

Simulation Project Training Evaluation

Training Event Scenarios

Scenarios developed for this project:

Cervical Screening – administrator/receptionist

Cervical Screening – clinician

Cervical Screening – wellbeing practitioner

COPD - patient

End of Life – patient

End of Life – relative

End of Life Heart Failure – Patient

Learning Disability – administrator/receptionist

Learning Disability – clinician

Learning Disability – wellbeing practitioner

Example scenario

End of Life Heart Failure – Patient

Learning Objectives:

- Effective communication with a patient's relative
- Competent assessment of symptoms in a dying patient
- Assess the need for clinical assisted hydration

Equipment/Resources/Paperwork

- Simulation personnel (ESP) acting as partner + Standardised Patient + pad for administering SC medications
- JIC envelope with medications and forms
- Completed TEP form
- GP Summary

Active Learner (participant) brief:

You have been asked to review a patient on a Home Visit in their own home. The patient's partner is concerned that the patient is thirsty but has been told they can't have fluids. Following a home visit 2 weeks before, the patient has a completed TEP form, has JIC medications on site.

Relative (Embedded Simulation Personnel, ESP) brief:

Patient name: Jane / John Witherington

Age: 68

Presenting story: Your partner has been treated for end stage heart failure for 2 years under the community heart failure specialist nurses. However they are declining quickly in the last 3 weeks and the GP has advised that they are approaching end of life. The GP discussed palliative care team review at the last visit when they completed the TEP form but you were both managing and didn't want to waste the team's time.

Your partner is rousable at times in the day, enough to take their prescribed medications, but quickly falls asleep. At times they appear out of breath. You are providing all care.

Ideas:

You recognise, and are accepting, that they are dying. However you do not feel that it is appropriate for them to suffer. You wonder if the medications could be increased to allow more oral intake or if they could have some oxygen.

Concerns:

You are concerned that they are thirsty and suffering. You have spent 2 years monitoring their intake as advised and the last plan 3 months prior to today was a 500ml daily limit. After taking tablets there isn't much left out of the allowance.

Expectations:

You want advice on what can be done to relieve suffering.

State 1 – Anxious

State 2 – If fluids are rejected without discussion you become upset.

State 3 – With appropriate and empathetic communication from the clinician you are calmer and happy to be guided by the team.

Desired actions/outcomes

- Clinician listens to relatives view and effectively communicates findings and rationale for treatment.
- Empathetic and clear communication of the options including monitoring and reassessment.
- Caring and thorough assessment of the patient, including fluid status, abdominal examination, pressure areas, respiratory examination.
- Home oxygen not recommended.
- Clinical assisted hydration initiated if agreed with appropriate monitoring.

- Correctly administers JIC medication.

Debrief points

- Effective communication with relatives
- Guidelines on clinically assisted hydration in palliative care
- Indications for home oxygen.
- Indications for JIC medications.
- When would a syringe driver be more appropriate.
- Practical considerations in their own workplace/setting that need considering.

Resources

<https://cks.nice.org.uk/topics/palliative-care-secretions/>

<https://cks.nice.org.uk/topics/palliative-care-nausea-vomiting/>

<https://cks.nice.org.uk/topics/palliative-care-general-issues/>

<https://cks.nice.org.uk/topics/palliative-care-dyspnoea/>

<https://cks.nice.org.uk/topics/palliative-care-cough/>

<https://cks.nice.org.uk/topics/palliative-cancer-care-pain/>

<https://northeast.devonformularyguidance.nhs.uk/formulary/chapters/16-palliative-care>

<https://www.hospiscare.co.uk/wp-content/uploads/2020/06/When-the-need-to-eat-and-drink-becomes-less.pdf>

<https://www.hospiscare.co.uk/wp-content/uploads/2020/10/Prognostic-Indicator-Guidance-October-2011.pdf>

<https://www.hospiscare.co.uk/wp-content/uploads/2020/07/Flowchart-Symptom-Control-0302020.pdf>

<https://www.nice.org.uk/guidance/ng31>

<https://northeast.devonformularyguidance.nhs.uk/formulary/chapters/2.-cardiovascular/chronic-heart-failure>

<https://www.nice.org.uk/guidance/ng106>