

NURS-kit: 1

FACILITATOR GUIDE

Community Simulation Resource
for Novice Student Nurses

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GLOSSARY OF COMMUNITY TERMINOLOGY

TERM	DESCRIPTION
Community	A general area or locality where a person lives
Home Environment	The person's home, where they reside
Community Nurse	A nurse who works almost exclusively outside of hospital with persons in the community
District Nurse	A nurse who works exclusively outside of hospital with persons in the community and undertakes visits to persons' homes.
General Practitioner	Also referred to as 'GP'. This is the community based doctor who provides general medical treatment for people who live in a particular area or locality.
Surgery	Term describing the physical building where the community team including the GP are located.

SECTION 1

INTRODUCTION

1.1 WELCOME TO THE FACILITATOR GUIDE

This guide contains all the information you will need to be able to use the community simulation resource NURS-Kit 1 for novice student nurses.

In order to optimise learning for the students we suggest you:

- Review the information about this resource carefully so that you can identify how it can complement your current programme.
- Identify suitable staff to facilitate the use of the resource, for example, those with community care practice experience or community care teaching experience.

1.2 DESCRIPTION OF NURS-Kit 1

This resource NURS-Kit 1 centres on a film of which there are two versions, A and B. Both show a community nurse and student nurse at work in the community. Additional versions are available with English language subtitles.

Version **A** has in screen pauses to allow exploration of the issues as the scenario unfolds.

Version **B** does not have any pauses so allows uninterrupted view of the unfolding scenario.

This short film shows a student nurse (Sylwia) accompanying a community nurse (Shirley) on visits to patients' homes. As a novice student nurse, Sylwia has no previous experience of community care. They both approach a variety of different style homes but only proceed to engage in one patient consultation. The patient featured lives alone and is currently experiencing mobility problems due to a laceration on her lower leg.

An overview of the story line and discussion points is contained in section 2. A full facilitator brief to support the discussion points and debrief is found in sections 3 and 4.

The film is complemented by suggested pre learning and post learning activities. This could take different forms and should blend with your existing learning units or modules. Pre and post learning suggestions are found in section 5.

The film with discussion and debrief will meet the following learning outcomes.

1.3 AIM AND LEARNING OUTCOMES

Aim: to prepare the students to provide care in a home environment.

Learning outcomes: Student will be able to:

1. Assess the possible environmental risk factors when providing care in the home environment.
2. Identify the health behaviour risk factors in this situation.
3. Explore appropriate professional behaviour and interaction in home environment.
4. Reflect on own personal values, beliefs and culture in relation to observed scenario.

1.4 SUGGESTED USE OF THE FILM RESOURCE

There are a number of ways this film resource can be used depending on teaching and learning circumstances. We have identified four options to choose from:

1. Watch the film with students either in small or larger groups with a facilitator for discussion and reflective debrief.
2. As self-study, students watch the film without a facilitator either in small groups or individually then join the facilitator for reflective debrief.
3. As self-study, students watch the film without a facilitator either in small groups or individually then contribute to discussion board where reflective debrief is monitored by a facilitator.
4. Adapt the scenario to allow role-play in a simulation suite, using the simulation templates in section 6. Reflective debrief will take place after the simulation.

The preferred option for use of this resource is OPTION I. using version A of the film.

1.5 SUGGESTED TIMING

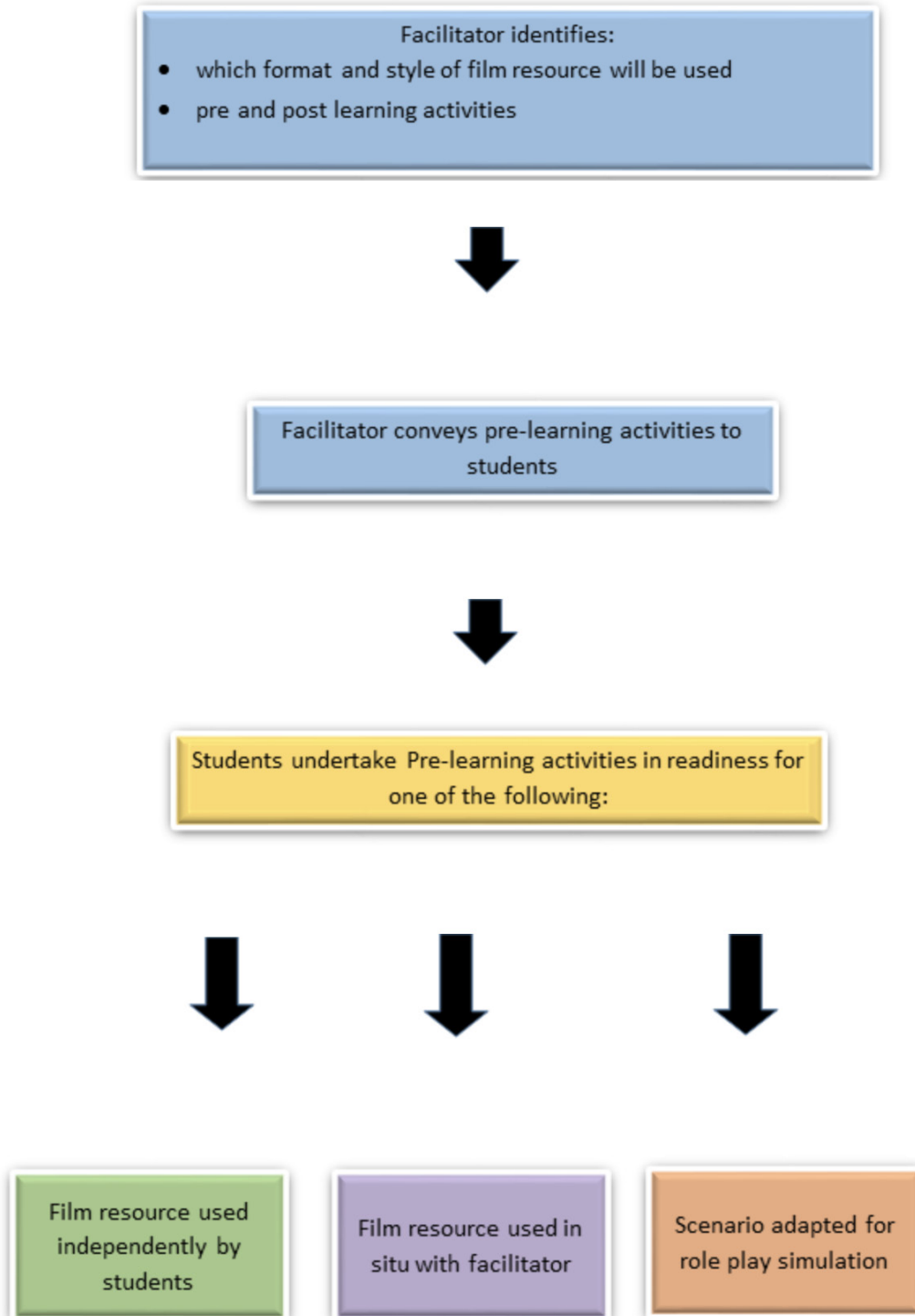
This may vary depending upon: which option is selected from the above, the group size and the selection of pre and post learning materials. A recommendation is that 3 - 4 hours are allocated to the total use of NURS-Kit 1 which includes some pre-learning and post-learning activity. These activities may not all take place on the same day as this will depend upon your Programme timetable.

