



### **California Simulation Alliance (CSA) Simulation Scenario Template**

The California Simulation Alliance (CSA) is comprised of simulation users from all disciplines from throughout the state. Several regional collaboratives have formed totaling 7 as of March, 2011: The Rural North Area Simulation Collaborative (RNASC), the Capital Area Simulation Collaborative (CASC), the Bay Area Simulation Collaborative (BASC), the Central Valley Simulation Collaborative (CVBSC), the Southern California Simulation Collaborative (SCSC), the Inland Empire Simulation Collaborative (IESC), and the San Diego Simulation Collaborative (SDSC). The CINHC, a non-profit organization focused on workforce development in healthcare provides leadership for the CSA.

The purpose of the California Simulation Alliance (CSA) is to become a cohesive voice for simulation in healthcare education in the state, to provide for inter-organizational research on simulation, to disseminate information to stakeholders, to create a common language for simulation, and to provide simulation educational courses. The goals of the alliance will include providing a home within the CINHC for best practice identification, information sharing, faculty development, equipment/vendor pricing agreements, scenario development, sharing and partnership models. More information can be found on the CSA website at [www.cinhc.org/programs](http://www.cinhc.org/programs).

All scenarios have been validated by subject matter experts, pilot tested and approved by the CSA before they were published online. All scenarios are the property of the CINHC/CSA. The writers have agreed to release authorship and waive any and all of their individual intellectual property (I.P.) rights surrounding all scenarios. I.P. release forms can be found at [www.bayareanrc.org/rsc](http://www.bayareanrc.org/rsc) and click documents. (Please send signed I.P. release forms to KT at [kt@cinhc.org](mailto:kt@cinhc.org))

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## SECTION I: SCENARIO OVERVIEW

<b>Scenario Title:</b>	Acute Coronary Syndrome –Case D Discharge Teaching/Medications	
Original Scenario Developer(s): (name and credentials)	Anne Bolter Lucero, RN, MSN anlucero@cabrillo.edu Validated by: Gina Galluchi, RN, CCRN	
Date - original scenario	7-08-07	
Validation:	8-01-07	
Revision Dates:	11-15-07, 6-26-09, 4-02-12	
Pilot testing:	10-15-07	
QSEN revision:	4-02-12- Marjorie Miller, MA, RN	
<b>Estimated Scenario Time:</b>	15-20 min	<b>Debriefing time:</b> 30-40 min
<b>Target group:</b> Advanced Medical Surgical Nursing students, new grads, orientees to Telemetry		
<b>Core case:</b> Acute Coronary Syndrome; Clinical Decision Making in evolving case		
<b>QSEN Competencies:</b>		
<input type="checkbox"/> Patient Safety <input type="checkbox"/> Teamwork and Collaboration <input type="checkbox"/> Patient Centered Care		
<p><b>Brief Summary of Case: (See ACS-A, B &amp; C)</b> Fourth part of a 4 part evolving scenario occurring the day following a cardiac cath intervention. 58 year old female admitted with new onset of chest pain evolving. Cath performed yesterday with an uneventful recovery in the CCU. Patient is receiving Amiodarone and Aggrastat IV. It is the following morning after shift report and patient is back on the Telemetry unit. Learners are expected to complete assessment, initiate orders changing IV drugs to PO forms and begin discharge teaching for patient with multiple new medications. Discharge is planned for the following morning.</p>		

### EVIDENCE BASE / REFERENCES (APA Format)

American Heart Association, (2010) Advanced Cardiovascular Life Support Provider Manual
Black, J.M. & Hawks, J.H., (2009) Medical Surgical Nursing, Clinical Management for Positive Outcomes, Vol 2, 8th edition. St Louis: Elsevier Saunders.
Deglin, J.H. & Vallerand, A.H., (2009) Davis Drug Guide for Nurses, 10 <sup>th</sup> edition. Philadelphia
Cronenwett, L., Sherwood, G., Barnsteiner, J. et al. (2007). Quality and safety education for nurses. Nursing Outlook, 55(3), 122-131. doi:10.1016/j.outlook.2007.02.006

## SECTION II: CURRICULUM INTEGRATION

### A. SCENARIO LEARNING OBJECTIVES

#### Learning Outcomes

1. Provide nursing care that promotes safety and minimizes risk of error.
2. Apply clinical decision making skills in interpreting and analyzing data in evolving situations.
3. Prioritize interventions considering multiple dimensions of patient/family centered care.
4. Communicate effectively with members of the inter-professional team.

