on a resident
- Initiate appropriate fall prevention precautions based on the assessment
- Demonstrate effective communication with the resident
- Document assessment findings, fall precaution measures initiated, and communication with the resident
- Provide a complete resident handoff report to a team member taking over resident care

Target Participants

Senior care nurses and nursing assistant staff

Expected Outcomes

- **Short-term:** Recognize potential risks for resident falls, perform a thorough fall assessment on a resident, and initiate appropriate fall precaution measures.
- **Long-term:** Reduce resident falls within the organization.

Facilitator Notes

Below are tips to help the facilitator conduct the simulation.

A standardized patient (SP) actor should be used for the scenario. The facilitator should provide the resident background to the SP well in advance of conducting the scenario so that the SP can respond appropriately to the participant's questions.

In conducting this scenario, the facilitator needs to ensure that the appropriate organizational process for fall assessment is followed. The assessment should include review of medical history, vital signs, pain, bladder and bowel function (including urgency), gait, cognition, medications and supplements, psychosocial behavior, compliance with prescribed care, and smoking status.

The facilitator should have the organization's fall assessment plan available throughout the scenario. The plan should be reviewed during the debrief with the participants.

Throughout the scenario, the facilitator will need to provide data for vital signs. The data should be displayed on a card, paper, or placard located near the actual monitor. All other resident-specific responses should be provided by the SP.

As part of the resident education step in the scenario, the teach-back method is indicated. To access the teach-back toolkit, click on the link found in the "Resources" section on page 39. If you prefer to not use the teach-back method, simply disregard the words in parentheses in "Scenario Steps."

Equipment and Supplies

- Resident bed and bed sheet
- Portable oxygen tank in holder
- Nasal cannula, extra oxygen tubing, and connector (if desired)
- Thermometer
- BP and pulse oximetry monitors
- Gloves
- Chair

Scenario Setup

Resident

- Street clothes
- Nasal cannula (place cannula on the resident and attach the other end to the oxygen tank set at 2 L/min)

Room

- Position resident on the bed or in the chair with oxygen tank and nasal cannula in place, as indicated above
- Assemble vital sign equipment in the room

Scenario Commencement

Handoff Report to Participants

A 78-year-old male is being admitted to a senior care rehabilitation and nursing center following a 3-week admission in intensive care at a nearby hospital; the admission was for bilateral lung pneumonia. The resident is stable, alert, and oriented, but he has overall muscle fatigue from his lengthy hospital stay.

The plan is to have the resident regain his ability to perform activities of daily living prior to discharge home. He lives alone, but has two adult children who live several miles away. He has a past medical history of atrial fibrillation, hypertension, and osteoarthritis. His current medications include lisinopril 5 mg daily, hydrochlorothiazide 12.5 mg daily, warfarin 4 mg daily, and celecoxib 200 mg daily.

The resident's last INR was 2.5, which was done yesterday. He is on portable oxygen at 2 L/min via nasal cannula. The resident has urinary urgency but is not incontinent. His gait is slow and shuffling. His arthritis pain is well managed with celecoxib.

Scenario Steps

Resident Response and Participant Actions

RESIDENT CONDITION/ RESPONSE	PARTICIPANT ACTIONS	TASKS COMPLETED	
BP: 128/72 Pulse: 92 Respirations: 14 SpO_2: 98% on 2L NC Temperature: 37°C (98.6°F) Pain: 0 out of 10 Lungs: clear Continent of bladder and bowel	• Assess the resident for medical history, vital signs, pain, bladder and bowel function (including urgency), gait, cognition, medications and supplements, psychosocial behavior, care compliance, and smoking	Resident assessment performed?	
		☐ Yes	☐ No
Same as above	• Initiate fall prevention precautions	Appropriate fall prevention precautions initiated?	
		☐ Yes	☐ No
Same as above	• Discuss care and educate resident • Confirm resident's understanding of his care plan and fall prevention measures	Effective communication occurred?	
		☐ Yes	☐ No
		Resident understanding confirmed **(teach-back)?**	
		☐ Yes	☐ No
Same as above	• Provide thorough documentation of the fall assessment	All parameters of the fall assessment accurately documented?	
		☐ Yes	☐ No

