Documentation Simulation and Debriefing

Interprofessional learning- Scenario Mr Brown

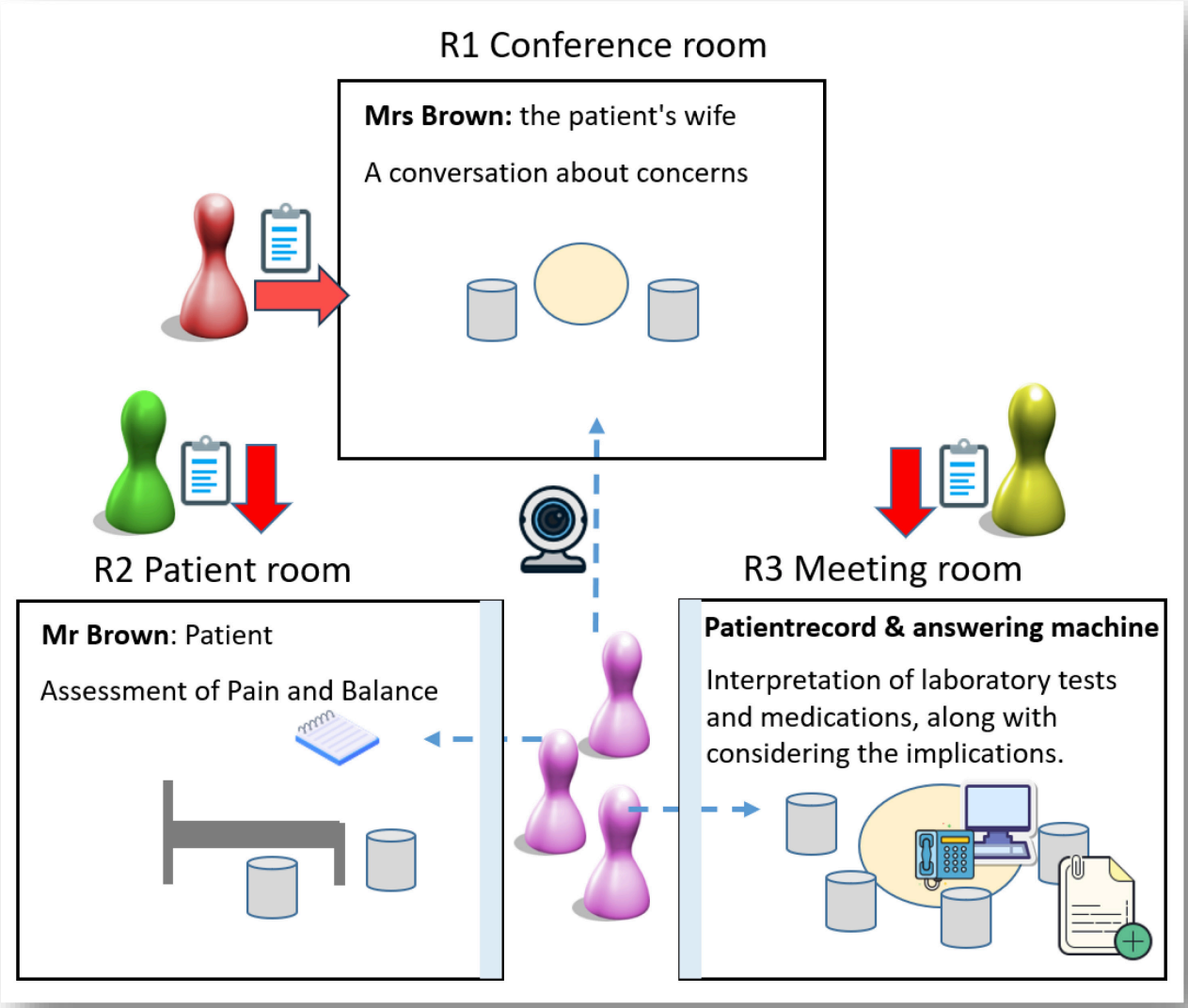
Content

Co-funded by
the European Union

Planningsgroup

Blueprint

Authors: Bas de Leng (Medical Education), Florian Bernhardt (Palliative Medicine), Carola Peters (Nursing), Karina Sensen (Nursing), Nele Woermann (Physiotherapy), Johanna Kollet (Simulated Patients)



