Scenario Design for Simulation-based Education
Assessment Task 1: Developing a Scenario

Submitted by: Li Kuan, Tan

Title: Compassionate Conversation: Addressing Family Concerns in End-of-Life Care in a Nursing Home **Authors:** Consultative Palliative Care Team **Date:** XXX	

Identified Needs	The palliative care team at our hospice provides consultative services to patients residing in nursing homes (NH) in Singapore. Healthcare staff in NHs often struggle with decision-making for patients, especially those with advanced dementia who are minimally communicative. This lack of communication skills due to various factors poses challenges in providing quality end-of-life care, including communicating decisions regarding nutrition and hydration. Communication is not just about dissemination of information but recognizing and addressing the emotions, challenges and complexities faced by the families of patients. Good communication skills require empathetic response. It can help build trust and understanding between the healthcare team and the patient's family, leading to a person-centred and holistic care plan. Two tools that can be used to accomplish this goal include: Ask-Tell-Ask when giving information, and N-U-R-S-E acronym for recognizing and responding to emotion. (Back et al, 2005). This will be explained further in the section on prior knowledge of the learners in the section below. Another element of good care is a multidisciplinary care approach. It is integral to providing holistic care to patients and families. In this scenario, our goal is to simulate a situation where healthcare professionals effectively use affective communication and a multidisciplinary approach to address the concerns of patient's families in nursing homes. By portraying this scenario, we aim to demonstrate how good communication skills and multidisciplinary teamwork can lead to better coordination and comprehensive care for patients with advanced dementia. This simulation will highlight the importance of empathetic responses, active listening, and collaboration among healthcare professionals from different disciplines.
Context Used	This simulation activity is part of a 1-day communication course tailored for the nursing home staff as part of the educational palliative care consultative service to the nursing home. All course participants will have the immersive opportunity to be engaged in this simulation to develop the skills and confidence needed to navigate complex communication challenges in their daily practice, ultimately improving the quality of care for patients and their families.
Target Audience / Learners	Healthcare professionals working in nursing home with patients requiring palliative care. This includes physicians, nurses, allied healthcare professionals and aides.

Learning Objectives (L.O.)	By the end of the simulation participants will be able to: 1. Utilize the N.U.R.S.E framework in communicating effectively with patients with advanced dementia and their families. 2. Identify and address emotions of patients and families with respect and understanding by using Ask-Tell-Ask 3. Explain to families the rationale behind reducing enteral feeding volume for patients with advanced dementia to prevent aspiration pneumonia. 4. Collaborate with interdisciplinary team members to provide comprehensive care for patients with advanced dementia.
Background / Prior knowledge	Learners should be familiar with: 1. The N.U.R.S.E framework for communication, which involves N - Naming the emotion, U - Understanding through reflection and paraphrasing, R - Respecting the patient, S - Providing Support, and E - Exploring further. 2. Ask-Tell-Ask tool, a communication technique that promotes effective two-way interaction between healthcare providers and patients. It involves a) Ask: Assess the families baseline knowledge and understanding of the situation: b) Tell: provide necessary information concisely and c) Ask (again): Check in with the family after explaining to assess their understanding, 3. Knowledge of evidence-based practice in reducing enteral feeding volume for patients with advanced dementia (Yuen et al, 2022) 4. The importance of interdisciplinary care in holistic patient management.

Facilitators and Logistics	
Learners and their characteristics	2 Learners: • 1 Registered Nurse, playing the role of Nurse Manager (NM) Lee • 1 Medical Social Worker (MSW), playing the role of MSW Samuel
Facilitators, their characteristics, and requirements	• 1 Nurse Educator, experienced in palliative care and part of the education team • 1 Principal Medical Social Worker, experienced in palliative care and in conducting family conferences. • 1 Simulated Participant (SP), playing Michelle. This SP is trained and experienced in playing the role of patient's family.
Environment / Logistics	• A room with a round table and chairs for learners, SP and facilitators • Screen projector to flash out the pre-recorded video • Laptop with the video file • Mdm Ang's medical files and charts

Pre-brief for Learners
During this simulation, you will be engaging in an unscheduled meeting with Michelle the granddaughter of patient Mdm Ang BC, a 92-year-old resident at a nursing home with advanced dementia. Mdm Ang has a complex medical history, is bedbound and minimally communicative. She is tube-fed and dependent on care. Recently, she has not been retaining her feeds well. This resulted in the nursing home staff reducing her feeds volume so as to minimise the risk of aspiration pneumonia. Michelle, Mdm Ang's granddaughter and

main spokesperson, observed her grandmother's declining weight and is alarmed.