#### Specific Learning Objectives

1. Applies principles of hand hygiene, infection control and personal protection.
2. Correctly identifies patient and introduces team.
3. Correctly assesses IV drips and responds appropriately to patient questions.
4. Correctly prioritizes immediate significant interventions required for a post-cath patient.
5. Demonstrates situational awareness and responds to patient concerns.
6. Demonstrates beginning knowledge in discharge planning, education needs and patient support
7. Demonstrates accuracy in utilizing Medication Reconciliation Form for patient safety.

#### Critical Learner Actions

1. Introduces self and role on entering room, wash hands; identifies patient with 2 identifiers.
2. Completes post-cath assessment while setting appropriate priorities for care.
3. Divides significant tasks among participants.
4. Reviews prescriber orders and accurately initiates in a timely manner.
5. Administers PO medications accurately.
6. Discontinues Aggrastat IV safely.
7. Begins discharge teaching about medications, recognizing patient's concerns and preferred learning style a
8. Begins to process Medication Reconciliation Form.

### B. PRE-SCENARIO LEARNER ACTIVITIES

#### Prerequisite Competencies

Required prior to participating in the scenario

Knowledge	Skills/ Attitudes
<input type="checkbox"/> Collaborative management of Acute Coronary Syndrome in post intervention stage	<input type="checkbox"/> Early recognition of post-intervention complications
<input type="checkbox"/> Post interventional complications	<input type="checkbox"/> Interpretation of basic cardiac monitor rhythms
<input type="checkbox"/> Pharmacology of basic cardiac medications	<input type="checkbox"/> Safe administration of medications, recognizing rationale for staggered discontinuation of IV meds.
<input type="checkbox"/> Current National Patient Safety Goals	<input type="checkbox"/> Patient Teaching skills including assessment of learning style
<input type="checkbox"/> Principles of patient teaching for discharge	<input type="checkbox"/> Strategies for decreasing patient anxiety with new information
<input type="checkbox"/> QSEN competency regarding Patient Centered Care related to patient/family teaching.	<input type="checkbox"/> Decision making skills regarding family vs. nursing priorities

### SECTION III: SCENARIO SCRIPT

#### A. Case summary

(unfolding case) (See ACS-A & B) Fourth part of a 4 part evolving scenario occurring the following day post-cardiac intervention.

Patient had cardiac catheterization with a stent placed yesterday with uneventful recovery in CCU overnight and has now returned to the Telemetry Unit.

Learners are expected to assess patient focusing on post-cath complications, explain the changes of IV meds to PO meds in preparation for discharge, dc the Aggrastat and give PO Plavix, give the first PO dose of Amiodarone and keep the IV Amiodarone going until after the second dose has been given.

Learners are further expected to administer medications ordered and begin discharge teaching considering patient's learning style and anxiety over multiple new medications.

#### B. Key contextual details

Acute care telemetry unit. Change of shift. Off going nurse gives accurate and complete report.

#### C. Scenario Cast

Patient/ Client	<input type="checkbox"/> High fidelity simulator	
	<input type="checkbox"/> Mid-level simulator	
	<input type="checkbox"/> Task trainer	
	<input type="checkbox"/> Hybrid (Blended simulator)	
	<input type="checkbox"/> Standardized patient	
Role	Brief Descriptor (Optional)	Actor/Confederate or Learner
RN 1		Learner
RN 2		Learner

