

Documentation Simulation and Debriefing

Interprofessional learning- Scenario Mrs Zidar

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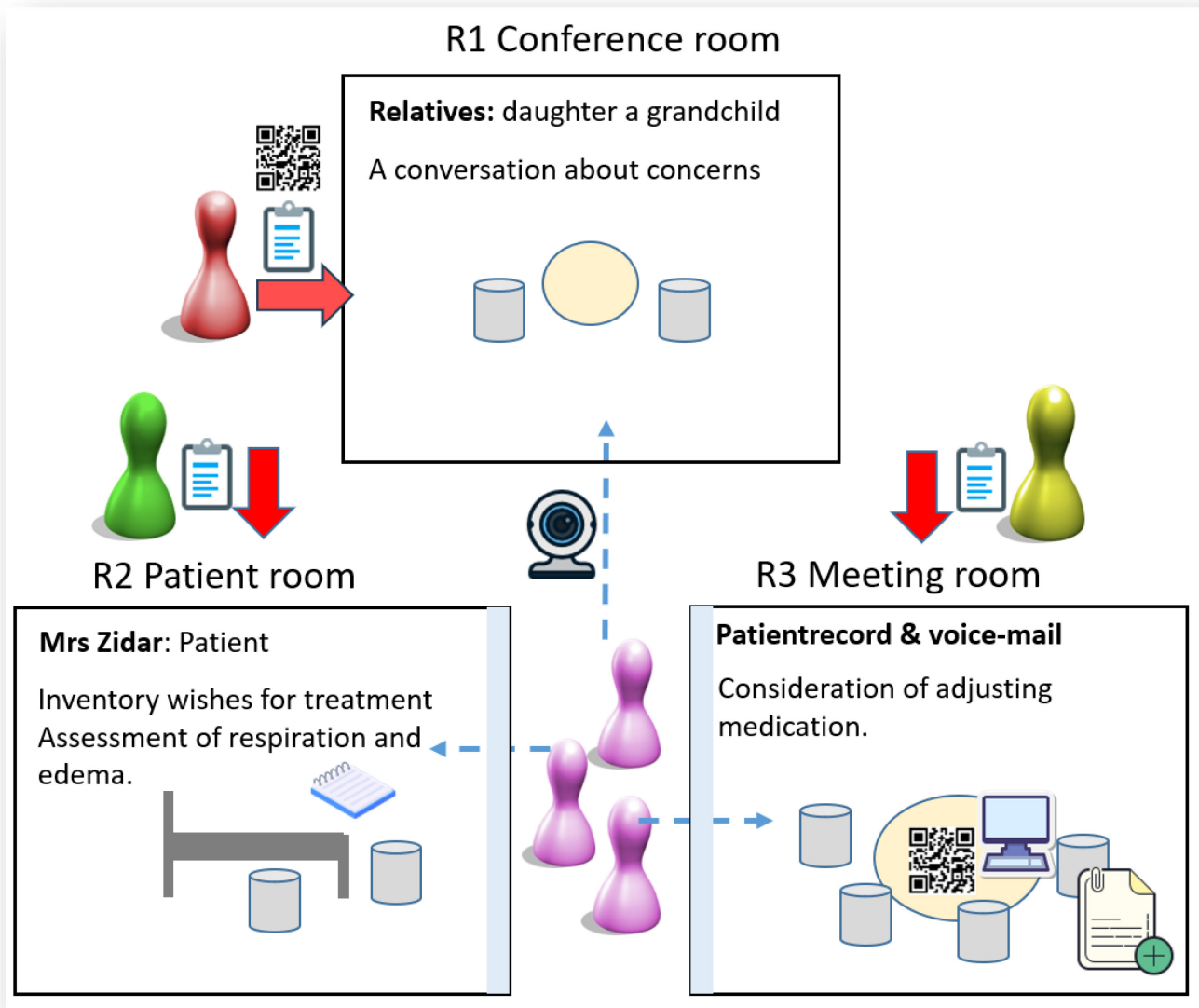


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Planningsgroup

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 aortic valve stenosis and breathlessness who is a possible candidate for a heart valve operation.	Approach: Cure (daughter)- Care (patient) Patient doesn't want the heart valve surgery Motivation: Anxiety about the operation, and a longing for peace and dignity in her old age.
Relatives		<i>Daughter:</i> Her mother's ability to make her own decisions is limited. She needs to have surgery.

