Simulation Design Template (Revised February 2023)

Workplace Violence Series Part 3: Family Member to Nurse Conflict

Date:
Discipline: Nursing
Expected Simulation Run Time: 15
Location:
Today's Date:

File Name: Family Member to Nurse Conflict/Violence
Student Level: All levels
Guided Reflection Time: 40 min
Location for Reflection:

Brief Description of Patient

Name: Sami Randall **Pronouns: s**he/her

Date of Birth: n/a **Age:** adult

Sex Assigned at Birth: female **Gender Identity:** n/a

Sexual Orientation: n/a **Marital Status:** n/a

Weight: n/a **Height**: n/a

Racial Group: n/a **Language**: English **Religion**: n/a

Employment Status: n/a **Insurance Status:** n/a **Veteran Status:** n/a

Support Person: **Support Phone:** n/a

Allergies: N/A **Immunizations:** n/a

Attending Provider/Team:

Past Medical History: N/A

History of Present Illness: Patient recovering from dehydration

Social History: N/A

Primary Medical Diagnosis: N/A

Surgeries/Procedures & Dates: N/A

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Psychomotor Skills Required of Participants Prior to Simulation

1. Manual blood pressure (BP) measurement
2. Use of Electronic Health Record (EHR) to access isolation and safety policies
3. Proper donning and doffing of personal protective equipment (PPE)
4. Use of staff assist or security call protocol
5. Safe physical positioning and situational awareness during escalating behavior

Cognitive Activities Required of Participants Prior to Simulation

1. Pre-brief module on infection control and contact precautions
2. Pre-brief learning on de-escalation strategies in healthcare settings
3. Review of hospital policy on managing verbal aggression and patient rights

Simulation Learning Objectives

General Objectives (Note: The objectives listed below are general in nature and once learners have been exposed to the content, they are expected to maintain competency in these areas. Not every simulation will include all the objectives listed.)

1. Practice standard precautions.
2. Employ strategies to reduce risk of harm to the patient.
3. Conduct assessments appropriate for care of patient in an organized and systematic manner.
4. Perform priority nursing actions based on assessment and clinical data.
5. Reassess/monitor patient status following nursing interventions.
6. Communicate with patient and family in a manner that illustrates caring, reflects cultural awareness, and addresses psychosocial needs.
7. Communicate appropriately with other health care team members in a timely, organized, patient-specific manner.
8. Make clinical judgments and decisions that are evidence-based.
9. Practice within nursing scope of practice.
10. Demonstrate knowledge of legal and ethical obligations.

Simulation Scenario Objectives

1. Identify verbal and nonverbal cues in patients that indicate safety concerns to nurse and others.
2. Demonstrate one de-escalation strategy to safely manage an escalating patient.
3. Discuss how to manage stress before during and following a conflict in the workplace.

Faculty Reference

(references, evidence-based practice guidelines, protocols, or algorithms used for this scenario, etc.)

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The Healthcare Simulation Standards of Best Practice™
https://www.inacsl.org/healthcare-simulation-standards

SHA Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers

- Offers practical approaches for managing workplace aggression.
- Can inform role expectations and safety protocols in the scenario.

https://www.osha.gov/sites/default/files/publications/osha3148.pdf

Setting/Environment

☐ Emergency Department	☐ ICU
☒ Medical-Surgical Unit	☐ OR / PACU
☐ Pediatric Unit	☐ Rehabilitation Unit
☐ Maternity Unit	☐ Home
☐ Behavioral Health Unit	☐ Outpatient Clinic
	☐ Other:

Equipment/Supplies (choose all that apply to this simulation)

Simulated Patient/Manikin(s) Needed: Standardized person to play patient

Recommended Mode for Simulator:
(e.g. manual, programmed, etc.)

Other Props & Moulage:

Equipment Attached to Manikin/Simulated Patient:	**Equipment Available in Room:**
☒ ID band	☐ Bedpan/urinal
☐ IV tubing with primary line fluids running at __ mL/hr	☐ 02 delivery device (type)
☐ Secondary IV line running at __ mL/hr	☐ Foley kit
☐ IVPB with __ running at mL/hr	☐ Straight catheter kit
☐ IV pump	☐ Incentive spirometer
☐ PCA pump	☐ Fluids

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☐ Foley catheter with __mL output ☒ 02 ☒ Monitor attached ☐ Other: **Other Essential Equipment:** **Medications and Fluids:** ☐ Oral Meds: ☒ IV Fluids: ☐ IVPB: ☐ IV Push: ☐ IM or SC:	☐ IV start kit ☐ IV tubing ☐ IVPB tubing ☐ IV pump ☐ Feeding pump ☐ Crash cart with airway devices and emergency medications ☐ Defibrillator/pacer ☐ Suction ☐ Other: Isolation equipment and gowns

Roles

☒ Nurse 1 ☐ Nurse 2 ☐ Nurse 3 ☒ Provider (physician/advanced practice nurse) ☐ Other healthcare professionals: (pharmacist, respiratory therapist, etc.)	☐ Observer(s) ☐ Recorder(s) ☐ Family member #1 ☐ Family member #2 ☐ Clergy ☐ Unlicensed assistive personnel ☐ Other:

Guidelines/Information Related to Roles

Learners in role of nurse should determine which assessments and interventions each will be responsible for, or facilitator can assign nurse 1 and nurse 2 roles with related responsibilities.