D. Patient/Client Profile				
Last name:	Jones		First name:	Barbara
Gender: Fe	Age: 58	Ht: 5'5"	Wt: 186#	Code Status: Full
Spiritual Practice: Christian		Ethnicity: Caucasian		Primary Language spoken: English
1. History of present illness				
No previous diagnosis of ACS was noted. She has not been under the care of any general physician. Risk factors include: overweight, smokes 1 pack per day. She is married; works full time outside the home as a bank manager, has three full grown children and two grandchildren that she cares for on weekends.				
Primary Medical Diagnosis		Acute Coronary Syndrome		

2. Review of Systems	
CNS	Alert, oriented, cooperative
Cardiovascular	Regular sinus rhythm, no gallops, rubs or murmurs, apical clear, pulses +4 radial/ pedal
Pulmonary	Breath sounds clear, effortless, O2 sat 98% on room air
Renal/Hepatic	WNL Renal: voids well without incontinence; Hepatic: liver non-tender, non-palpable
Gastrointestinal	WNL GI = normal bowel sounds X 4 quads
Endocrine	WNL post-menopausal
Heme/Coag	WNL
Musculoskeletal	Well-developed muscle mass, moves all extremities equally and well
Integument	Good tone, intact, no bruises,
Developmental Hx	Middle age adult WNL
Psychiatric Hx	WNL
Social Hx	Married, mother of 3, Professional
Alternative/ Complementary Medicine Hx	None noted; occasional visit to chiropractor for low back pain.

Medication allergies:	NKDA	Reaction:	
Food/other allergies:	NKFA	Reaction:	

3. Current medications	Drug	Dose	Route	Frequency
	<i>(from Scenario A, B, C)</i>			

4. Laboratory, Diagnostic Study Results <i>(No new lab results for Scenario D)</i>					
Na: 136	K: 3.2	Cl: 100	HCO <sub>3</sub> :	BUN: 24	Cr: 1.2
Ca: 9.0	Mg:	Phos:	Glucose: 143	HgA1C:	
Hgb: 11.4	Hct: 32	Plt: 320	WBC: 11.6	ABO Blood Type:	
PT: 13	PTT: 21	INR: 1.0	Troponin: 5.8	CK: 520	
Ammonia:	Amylase:	Lipase:	Albumin:	Lactate:	
ABG-pH:	paO <sub>2</sub> :	paCO <sub>2</sub> :	HCO <sub>3</sub> /BE:	SaO <sub>2</sub> :	
VDRL:	GBS:	Herpes:	HIV:		
CXR: infiltrates consistent w/ pulm edema			ECG: regular sinus rhythm		
CT:		MRI:			
Other:					

E. Baseline Simulator/Standardized Patient State (This may vary from the baseline data provided to learners)					
1. Initial physical appearance					
Gender: Female		Attire: patient gown			
Alterations in appearance (moulage): short brown, grey, age appropriate wig, light eye, lip make-up					
x	ID band present, accurate information		ID band present, inaccurate information		ID band absent or not applicable
	Allergy band present, accurate information		Allergy band present, inaccurate information	x	Allergy band absent or not applicable

2. Initial Vital Signs Monitor display in simulation action room:					
	No monitor display	x	Monitor on, but no data displayed		Monitor on, standard display

BP: 128/68	HR: 112	RR: 20	T: 99.2	SpO <sub>2</sub> : 94%	
CVP:	PAS:	PAD:	PCWP:	CO:	
AIRWAY:	ETCO <sub>2</sub> :	FHR:			
Lungs: Sounds/mechanics	Left: ↓ bilaterally, crackles in upper fields		Right: ↓ bilaterally, crackles in upper fields		
Heart:	Sounds:	S1, S2 no murmurs			
	ECG rhythm:	Sinus rate of 86			
	Other:				
Bowel sounds:	ABS x 4 quadrants		Other:		