Activity	Time Allocated
Pre-learning	60-90 minutes
Film review discussion and debrief	60-90 minutes
Post-learning	60-90 minutes

1.6 FACILITATOR AND STUDENT JOURNEY

An overview of the facilitator and student journey through the resource is provided in the following schematic;

Schematic for journey through the NURS-Kit 1





Debriefing occurs on line or in situ



Facilitator directs students to Post-learning activities



Students undertake post-learning activities



Student evaluation feedback

SECTION 2 OVERVIEW OF STORYLINE & DISCUSSION POINTS

2.1 OVERVIEW

The following table provides an overview of the film scenes, discussion captions, suggested issues for exploration and how the different parts of the resource correlate to the learning outcomes. Version A of the film has discussion captions, but version B does not. The film resource is best used as version A. Reflective exploration occurs during the film at the discussion points, however we recommend a final debrief at the end of the film. Facilitator notes to complement the film and aid reflective exploration and debrief are located in sections 3 and 4.

General description of footage	Discussion point	Discussion caption	Purpose of pause and discussion captions are to explore:	Link to learning outcomes
Introduction to the film and learning outcomes		Not applicable	Not applicable	Aim
Introduction to front door scenes		Not applicable	Not applicable	Not applicable
The 3 front doors: <ul style="list-style-type: none"> • Off a busy street • Rural setting with dog barking • Entry to flats 	Discussion point 1	<p>a. What impression do you get on arrival at these different front doors?</p> <p>b. What concerns do you have about health and safety at any of these locations?</p> <p>c. What considerations are needed before entering a person's home?</p>	<p>Different styles of accommodation and locations</p> <p>Safety principles at your institution</p> <p>Judgemental attitudes</p> <p>Gaining entry to person's home</p>	<p>1.</p> <p>4.</p>
Community nurses and student arrival at patient home. Talking about this visit in the car	Discussion point 2	<p>a. What is happening in the car?</p> <p>b. Why discuss the patient in the car?</p> <p>c. What information should be available to the nurse for a first visit?</p>	<p>Communication of information</p> <p>Confidentiality</p> <p>Documentation and patient records</p> <p>Expectations</p>	<p>2.</p> <p>3.</p>
From the patient's perspective inside the home anticipating the arrival of the community nurse	Discussion point 3	<p>a. What did you observe?</p> <p>b. How might this patient be feeling when waiting for the nurse to arrive?</p>	<p>What the home looked like?</p> <p>What the patient looked like?</p> <p>Behaviour of patient</p> <p>Your objective and subjective assessment based on the visual cues</p>	<p>1.</p> <p>2.</p>
Start of consultation initiated by the nurse	Discussion point 4	<p>a. What went well and what could be done differently during this initial introduction and interaction between patient and nurse?</p> <p>b. What did you find out about the patient?</p> <p>c. What is your impression of the student nurse?</p>	<p>Communication styles</p> <p>The information provided by the patient</p> <p>Student nurse behaviour</p>	<p>2.</p> <p>3.</p> <p>4.</p>
Student chatting inappropriately also using mobile phone with the patient and not picking up on patient cues	Discussion point 5	<p>a. What went well and what could be done differently during this interaction between patient and student nurse?</p>	<p>Understanding of professional values, respect, dignity, beliefs.</p> <p>Use of social media and mobile phone in a patient's home</p> <p>Patient cues about her situation</p> <p>Student nurse behaviour</p>	<p>3.</p> <p>4.</p>
Nurse perspective on sink area, washing and drying hands	Discussion point 6	<p>a. How might the home environment influence hand hygiene in infection prevention?</p> <p>b. How might you respond in this type of situation?</p>	<p>How and when to wash hands in a patient's home</p> <p>Adaptations needed to infection prevention when in a patient's home</p> <p>Differences between nursing care and social care/ domestic care- should the nurse tidy up?</p>	<p>1.</p> <p>3.</p>
Ending the visit, and exit the house where a neighbour engages in conversation with the nurse outside patient's home	Discussion point 7	<p>a. What information did the nurse provide before leaving the house?</p> <p>b. How effective was the nurse in managing the inquisitive neighbour?</p>	<p>Continuity of care</p> <p>Confidentiality</p> <p>Ending conversations</p>	<p>3.</p> <p>4.</p>
Back in the car student and nurse discuss the interaction	Discussion point 8	<p>a. What is the purpose of the discussion in the car?</p> <p>b. Where else could this discussion take place?</p>	<p>Student and nurse debriefing</p> <p>Student reflection on performance</p> <p>Managing workload</p> <p>Record keeping</p>	<p>3.</p> <p>4.</p>

Debrief

Use Debrief Diamond (Jaye et al 2015) model but its application will vary depending on which version of the film was used as discussion is either at the end of the film or at intervals during the film. See page 12 for debrief to accompany version A. See page 13 for debrief to accompany version B.