<table>
<tr><th>RESIDENT CONDITION/ RESPONSE</th><th>PARTICIPANT ACTIONS</th><th colspan="2">TASKS COMPLETED</th></tr>
<tr><td rowspan="2">Same as above</td><td rowspan="2">• Provide complete resident handoff report including, medical history, vital signs, pain, bladder and bowel function (including urgency), gait, cognition, medications and supplements, psychosocial behavior, care compliance, smoking, lung sounds, and demeanor</td><td colspan="2">Complete resident handoff report communicated?</td></tr>
<tr><td>☐ Yes</td><td>☐ No</td></tr>
</table>

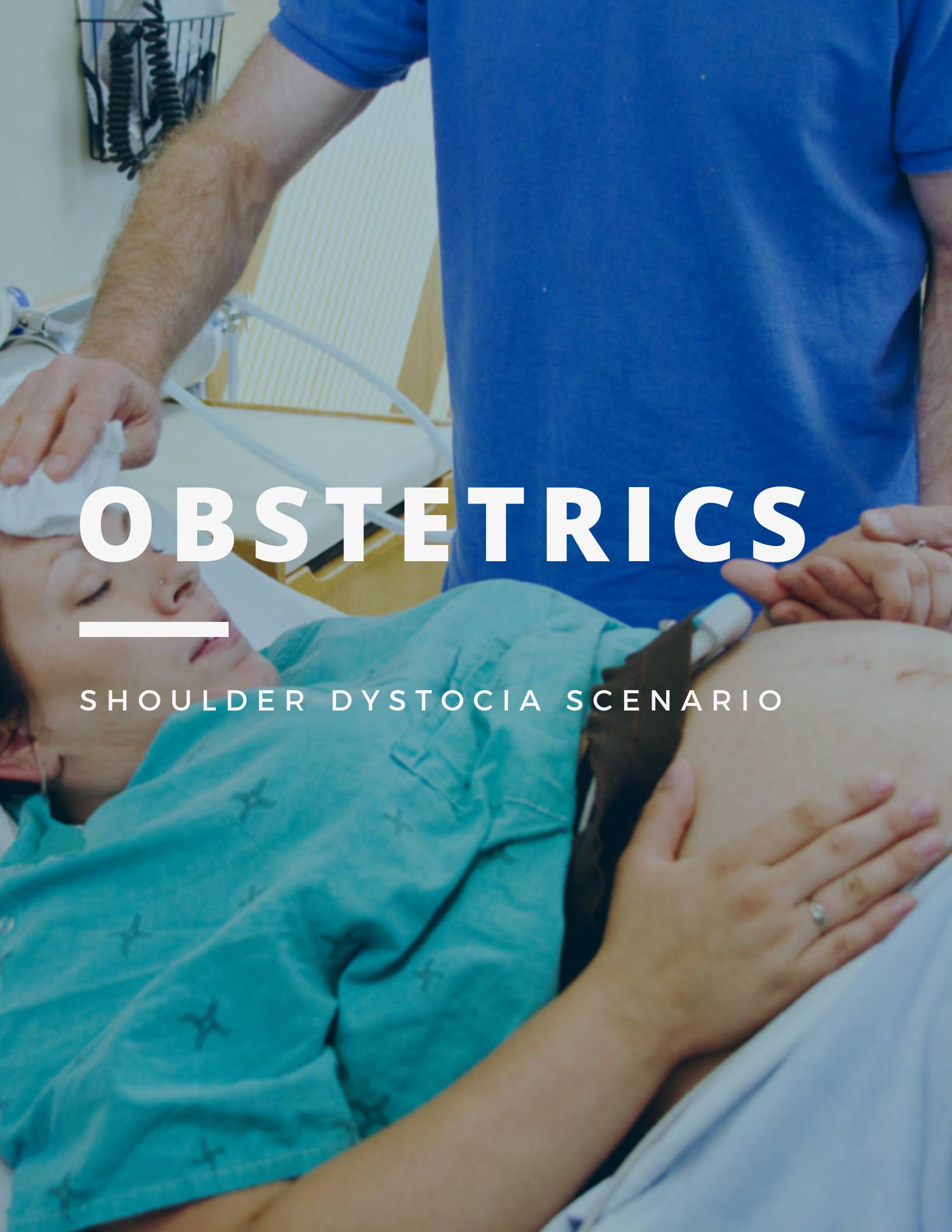
Debrief

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers.