		<i>Grandchild</i> : If grandmother doesn't want the operation, then we have to accept that.
Healthcare team	Nurse, Physiotherapist, Physician	Interpretation of data: Motivation of patient and relatives.

Distribution					
Information resources			Competencies professions		
<i>Social</i>	<i>Material</i>	<i>Temporal</i>	<i>Nurse</i>	<i>Physio</i>	<i>Physician</i>
Nurse	Explicit in <i>nursing</i> record: family dispute	in recent days	General - Overview patient and healthcare consultations Specific - Talk with relatives	Assessments Respiratory assessment	General: - Inform about alternatives if available Medication: - Consideration of discontinuing one of the blood pressure-lowering medications due to the risk of falling caused by dizziness
Nurse	Explicit in care <i>nursing</i> transition form: history of bypass surgery	in recent days			
Physician	Explicit in <i>medical record</i> : medication list, blood pressure of this morning	this morning			
Physician	<i>Voicemail</i> from attending physician: question and instruction	this morning			
Physio	Explicit in <i>occupational</i> record: MMST	in recent days			
Physio	<i>Voicemail</i> from physio: information from the nursing home.	this morning			

Room scheduling				
<i>Type</i>	<i>N</i>	<i>ID</i>		<i>Equipment</i>
Simulation- Patientroom	3	Room 2, Room 4, Room 5	X	Bed, 2 chairs, instruction display for student. QR code on door.
Simulation- Conference room	3	Practice A, C, D	X	3 chairs, 1 table under the camera, instruction display for student
Simulation- Meetingroom	3	Room 1, Room 3, Room 6	X	4 chairs and a table in the center of the room, bed under a one-way screen, instruction display for student. QR code on table
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 conference room



Seminar-room	1	Seminarrooms 7+8	X	No partition, 20 chairs, large-format mobile presentation screen
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Instructions for students	
Instruction display	Content
Room 2, Room 4, Room 5	Physical Therapist: During yesterday's ward rounds, Mrs Zidar said that the breathing exercises prescribed by a fellow physiotherapist had improved her shortness of breath so much that she could now manage well in the nursing home. The team wants you to verify this claim and perform a brief respiratory assessment before the scheduled 2:00 p.m. team meeting in the meeting room. Listen to the voice message from the nursing home physiotherapist on your mobile phone. You will find the QR code at the door of the patient's room..
Practice A, C, D	Nurse: Mrs Zidar's daughter and grandson are waiting in the conference room. They have questions about the therapy that the team is going to propose for their mother/grandmother. Initially, the daughter asked to speak to the physician, but he/she is unavailable at the moment. The physician has asked you to compile a list of the family's questions and preferences. This list will be discussed at the team meeting scheduled for 2:00 p.m. in the meeting room. Check in advance what other information can be found in the patient's nursing file on the computer in the meeting room.
Room 1, Room 3, Room 6	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 Mrs Zidar's treatment. You will find her medical file on the computer in the room, and the attending physician has also left you a voicemail message. Listen to the voice message from the attending physician in advance on your mobile phone. The QR code is in the meeting room.
Voice mail message	Content
Room 2, Room 4, Room 5	From nursing home physiotherapist: Hello, I'm physiotherapist Bergmann from the nursing home Sunflower. We received your message regarding your query about our experiences with breathing exercises for Mrs Zidar's shortness of breath. To be clear, they had no effect. In fact, even the chair yoga sessions were too much for her, and the occupational therapist recommended a wheelchair to help her conserve energy.
Room 1, Room 3, Room 6	From the attending physician: Hi, it's Dr Nebel. Concerning Mrs Zidar, whom you are due to visit today, her multiple high blood pressure medications should be reviewed due to her increased tendency to fall as a result of aortic valve stenosis. Provided she does not have leg oedema and her blood pressure is normal to slightly low, we could omit Torasemide or reduce the dose to 5 mg once daily. If her blood pressure remains low afterwards, we could also consider omitting ramipril.