3. Initial Intravenous line set up						
	<b>Saline lock #1</b>	Site:				IV patent (Y/N)
x	<b>IV #1</b> Main	Site:	RA	1000 ml Normal Saline	Initial rate: 20 mL/hour	IV patent (Y/N) Yes
x	<b>Piggyback #2</b>			Aggrastat 0.1 mcg/kg/min	10 mL/hour	
	<b>IV #3</b>	Site:	RA	Fluid type: Amiodarone drip 1000 mg/500 ml D5W	Initial rate: 1 mg/min 60 mL/hour	IV patent (Y/N)
x	Main					
	Piggyback					
4. Initial Non-invasive monitors set up						
x	NIBP	x	ECG First lead: Lead II	x	ECG Second lead: V1	
x	Pulse oximeter	x	Temp monitor/type		Other:	
5. Initial Hemodynamic monitors set up						
	A-line Site:		Catheter/tubing Patency (Y/N)	CVP Site:	PAC Site:	
6. Other monitors/devices						
	Foley catheter	Amount:	Appearance of urine:			
	Epidural catheter	Infusion pump:	Pump settings:			
	Fetal Heart rate monitor/tocometer	Internal	External			
Environment, Equipment, Essential props						
Recommend standardized set ups for each commonly simulated environment						
1. Scenario setting: (example: patient room, home, ED, lobby)						
Telemetry unit, monitored						

2. Equipment, supplies, monitors						
(In simulation action room or available in adjacent core storage rooms)						
x	Bedpan/ Urinal		Foley catheter kit		Straight cath. kit	x Incentive spirometer
x	IV Infusion pump		Feeding pump		Pressure bag	x Wall suction
	Nasogastric tube		ETT suction cath		Oral suction cath	Chest tube insertion kit
x	Defibrillator	x	Code Cart	x	12-lead ECG	Chest tube equip
	PCA infusion pump		Epidural inf. pump		Central line Kit	Dressing Δ equipment
x	IV fluid Type: Normal Saline w/primary tubing Amiodarone 1000 mg/500 mL w/filter tubing @ 1 mg/min = 60 mL/hr. Aggrastat 0.1 mcg/kg/min @ 10 mL/hour					Blood product ABO Type: # of units:



3. Respiratory therapy equipment/devices							
x	Nasal cannula		Face tent	x	Simple Face Mask	x	Non re-breather mask
x	BVM/Ambu bag		Nebulizer tx kit		Flowmeters (extra supply)		

4. Documentation and Order Forms							
x	Health Care Provider orders	x	Med Admin Record	x	H & P	x	Lab Results
	Progress Notes		Graphic record		Anesthesia/PACU record		ED Record
x	Medication reconciliation		Pre-procedure checklist		Surgical permit <i>(completed and signed unless part of learner actions)</i>		ICU flow sheet
	Nurses' Notes	x	Dx test reports		Code Record		Prenatal record
x	Actual medical record binder, constructed per institutional guidelines			x	Other: 12 lead EKG, monitor strip showing runs of ventricular tachycardia 5-6 beats		

5. Medications (to be available in sim action room)							
#	Medication	Dosage	Route	#	Medication	Dosage	Route
3	Nitroglycerin	0.4mg	SL	3	Nitropaste 2%	1 inch	Transderm
2	Morphine Sulfate	2 mg	IV	3	Ativan	1 mg	PO
2	Morphine Sulfate	4 mg	IV	2	EC ASA	325 mg	PO
2	Plavix	75 mg	PO	2	Metoprolol	50 mg	PO
2	Potassium Chloride	10 mEq	PO		Amiodarone	400 mg	PO

**CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES**

**Initiation of Scenario : Shift Report – 7:00 a.m.**

58 year old female admitted from the ED to telemetry for observation, with new onset chest pain and diagnosis of Acute Coronary Syndrome (ACS). NTG, ASA and O2 relieved the Chest pain in the ED. Lab, CXR, and EKG completed in the ED.

Following admission to Telemetry Unit, patient had 2 separate episodes of chest pain and one episode of v tach that was treated and stabilized. Second set of markers were elevated and patient was exhibiting EKG changes. Previous and ongoing treatment since admission include K riders for a K of 2.6 and loading does and maintenance drip of Amiodarone. Patient had a cardiac cath with a stent placed yesterday afternoon and has had an uneventful recovery overnight in CCU. She has Aggrastat and Amiodarone running IV at this point and you have specific instructions for discontinuing the IV's and starting PO doses. Discharge is planned for tomorrow. She had not taken any medications prior to this episode and will be going home on 6 different medications. She's a little concerned about keeping all the medications straight, so I would start her teaching slowly in small increments.