SECTION 3

FACILITATOR BRIEF

3.1 NOTES AND PROMPTS

The following table provides further detail for the facilitator in exploring the issues raised by the discussion captions. The facilitator can use the listed prompts. You may also add your own.

Discussion point 1 - The front doors

Discussion captions	to explore
<p>a. What impression do you get on arrival at these different front doors?</p> <p>b. What concerns do you have about health and safety at any of these locations?</p> <p>c. What considerations are needed before entering a person's home?</p>	<p>Different styles of accomodation and locations</p> <p>Safety principles and policy within your institution</p> <p>Judgemental attitudes</p> <p>Gaining entry to person's home</p>
<p>Further prompts for facilitator:</p> <ul style="list-style-type: none"> • Do any students have experience of home visits with a community nurse? • What are the positive and negatives of having a key safe device? • What are your options when a dog is present at a patient's home? • What can you do if there is no answer at a patient's home? 	

Discussion point 2 – Arrival in the car

Discussion captions	to explore
<p>a. What is happening in the car?</p> <p>b. Why discuss the patient in the car?</p> <p>c. What information should be available to the nurse for a first visit?</p>	<p>Communication of information</p> <p>Confidentiality</p> <p>Documentation and patient records</p> <p>Expectations</p>
<p>Further prompts for facilitator:</p> <ul style="list-style-type: none"> • What transport can community nurses use in your locality? • What transport would students be expected to use? • This community nurse is carrying a work bag – what may be in this bag? • What sort of questions would you as students be asking the nurse at this point if any? • What ideas are you formulating about the forthcoming visit into the patient's home? 	

3.2 DEBRIEF

Depending upon the version of the film used A or B, the approach to debrief will be different. The Debrief Diamond (Jaye et al 2015) model is used here to allow for reflective discussion and summing up.

See section 4 for diagrammatic representation of Debrief Diamond.

Jaye P., Thomas L. and Reedy G. (2015) The Diamond; a structure for simulation debrief. The clinical teacher. 12: 171–175. <https://doi.org/10.1111/tct.12300> *

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DEBRIEF for VERSION A
Much of the description and analysis has already taken place as this version of the film uses in screen pauses.
Description phase <ul style="list-style-type: none">• Ask students to recap on the activity they have just undertaken – that is they viewed a film scenario of community nursing and discussed what they have seen.• Ask students to summarise what happened in the film.
Analysis phase <p>Acknowledge that the discussion during in screen pauses has already allowed analysis. Allow for any further exploration of feelings by asking open questions:</p> <ul style="list-style-type: none">• How do you feel now after watching the film and discussing what you have seen?• The patient describes themselves as in good health, what are your thoughts on this given that the patient looks obese?• How does your past experience or perception of community care compare to what you have seen? <p>Close the analysis with a short summary or refer back to learning outcomes.</p>
Close <p>Direct students to the post learning materials.</p>

DEBRIEF for VERSION B

As this version of the film is played without pauses there is now a requirement for comprehensive debrief at end of film.

Description phase

- Ask students to recap on the activity they have just undertaken – that is they viewed a film scenario of community nursing.
- Ask students to summarise what happened in the film.

Analysis phase

Use the discussion captions and facilitator prompts as detailed in the facilitator notes to allow analysis of what they have seen. In addition to:

- How do you feel now after watching the film and discussing what you have seen?
- The patient describes themselves as in good health, what are your thoughts on this given that the patient looks obese?
- How does your past experience or perception of community care compare to what you have seen?

Close the analysis with a short summary or refer back to learning outcomes.

Application phase

In this phase the students should be encouraged to consider how they may apply the knowledge gained to their own clinical practice.

Ask for specific summary points on:

- Appropriate uniform and behaviour in a home environment
- Gathering subjective and objective data in the home environment
- Hand washing in the home environment
- Maintaining confidentiality

Close

Direct students to the post-learning materials.

Discussion point 3 – Patient waiting at home

Discussion captions	to explore
<p>a. What did you observe?</p> <p>b. How might this patient be feeling when waiting for the nurse to arrive?</p>	<p>What the home looked like</p> <p>What the patient looked like</p> <p>Your objective and subjective assessment based on the visual cues</p>
<p>Further prompts for facilitator:</p> <ul style="list-style-type: none"> • What impression does this offer about the patient's health behavior? • Can you see any obvious hazards to your safety? 	

Discussion point 4 – Start of consultation in the home

Discussion captions	to explore
<p>a. What went well and what could be done differently during this initial introduction and interaction between patient and nurse?</p> <p>b. What did you find out about the patient?</p> <p>c. What is your impression of the student nurse?</p>	<p>Communication styles</p> <p>The information provided by patient</p> <p>Student nurse behaviour</p>
<p>Further prompts for facilitator:</p> <ul style="list-style-type: none"> • The fact that the student is already in the home – could this make it difficult for the patient to decline the student's presence – can you suggest an alternative way to gain permission for student's presence? • What does the student's nonverbal cues convey to you? • What sort of questioning technique is the nurse using? 	

Discussion point 5 – Student chatting to patient alone

Discussion captions	to explore
<p>a. What went well and what could be done differently during this interaction between patient and student nurse?</p>	<p>Understanding of professional values, respect, dignity, beliefs.</p> <p>Use of social media and mobile phone in a patient's home.</p> <p>Patient cues about her situation.</p> <p>Student nurse behaviour.</p>
<p>Further prompts for facilitator:</p> <ul style="list-style-type: none"> • What is the student nurse making assumptions about? • What do you notice about the body language of the student nurse and the patient? • How might the patient be feeling after this interaction? • What is acceptable student uniform and behavior for community visits in your locality? 	

Discussion point 6 – Handwashing

Discussion captions	to explore
<p>a. How might the home environment influence hand hygiene in infection prevention?</p> <p>b. How might you respond in this type of situation?</p>	<p>How and when to wash hands in a patient's home</p> <p>Practice adaptations needed to prevent infection when in a patient's home</p> <p>Differences between nursing care and social care- should the nurse tidy up</p>
<p>Further prompts for facilitator:</p> <ul style="list-style-type: none"> • What are your concerns when viewing the kitchen area? • Would you address your concerns with the patient? • What hand hygiene process should be used to comply with your institution policy? 	