Digital patientrecord	Content
Room 1, Room 3, Room 6	Information for physicians, nurses, and physical therapists in separate files

Instruments

See appendices for content

Nursing File

Physical Therapy File

Medical File

Simulated patients

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

Training materials

Course identification	
<i>Year in curriculum:</i>	<i>Module:</i>
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.	
<i>Task for students:</i> Write an interdisciplinary recommendation summary for attending physician	
Patient information	
<i>Name:</i> Hella Zidar	<i>Date of Birth:</i>
<i>Reasons for consultation:</i> Breathlessness and possible candidate for a heart valve operation.	
Description of the simulation scene: Mrs Zidar is currently admitted to the cardiology ward and diagnosed with aortic stenosis.	
<i>Medical diagnosis:</i> Aortic stenosis	<i>Risk factors:</i>
<i>Medical history:</i> Mrs Zidar, a widow who has been living in a nursing home for three years, was admitted to hospital by her GP on suspicion of having a problem with her heart valves. This was based on her experiencing increasing shortness of breath and faster fatigue during exertion, which was sometimes accompanied by pressure behind her breastbone. She was diagnosed with aortic stenosis in hospital.	
<i>Background information:</i> High blood pressure Slight decrease in kidney function Osteoporose Minimal residual damage following a minor stroke Atrial fibrillation currently well controlled with medication. However, blood thinners are no longer administered due to an increased risk of falling. Bypass surgery twelve years ago, which resulted in serious post-operative complications with temporary delirium.	
<i>Family history:</i>	
<i>Personal and psychosocial history</i> The patient is widowed, grew up without children, has been living in a nursing home for three years and feels safe and secure there. It is not perfect, but she enjoys the daily routines and weekly coffee gatherings, seated yoga, etc. Although cognitive performance is slightly impaired, the patient is capable of performing everyday tasks and making sound judgements. Her relatives live on the other side of Germany and travel specially to 'take care' of her. The relatives are busy with work and live far away, so they do not have a close emotional connection to the patient. However, they feel responsible and have taken a few days off work to come to Münster to sort things out. Her daughter insists that her mother have the valve operation and is trying to convince her and the healthcare team.	

Medications: – Bisoprolol 2,5 mg 1-0-1 (against high blood pressure) – Ramipril 5 mg 1-0-0 (against high blood pressure) – Torasemid 10 mg 1-0-0 (for decrease in kidney function) – Calcium + Vitamin D (deficiency identified) – Paracetamol as required	
Description of signs and symptoms	
Current symptoms: No persistent pain. Occasional pressure behind the breastbone during exertion. Back pain when sitting for long periods, easily controlled with paracetamol. Pain scale at rest usually 0–1, during exertion max. 3/10. Shortness of breath during exertion, not at rest.	Previous symptoms: Increasing shortness of breath during everyday activities (e.g. walking to the dining room) in recent months. Occasional tightness in the chest. Restlessness at night, especially when lying flat. Reduced walking distance, frequent breaks necessary. No weight loss or loss of appetite to date.
Current psychosocial situation: Mrs Zidar feels constrained and doesn't want a heart valve surgery. Patient would rather return to the nursing home and avoid the stress of a difficult operation than have an additional six months of life expectancy. She does not want to go through everything again and longs for peace and dignity.	Previous psychosocial situation:
Ideas for fulfilling the role	
Character patient:	
Possible questions\comments	Possible dialogue
Mrs Zidar: – When can I return to the nursing home? – Can you speak to my relatives? They won't listen to me. – Are there any aids available (oxygen, etc.)? – How much longer would I live with the operation? – What will happen if I don't have the operation? – How will I die? Will I suffocate? Daughter: – Between the Lines comments on her mother's dementia.	