To enhance your understanding of the scenario, you will watch a 3-minute pre-recorded video depicting a challenging communication exchange between Michelle and a nurse. It's important to note that the characters in this video are played by confederates who are recruited from the faculty and will not be present during the debriefing session. The purpose of the video is to provide you with a realistic portrayal of the communication challenges you may encounter during the simulation, helping you prepare for your interaction with Michelle in the scenario.

Pre-brief for Simulated Participant (SP)

In this session, you will be participating in a simulation, playing the role of Michelle, the granddaughter of patient Mdm Ang BC
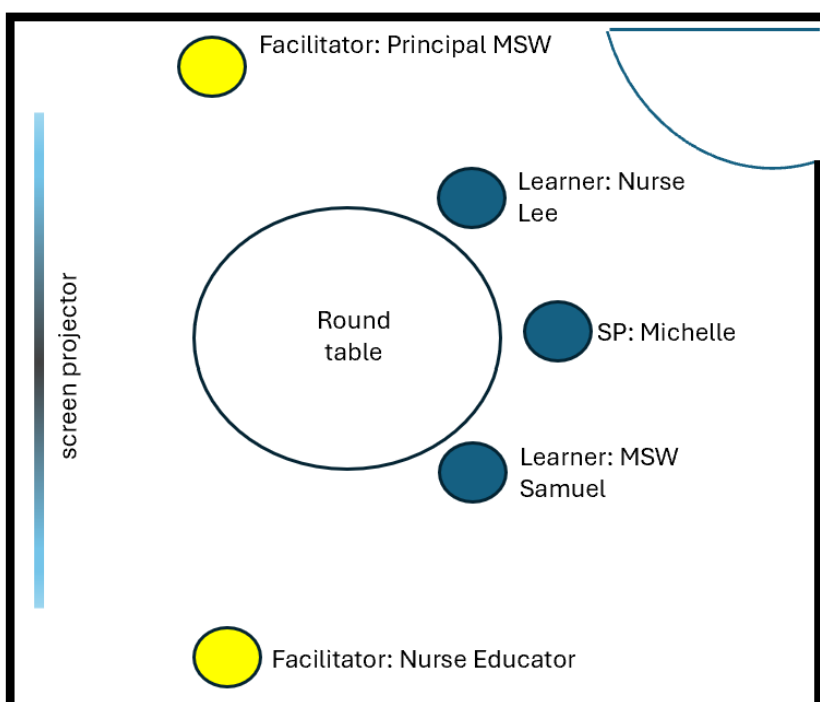You are concern about your grandmother who is losing weight and appears cachectic. Mdm Ang has seven children and you are the main spokesperson appointed by her family. You are feeling the pressure from your uncles and aunties who are wants an answer from the nursing home staff on Mdm Ang's condition. You are expressing your exasperation for answers from the nursing home staff to update family members. As the closest granddaughter to Mdm Ang, you are also experiencing grief and loss in seeing her deteriorating condition.

In the video, Michelle's character is portrayed by a confederate recruited from the teaching faculty to provide you with context and insight into the challenging communication dynamics you may encounter. During the simulation, you are encouraged to immerse yourself fully in the role, expressing the emotions and concerns realistically to enhance the learning experience for the participants. Your portrayal of Michelle is pivotal in creating a realistic scenario that will help participants develop their communication and empathy skills in handling difficult situations with family members of patients.

Pre-brief for Facilitators

During this simulation, your role will be to observe the interaction between the learners and the simulated patient playing the role of Michelle. Your primary goal is to provide constructive feedback and facilitate a debrief session after the simulation.

Room Layout of the Scenario

Pre-simulation

Duration	Activity
3 mins	Pre-recorded video is shown in the room (image above). This is not part of the live simulation activity. Thereafter, the two learners and SP will leave the room to prepare for the commencement of the simulation activity.

Implementation of Simulation

Duration	Event	Potential conversation script	Options for answers and discussion points
2 mins	Opening – An unscheduled meeting NM Lee brought Michelle to a meeting room in the NH premise after Michelle appeared distraught in the ward and asked to speak to the nurse in charge of Mdm Ang. NM Lee is not the primary nurse in charge but given the situation Michelle is in, she will need to address Michelle's concerns.	Michelle: (feeling very alarmed and anxious) Nurse Lee. It is so difficult to find you. Michelle: I have grave concerns about her. She appeared to be losing weight?	Align with L.O.1 responding using N.U.R.S.E. framework Usage of non-verbal cues and communications
5 mins	Michelle's sharing her concern further In the room, Michelle sits in the middle chair and begins to express her emotions. She shares that she has been appointed as the spokesperson for Mdm Ang's seven children. Michelle explains that each of Mdm Ang's children visits her at different intervals during the week and has noticed concerning changes in her condition. They have observed that Mdm Ang has become increasingly drowsy, unresponsive to their calls, and has experienced significant weight loss. Michelle's role as the main point of contact for her family has become challenging, especially as she manages a busy work schedule. She feels the weight of her responsibility to keep her family informed about Mdm	Michelle: You know my extended family is huge and I am being asked constantly on the reason for her getting thinner and thinner. Are you feeding her with the nutritional supplements we bought her? Use non-verbal cues for example nod, maintain eye contact, and use verbal prompts such as "I can only imagine what you are going through" or "That must be really difficult for you" to show empathy.	Align with L.O.2 Ask: Check-in on Michelle's emotion. Tell: Affirm Michelle's grief Ask: What are the triggers of Michelle's anxiety Include cues to demonstrate active listening skills and empathy towards Michelle's concerns.

	Ang's condition, but she is also deeply affected by her grandmother's decline. Michelle's emotional burden and the complexities of her family dynamics add layers of difficulty to the communication exchange, providing a rich learning experience for the participants in the simulation.		
10 mins	<u>Introduction of MSW</u> After Michelle has shared her concerns about Mdm Ang's condition, NM Lee steps out of the room briefly to get MSW Samuel. His role in the multidisciplinary team is crucial for providing psychosocial support and coordinating care for patients and their families in the nursing home. NM Lee also brings in Mdm Ang's medical charts and records to verify the feeding regime. The physician's prescription for Mdm Ang is 60mls of feeds 5 times a day. Michelle is exasperated and wants to revert back to the initial volume of 200mls of 5 times a day. Together, Lee and Samuel engage in a collaborative discussion with Michelle, acknowledging her concerns and addressing them from both a medical and psychosocial perspective.	Michelle: You know the last time I have the same concern and you told me that you are feeding her but how much are you feeding her?	Align with L.O. 3 and L.O. 4 How MSW address the physiological domain of care? Psychosocial aspect of care? How do learner explain that a larger volume of feeds may increase the risk for Mdm Ang to get aspiration pneumonia.
2 mins	<u>Finishing Cue: Proposal for a family conference</u> After discussing Mdm Ang's condition and addressing Michelle's immediate concerns, Samuel proposes a family conference to further discuss the current plan of care with Michelle and her extended family. This conference would provide an opportunity for the healthcare team to explain Mdm Ang's	Samuel: Shall we arrange a meeting with your family members soon Michelle? Please propose a date and time for it.	Align with L.O.3 and L.O.4 Find a resolution that addresses both Michelle's concerns and the medical needs of Mdm Ang.

		condition in detail, discuss the rationale behind the feeding regime, and address any questions or concerns that the family may have.		

Timeout option and signal
At any point of time, the learners and SP can call for a pause especially if the conversation gets too intense for either parties.

Debriefing and Reflection (20 mins)

The debriefing session will be led by the two facilitators utilizing the PEARLS Healthcare Debriefing Tool developed by Bajaj et al. (2018).

While the SP will actively participate in the discussion, she will not be the focus of evaluation like the learners. The session will involve guided reflections on communication strategies, empathy, and decision-making exhibited during the simulation.

Stage	Objectives	Task and sample phrases
Setting the Scene	Create a safe context for learning	1. Establish Ground Rules to ensure respect, confidentiality, and a safe space • "Let us spend 20 minutes debriefing. Everyone here has valuable insights with no wrong emotions or reactions." 2. Use Non-Threatening Language - avoid blaming or shaming individuals for their actions. 3. Promote Active Listening 4. Provide Feedback Constructively • "Our goal is to improve how we work together and care for our patients and their families better." 5. Respect Confidentiality
Reactions	Explore feelings	1. Ask Open-Ended Questions on how everyone is feeling • "Any initial reactions?" 2. Normalize Emotions • "It's normal to feel anxious or frustrated in these situations. How did you feel when Michelle expressed her concerns about Mdm Ang's weight loss?" 3. Validate Emotions • "It sounds like you felt overwhelmed when faced with Michelle's concerns. What do you think triggered your feelings of frustration during the simulation? 4. Encourage Reflection • "What strategies could you use to stay calm and focused when faced with a similar scenario?"
Discussion / Description	Clarify facts	1. Review the Scenario. This should include the patient's background, presenting issues, and the actions taken by participants.

		"Let's start by reviewing the key details of the simulation scenario." "Can someone summarize the patient's background and presenting issues?" 2. Ask Specific Questions "Can you describe the sequence of events leading up to the decision to change Mdm Ang's feeding regimen?" "Can you describe the thought process behind NM Lee bringing in the MSW Samuel into the conversation?" 3. Encourage Input from participants to uncover any discrepancies or gaps in understanding. "Let's hear from others who were involved in this part of the simulation. How about SP, Michelle" "What led to the decision to reduce the feeds from 200mls to 60mls?" "Are there any details that someone else might have noticed?" 4. Summarize Key Facts "Does anyone have a different recollection of what happened?" 5. Seek Agreement "Does anyone else have a different perspective or recollection on this?"
Analysis	Explore Performance Domains	1. Reflecting on Outcomes: " Let's reflect on the outcomes of the simulation. Were they as expected?" 2. Identifying Strengths and Weaknesses: "What were some strengths demonstrated during the simulation?" "Were there any areas where improvement is needed?" 3. Promoting Self-Reflection: "How do you think you performed during the simulation?" "What would you do differently if faced with a similar situation in the future?" 4. Fostering Learning: "How can we apply the lessons learned from this simulation to our clinical practice?" "What are some actionable takeaways that we can implement moving forward
Application/ Summary	Identify take-aways	1. Summarizing Learning Points: "What are some take-aways from this simulation?" "Let's summarize the key takeaways from this

| | | simulation." |
| | | • "Can someone recap the main learning points we've discussed?"

 2. Relating to Practice:
 • "How can we apply these learning points to our clinical practice?"
 • "What specific changes can we make based on what we've learned today?"

 3. Reinforcing Positive Behaviors:
 • "Let's acknowledge and reinforce the positive behaviors we observed during the simulation."

 4. Addressing Areas for Improvement:
 • "How can we address the areas for improvement that were identified during the simulation?"

 5. Encouraging Feedback:
 • "What did you find most valuable about this debriefing process?" |

Evaluation of Scenario

At the conclusion of the debriefing, learners and facilitators will be asked to complete a feedback form. This form will include a Likert scale of 5, where respondents can indicate their level of agreement or satisfaction with various aspects of the simulation and describe the challenges faced and suggestions for improvements.

(Sample of the form is in Appendix 1)

- End –

References:
- Back, A. L., Arnold, R. M., Baile, W. F., Tulsky, J. A., & Fryer-Edwards, K. (2005). Approaching difficult communication tasks in oncology. CA: A Cancer Journal for Clinicians, 55(3), 164-177.
- Bajaj K, Meguerdichian M, Thoma B, Huang S, Eppich W, Cheng A. The PEARLS Healthcare Debriefing Tool. Acad Med. 2018, 93(2), 336.
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Appendix 1

FORM 1					
Simulation Feedback Survey (for Learners)					
Thank you for participating in the simulation scenario on affective communication with the family of an advanced dementia patient. Your feedback is valuable to us as we strive to improve our educational programs. Please take a few minutes to complete this survey.					
Rating Score	5	4	3	2	1
1. Overall Experience: How would you rate your overall experience with the simulation?	Excellent	Good	Neutral	Poor	Very Poor
2. Realism: To what extent did you find the simulation realistic?	Extremely realistic	Very realistic	Moderately realistic	Slightly realistic	Not at all realistic
3. Learning Objectives: Did you feel that the simulation helped you achieve the learning objectives?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. N.U.R.S.E. Framework: How comfortable were you in using the N.U.R.S.E. framework during the simulation?	Very Comfortable	Comfortable	Neutral	Uncomfortable	Uncomfortable
5. Interdisciplinary Collaboration: Did you feel that the interdisciplinary collaboration aspect of the simulation was demonstrated?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. Communication Skills: How would you rate your communication skills during the	Excellent	Good	Neutral	Poor	Very Poor

simulation?					
7. Decision-making: How confident were you in explaining the rationale behind reducing enteral feeding volume for the patient?	Very Confident	Confident	Neutral	Unconfident	Very Unconfident
8. Debriefing: Did you find the debriefing session helpful in reflecting on your performance?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9. Suggestions for Improvement: Do you have any suggestions for improving the simulation scenario or the overall learning experience?					
10. Additional Comments:					

FORM 2
Simulation Feedback Survey (for Faculty)
Thank you for facilitating the simulation scenario on affective communication with the family of an advanced dementia patient. Your feedback is valuable to us as we strive to improve our educational programs. Please take a few minutes to complete this survey.

Rating Score	5	4	3	2	1
1. Overall Experience: How would you rate your overall experience facilitating the simulation?	Excellent	Good	Neutral	Poor	Very Poor
2. Preparation and Logistics: How well-prepared did you feel to facilitate the simulation?	Extremely prepared	Prepared	Neutral	Unprepared	Very Unprepared
3. Simulation Realism: To what extent did	Extremely realistic	Very realistic	Moderately realistic	Slightly realistic	Not at all realistic

you feel the simulation was realistic for the participants?					
4. Learning Objectives: Do you feel that the simulation effectively addressed the learning objectives?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. Debriefing: Did you find the debriefing session effective in guiding participants' reflection?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

6. **Challenges Faced:**
   What challenges, if any, did you encounter while facilitating the simulation?
7.

7. Suggestions for Improvement:
Do you have any suggestions for improving the simulation scenario or the overall facilitation process?

10. Additional Comments:
Please share any additional comments or feedback you have about facilitating the simulation.