- How do you think you did in assessing the resident?
- What aspects of your assessment did you consider when initiating fall prevention precautions?
- Do you think the fall prevention precautions will be effective? If yes, describe how. If not, explain why.
- Did you communicate effectively with the resident? Provide examples.
- Did you provide appropriate handoff information to your team member? Provide examples.
- What aspects of this scenario exercise can you apply to your clinical practice? How might you apply those aspects?

Resources

- Center for Geriatric Clinical Simulation at the University of North Carolina at Chapel Hill
- Always Use Teach-back!



OBSTETRICS

SHOULDER DYSTOCIA SCENARIO

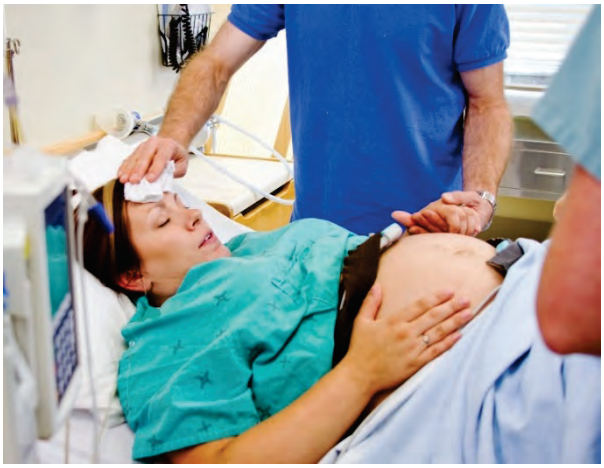
▼ OBSTETRICS: SHOULDER DYSTOCIA SCENARIO

The purpose of this scenario is to practice effective communication and efficient teamwork skills, such as those defined in crew resource management programs and the Agency for Healthcare Research and Quality's (AHRQ's) TeamSTEPPS® program. For more details, refer to the "Facilitator Notes" on page 42.

Scenario Background

Information for the Facilitator

A laboring patient (G2P1) was admitted at 39 weeks gestation to Labor & Delivery (L&D) by an on-call obstetrician from an OB clinic. The patient's previous medical history includes a pregnancy in her teens and anemia. Ultrasounds during prenatal care at the clinic were normal. Records indicate a 49-pound weight gain throughout the pregnancy.



Upon assessment, the patient is approximately 4 cm dilated with membranes ruptured and mild vaginal bleeding noted. Baseline FHR is in the 140s without decelerations. The fetal weight is estimated at 8.5 pounds (more likely 10 pounds).

Labor progresses for 12 hours without any change in cervical dilation. Oxytocin augmentation is initiated, but the wrong dosing is ordered. Once the patient is fully dilated and pushing, the obstetrician delivers the head and encounters shoulder dystocia (SD).

Learning Objectives

During this scenario, participants will:

- Recognize risks for SD and plan for potential complications
- Provide appropriate and timely interventions
- Question physician orders for improper medication administration
- Demonstrate effective communication with the patient, patient's partner, and team members
- Integrate resourceful teamwork in providing patient care

Target Participants

OB providers and OB nurses

Expected Outcomes

- **Short-term:** Implement effective communication and efficient teamwork concepts, such as the following TeamSTEPPS tools: brief, situation awareness, cross-monitoring, CUS, and the two-challenge rule.
- **Long-term:** Demonstrate improved patient outcomes for any type of obstetrical complication.

Facilitator Notes

Below are tips to help the facilitator conduct the simulation.

A task trainer birthing simulator (used with a standardized patient actor) or high-fidelity birthing simulator is recommended to conduct this scenario so that participants can appropriately perform release maneuvers for SD.

▶ NOTE

The facilitator has the option to expand this scenario into a neonatal resuscitation exercise based on meconium aspiration.

