SECTION I: SCENARIO OVERVIEW

Scenario Title:	Ethical Dilemma
Original Scenario Developer(s):	Kellie Allen and KT Waxman
Date - original scenario	4/09
Validation:	5/09
Pilot testing:	5/09
Revisions:	12/14 4/2018 Heidi Traxler, MSN, RN, CHSE/MMiller, MA, BSN, CHSE

Estimated Scenario Time: 20 minutes Debriefing time: 40 minutes

Target group: Nursing students. Second semester ADN, BSN, MSN

Core case: Incorporating ethical principles into care of the geriatric patient

Brief Summary of Case:

This simulation presents the learner with a 93-year-old woman who has dementia and is living in a nursing home. For the last two days she has had increasing symptoms related to end stage CHF. She was transported to the ED. ED Notes indicate the following:

- Dyspnea with O2 sats @85%
- +3 pitting edema to B LE's
- +JVD

This scenario incorporates interdisciplinary communication with social worker.

QSEN Competencies

X Patient Centered Care
X Patient Safety
❑ Quality Improvement
X Teamwork and Collaboration

EVIDENCE BASE / REFERENCES (APA Format)

Chagani, S. M. (2014). Telling the Truth – A Tussle between Four Principles of Ethics. Journal of Clinical Research and Bioethics, 5: 172.

Dilansky M.A., Moore, S.M. (September 30, 2013) Quality and safety education for Nurses (QSEN) The Key is Systems Thinking. Online Journal of Issues in Nursing, 2013; Vol 18, No. 3, Manuscript 1.

Moffa, C. (2017). Heart Failure. In Lewis, S., Bucher, L., McLean, M., and Harding, M.(Eds.), Medical-surgical nursing: Assessment and management of clinical problems (10th ed.) (pp.737-756). St. Louis, Missouri: Elsevier.

Upchurch, L. A. (2017). Palliative Care at End of Life. In Lewis, S., Bucher, L., McLean, M., and Harding, M.(Eds.), Medical-surgical nursing: Assessment and management of clinical problems (10th ed.) (pp.129-144). St. Louis, Missouri: Elsevier.

Waxman, KT (2008). Simulation-based Nursing Education-Integrating Ethics Training for Nurses, PhD Dissertation.

SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES
Learning Outcomes
1. Review pathophysiology of end stage CHF and Dementia
2. Explore Ethical principles related to refusal of treatment
3. Integrate interdisciplinary and patient/family communication techniques
Specific Learning Objectives
1. Review basic respiratory pathophysiology related to CHF.
2. Recognize signs and symptoms of CHF exacerbation and prioritize nursing interventions for CHF
3. Perform a basic respiratory assessment
4. Identify examples of ethical principles including autonomy, non-maleficence, beneficence, and justice.
5. Identify and discuss surrogate decision maker.
6. Demonstrate appropriate Communication techniques with interprofessional team related to refusal of treatment
7. Demonstrate ability to work with interdisciplinary team in setting of refusal of care
8. Utilize teamwork and communication to effectively manage and intervene in difficult patient situation.
Critical Learner Actions
1. Perform basic respiratory assessment
2. Prioritize interventions for patient safety and advocacy
3. Examine Ethical principles regarding refusal of treatment
4. Discuss surrogate decision maker issues
5. Communicate effectively as an interprofessional team with patient/family/staff regarding an ethical issue
6. Discuss patient rights for medical decision making
7. Provide supportive care to patient and family.

B. PRE-SCENARIO LEARNER ACTIVITIES	
Prerequisite Competencies	
Knowledge	**Skills/ Attitudes**
❑ Respiratory assessment	❑ Pathophysiology of CHF
❑ Patient safety related to dementia	❑ Identify ethical principles
❑ Nursing interventions for CHF	❑ Interprofessional collaboration and teamwork
❑ Examination of ethical principles ❑ Palliative vs curative care	❑ Effective communication using SBAR and closed loop communication
❑ Pain medication administration	❑ Patient right to refuse treatment

SECTION III: SCENARIO SCRIPT

A. Case summary
Mrs. Smith is a 93-year-old woman who has dementia and is living in a nursing home. For the last two days she has had increasing symptoms related to end stage CHF. She was transported to the ED. ED assessment notes pt with dyspnea with O2 sats @93%, +3 pitting edema to B LE's, +JVD. Patient is alert and oriented to person and place. She has just been transferred to a Med Surg unit.