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be created from Scenario Progression Outline.

Pre-briefing/Briefing

Prior to report, participants will need pre-briefing/briefing. During this time, faculty/facilitators should establish a safe container for learning, discuss the fiction contract and confidentiality, and orient participants to the environment, roles, time allotment, and objectives.

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For a comprehensive checklist and information on its development, go to http://www.nln.org/sirc/sirc-resources/sirc-tools-and-tips#simtemplate.

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Report Students Will Receive Before Simulation

(Use SBAR format.)

Time:

Person providing report: Charge nurse

Situation: The patient Sami Randall is recovering from dehydration. She is ready for discharge

Background: The patient is stable with all vital signs within normal range. The patient is homeless and social work is still looking for an available shelter to discharge to.

Assessment: I believe the patient is reluctant to be discharged.

Recommendation: Please initiate final discharge and assess the concerns of the patient.

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Scenario Progression Outline

Scenario 1: Patient is about to be discharged. Patient does not desire to leave at this point. Patient becomes belligerent and stands to strike the HCP. The RN is in the room and witnesses the situation.

Patient Name: Sami Randall

Scenario 1 RN witnesses Patient to HCP conflict/violence **Date of Birth:**

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-2 min	Patient is resting comfortably.	**Learners should begin by:** • Performing hand hygiene • Introducing selves • Confirming patient ID	**Role member providing cue:** **Cue:**
2-4 min	HCP arrives announcing that discharge is eminent. Patient expresses reluctance to leave, desires to remain in hospital. HCP insists patient is ready to go. Patient becomes belligerent and verbally accuses HCP of making up facts to "kick her out."	**Learners are expected to**: • Remain calm and professional • Assess the patient to determine reasons for reluctance to leave • Use therapeutic communication to address the patient's concerns • Utilize de-escalation techniques	**Role member providing cue:** **Cue:**
3-4 min	Patient stands and moves closer to HCP appearing to strike.	**Learners are expected to**: • Maintain a safe distance, does not turn their back to patient and also keeps themselves between the patient and the door. • Continue using therapeutic communication • Leave the room to acquire additional help.	**Role member providing cue:** **Cue:**

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		Or use call light to alert security	

Debriefing/Guided Reflection

Note to Faculty

We recognize that faculty will implement the materials we have provided in many ways and venues. Some may use them exactly as written and others will adapt and modify extensively. Some may choose to implement materials and initiate relevant discussions around this content in the classroom or clinical setting in addition to providing a simulation experience. We have designed this scenario to provide an enriching experiential learning encounter that will allow learners to accomplish the listed objectives and spark rich discussion during debriefing. There are a few main themes that we hope learners will bring up during debriefing, but if they do not, we encourage you to introduce them.

Themes for this scenario:

- Conflict resolution
- Patient Autonomy vs. Safety
- Emotional responses

We do not expect you to introduce all of the questions listed below. The questions are presented only to suggest topics that may inspire the learning conversation. Learner actions and responses observed by the debriefer should be specifically addressed using a theory-based debriefing methodology (e.g., Debriefing with Good Judgment, Debriefing for Meaningful Learning, PEARLS). The debriefing questions for consideration are organized into the phases of debriefing, as recommended by the Healthcare Simulation Standard of Best Practice™ The Debriefing Process. The following phases are included below: Reactions/Defuse, Analysis/Discovery and Summary/Application. Remember to also identify important concepts or curricular threads that are specific to your program.

Debriefing Phase	Debriefing Questions for Consideration
Reactions/ Defuse	How did you feel throughout the simulation experience?
	Give a brief summary of this patient and what happened in the simulation.
	What were the main problems that you identified?
Analysis/ Discovery	Discuss the knowledge guiding your thinking surrounding these main problems.
	What were the key assessment and interventions for this patient?
	Discuss how you identified these key assessments and interventions.
	Discuss the information resources you used to assess this patient. How did this guide your care planning?
	Discuss the clinical manifestations evidenced during your assessment. How would you explain these manifestations?

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	Explain the nursing management considerations for this patient. Discuss the knowledge guiding your thinking.
	What information and information management tools did you use to monitor this patient's outcomes? Explain your thinking.
	How did you communicate with the patient?
	What specific issues would you want to take into consideration to provide for this patient's unique care needs?
	Discuss the safety issues you considered when implementing care for this patient.
	What measures did you implement to ensure safe patient care?
	What other members of the care team should you consider important to achieving good care outcomes?
	How would you assess the quality of care provided?
	What could you do improve the quality of care for this patient?
Summary/ Application	If you were able to do this again, how would you handle the situation differently?
	What did you learn from this experience?
	How will you apply what you learned today to your clinical practice?
	Is there anything else you would like to discuss?

Guided Debriefing Tool

The NLN created a Guided Debriefing Tool to provide structure from which facilitator observations can make objective notes of learner behaviors in simulation in direct relationship to the learning outcomes. Download the NLN Guided Debriefing Tool.

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