Throughout this scenario, participants will be tasked with identifying opportunities to apply effective communication and efficient teamwork skills such as the ones recommended by TeamSTEPPS. The tools and strategies specific to this scenario include: brief, situation awareness, cross-monitoring, CUS, and the two-challenge rule. Visit AHRQ's website for more information about TeamSTEPPS.

▶ NOTE

If you prefer not to use the TeamSTEPPS tools, a description of what is expected from the participants is provided. Simply disregard the words in parentheses in the paragraphs below.

After handing off the patient to the participants (i.e., the L&D team members), they should discuss the patient's current status and potential complications that might occur **(brief).** The discussion should include any steps the participants will perform if complications arise. This step in the scenario is meant to validate the importance of proactive discussion so that the team can promptly recognize complications and swiftly execute interventions.

The facilitator will need to provide the physician order for oxytocin reflecting a larger-than-standard dose. The participant (nurse) should speak up to alert other team members of the potential for patient harm **(CUS or two-challenge rule).**

During the SD event, participants should be aware of what to look for **(situation awareness)** and ready to assist each other in performing their tasks as needed **(cross-monitoring).** Once a complication is recognized and shared with the team and treatment efforts are initiated, attention to the patient's treatment response is paramount **(situation awareness).**

Communication with the L&D team regarding the time elapsed in resolving the SD should be included as part of the process.

It is recommended that participants perform this scenario twice in the same training session so that learning and re-enforcement of communication and teamwork skills can be applied to their clinical practice.

Throughout the scenario, the facilitator will need to provide data for the following: elapsed time, dilation status, FHR data, and SD presentation (see "Scenario Steps" on page 45). The FHR data should be displayed on a strip or paper model near the monitor. If an actual monitor is being used, program the FHR data according to the "Scenario Steps."

Additionally, to facilitate the time needed for the scenario session, the facilitator has the option to compress (speed up) time as needed. Make the participants aware of the time by either displaying the time in a visible location or stating the time throughout the scenario.

▶ DEFINITIONS

- **CUS** is a tool to use when a conflict of information is identified that warrants a team member voicing his/her **C**oncern, that he/she is **U**ncomfortable, and a **S**afety issue exists. Each facility or practice may develop a unique word, phrase, or signal to alert the other team members without alarming the patient/family.
- The **two-challenge rule** is a tool to use when a conflict of information is identified that warrants a team member speaking up, alerting, and/or questioning other team members at least twice before proceeding any further with a task or intervention.

Manual setup for the L&D process requires moulage (simulated body fluids), including mild vaginal bleeding and meconium. See "Scenario Setup" for more details. Moulage recipes and instructions can be found on the Internet.

Equipment and Supplies

- Hospital bed (birthing bed preferred) and bed sheet
- Mattress pad/chuck pad/blue pad
- Plastic tarp/covering, if using moulage
- Step stool for nurse
- Stool for provider
- Clear plastic bag for baby (amniotic sack — this is helpful if adding meconium as part of the scenario)
- Umbilical cord/plastic tubing (secured to baby)
- Umbilical cord clamp

- Baby blanket
- Scrub gowns and shoe covers, if using moulage
- Telephone
- Call light

Scenario Setup

Patient

- Mother (actor with task trainer or high-fidelity birthing simulator):
  - Hospital gown and slipper socks (for the actor)
  - IV cannula
  - Task trainer (female torso)/birthing simulator
  - Fetal heart monitor with strips/printouts demonstrating fetal reassurance and fetal distress
  - Moulage, if desired
- Baby (doll or task trainer/simulator):
  - Clear plastic trash bag, 4-gallon (recommended to simulate the amniotic sac and minimize cleanup if moulage is used)
- Partner (actor to assist the patient in labor and delivery):
  - If using task trainer torso, partner can assist with holding torso in place

Room

- Place bed sheets and mattress pad on bed.
- If using moulage, place tarp at the birthing end of the bed to protect bedding and the floor.
- Position mother (actor with task trainer or high-fidelity simulator) on bed.
- Place step stool and provider stool in room for easy access.
- To prep baby, place doll or manikin in a clear plastic bag with head at the closed end and feet at the opened end.
- Poke a hole in the closed end of the bag (ruptured membranes) so that the baby's head is free of the bag.
- Place any amount of meconium moulage inside the bag coating the body of the baby (if desired).