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p><b>1. Baseline</b> Patient sitting up 30 degrees in bed resting</p> <p>When nurses enter the room, states "Hi. I get to get out of here pretty soon"</p>	<p><b>Operator</b> B/P 134/70 HR 88 RR 24 T 98 Sat 97%</p> <p><b>Triggers:</b></p> <p>Must complete #1, 2, 3, 4 to progress to next frame</p> <p>Cueing may be necessary from patient "They told me in CCU that I was going to have a lot of medication."</p>	<p><b>Learner Actions:</b></p> <ol style="list-style-type: none"> <li>1. Hand hygiene, introduce themselves &amp; role; identify patient with 2 patient identifiers.</li> <li>2. Divide and appropriately delegate tasks to team members.</li> <li>3. Read and prioritize new orders.</li> <li>4. Evaluate status of existing IV sites and medications for dose, rate, compatibility with Amiodarone, Aggrastat and appropriate tubings</li> <li>5. Prioritizes assessment considering post-intervention complications. (cath insertion site, distal pulses)</li> <li>6. Explain about graduated discontinuance of IV meds and replacement with PO</li> </ol>	<p><b>Debriefing Points:</b></p> <ol style="list-style-type: none"> <li>1. Environmental Assessment</li> <li>2. Strategies for maintaining safety with IV drips and changing medication orders.</li> <li>3. Rationale for staggered discontinuation of Aggrastat and Amiodarone.</li> </ol>

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p><b>2.</b></p> <p>Expresses desire to go home very soon. Concerned about care of grandchildren.</p> <p>Expresses concern about the number of new medications she has to learn.</p>	<p><b>Operator:</b></p> <p>No change in VS</p> <p><b>Triggers:</b></p> <p>Must complete #1, 2, 3, 4 to proceed to next frame.</p>	<p><b>Learner Actions:</b></p> <ol style="list-style-type: none"> <li>1. One nurse assesses patient while the other assesses new orders, labs and other reports.</li> <li>2. Explains medications and rationale for administration at this time.</li> <li>3. Administers PO meds and topical paste safely with appropriate vital sign check.</li> <li>4. Discontinues Aggrastat safely and discards.</li> <li>5. Develops plan with patient for learning about the medications.</li> <li>6. Assess learning style and plan teaching for preferred learning style</li> </ol>	<p><b>Debriefing Points:</b></p> <ol style="list-style-type: none"> <li>1. Onset, peak and duration of specific drugs</li> <li>2. Safety goals around discharging patients.</li> <li>3. Expected bleeding following discontinuance of Aggrastat.</li> <li>4. Suggested responses to patient's possible complaints of bleeding.</li> </ol>
STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p><b>3.</b></p> <p>Responds to nurses interventions and beginning teaching.</p> <p>States she is a visual learner and likes to write things out.</p>	<p><b>Operator:</b></p> <p>No change in monitor settings</p> <p><b>Triggers:</b></p>	<p><b>Learner Actions:</b></p> <ol style="list-style-type: none"> <li>1. Obtain Medication Reconciliation form</li> <li>2. Begin teaching in small increments based on patient's learning preferences.</li> </ol>	<p><b>Debriefing Points:</b></p> <ol style="list-style-type: none"> <li>1. Safety hazards inherent in patient teaching regarding discharge medications.</li> <li>2. Management of anxiety in medication naïve post-cath patient</li> </ol>
<p><b>Scenario End Point:</b> Charge nurse relieves team for a break or nurses receive call that another patient needs them.</p>			
<p>Suggestions to <u>decrease</u> complexity: IV medications have already been discontinued. Limit scenario to patient teaching only.</p> <p>Suggestions to <u>increase</u> complexity: Language barrier: Nurse and patient speak different languages; legalities re. Teaching</p> <p>Family member objects to Western Medicine and wants patient to take herbs and other homeopathic treatments</p>			