Case		**Dilemmata**
Patient	An elderly person with severe low back pain due to metastatic prostate cancer, who has the option of being treated with opioids.	Approach: Opioid treatment or not?; alcohol or not? Motivation: Anxiety of patient that opioids will cause addiction. Alcohol (glass of gin) also provides relief and a sense of well-being. The patient is sensitive about his former drinking problem: that is all in the past now, he can control himself well.

Wife		She is anxious that he will fall and hurt himself. If he falls, she won't be able to help him up by herself. Her husband has also a nasty temper when he drinks too much.
Healthcare team	Nurse, Physiotherpist, Physician	Interpretation of data: Motivation (patient and wife), does combining alcohol and medication pose an unacceptable risk of falling? Reliability of information: alcohol-like smell from ketoacidosis?

Distribution					
Information resources			Competencies professions		
Social	*Material*	*Temporal*	*Nurse*	*Physio*	*Physician*
Nurse	Tacit inside the head: During the handover a colleague indicated that he had the impression that the patient smelled of alcohol when he was helped to get dressed this morning.	This morning	General – Identify the reactions of the patient (what treatment patient really wants) – Analysis of the implications for the home care setting Specific – Talk with wife	Assessments – Timed Up & Go test – Pain intensity measurement	General: – Inform about alternatives if available Medication: – interaction with alcohol – delayed breakdown due to reduced liver function? Ketoacidosis?
Nurse	Ensure that: – patient has been informed about the disease by a doctor – whether any major interventions have taken place (radiation or chemo).	Before starting work			
Nurse	Explicit in nursing record. pain-contorted face while getting dressed	in recent days			
Physician	Explicit in patient record: – Lab for liver functions – Lab for ketoacidosis	This morning			
Physio	Explicit in physio record: no mobilisation is possible due to the patient's pain levels.	in recent days			

Roomscheduling Pilot 24.3				
Type	N	ID		*Equipment*
Simulation- Patientroom	3	Room 1, Room 3, Room 6	X	Bed, 2 chairs (one with armrests), instruction display for student
Simulation- Conference room	3	Practice A, C, D	X	2 chairs, 1 table under the camera, bed under a one-way screen, instruction display for student
Simulation- Meetingroom	3	Room 2, Room 4, Room 5	X	4 chairs and a table in the center of the room, bed under a one-way screen
Observation-room	3	1/2, 3/4, 5/6	X	4 chairs, 6 clipboards with white paper, 2 one-way screens, and an online connection to the consultation room
Seminar-room	1	Seminarrooms 7+8	X	No partition, 20 chairs, large-format mobile presentation screen

Instructions for students Pilot 24.3	
Instruction display	Content
Room 1, Room 3, Room 6	**Physical Therapist**: In order to better determine the future strategy for Mr. Brown's pain management and rehabilitation, the treatment team would like to gain a clearer picture of his pain perception and his risk of falling. The team asks you to assess this and present your findings at the **team meetin**g at **2:00 p.m**. Conduct a BPI and a Timed Up & Go test, and then review the patient's medical record for any additional information**.**
Practice A, C, D	**Nurse**: Mrs. Brown's wife is waiting in the waiting room. She is worried about how her husband is coping with the pain and other issues. Although he has his own ideas about what is best for him, she believes that these will only lead to problems at home. Mrs. Brown originally wanted to speak with the physician, but he\she is currently unavailable and has asked you to speak with her and share her story at the **team meeting** at **2:00 p.m.** Check in advance what other information can be found in the patient's medical record.
Room 2, Room 4, Room 5	**Physician**: A **team meeting** with the nursing and physical therapy staff is scheduled for **2:00 p.m**. in this room to discuss the recommendations that the interprofessional team will make to the attending physician regarding Mr. Brown's treatment. You will find his medical record on the computer in the room, and the attending physician has also left you a voicemail message.
Voice mail message	Content
Room 2, Room 4, Room 5	From the **attending physician**: Good morning. I just took a quick look at Mr. Brown's record—you're about to go see him. He has a history of type 2 diabetes and may also have a history of alcohol abuse. I've added his liver function test results and a metabolic panel to his patientrecord; please take a look so we don't miss anything.
Digital patientrecord	Content
Room 2, Room 4, Room 5	Information for physicians, nurses, and physical therapists in separate files