- Place the baby and bag inside the task trainer with head engaged through the vaginal opening exhibiting the “turtle sign.”
- Mother and her birthing partner (actors) will need to hold the task trainer and the baby’s feet in place throughout the delivery process.
- Successful newborn delivery may result at the facilitator’s discretion.
- If using a high-fidelity birthing simulator, set up the birthing module for SD as instructed through the simulator’s owner/operator manual.

Scenario Commencement

Handoff Report to Participants

A laboring patient (G2P1) was admitted at 39 weeks gestation to L&D by an on-call obstetrician from an OB clinic. The patient’s previous medical history includes a pregnancy in her teens and anemia. Ultrasounds during prenatal care at the clinic were normal. Records indicate a 49-pound weight gain throughout the pregnancy.

Upon assessment, the patient is approximately 4 cm dilated with membranes ruptured and mild vaginal bleeding noted. Baseline FHR is in the 140s without decelerations. The fetal weight is estimated at 8.5 pounds.

Scenario Steps

Patient Response and Participant Actions

<table>
<tr><th>TIME</th><th>PATIENT CONDITION/ RESPONSE</th><th>PARTICIPANT ACTIONS</th><th colspan="2">TASKS COMPLETED</th></tr>
<tr><td rowspan="2">0800</td><td rowspan="2">Dilation: 4 cm
Mild vaginal bleeding
Membranes ruptured
FHR: 140–150
Moderate variability
No decelerations</td><td rowspan="2">• Discuss the patient’s status and potential complications with staff</td><td colspan="2">Patient status and potential complications discussed with staff (brief)?</td></tr>
<tr><td>☐ Yes</td><td>☐ No</td></tr>
</table>

<table>
<tr><th>TIME</th><th>PATIENT CONDITION/ RESPONSE</th><th>PARTICIPANT ACTIONS</th><th colspan="2">TASKS COMPLETED</th></tr>
<tr><td rowspan="2">0800</td><td rowspan="2">Same as above</td><td rowspan="2">Augmentation with oxytocin; wrong dosing order provided (see “Facilitator Notes”)
Nurse asks about the oxytocin order at least twice or states safety concerns</td><td colspan="2">Oxytocin order questioned (CUS or two-challenge rule)?</td></tr>
<tr><td>☐ Yes</td><td>☐ No</td></tr>
<tr><td rowspan="3">1200</td><td rowspan="3">Fully dilated
SD</td><td rowspan="3">OB physician communicates SD with L&D team, patient, and partner
SD maneuvers applied</td><td colspan="2">Information about SD communicated to the L&D team?</td></tr>
<tr><td>☐ Yes</td><td>☐ No</td></tr>
<tr><td colspan="2">Effective communication with patient and partner?</td></tr>
<tr><td rowspan="2">1203</td><td rowspan="2">SD</td><td rowspan="2">L&D team is informed of elapsed time in resolving the SD event</td><td colspan="2">Elapsed time is communicated to the team (situation awareness/ cross-monitoring)?</td></tr>
<tr><td>☐ Yes</td><td>☐ No</td></tr>
<tr><td>1204</td><td>Delivery of healthy baby</td><td>N/A</td><td colspan="2">N/A</td></tr>
</table>

Debrief

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers.

- What did you think was happening?
- What did you do and why?
- Do you think your interventions were helpful? Describe how. If not, explain why.

- Did the team members communicate effectively with each other? Provide examples.
- Did the team members communicate effectively with the patient and the partner? Provide examples.
- How efficient was the teamwork with team members and with the patient? Provide examples.
- What aspects of this scenario exercise can you apply to your clinical practice? How might you apply those aspects?

Resources

- Agency for Healthcare Research and Quality: TeamSTEPPS

DENTAL PRACTICE

AGGRESSIVE PATIENT SCENARIO

▼ DENTAL PRACTICE: AGGRESSIVE PATIENT SCENARIO

The purpose of this scenario is for participants to use appropriate communication skills and initiate protective measures to address disruptive behavior in the dental practice setting. De-escalation techniques should be performed to maintain safety for the staff and other patients. For more details, refer to the “Facilitator Notes” on page 50.