## APPENDIX A: HEALTH CARE PROVIDER ORDERS

<b>Patient Name: Barbara Jones</b>		<b>Diagnosis: Acute Coronary Syndrome</b>
<b>DOB: 12/23/1953</b>		
<b>Age: 58</b>		
<b>MR#: 627350</b>		
†No Known Allergies		
†Allergies & Sensitivities		
<b>Date</b>	<b>Time</b>	<b>HEALTH CARE PROVIDER ORDERS AND SIGNATURE</b>
		<i>See previous orders from Scenario A &amp; B</i>
		1. Metoprolol 50 mg PO every 6 hours
		2. Nitrobid 2% paste, 1 inch every 8 hours
		3. Protonix 40 mg, PO daily
		4. Start after cath lab intervention: Aggrastat 12.5 mg in 250 ml NS to run at 0.4 mcg/kg/min for 30 min. (40 ml/hr drip), then start 0.1 mcg/kg/min at 10 ml/hr.
		5. Transfer to CCU/CIU post cardiac cath
		6. Consent for right and left heart catheterization and coronary artery angiography
		<b>Post-procedure orders</b>
		1. Start Amiodarone 400 mg BID PO dose now.
		2. DC IV Amiodarone after 2nd PO dose.
		3. Give Plavix 75 mg PO daily; start now.
		4. Discontinue Aggrastat IV drip now. Run NS at 20 ml/hr.
		<b>Discharge orders</b>
		1. Discharge in AM.
		2. Phone discharge meds to pharmacy of patient's choice today and give instruction
		3. Metoprolol 50 mg PO every 6 hours
		4. NTG paste 2% 1 inch every 8 hours
		5. Plavix 75 mg PO daily
		6. Amiodarone 400 mg PO twice a day
		7. Potassium Chloride 10 mEq PO daily
		8. ASA 81 mg PO daily
<b>Signature</b>		

**APPENDIX B: Digital images of manikin and/or scenario milieu**

<p><b>Insert digital photo here</b></p>	<p><b>Insert digital photo here</b></p>
<p><b>Insert digital photo here</b></p>	<p><b>Insert digital photo here</b></p>

**APPENDIX C: DEBRIEFING GUIDE**

<b>General Debriefing Plan</b>			
<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> With Video	<input type="checkbox"/> Without Video
<b>Debriefing Materials</b>			
<input type="checkbox"/> Debriefing Guide	<input type="checkbox"/> Objectives	<input type="checkbox"/> Debriefing Points	<input type="checkbox"/> QSEN
<b>QSEN Competencies to consider for debriefing scenarios</b>			
<input type="checkbox"/> Patient Centered Care	<input type="checkbox"/> Teamwork/Collaboration	<input type="checkbox"/> Evidence-based Practice	
<input type="checkbox"/> Safety	<input type="checkbox"/> Quality Improvement	<input type="checkbox"/> Informatics	
<b>Sample Questions for Debriefing</b>			
<ol style="list-style-type: none"> <li>1. How did the experience of caring for this patient feel for you and the team?</li> <li>2. Did you have the knowledge and skills to meet the learning objectives of the scenario?</li> <li>3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?</li> <li>4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP?</li> <li>5. How would you handle the scenario differently if you could?</li> <li>6. In what ways did you check feel the need to check ACCURACY of the data you were given?</li> <li>7. In what ways did you perform well?</li> <li>8. What communication strategies did you use to validate ACCURACY of your information or decisions with your team members?</li> <li>9. What three factors were most SIGNIFICANT that you will transfer to the clinical setting?</li> <li>10. At what points in the scenario were your nursing actions specifically directed toward PREVENTION of a negative outcome?</li> <li>11. Discuss actual experiences with diverse patient populations.</li> <li>12. Discuss roles and responsibilities during a crisis.</li> <li>13. Discuss how current nursing practice continues to evolve in light of new evidence.</li> <li>14. Consider potential safety risks and how to avoid them.</li> <li>15. Discuss the nurses' role in design, implementation, and evaluation of information technologies to support patient care.</li> </ol>			
<b>Notes for future sessions:</b>			