B. Key contextual details
Mrs. Smith has a history of CHF. She has been slightly confused for a year but recognizes her daughter, caregivers, and is oriented to person and place. She now has O2@4L via NC, and an I.V. The patient is tired of being kept alive by a bunch of medication. She wants God to decide when she dies, not a bunch of nurses. She does not want any further treatment for her CHF. The daughter is adamant that her mother continues treatment for her CHF. Mrs. Smith says she "wants to die".

C. Scenario Cast		
Patient/ Client	X High fidelity simulator	
	❑ Mid-level simulator	
	❑ Task trainer	
	❑ Hybrid (Blended simulator)	
	❑ Standardized patient	
Role	Brief Descriptor (Optional)	Standardized Participant (SP) or Learner (L)
Mrs. Smith	Patient	SP
Daughter	Surrogate decision maker	SP
MD/surgeon		SP
Primary RN		L
Secondary RN		L
Social Worker/chaplain		SP or L

D. Patient/Client Profile				
Last name:	Smith		First name:	Eleanor
Gender: Fe	Age: 93	Ht: 5'7"	Wt: 185	Code Status: DNR
Spiritual Practice: Protestant	Ethnicity: Caucasian			Primary Language spoken: English
1. Past history				
93 year old woman who has mild dementia and is living in a nursing home and has had increasing symptoms of CHF for past two days. She has had CHF with Ejection fraction of 20% for years and has been gradually decompensating.				
Primary Medical Diagnosis	End stage CHF, Dementia			

2. Review of Systems	
CNS	PERLA, moves all extremities, Dementia
Cardiovascular	S1,S2, + JVD,EF 20%, +3 pitting edema
Pulmonary	Crackles in bases
Renal/Hepatic	
Gastrointestinal	
Endocrine	WNL
Heme/Coag	WNL
Musculoskeletal	Ambulates with walker
Integument	Intact, +3 pitting edema to BLEs
Developmental Hx	WNL
Psychiatric Hx	Depression, slight confusion, dementia, disoriented at times
Social Hx	Living in nursing home, widowed, has daughter, no ETOH, no smoking
Alternative/ Complementary Medicine Hx	

Medication allergies:	PCN	Reaction:	Rash
Food/other allergies:	NKA	Reaction:	

3. Current medications	**Drug**	**Dose**	**Route**	**Frequency**
	Lasix	40mg	IV	BID
	Kdur	20mEq	PO	Daily
	Lisinopril	10mg	PO	Daily
	Digoxin	0.125mg	PO	Daily
	Ativan	2mg	IV	Q4 hours PRN anxiety
	Tylenol	650mg	PO	Q4hr PRN pain/T>101
	Metoprolol ER	25mg	PO	Daily

ALL DATA IN THIS SCENARIO IS FICTITIOUS

4. Laboratory, Diagnostic Study Results					
Na: 136	K: 4.1	Cl: 92	HCO3:	BUN: 29	Cr: 1.0
Ca:	Mg:	Phos:	Glucose:	HgA1C:	
Hgb: 12	Hct: 29	Plt:	WBC: 8,000	ABO Blood Type:	
PT	PTT	INR	Troponin:	BNP: 1400	
ABG-pH:	paO2:	paCO2:	HCO3/BE:	SaO2:	
VDRL:	GBS:	Herpes:	HIV:		
CXR: mild bibasilar infiltrates		ECG: ST			

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): gray wig, glasses. HOB up, 3 pillows behind back, 3+ pitting edema to BLE.					
x	ID band present, accurate		ID band present, inaccurate		ID band absent or not applicable
x	Allergy band present, accurate		Allergy band inaccurate		Allergy band absent or N/A

2. Initial Vital Signs Monitor display in simulation action room:					
	No monitor display	X Monitor on, but no data displayed		Monitor on, data displayed	
BP: 146/90	HR: 94	RR:24	T: 98.6	SpO_2: 94%	
CVP:	PAS:	PAD:	PCWP:	CO:	
AIRWAY:	$ETCO_2$:	FHR:			
Lungs: Sounds/mechanics	Left: crackles	Right: crackles			
Heart:	Sounds: S1S2				
	ECG rhythm: SR				
	Other:				
Bowel sounds:	Normoactive			Other:	

3. Initial Intravenous line set up							
	Saline lock #1	Site: RFA				IV patent (Y/N)	
	IV #1	Sit		Fluid type:	Initial rate:	X	IV patent (Y/N)
	Main						
	Piggyback						
	IV #2	Site:		Fluid type:	Initial rate:		IV patent (Y/N)
	Main						
	Piggyback						
4. Initial Non-invasive monitors set up							
x	NIBP		ECG First lead:		ECG Second lead:		
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: .		