This scenario is written for a dental practice setting; however, it can be reconfigured for any healthcare environment.

Scenario Background

Information for the Facilitator

A receptionist is sitting at the front desk of a dental practice when a male patient walks in and heads straight to the front desk. He appears agitated and irritable. The receptionist recognizes the patient from his recent appointment, during which he had a root canal. Sensing that something is bothering the patient, the receptionist asks if she may assist him. The patient states that his root canal was not done properly, and he wants a copy of his patient records and a monetary refund.

The receptionist attempts to ask questions about the root canal, but the patient becomes aggravated and says, “I want my records and my money NOW!” The receptionist replies that she will get the practice manager, at which point the patient slams his fist on the front desk and yells at the receptionist to quit wasting his time and get him what he wants.

Learning Objectives

During this scenario, participants will:

- Recognize a potentially volatile situation (risks of escalation)
- Provide appropriate and timely interventions (de-escalation techniques)
- Demonstrate effective communication with the patient and team members
- Activate emergency response to protect staff and other patients from harm

Target Participants

Dental practice staff

Expected Outcomes

- **Short-term:** Apply appropriate de-escalation techniques to avoid patient and staff harm and to safely resolve the crisis. Activate the emergency response system (law enforcement) to subdue and remove the threat.
- **Long-term:** Recognize early signs of an escalating crisis and the need to promptly notify staff. Understand when de-escalation strategies are not calming the patient. Know when to promptly activate the emergency response system to ensure patient and staff safety.

Facilitator Notes

Below are tips to help the facilitator conduct the simulation.

Because communication and de-escalation techniques are the main objectives of the scenario, a standardized patient (SP) actor can best fill the role of the patient. Provide scripting and general behavior guidelines to the SP prior to the simulation session so that he can deliver appropriate responses to the participants.

Additionally, the facilitator should determine the time length of the patient–receptionist encounter. For example, if the facilitator wants to assess whether the receptionist will have the patient step into another room (away from other patients) to discuss his concerns, having the patient remain composed for a longer period will be necessary. This option will enable the facilitator to assess staff members' de-escalation skills in various situations.

If de-escalation training is not available within your dental practice, contact local emergency medical services or law enforcement to inquire about possible staff training opportunities. In addition, the link located in the "Resources" section on page 52 provides information about de-escalation techniques.

Times listed under "Scenario Steps" serve as a guide only. Depending on the participant, the facilitator might want to shorten or lengthen the time.

Equipment and Supplies

- Front desk
- Chairs (waiting room)
- Telephone

Scenario Setup

Patient

- Street clothes

Room

- Align chairs to resemble a waiting room
- Position front desk opposite from entry door

Scenario Commencement

Handoff Report for Participants

You are the receptionist for a dental practice. You are seated at the front desk to assist patients as they enter the office.

Scenario Steps

Patient Response and Participant Actions

TIME	PATIENT CONDITION/RESPONSE	PARTICIPANT ACTIONS	TASKS COMPLETED	
1300	Behavior: Irritable and demanding	• Use appropriate communication techniques	Appropriate communication used?	
			☐ Yes	☐ No
1301	Behavior: Increasing irritability	• Apply appropriate de-escalation techniques	Appropriate de-escalation techniques applied?	
			☐ Yes	☐ No
1302	Behavior: Slams fist on the front desk	• Continue with de-escalation techniques and notify coworkers	Continued to apply de-escalation techniques?	
			☐ Yes	☐ No
			Coworkers notified?	
			☐ Yes	☐ No
1303	Behavior: Threatening harm to staff	• Notify emergency response system (law enforcement)	Emergency response system notified?	
			☐ Yes	☐ No

Debrief

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers.

- What did you think was happening?
- What did you do and why?
- Do you think your interventions were helpful? Describe how. If not, explain why.
- Did the team members communicate effectively with each other? Provide examples.
- Did the team members communicate effectively with the patient? Provide examples.
- How was safety addressed and maintained throughout the scenario (e.g., applied de-escalation techniques, notified other staff members, and notified emergency response system)?
- What aspects of this scenario exercise can you apply to your workplace protocols? How might you apply those aspects?

Resources

- *Western Journal of Emergency Medicine:* Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup

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