Instruments

See appendices for content

Nursing File

- Core data set: provided
- Nursing history: provided
- Barthel Index: provided
- Morse Fall Scale: provided
- Brief note from night shift, April 24

Physical Therapy File

- Timed Up & Go test: to be completed by students
- Brief Pain Inventory: to be completed by students
- Note 23.04

Medical File

- Diagnosis tree
- Lab results
- Medication list
- Tumor conference decision

Simulated patients

Authors: Johanna Kollet (Simulated Patients), Florian Bernhardt (Palliative medicine), Hendrik Ohlenburg (Medicine), Bas de Leng (Medical Education)

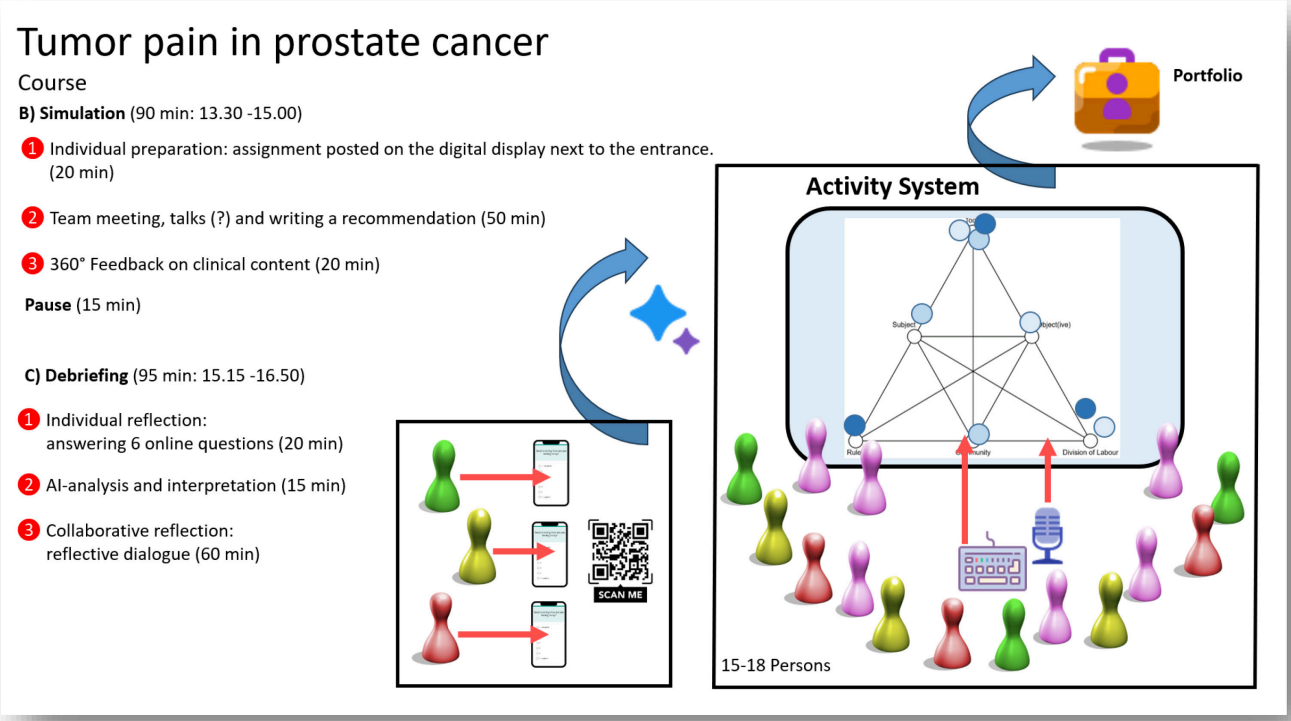
Training materials

Course identification	
Year in curriculum:	*Module:*
Learning objective for students: to seek out, recognise, appreciate and exploit the differences in perspectives that arise when the practices of different health professions meet.	
Task for students: Write an interdisciplinary recommendation summary for attending physician	
Patient information	
Name: Henri Brown	*Date of Birth*: 17.05.1960
Reasons for consultation: The pain in the lower back is strong and is caused by metastasis, and there is an option of pain treatment with opioids.	
Description of the simulation scene: Mr Brown is currently admitted to an uro-oncology ward and diagnosed with metastatic prostate cancer. The attending physician explained to him that while the tumor itself cannot be treated, the pain can be managed with opioids.	
Medical diagnosis: Prostate cancer metastasised to the pelvis, lumbar spine and thoracic spine	*Risk factors*: Brother with benign enlargement of the prostate Late consultation with a doctor despite early symptoms
Medical history: For months, mr Brown had been experiencing an increasing amount of discomfort when urinating, which he dismissed as insignificant. However, it was only when the pain in his back became unbearable that he finally consulted his GP. The GP arranged for the patient to be admitted to hospital for urgent investigation, where he was diagnosed with prostate cancer that had metastasised to the pelvis, lumbar spine and thoracic spine. *Background information:* High blood pressure. Type 2 diabetes My liver and kidneys aren't working as well as they used to History of alcohol abuse, but he stopped drinking after a stomach bleeding 2 years ago Wear-related spinal changes.	
Family history:	