Teachers\Tutors

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

Possible candidate for a heart valve operation

Course

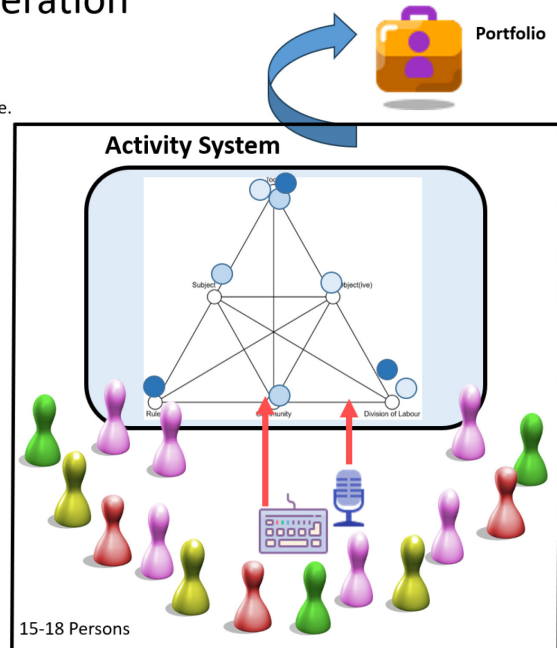
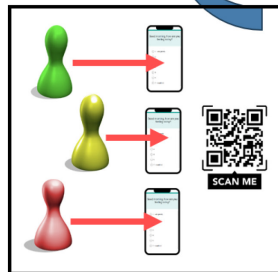
B) Simulation (90 min: 13.30 -15.00)

- 1 Individual preparation: assignment posted on the digital display next to the entrance. (20 min)
- 2 Team meeting, talks (?) and writing a recommendation (50 min)
- 3 360° Feedback on clinical content (20 min)

Pause (15 min)

C) Debriefing (95 min: 15.15 -16.50)

- 1 Individual reflection: answering 6 online questions (20 min)
- 2 AI-analysis and interpretation (15 min)
- 3 Collaborative reflection: reflective dialogue (60 min)



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

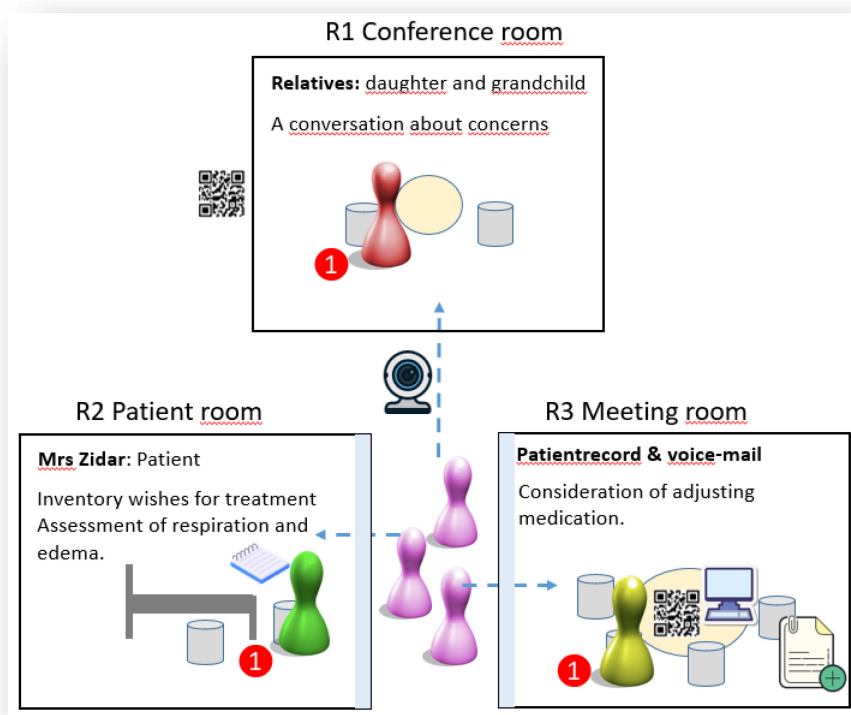
A) Introduction (30 minutes)

- 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 3 people), and 3 observers
 - Mrs Zidar: currently admitted to the cardiology ward and diagnosed with aortic stenosis. She is a possible candidate for a heart valve operation.

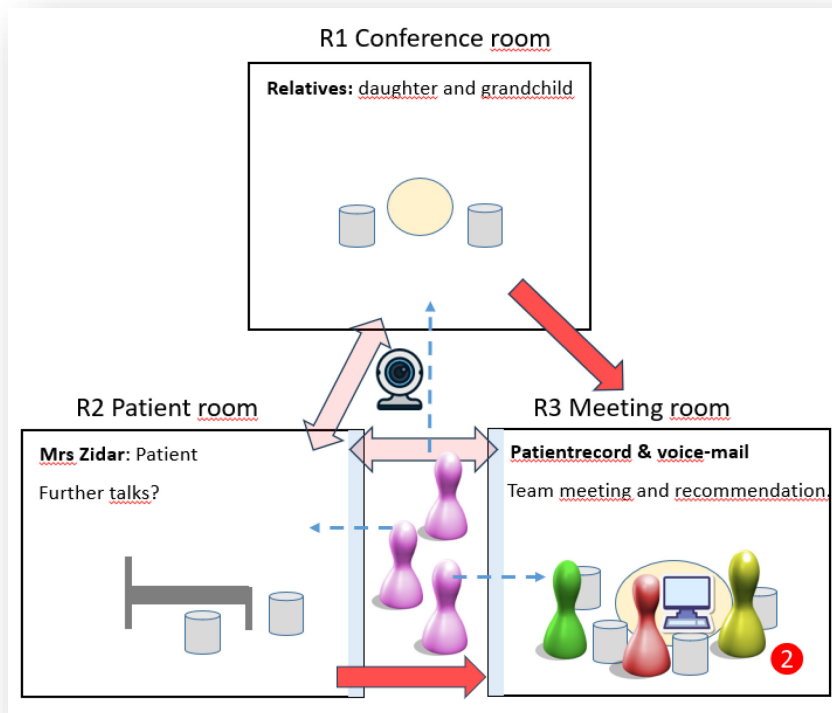
Course Scenario

B) Simulation (90 minutes)

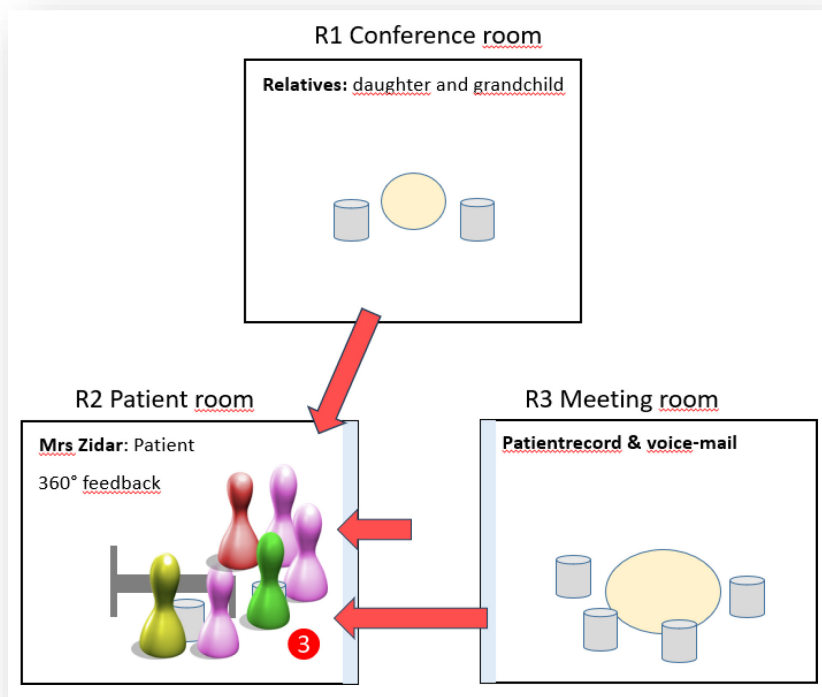
- 1 Individual preparation: assignment posted on the digital display next to the entrance. (20 min)



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



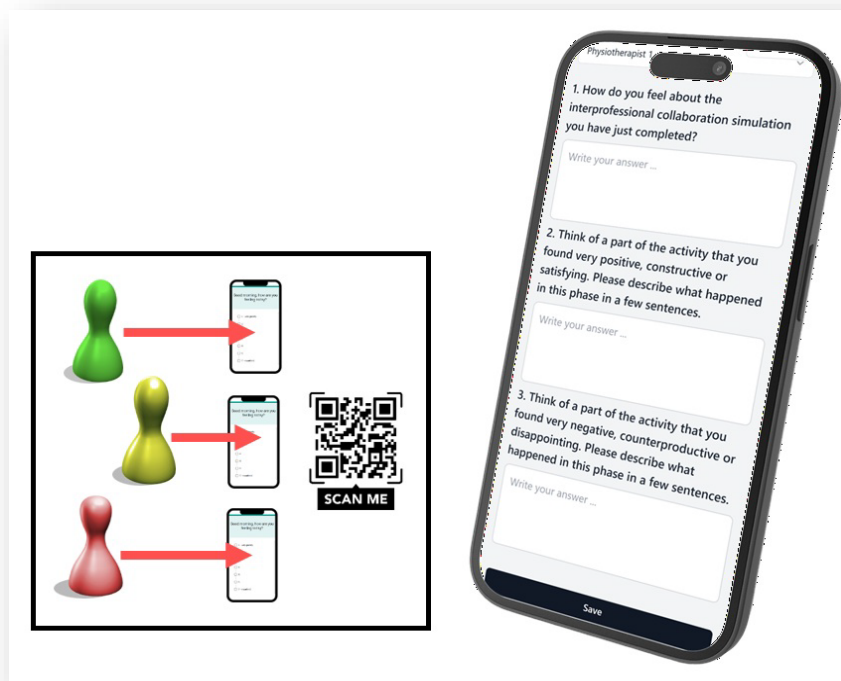
3 360° Feedback on clinical content (20 min)



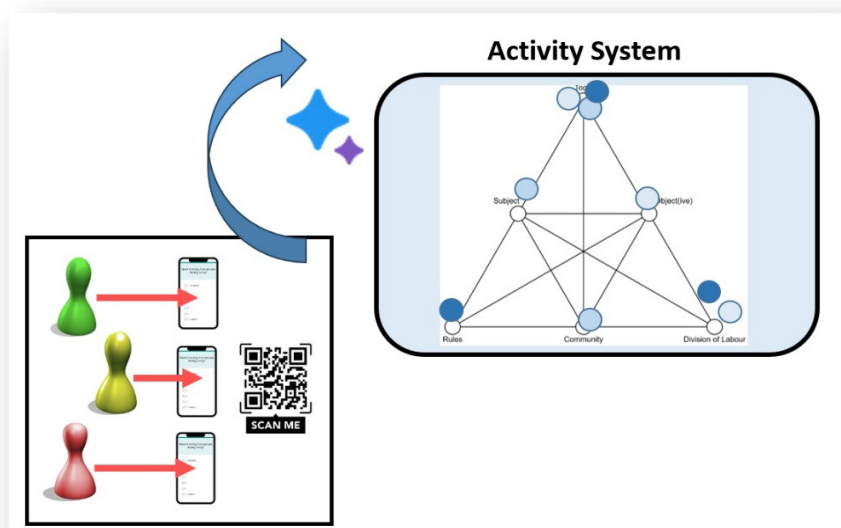
Pause (15 Minuten)

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)

