

SECTION I: SCENARIO OVERVIEW

Scenario Title:	Respiratory infection: possible CoVid-19 (Clinic setting)		
Original Scenario Developer(s):	Anne Lucero, MSN, RN; Marjorie Miller, MA, RN, CHSE		
Date - original scenario: 4/12/20	Validation: Michael Hart, FNP, MSN, RN	Pilot testing:	
<u>Estimated Scenario Time</u> : 15 minutes		<u>Debriefing time</u> : 30 min	
<u>Target group</u> : IP team in clinic setting			
<u>Core case</u> : Respiratory symptoms, possible CoVid-19			
<u>Brief Summary of Case</u> : 50 year old previously healthy male arrives at urgent care clinic with complaints of fever, cough, respiratory symptoms. He returned from a business trip to China 7 days ago and complained of being unwell but thought it was due to "jet lag". Came to clinic after 2 day complaints of fever, cough, and mild difficulty breathing.			
QSEN Competencies & TeamSTEPPS Competencies			
<input type="checkbox"/> Patient Centered Care <input type="checkbox"/> Patient Safety <input type="checkbox"/> Teamwork and Collaboration		<input type="checkbox"/> Informatics, <input type="checkbox"/> Quality Improvement <input type="checkbox"/> Evidence Based Practice	

EVIDENCE BASE / REFERENCES (APA Format)	
School Health Clinics of Santa Clara County : http://www.schoolhealthclinics.org	
UCSF Health , adapted from Centers for Disease Control CDC https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tksra4681/f/donning-doffing_procedure_w_reuse%20droplet-contact.pdf	
Santa Clara Valley Medical Center - COVID-19 Outpatient Clinics Workflow https://www.chpscc.org/LiteratureRetrieve.aspx?ID=246742	

SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES

Critical Learner Actions

1. MA Accurately manage acute respiratory patient from outside clinic to examination room.
2. MA Appropriately don/doff PPE for self and patient; Communicate potential CoVid-19 patient to RN or NP
3. MA Accurately take vital signs and report findings to provider,
4. RN, NP or MD Accurately receive report from MA; don PPE prior to entering room
5. Provider Complete assessment for CoVid test; send to designated lab; notify supervisor test was done
6. Provider Educate patient on next steps in process

B. PRE-SCENARIO LEARNER ACTIVITIES - Prerequisite Competencies

Knowledge	Skills/ Attitudes
1. Transmission of CoVid-19	1. Donning/doffing PPE
2. Principles of donning/doffing PPE	2. Communication patient suspected of CoVid-19
3. WHO, CDC, Agency protocols	3. Communication with IP team via SBAR
4. Signs of escalating CoVid-19	4. Competency in CoVid-19 specimen collection

SECTION III: SCENARIO SCRIPT

A. Case summary

Patient began feeling fatigued & unwell following return from a business trip to China 7 days ago. He hasn't sought care until now because he thought it was due to "jet lag". Reported to Clinic after a 2 day history of fever, cough and difficulty breathing that was "getting worse" as days passed. Patient is normally fit, jogger & has never smoked.

B. Key contextual details

Setting: Outpatient setting (outside signage for CoVid-10 patients)

C. Scenario Cast

Patient	<input type="checkbox"/> High fidelity simulator	<input type="checkbox"/> Mid-Fidelity simulator	<input type="checkbox"/> Task Trainer	<input type="checkbox"/> Hybrid
	<input type="checkbox"/> Standardized Patient with script. (Imbedded Participant)			
Participants/Role	Brief Descriptor (Optional)	Imbedded Participant (IP) or Learner (L)		
Patient		Imbedded Participant with script		
Medical Asst.	Responds to pt. buzz in full PPE, Masks pt.; completes questionnaire; calls provider	Learner		
Primary Nurse (optional)	Receives patient from MA w/ PPE; Performs role per agency protocol	Learner		
Provider MD or Provider NP	Completes focused Assessment, Identify Covid 19 criteria met, orders and performs test, notifies Supervisor	Learner		

D. Patient/Client Profile					
Last name: Brown	First name: Thomas	Gender: M	Age: 50	Ht: 6 ‘	Wt: 180
Spiritual Practice: unknown	Ethnicity: Caucasian	Language: English	Code Status: Full		
1. History, chief complaint					
Patient began feeling fatigued & unwell following return from a business trip to China 7 days ago. He hasn't sought care until now because he thought it was due to "jet lag". Reported to Clinic after a 2 day history of fever, cough and difficulty breathing that was "getting worse" as days passed. Seeking CoVid-19 test due to respiratory symptoms and travel in "hot spot".					
Assessment Data:					
Vital Signs: T. 101°F. 38.3°C., BP 138/72, HR 85 regular rhythm, RR 24, O ₂ sats 94%					
Normally very fit, jogger and has never smoked					
Medication allergies:	nka	Reaction:			
Food/other allergies:	nka	Reaction:			
Primary Medical Diagnosis	Acute respiratory infection (possible CoVid-19)				