Personal and psychosocial history Mr Brown lives on a farm, which he farmed actively until a few years ago. He lives with his partner and has no children. He hasn't been performing as well as he used to for a while now. He finds many things difficult and takes frequent breaks. He used to be active in the garden, but now he avoids physical exertion. His sex life has come to a standstill, although this is not openly discussed. His partner has noticed the change, but he refuses to talk about it. While he appears outwardly combative, inwardly the façade is crumbling.	
Medications: – Tamsulosin (irregularly, “from my brother”; for difficulty urinating) – Amlodipine (calcium channel blocker) 5 mg 1-0-0 (for high blood pressure) – Linagliptin (DPP-4 inhibitor) 5 mg 1-0-0 (antidiabetic) – He occasionally takes acetaminophen because ibuprofen was prohibited by his primary care physician. – No opioids	

Description of signs and symptoms	
Current symptoms: Pain related to movement in the lumbar spine and hip area (pain-contorted face when being re-positioned and dressed) Unsteadiness when walking longer distances. Increasing incontinence problems associated with shame and repression. Pronounced restlessness when lying down for long periods of time. Tense, stiff posture	*Previous symptoms*: Difficulty urinating (dribbling, dribbling after urination, weak urine stream) Back pain, especially when carrying or bending over Fatigue, loss of performance (patient 'attributed this to his age')
Pain He is trying to hide his pain and wants to be discharged home.	
Current psychosocial situation: Mr Brown lives with his wife. She confirms that the patient does not want to be a burden and wants to appear tough, but he worries and frets a lot. He is emotionally very distressed and cries secretly. He is in pain, and he may have urinary incontinence and sexual dysfunction, which could put a strain on the relationship. Mr Brown is aware that a quick recovery is not possible, but he is hopeful that he will get better.	*Previous psychosocial situation*:
Ideas for fulfilling the role	
Character patient: Suppressing, glossing over, being hard-nosed. He puts on a tough front and hides his symptoms, but is worried about the pain and limitations (incontinence, need for care, sexual dysfunction).	
Possible questions	*Possible dialogue*
Mr Brown – When can I go home again? – Can a nursing service come to my home? I don't want my partner to take on this responsibility – Can't I drink a glass of whisky against the pain? Mrs Brown – Does my husband need a walker at home? – Is alcohol safe to consume with the medications my husband is taking? – How should we manage this at home? Is it possible to arrange for home care?	