Environment, Equipment, Essential props

1. Scenario setting: (example: patient room, home, ED, lobby)

Med Surg patient room

2. Equipment, supplies, monitors
(In simulation action room or available in adjacent core storage rooms)

	Bedpan/ Urinal		Foley catheter kit		Straight cath. kit		Incentive spirometer
	IV Infusion pump		Feeding pump		Pressure bag		Wall suction
	Nasogastric tube		ETT suction catheters		Oral suction catheters		Chest tube kit
	Defibrillator	x	Code Cart		12-lead ECG		Chest tube equip
	PCA infusion pump		Epidural infusion pump		Central line Insertion Kit		Dressing Δ equipment
	IV fluid Type:		IV fluid additives:		IV Piggy back		Blood product ABO Type: # of units:

ALL DATA IN THIS SCENARIO IS FICTITIOUS

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

4. Documentation and Order Forms							
x	Health Care Provider orders	x	Med Admin Record	x	H & P	x	Lab Results
x	Progress Notes	x	Graphic record	x	Anesthesia/PACU record		ED Record
x	Medication reconciliation		Transfer orders		Standing (protocol) orders		ICU flow sheet
	Nurses' Notes		Dx test reports		Code Record		Prenatal record
	Actual medical record binder, constructed per institutional guidelines				Other Describe: EMR		

5. Medications (to be available in sim action room)								
#	**Medication**	**Dosage**	**Route**		#	**Medication**	**Dosage**	**Route**
	Lasix	20mg/ml	IV			Tylenol	325mg	PO
	Kdur	20mEq	PO			Morphine	2mg/ml	IVP
	Lisinopril	10mg	PO			Lovenox	40mg/0.4mL	Sq
	Digoxin	0.125mg	PO			Ativan	2mg	IV
	Metoprolol ER	25mg	PO					

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES
Initiation of Scenario : Initiation of Scenario: Report information S- I have just completed the admission of Mrs. Smith. She is a 93-year-old woman who has dementia, end stage CHF and is living in a nursing home. She is alert and oriented to person and place. B- Two days ago she starting having increasing symptoms of CHF and was transported to the ED. In the ED it was noted that she had +3 edema to BLEs, was having difficulty breathing, +JVD, and appeared exhausted. She is a DNR; she has an advance directive on the chart. A- Vitals stable: 148/87, 110, 22, 98.6, 94% 4L NC Denies pain, skin intact and +3 edema to BLE's Alert Oriented to person and place. Allergic to PCN, BNP 1400 She was given 40mg IV Lasix in the ED 1 hour ago and ED reported 300cc urine output since then. R- She needs to be diuresed, Pt has a PIL in her R. forearm. She has a daughter who should be available if needed.

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
1. Baseline -Pt with shortness or breath with interrupted speech "I am so tired, just let me rest. Leave me alone. Please, I don't want to take anymore medications." -Pt wearing O2 4L NC -Patient oriented to self and location but not date and forgetful and sometimes confused. Patient states she wants to go home.	**Operator** **Set up parameters for new case** 02 sat 94% on O2 4L BP 150/90 HR 98 R 26 T 99 Lung sounds: crackles bilat **Triggers:** Respiratory status and wants to be left alone	**Learner Actions** -RN washes hands, introduces self and check ID band -RN performs complete assessment and VS -Raises HOB for comfort and Oxygenation -Educates patient on CHF and care required. -RN calls MD utilizing SBAR with patient status -Contact family member	**Debriefing Points:** -Complete Respiratory Assessment -Increase the Oxygen delivery -CHF assessment -Education to patient on importance of necessary treatments to feel better -Medicate for pain if needed -Incorporate patient/family input on treatment plan

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
2. Daughter arrives. Pt declining Patient States "Leave me alone. I don't want to take any more medication, just let me die." Daughter states-"She has to be treated. You can't possibly let her decide to refuse this? We should do what the doctor says; I think she is incompetent, and I need to force her to have treatments." "If she stops taking her medication she will suffer" Patient states "I am suffering now!"	**Operator:** Respiratory rate increases 02 sat 94% BP 106/72 HR 88 R 28 T 99 **Triggers:** Call SW for consult	**Learner Actions:** 1. Recognize ethical principles in situation. 2. Involves assistance of Chaplain or social worker, case manager 3. Contact Physician regarding refusal of treatment, palliative care consult. 4. Social worker has conversation with patient about why she is refusing treatment and verifies her understanding of risks benefits of refusing treatment. Social worker ensures patient understands the implications of her decision to refuse treatment and accept palliative care 5. Discuss comfort care options if patient refuses further medical treatment of CHF.	**Debriefing Points:** -Examine Ethical principles of autonomy, non-maleficence, Beneficence and Justice -Explore ethical/legal implications of pt-centered care -Identify and discuss surrogate decision maker issues such as capacity and previous health care wishes. -Psychosocial assessment to determine capacity -Process including questions 1- Does the patient understand about prognosis if refuses interventions/treatments 2- Does the patient appreciate how information applies to her clinical situation? 3- Can the patient reason with the information? 4- Can the patient make a choice and express it? 5-Mini mental status exam