Discussion point 7 – Dealing with neighbour

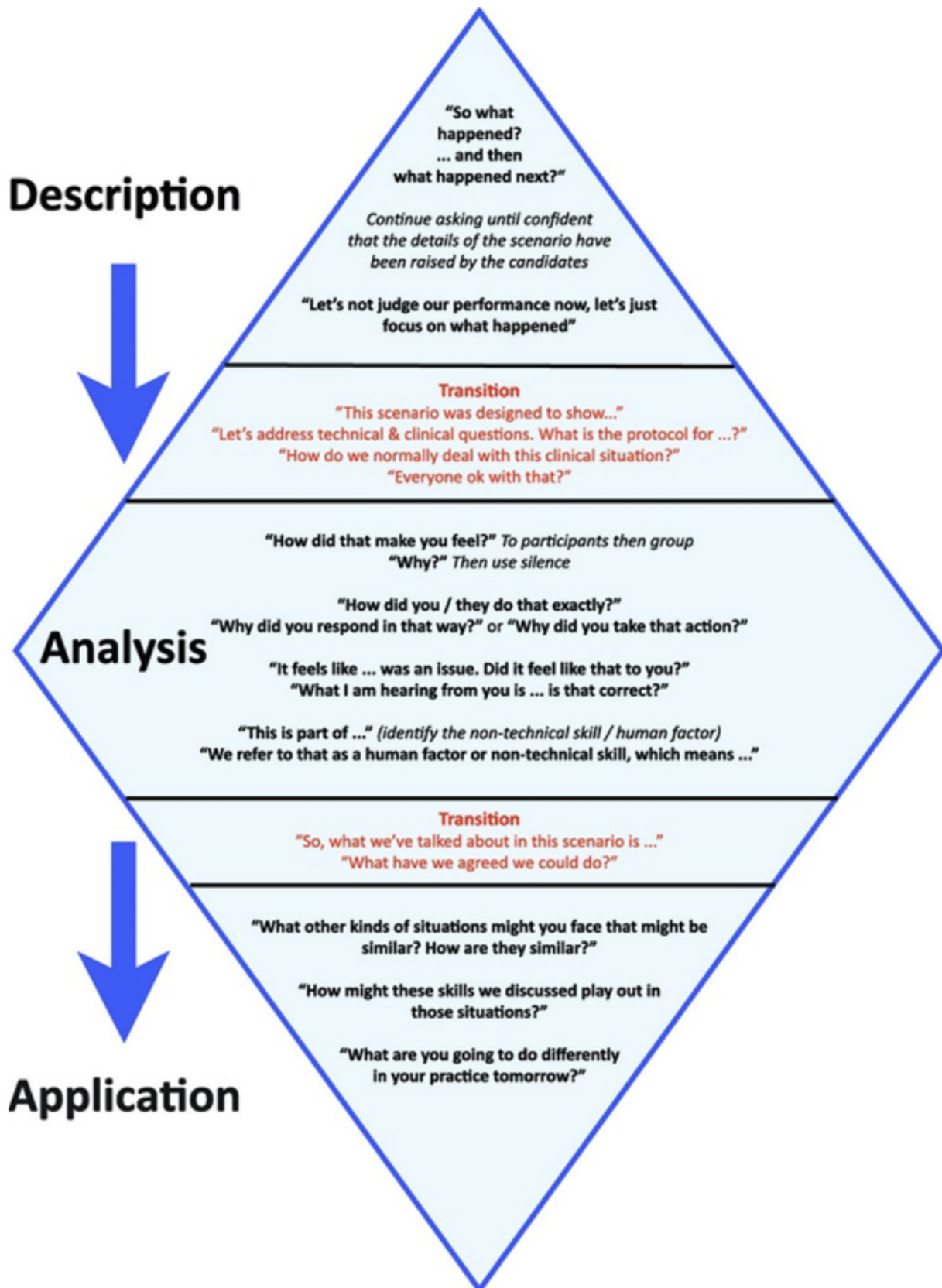
Discussion captions	to explore
<p>a. What information did the nurse provide before leaving the house?</p> <p>b. How effective was the nurse in managing the inquisitive neighbour?</p>	<p>Continuity of care</p> <p>Confidentiality</p> <p>Ending conversations</p>
<p>Further prompts for facilitator:</p> <ul style="list-style-type: none"> • What information is normally left with the patient in your locality? • Do you want to share any tips on ending difficult conversations? 	