Teachers\Tutors

Authors: Bas de Leng (Medical Education), Juliane Schopf (Interprofessional learning)



Instructional video

Instructional video: https://videofund.de/activate/quick-start-guide-debriefing-dashboard.php

Reflection Questions on Interprofessional Collaboration Based on the CHAT Model

1. Object

Main question:
How would you describe your own professional goal and the team goal of the interprofessional collaboration?

Optional follow-up question:
Did you notice differences in goals or intentions among collaborators? How were these identifiable?

2. Subject

Main question:
In which situations were you (not) able to apply your professional perspective and your social skills when interacting with teammates, patients, relatives etc.?

Optional follow-up question:
Why have you been (particularly) successful in this and where did you reach your limits?

3. Community

Main question:
Which external factors influenced collaboration (e.g., time pressure, shifts, ward rounds, cultural/social/religious backgrounds, expectations of patients, relatives and colleagues…)?

Optional follow-up question:
Why did external structures facilitate or hinder the team's collaboration?

4. Tools

Main question:
Which professional tools supported collaboration (e.g. forms, apps, electronic health record, phone, post-it notes, supervision…)?

Optional follow-up question:
What additional tools could have enhanced collaboration?

5. Rules

Main question:
Which explicit or implicit rules influenced actions (e.g., guidelines, delegation, routines, team culture…)?

Optional follow-up question:
How did these rules shape decision-making freedom and your sense of responsibility

6. Division of labour

Main question:
How were tasks and responsibilities distributed among team members?

What was the basis for their distribution (e.g., hierarchy, professional expertise, actual needs…)?

Was this distribution appropriate?

Optional follow-up question
Why was this distribution (not) fair or (less) conducive to the common goal?

Students

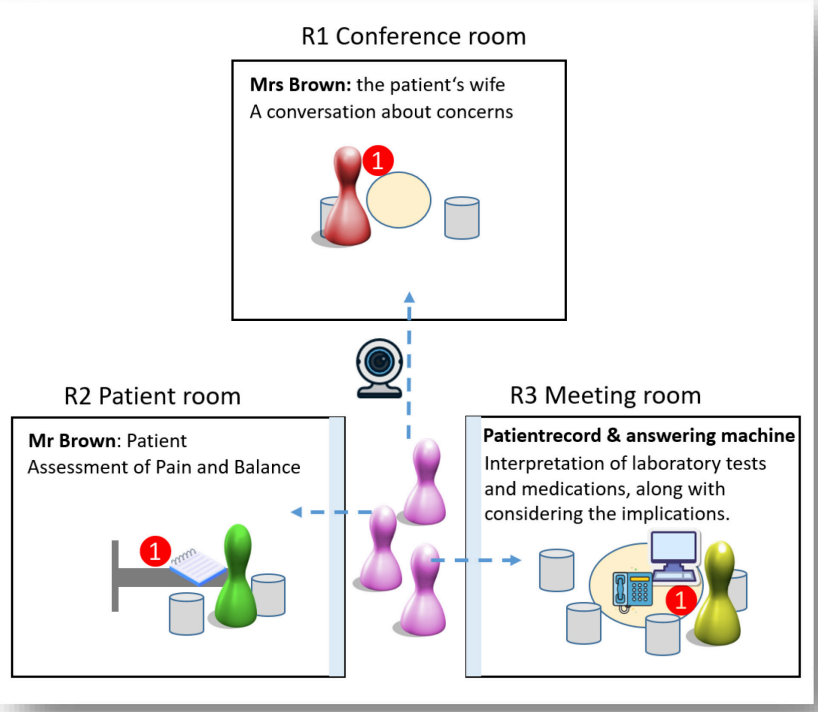
Overview session

A) Introduction (30 minutes)