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
3. Patient allowed to refuse treatments Continues to decline Patient states-" I do not want to live like this" I am tired and just leave me alone so I can sleep" Daughter states-"Are you sure she can refuse? Please make sure she has no pain."	**Operator:** 02 sat 94% BP 106/62 HR 80 R 30 T 99.6 **Triggers:** Decision to forego treatment	**Learner Actions:** 1. Communicate with daughter to assist with grieving and coping 2. Social worker speaks with patient and daughter to resolve the conflict and explains the patient has a right to refuse as she has the functional capacity to make her own medical decisions including clinically indicated therapies and interventions.	**Debriefing Points:** -Psychological assist for patient and grieving daughter. -Appreciate importance of interprofessional communication and teamwork in difficult family situations -Possible chaplain consult -symptom management if needed

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
4. Palliative Care consult Patient states " I just want to be with my husband in heaven" I can't go on any longer like this.	**Operator:** 02 sat 94% BP 100/60 HR 70 R 28 T 99.6 **Triggers:**	**Learner Actions:** 1. Involve Social worker / Chaplain or palliative care team member to obtain comfort care orders	**Debriefing Points** -Palliative care consult -Interdisciplinary communication with psychosocial assistance needed for patient and family
Scenario End Point: daughter accepts that patient has the right to make decisions and initiates palliative care			
Suggestions to <u>decrease</u> complexity: Suggestions to <u>increase</u> complexity: patient c/o pain or uncontrolled dyspnea. Patient arrests and daughter becomes hysterical wants to revoke code status.			

APPENDIX A: HEALTH CARE PROVIDER ORDERS

Patient Name: Eleanor Smith **DOB:** **Age: 93 y/o** **MR#: 123456**	**Diagnosis:** End stage CHF, dementia

†No Known Allergies
†Allergies & Sensitivities: PCN

Date	Time	**HEALTH CARE PROVIDER ORDERS AND SIGNATURE**
		Admit to Med Surg
		Dx: End stage CHF, dementia
		Diet: Cardiac diet
		Activity: Up in chair with assist BID
		Oxygen to maintain O2 sats above 90%
		Labs: Chem 7, CBC, BNP q a.m.
		Medications:
		Lasix 20mg IV BID
		Kdur 20mEq po daily
		Lisinopril 10mg po daily
		Digoxin 0.125mg po daily
		Metoprolol ER 25mg po daily
		Lovenox 40mg/0.4mL sq daily
		Ativan 2mg IV q4hours prn anxiety
		Tylenol 650mg po q4hours prn pain/T>101
		CXR q a.m.
		Daily weights and strict I/O's
Signature		

APPENDIX B: Digital images of manikin and/or scenario milieu	
Insert digital photo here	Insert digital photo here
Insert digital photo here	Insert digital photo here

APPENDIX C: DEBRIEFING GUIDE

General Debriefing Plan			
☐ Individual	☐ Group	☐ With Video	☐ Without Video
Debriefing Materials			
☐ Debriefing Guide	☐ Objectives	☐ Debriefing Points	☐ QSEN
QSEN Competencies to consider for debriefing scenarios			
☐ Patient Centered Care	☐ Teamwork/Collaboration	☐ Evidence-based Practice	
☐ Safety	☐ Quality Improvement	☐ Informatics	

Sample Questions for Debriefing

1. How did the experience of caring for this patient feel for you and the team?
2. Did you have the knowledge and skills to meet the learning objectives of the scenario?
3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?
4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP?
5. How would you handle the scenario differently if you could?
6. In what ways did you check feel the need to check ACCURACY of the data you were given?
7. In what ways did you perform well?
8. What communication strategies did you use to validate ACCURACY of your information or decisions with your team members?
9. What three factors were most SIGNIFICANT that you will transfer to the clinical setting?
10. At what points in the scenario were your nursing actions specifically directed toward PREVENTION of a negative outcome?
11. Discuss actual experiences with diverse patient populations.
12. Discuss roles and responsibilities during a crisis.
13. Discuss how current nursing practice continues to evolve in light of new evidence.
14. Consider potential safety risks and how to avoid them.
15. Discuss the nurses' role in design, implementation, and evaluation of information technologies to support patient care.

Notes for future sessions: