

# SAFETY

simulation for medical practice

SIMULATION APPROACH FOR  
EDUCATION AND TRAINING  
IN EMERGENCY

## Multimorbidity and Palliative Care

University of Foggia (UniFg)



BODY INTERACT™  
VIRTUAL PATIENTS



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## DOCUMENT VERSION 01

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# Summary

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## Scenario Description

<b>Learning Target</b>	<b>Description</b>	<b>Participants</b>
<p><b>Medical:</b></p> <ul style="list-style-type: none"><li>• History taking</li><li>• Recognition of futility of invasive treatments</li><li>• Setting up a palliative care plan</li></ul> <p><b>CRM:</b></p> <ul style="list-style-type: none"><li>• Communication skills</li><li>• Attention allocation</li><li>• Info utilization</li><li>• Team leadership</li><li>• SBAR (Situation-Background-Assessment- recommendation)</li></ul>	<p><b>Where:</b> Emergency department</p> <p><b>Frame conditions:</b> Just a routine day in ED</p>	<ul style="list-style-type: none"><li>• Doctor</li><li>• Nurse</li><li>• Patient</li><li>• Relative</li><li>• Consultant (if required)</li></ul>
<p><b>Notes:</b></p>		

## Scenario Briefing

<b>Briefing (everyone)</b>	<b>Additional Briefing (individual Positions)</b>	<b>Case Briefing (Roleplayers)</b>
<p>93 year male patient presenting at the ED with LOC and respiratory failure.</p> <p>Past medical history:</p> <ul style="list-style-type: none"><li>- Hypertension</li><li>- Diabetes</li><li>- Chronic kidney failure III</li><li>- Ischemic heart disease</li><li>- Chronic heart failure NYHA IV</li><li>- Multimetastatic pancreas cancer (liver, brain, lung, bones)</li></ul>	<p>See case briefing and detailed patient history below</p>	<p>Doctor – just a routine shift in the ED</p> <p>Nurse – you are an ED nurse with 15 years experience</p> <p>Patient – see past medical history, you have GCS 8 and mild dyspnoea</p> <p>Relative – you called the EMS after your father had a LOC this morning. You know every detail of his past medical history as you cared him for years</p> <p>Consultants (if required) – if phoned ensure the requesting doctor is using SBAR, if not ask them to structure their presentation of the patient.</p> <p>If requested for invasive intervention make the requesting doctor think over their clinical and ethical appropriateness (see also How to react if the medical problem is not identified)</p>

Notes:

# Script SIM Nurse/Co-Instructor

List of Material
<ul style="list-style-type: none"><li>• Vital signs monitor</li><li>• (ECG, SpO2, NIBP, RR)</li><li>• equipment for IV access</li><li>• emergency drugs cart</li><li>• advanced airway cart</li><li>• oxygen plant</li><li>• phone</li></ul>

Set-Up Room
<ul style="list-style-type: none"><li>• Patient in bed at the ED</li></ul>

Set-Up Simulator
<ul style="list-style-type: none"><li>• Old and frail patient makeup</li><li>• Simulator can be used as well, wig or mask very helpful</li></ul>

Notes:

## Scenario Saver

<b>How to react if the medical problem is not identified</b>	<b>How to react if the medical problem is identified too quickly</b>	<b>Other comments, material needed for savers (e.g. white coat)</b>
<p><u>Medical history not taken:</u> Nurse enters the room saying the patient relative is waiting outside since long time</p> <p><u>Futility of invasive treatments not recognized:</u> Consultants make the doctor think over their clinical and ethical appropriateness</p> <p><u>Palliative care plan not formulated:</u> the relative ask if there is some way to alleviate all those distressing symptoms</p>	<p>Dyspnea becomes severe, the patient regains some consciousness and complains about severe generalized pain</p> <p>Palliative concept needs to be implemented</p>	<p>White coat available for the doctor and any requested consultant</p> <p>Scrub available for the nurse</p>

Notes:



# Scenario End Criteria

Scenario ends when...
Doctor set up a palliative care plan and has an appropriate talk with the patient relative







**Notes:** Don't let the patient die!  
General note – end the scenario saying:  
“The patient is now going to be taken care of, thank you for solving the case”

## Simulator Set-Up, Steering

	Phase 1 Start (ans table throughout)	Phase 2 Possible aggravation
Vitals	-HR: 110 bpm, SR, LBB (left branch block) -BP: 80/50 mmHg; -SpO2: 86 %, -Resp. Rate: 2, -Temp: 37,2°C;	-HR: 130 bpm, SR, LBB (left branch block) -BP: 110/70 mmHg; -SpO2: 89 %, -Resp. Rate: 30 -Temp: 37,2°C;
Text for patient	Mumbling, moaning, not very cooperative	More awake, complain about pain, panicked breathing
Other info		
Management during scenario	<p><u>Doctor:</u> Ask for vital signs Ask to speak with the patient relative for past medical history</p> <p><u>Nurse:</u> Provides non invasive monitoring Helps with patient management</p> <p><u>Relative:</u> Provides detailed past medical history (see patient text, enhance with stories about how difficult life is)</p> <p><u>Consultants:</u> Emphasize the questionable appropriateness of invasive treatments</p>	<p><u>Patient history</u> You are a 93 year man presenting at the ED after LOC and respiratory failure.</p> <p>Your past medical history is:</p> <ul style="list-style-type: none"> <li>- Hypertension</li> <li>- Diabetes</li> <li>- Chronic kidney failure III</li> <li>- Ischemic heart disease</li> <li>- Chronic heart failure NYHA IV</li> <li>- Multimetastatic pancreas cancer (liver, brain, lung, bones)</li> </ul>
Notes:		

## Abstract

Learning Target:	Recognition of futility of invasive treatments and set up of a palliative care plan
Description:	Multimorbid patient needing palliative care
Participants:	1 Doctor, 1 Nurse, 1 Patient, 1 Relative, Consultant (if requested)
Case Briefing:	Multimorbid patient with advanced metastatic cancer presents with LOC and dyspnoea – need for palliative care
List of Material:	Vital signs monitor, IV access, drugs and airway cart, phone
Set-Up Room	Emergency department room
Set-Up Simulator:	
Scenario Saver:	3 types (see above)
Scenario End Criteria:	When Doctor set up a palliative care plan and has an appropriate talk with the patient relative
Management during Scenario:	Vital and past medical history → eventual call to consultants → palliative care plan set up and talk with the patient relative
Other:	