Discussion point 8 – Interaction in the car after leaving the home

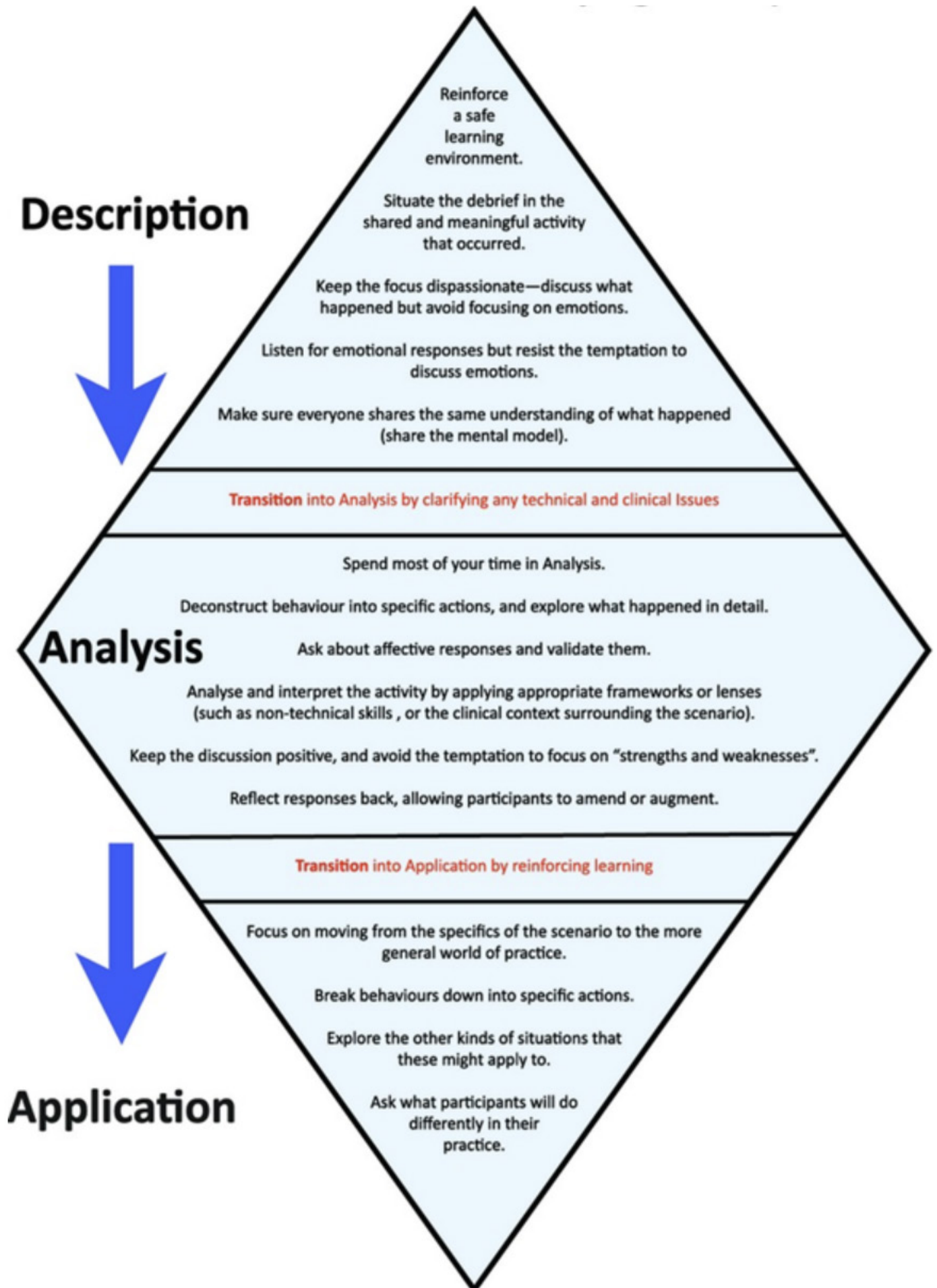
Discussion captions	to explore
<p>a. What is the purpose of the discussion in the car?</p> <p>b. Where else could this discussion take place?</p>	<p>Student and nurse debriefing</p> <p>Student reflection on performance</p> <p>Managing workload</p> <p>Record keeping</p>
<p>Further prompts for facilitator:</p> <ul style="list-style-type: none"> • What are the key points you would record in the patient's notes? • What further follow up may be appropriate? 	

SECTION 4 DIAMOND DEBRIEF

4.1 DEBRIEF DIAMOND: KEY PHRASES TO REMEMBER



4.2 UNDERLYING PRINCIPLES



SECTION 5

PRE- AND POST-LEARNING

5.1 PRE- LEARNING

We recommend students undertake some pre-learning tailored to your own programme at your institution. This could take different forms and should blend with your existing learning units or modules. We suggest the following subjects would complement this resource:

- Role of the community nurse
- Student professional behaviour and values
- The epidemiology of obesity in your country
- The epidemiology of obesity worldwide
- Defining obesity
- Causes and common health consequences of obesity
- Hand hygiene

The students could be directed to one or more of the following web sites to allow them to gain a global insight into the topics that will feature in the film.

Useful web links

WHO, health topic – obesity <http://www.who.int/topics/obesity/en/>

WHO, fact sheet obesity and over weight <http://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

Obesity and overweight statistics from the European Union http://ec.europa.eu/eurostat/statistics-explained/index.php/Overweight_and_obesity_-_BMI_statistics

Type 2 diabetes and obesity <https://www.diabetes.co.uk/diabetes-and-obesity.html>

WHO, Save lives, clean your hands campaign 2018 <http://www.who.int/infection-prevention/campaigns/clean-hands/5may2018/en/>

International Council of Nurses (ICN) code of Ethics for Nurses <http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/>

The Queen's Nursing Institute (QNI) is a registered UK charity dedicated to improving the nursing care of people in their own homes and communities. <https://www.qni.org.uk/nursing-in-the-community/work-of-community-nurses/>

5.2 POST- LEARNING

We recommend students undertake some post-learning tailored to your own programme at your institution. This could take different forms and should blend with your existing learning units or modules. We suggest the following subjects would complement this resource:

- Emotional intelligence
- Mental health assessment
- Health promotion principles
- Obesity- see also pre-learning
- Hand hygiene in the home environment
- Wound dressing – adaptations to Aseptic Non Touch Technique (ANTT) used in hospital compared to the home environment

The list of web sites for pre-learning activity would also be suitable for post-learning activity.

Some of these could be developed into simulation sessions or task trainer sessions; for example wound care.

5.2.1 WOUND CARE

In this film scenario the patient has a wound to her lower leg following laceration by broken glass from a rubbish bag. In the film the wound is not revealed as the scenario is not about the technique of wound care or ANTT. However, two follow-up activities are suggested:

1. A discussion around ANTT in the home environment with reference to the home setting seen in the film. This discussion could also make use of the photographs of laceration wounds that this patient could have acquired. Photographs are included in this NURS-Kit 1 resource package.
2. A simulation activity could be devised mimicking the home environment seen in the film. In particular the seating arrangement to facilitate a simulated ANTT for wound care activity. The photographs can be used to either guide recreation of a selected wound image using moulage makeup or one of the photographs can be printed, laminated then taped to the leg of a simulated patient.

ANTT 'Improving patient outcomes by developing and disseminating ANTT®, an international standard for aseptic technique' http://www.antt.org/ANTT_

Photographs depict;

Wound 1 – laceration no sign of infection

Wound 2 – laceration with obvious signs of infection

Wound 3 – healing laceration with signs of expanding redness possible cellulitis.

See separate images

SECTION 6

ADAPTATION FOR SIMULATION

6.1 SIMULATION TEMPLATES

Although this is not the preferred option for the use of this NURS-Kit 1 resource, the scenario could be used within a simulated community setting using a simulated patient, and role-players. Unlike the film it is suggested that the qualified nurse takes a coaching role and allows the student to initiate a conversation and preliminary assessment of the patient. The scenario would need to be slightly adapted from the film version to accommodate this style. The introduction on the film can be played to set the scene for the students.

Please note it is not about wound care at this point. Inclusion of wound care ANTT could be incorporated using information from section 5.

To support actual simulation of home environment a series of templates are included to provide information for the facilitator, simulated patient and other role players.

NURS-KIT 1 : COMMUNITY SCENARIO HOME ENVIRONMENT

SPECIFICATION

Expected Simulation Run Time: 20 minutes

Student Level: Novice student, prior to community placement practice

Location/ setting: A home environment

Dress code: Standard uniform for community placement

LEARNING OBJECTIVES

Aim: to prepare the students to provide care in a home environment.

Learning outcomes - Student will be able to:

1. Assess the possible environmental risk factors when providing care in the home environment.
2. Identify the health behaviour risk factors in this situation.
3. Explore appropriate professional behaviour and interaction in home environment.
4. Reflect on own personal values, beliefs and culture in relation to scenario.

RESOURCES

Lounge / Living room

Soft chairs, foot stool, side table, cushions, rugs, magazines, food and drink items, table fan.

Sink area

Dirty dishes and cups, empty food packages or wrappers, old food items, dirty cloths.

For community nurse

Relevant uniform, bag, patient referral letter, assessment documentation, pen, identification badge.

For student nurse

Relevant uniform, pen, identification badge. Reflect on own personal values, beliefs and culture in relation to scenario.

ROLE PLAYERS REQUIRED

Simulated patient - see biography below

Community nurse – see outline below

Student nurse - as themselves

PRACTICAL SKILLS REQUIRED FOR STUDENTS PRIOR TO SIMULATION

Engaging in patient conversation –communication skills.

Use of patient assessment documentation.

Handwashing technique.

WORK TO BE CARRIED OUT PRIOR TO SIMULATION

See suggested pre-learning activities for the student.

Disseminate role player's information as described below to those taking part.

STUDENT INFORMATION NEEDED PRIOR TO SIMULATION

The student will be informed that:

- They will be accompanying a community nurse into the patient's home after referral from the patient's doctor.
- The community nurse will brief the student about the patient before entering the patient's home.
- After the initial introductions, the nurse will inform the patient that the student is going to ask a few questions so they can make an assessment of what will be required.
- The student will use assessment documentation as a guide to taking a patient history, finding out about the current complaint and how the patient usually manages with activities of living.
- At a relevant point the student will be guided by the community nurse to wash their hands.
- The student must consider how best to manage hand hygiene given the situation presented in the simulation.
- The community nurse will close the visit.

DESCRIPTION OF SIMULATED PATIENT

Name: Mrs Julie Brown **Gender:** Female **Age:** 54

Race: UK white Caucasian **BMI** >30kg/m² **Religion/ Creed:** Christian

Allergies: None **Immunizations:** all as a child

Current Medication: over the counter paracetamol, Ibuprofen and senna

General practitioner: Doctor Smith

Presenting condition / problem/reason for community nurse visit:

The leg wound seems to be getting bigger or at least not healing and it's painful to walk so cannot mobilize too far hence the call to the surgery asking for advice and wondering if a nurse could call in.

History of presenting problem :

About 10 days ago caught right leg on broken glass sticking out of bin bag when emptying rubbish into larger receptacle in the garden ready for refuse collection. Washed it at the time with a cloth and some warm water. It is difficult to reach the area but managed to put a large plaster over the wound. Since then it has not healed, it seems deep to the patient and starting to look mucky.

Past Medical History, including Surgeries/Procedures & Dates:

No past medical history of any surgery. Two children by normal vaginal delivery. She was 26 having the first child and 28 when she had the second child.

A minor chest infection in her early forties but this went with antibiotics. No recollection of having any infectious diseases.

Social History:

Lives alone. Divorced and has been for 10 years.

Son (aged 28) lives in Scotland with his partner; does not visit often, but sends messages, uses whats app or texts.

Daughter died 2 years ago (aged 24); was in a car accident with her son then aged 2 (patient's grandson). Had been quite close to her daughter who was a single parent and so shared the home.

Patient was a primary school receptionist/ general office duties but following the death of daughter and grandson took time off for bereavement and has not been able to go back to this work. Used to have friend amongst colleagues from work but she has not really followed up on their social visits and even tries to avoid them now.

GENERAL OVERVIEW OF ACTIVITIES OF LIVING

Activity and rest

Very limited activity of late due to painful leg. However has admitted to putting on weight over past 18 months. Was always a size 18 - 20 but realizes she has put on weight since her daughter died. Thinks that once her leg is better she will lose the weight as she will be more mobile

Safety

No longer drives a car; she and her daughter shared a car and when it was involved in the accident she did not get another one. Uses on line shopping facilities. The lap top is her life line to everything. Lives in a 2 storey house but manages with everything on the ground floor. Has a shower room and WC on ground floor. Over the past week has not been able to get upstairs very well due to painful leg and breathlessness. Essentially living on the ground floor. Generally untidy in the living room and kitchen.

Communication

Articulate and relieved to see the nurse. Will respond to questions but limited free flow of information; seems embarrassed. Wears reading glasses, but has not had a recent eye test.

Eating and drinking

Is very overweight, drinks a lot of carbonated drinks, usually low sugar except for coke as prefers the original. Drinks energy drinks. Will cook meals, likes pasta, pizza, prefers ready meals but will occasionally cook. Does not drink alcohol.

Elimination

Passes urine about 4-6 times a day and gets up at night too, thinks it is because she drinks a lot. Regular bowel habit, sometimes takes 2 Senna tablets if she feels constipated.

Mobility

Used to take the bus to town centre for local job but since more home based does not go far. Since her leg has become more painful she has not ventured to the local shop. Finds her weight problematic now as she gets breathless which she has noticed more recently. Stairs have been problematic for the past week in particular.

Temperature

The home is warm, does get sweaty sometimes but has a fan in her living room.

Hygiene

Uses downstairs shower facilities. Seems clean but there is some body odour. Has not been able to keep up with the housework as lately feels lethargic.

Sexuality

Lives alone; heterosexual, no partner/ boyfriend.

Sleep and rest

Tends to go to bed around 2am and get ups at about 11am. May nap in the day. Sleep interrupted recently by throbbing in her leg, so had been taking paracetamol and ibuprofen.

Work and employment

After she left the primary school, took a job in a local estates agents this was part time and supplemented income doing proof reading for English language students at nearby University. Over the past 6 months the estate agents has closed its branch so she just does on line work for proof reading and some transcribing. Does not have a mortgage so income is sufficient.

Hobbies and interests

Used to be quite active in the primary school and a fund raiser but lost interest in this. Likes cross words and jigsaw puzzles, and does these online.

Mood and demeanour

Has pain in leg, impression is that she is a bit withdrawn, embarrassed. Is in clean clothes, no makeup, hair is tidy.

DESCRIPTION OF COMMUNITY NURSE

The community nurse is working with a student who has a placement with the community team. The nurse and student have previously discussed the documentation used when meeting a patient for the first time.

Prior to entering this patient's home the nurse briefs the student using the referral information. The nurse will explain to the student that after introductions the student will be expected to take the lead on completing the assessment documentation.

As an experienced community nurse you are encouraging and supportive. You should allow the student to continue asking questions for about 10-15 minutes. After this time suggest that it would be helpful to take a look at the wound on the leg.

Direct the student to wash hands before exposing the wound.

When student returns from sink area close the simulation and move to debriefing.

DESCRIPTION OF STUDENT

The student will be accompanying a community nurse into the patient's home after referral from the patient's doctor. After the initial introductions, the student will begin a base line assessment to gather information from patient about the health history, the current complaint and how the patient usually manages with activities of living. Hand washing will be included.

ROLE OF THE FACILITATOR

Facilitator will explain and describe the process of simulation practice (timing, schedule, roles of students, simulation practice, facilitator). Facilitator to highlight the principles of safe learning experience for all participants (confidentiality, safety issues) and go through the learning outcomes with the students.

STARTING POINT OF THE SCENARIO IN THE SIMULATION ROOM

Facilitator can take a short cut of the video for the introduction of the scenario. The length of the video can be the beginning of the video to the arriving to the patient home. The scenario could start when the student and nurse arrive to patient's home and the nurse introduce the student for the patient. Then the simulation practice begins. The Facilitator ends the practice when enough "is seen" for this session.

DOCTOR REFERRAL INFORMATION

Name	Mrs Julia Brown
Address	64 Walworth Terrace, Hightown
DOB	18.01.62 = 54 yrs
Doctor	Dr Smith, Hightown Surgery
Reasons for visit	Has wound to leg – dressing please. Unable to attend clinic
Alerts	None notified

DEBRIEFING

See sections 3 and 4 for facilitator notes and Diamond Debriefing which can be adapted for this actual simulation.

SECTION 7

FILM TRANSCRIPT

Scene	Character	Dialogue
At Front Doors		
	Nurse and student	No dialogue
Arrival in car		
	Nurse	OK, so we are just arriving now at our first call, this is a lady called Mrs Brown and we have been asked to visit her by her GP. I haven't been before so we will need to go in and see her. I'll park here. OK, before we go in we will have a look at the information that we have been given. This is Mrs Brown, she is 54 and Doctor Smith has asked us to call because she has got a wound on her leg and she needs a dressing. So this is your first visit with a district nurses; how do you feel? Have you got any expectations?
	Student	Well, I have no idea.
	Nurse	That's OK. Just have a look at the information that we have here. As I said I have not visited Mrs Brown before. We can see that she is 54, but unable to attend the clinic. We might need to ask her if she has any problems with mobility and anything we might be able to help her with. The other issue here is it says about alerts, and none notified. Do you know what that might relate to?
	Student	Um, risks?
	Nurse	Yes, that would be notified here if we had to be aware of a dog in the house or something like that. So what we will do now is when we go in I will introduce us and I will tell her that you are a student that is working with us at the moment, and I will ask if she is happy for you to watch the consultation, and we will go from there. We have rung Mrs Brown and told her we are coming so she is expecting us and she has told us to just knock at the door and go straight in, so that is what we shall do. We will go in and see her. OK?
	Patient	No dialogue
Start of consultation		
	Patient	Hello, come in
	Nurse	Hello, hello Mrs Brown
	Patient	Hiya
	Nurse	I am Shirley one of the district nurses from the surgery and this is Sylvia a student who is with me at the moment. Is it alright if Sylvia comes in?

Scene	Character	Dialogue
	Patient	Yes, of course
	Student	Thank you
	Nurse	Is it alright if I sit down
	Patient	Yes, please do, please do, yes. Lovely day
	Nurse	It is yes. OK, so before we start I will just check that we have got the right lady. It's Mrs Brown?
	Patient	Julie
	Nurse	Julie, thank you Your date of birth is 18 January 1962? Doctor Smith from the surgery has asked us to call and see you about your leg. I understand you have got a wound. Can you tell me a little bit about what happened?
	Patient	Yes, It was about 10 days ago when I was taking the rubbish out and there was a bag with broken glass sticking out, that I had not seen and I caught my right leg on it. Well I washed it and put on a plaster but it's not getting better. I think the cut is deeper than I thought and it's very painful at the moment.
	Nurse	OK, before I have a look at the wound, is it alright to ask you a few questions.
	Patient	Yes
	Nurse	Do you live on your own?
	Patient	Yes
	Nurse	Do you have any family living nearby?
	Patient	I have a son who lives in Scotland, but he is very good you know he whatsApps me, but I do not see him often.
	Nurse	Have you got anybody living any nearer?
	Patient	No, I did have a daughter, but she died in a car accident
	Nurse	Oh, I am sorry to hear that
	Patient	And my grandson
	Nurse	Ohh, that must have been very hard for you
	Patient	Yes
	Nurse	Just another couple of questions. Do you know if you are allergic to anything?
	Patient	No, Not all, no
	Nurse	Do you take any tablets, anything prescribed by the doctor?
	Patient	Nothing from the doctor, but since I have had this wound I take paracetamol, ibuprofen and for constipation I take senna.

Scene	Character	Dialogue
	Nurse	The doctor has asked us to call, so is it difficult for you to get out at the moment?
	Patient	Well not before this injury, but of course since then it's been so painful and I find it very hard to walk on it
	Nurse	Ok, that's fine. I will get my bits and pieces out of my bag that we will need
	Patient	You have got a lot of stuff
	Nurse	I do yes. Before I do anything is it alright if I go and wash my hands please?
	Patient	Yes. Of course. Do you mind using the kitchen?
	Nurse	No, that is fine
	Patient	I don't use the bathroom at the moment. It's very untidy I am afraid
	Nurse	Don't worry, that's is fine. Is it this way?
	Patient	Yes, just down the corridor on the right
	Nurse	Thank you
	Patient	She is a nice lady isn't she?
	Student	Yes , she is
Student and Patient		
	Student	Alright?
	Patient	Yes thanks, but ohhh my leg
	Student	So have you tried any of the slimming groups?
	Patient	Sorry?
	Student	You know like Slimming World, and Weight Watchers
	Patient	Oh yes, I have tried them all, Slimming World, Weight Watchers, eat for your blood type, thousand calories a day. I have tried them all.
	Student	So they did not work did they?
	Patient	Well, you know, short term they do but....
	Student	That's the problem it's a lifestyle change so really you should just slowly use one of those to change your whole life rather than just going on it for a little bit then going back. I have been on it for six months now and its working quite well for me. But it is all about lifestyle change because obviously you can get a yo-yo effect if you go on a diet and then go back to your old bad habits. I can show you. I have got a Slimming World group on Facebook. So If I show you
	Patient	Facebook, no I don't understand that.

Scene	Character	Dialogue
	Student	You said you use whatsApp, so if your son comes down he can help you set it up its very easy. I can show you some if you want. You can go on a Slimming World group. When your son comes down he can set it up for you. It is really easy you know. Let me show you. There are lots of photos and recipes and everything on there.
	Patient	Do you have to cook these?
	Student	It depends
	Patient	Well, I do not cook much you know, it's just hard and with this leg.
	Student	That is not a problem, I can see you shop in Farm Foods and shops like that, you can get ready meals
	Patient	In the microwave or oven
	Student	Whatever you are more comfortable with. There are lots of people on that group so you can ask questions, people share opinions and ideas. I have been on it for six months now and it works really really well. Let me show you some of the pictures. I have them here, See they look nice
	Patient	Yes, yes, I will get my son to sort that
	Student	You can ask them questions if you want advice or anything
	Patient	Yes, he will sort me out , thanks
	Student	No problem at all, my pleasure, we need to help each other don't we? You know you said it's a bit messy in here, I will just clean-up for you a little bit
	Patient	No no, no need to do that. My friend is coming round this afternoon so she will get it all sorted. Thank you
	Student	No problem at all
	Nurse	Everything alright?
	Student	Yes
	Patient	Yes
	Nurse	We will have a little look at your leg now
	Patient	Thank you
Nurse at Sink		
		No Dialogue
Ending consultation		
	Nurse	Does that feel more comfortable now?
	Patient	Oh, it is so much better, thank you very much nurse. I feel quite comfy

Scene	Character	Dialogue
	Nurse	Lovely. We will need to come back in 2 days' time to redress that wound and check that everything is all right. I am going to leave this folder here with you. This is your information in here and also our contact numbers so you can ring us anytime if there is a problem before we come back, if the dressing becomes uncomfortable or you are worried, then give us a ring and we will come back sooner. It might not be me that comes next time, it might be one of the other nurses in the team it depends on who is working in this area, and it might be Sylvia or not depending on who she is working with that day. But somebody will see you the day after tomorrow.
	Patient	Day after tomorrow – lovely
	Nurse	OK, I will leave this here with you. This is just rubbish; it can go in the household rubbish bag. Would you like Sylvia to put it in the bin for you?
	Patient	Oh no, my friend is coming round this afternoon and she will do it for me. Thank you very much.
	Nurse	OK, we will see ourselves out and don't forget you can ring us if you have any worries
	Patient	Alright, thank you very much
	Nurse	Thank you , Bye bye
	Patient	Have a lovely day
	Student	And you
Talking to neighbour		
	Frank	Hi , How are you, are you the nurses? Have you been to see Julie?
	Nurse	Yes, we are the nurses
	Frank	How is her leg? I know she caught it on glass in a bag I think
	Nurse	Are you a relative?
	Frank	No, neighbour and obviously you know with losing her daughter she has been struggling a bit and she seems to be putting on a lot of weight as well. I mean is she looking after herself?
	Nurse	Obviously we cannot discuss her condition with you but we will certainly tell her when we next visit that you have been inquiring after her.
	Frank	If I can help in any shape or form then the more I know ...then perhaps I could ...
	Nurse	We will call again and I will mention you have been asking after her. I will not hold you up now, I can see you are busy with the hedge cutting and we need to get back to the surgery. Bye
	Frank	Bye bye.

Scene	Character	Dialogue
Reflection in car		
	Nurse	OK, that was your first visit, so how do you think it went?
	Student	Well, I think it was not perfect
	Nurse	OK, in what sort of way?
	Student	I think because I gave the patient a bit of advice on Slimming World and applications on line and I showed her some examples. I am not sure now that it was appropriate
	Nurse	<p>Well, what you might want to think about when we go to our next visit is perhaps just chat with a patient just more about themselves, to get a bit of information about them, rather than just going straight in and telling them they could do different things. For example you could have asked her about the wound, what had happened, what she has been doing over the past few days to care for that. Things more about the reason we are visiting rather than telling patients what they need to do. If you ask questions first it gives them a chance to give their own perspective. OK?</p> <p>We can talk about this further when we get back to base. It is very interesting and important to discuss these things as it's a new experience for you.</p> <p>So when we get back to base we also need to update our central record and to make sure the next visit is in the diary so we do not miss the patient. OK?</p>
	Student	Yes, great

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L-Università
ta' Malta