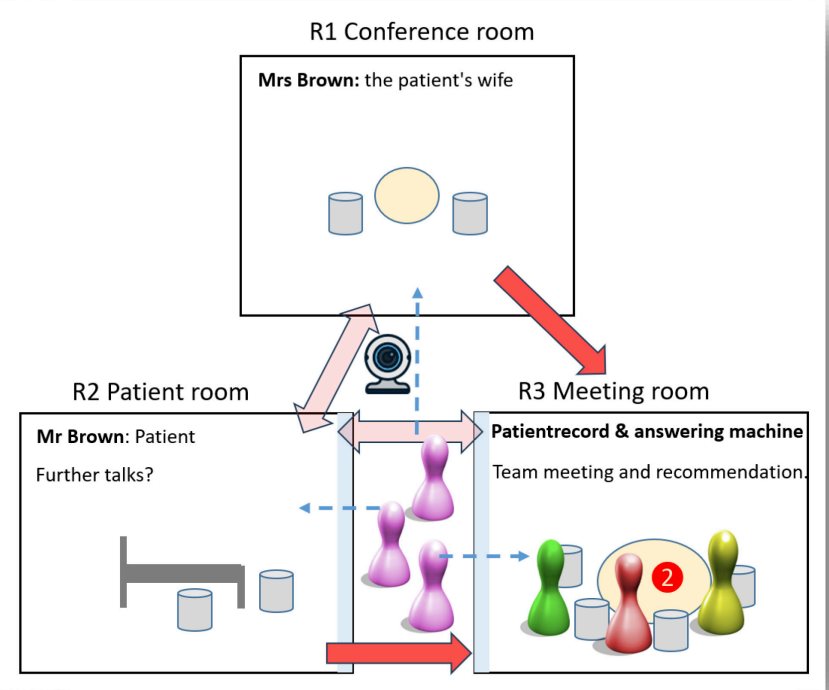
- Introductions by observers (plenary) and students (in groups of three)
- Orientation
  - Task: The team is to prepare an interdisciplinary summary of recommendations for the senior physician.
  - To this end, a team meeting has been scheduled for 2:00 p.m.
  - Each professional prepares using the provided instructions.
  - At the end, a summary of recommendations is written in the medical record.
  - Overarching learning objective: to recognize, value, and utilize the different perspectives that arise when the practices of various healthcare professions intersect
  - Simulation setup: 3 rooms, various information sources (including 2 people), and 3 observers
  - Mr. Brown: is experiencing severe lower back pain caused by metastatic prostate cancer. He has the option of being treated with opioids but refuses this.Course Scenario

B) Simulation (90 minutes)

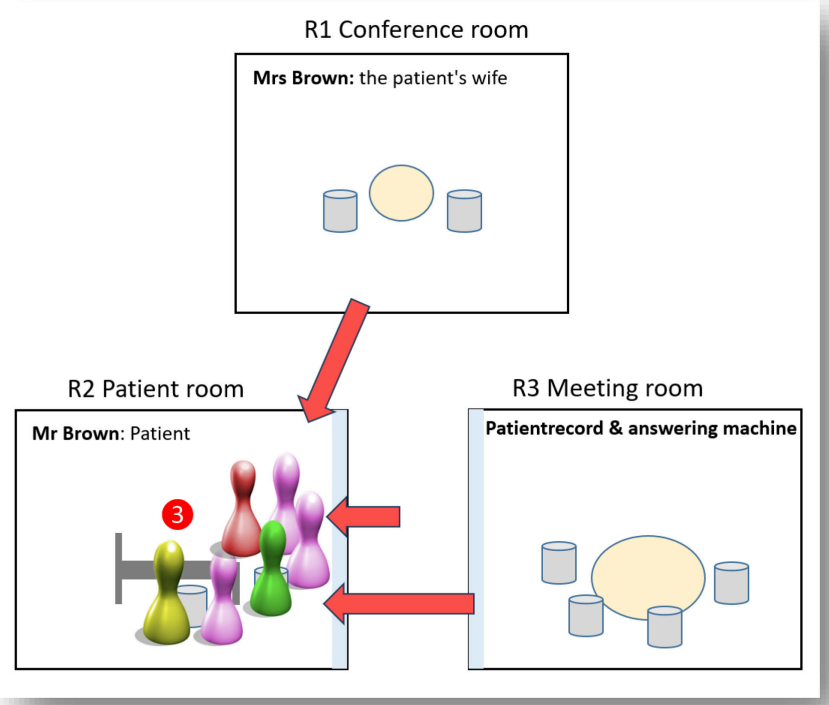
1 Individual preparation: assignment posted on the digital display next to the entrance. (20 min)