3. current meds	Drug	Dose	Route	Frequency
	Multivitamin	i	PO	daily

4. Laboratory, Diagnostic Study Results (List significant labs,& diagnostic test results)
None

Sim Set-up card		
Patient Information	Set up/Moulage	Medications/Equipment/Supplies
<p>Scenario: CoVid-19, pneumonia → respiratory failure</p> <p>Identifying Information Name: Thomas Brown DOB: 3/26/70</p> <p>Allergies: None noted</p> <p>Code status: Full</p>	<p>Clinic examination room</p> <p>Casual clothing, beard stubble Short brown hair, mustache, glasses</p> <p>Face flushed, sweaty</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p>PPE Donning/Doffing Skill Station</p> <p>Participants practice and get signed off prior to beginning scenario</p> </div>	<p>PPE equipment outside room: Masks, Gloves, face shields, gowns for 5</p> <p>COVID 19 test kit</p> <p>Bedside computer</p>

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES			
Initiation of Scenario :			
Scenario begins with patient presenting himself to local health Clinic with cough, fever, sore throat and occasional shortness of breath. He is a 50 year old previously healthy male who returned from China 7 days ago with symptoms beginning 2 days ago. Patient reads signage outside Clinic and presses buzzer at entrance. MA responds to door in full PPE; masks patient. Completes questionnaire, notifies provider. Provider directs MA to room patient in designated isolation room.			
STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	Operator	Learner Actions	Debriefing Points:
Patient in room w/mask on. Patient breathing rapidly, dry, non-productive cough, states he “feels terrible”.	T 101°F., 38.3°C. BP 138/72 HR 85 RR 24 SaO ₂ 94%	<ol style="list-style-type: none"> 1. Medical Assistant registers patient on computer in room 2. MA takes vital signs & enters into computer 3. Communicates plan with patient 4. MA leaves room; doffing PPE 5. MA notifies provider of results of initial contact 	<ul style="list-style-type: none"> <input type="checkbox"/> PPE for suspected CoVid-19 patients <input type="checkbox"/> CoVid-19 questionnaire; criteria for alerting provider <input type="checkbox"/> Doffing PPE <input type="checkbox"/> Practice communicating with provider (results of initial assessment and questionnaire)
	Triggers		
	V/S completed CoVid-19 questionnaire complete Provider notified		

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 2	Operator	Learner Actions:	Debriefing Points:
Patient sitting with head of bed ↑ 60°; continues to behave as previously; complains of frequent coughing, shortness of breath and “having trouble taking a deep breath.”	RR 26 SaO ₂ 92% w/talking & answering questions	<ol style="list-style-type: none"> 1. Provider arrives in room in full PPE 2. Greets patient & introduces self 3. Completes CoVid-19 focused assessment ; 4. Provider assesses patient’s family situation, quarantine conditions, support system, symptoms of others sick at home 5. Confirms criteria for probable CoVid 19 met; 6. Orders kit/test. 7. Obtains specimen from patient per policy 8. Refrigerates/sends specimen to designated lab 9. Notifies Medical Supervisor that CoVid-19 test was performed and sent to lab 	<ul style="list-style-type: none"> ❑ Evidenced based criteria for PUI (person under investigation) for positive CoVid-19 specimen ❑ Competency around skill of obtaining specimen utilizing CDC/agency guidelines ❑ Communication with patient related to PPE of clinic staff ❑ Rationale for communication related to home situation ❑ Accurate handling of CoVid-19 specimen & transport ❑ Communication chain (closed loop) from staff to medical supervisor
	Triggers:		
	COVID 19 specimen obtained and ready for transport		

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>Frame 3</p> <p>Patient remains the same or can be asking lots of questions that provider is unable to answer</p>	<p>Operator:</p> <p>Nothing changes</p>	<p>Learner Actions:</p> <p>Provider/NP or RN educates patient on Next Steps</p> <p>Patient is STABLE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient sent home on self-isolation until results return <input type="checkbox"/> Provider will call each day to check on patient status <input type="checkbox"/> Patient directed to call provider if symptoms worsen <input type="checkbox"/> Discusses handout for self-isolation CoVid-19 is rest, hydration, use of fever reducing medications <p>Patient is UNSTABLE</p> <ul style="list-style-type: none"> <input type="checkbox"/> If patient is symptomatic with severe respiratory distress, dyspnea, provider is to call ED or transport center to arrange admission. 	<p>Debriefing Points:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Follow through with lab on results of CoVid 19 test. <input type="checkbox"/> Practice Next Steps teaching communication with stable patient <input type="checkbox"/> Practice discussion of handout with patient; request patient feedback to assure understanding <input type="checkbox"/> Elements to include in assessing support systems prior to discharge (food, meds, family health transportation, , etc.)
	<p>Triggers:</p>		
<p>Scenario End Point: Determination of patient follow through as either Stable or Unstable</p>			
<p>Suggestions to <u>decrease</u> complexity: Patient’s fever is 97.8°F, 36.6°C. (could be seasonal flu)</p>			
<p>Suggestions to <u>increase</u> complexity: Patient status becomes severe after entrance into examining room</p>			