❷ Team meeting, talks (?) and writing a recommendation (50 min)



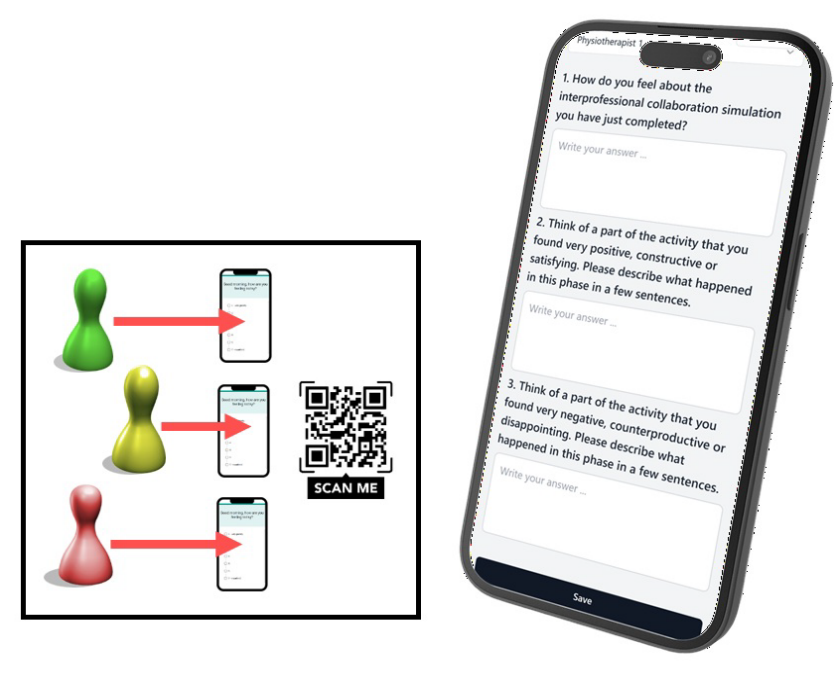
❸ 360° Feedback on clinical content (20 min)



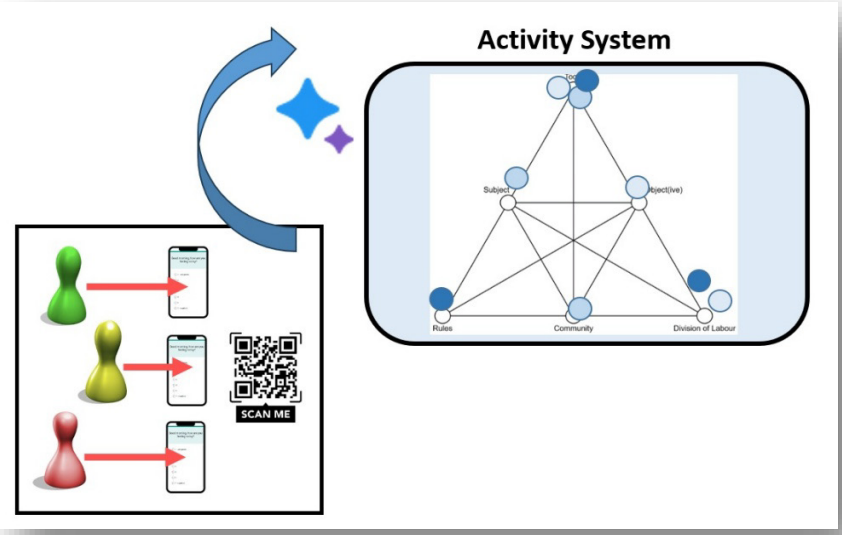
Pause (15 Minuten)

C) Debriefing (95 minutes)

1 Individual reflection: answering 6 online questions (20 min)



2 AI-analysis and interpretation (15 min)



3 Collaborative reflection: reflective dialogue (60 min)