



SIMULATION SCENARIO #1

MISTAKEN IDENTITY

Simulation Device: Glucometer III

Skills Progression Line



Simulation Level: Beginner

Source: Benner, P. E. (1995). *De novice à expert : excellence en soins infirmiers*. InterEditions.

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THE GLUCO III



- Inspired by the Accu-Chek Inform II.
- Allows you to simulate various blood sugar measurements.
- Compatible with low, medium, high-fidelity manikins or with a simulated/standardized patient.
- Compatible with valid and expired Accu-Check Inform II lancets and ContourNext Test Strips.
- Works with artificial or real blood, or none at all.
- Comes with USB-C cable and a wall charger.
- Powered by a rechargeable Lithium-ion battery (4-hour autonomy).
- Available in mmol/L or mg/dL (must be mentioned when ordering).

THIS DEVICE IS



User-friendly



Remote-controlled via instant
Bluetooth connection



Durable



Designed, manufactured and
assembled in Canada



Environment-friendly
(1 device bought = 1 tree planted)



Controlled via Innov2Learn's
free, easy-to-use app for all
devices



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Simulation Device: Glucometer III

NURSING SKILLS

This simulation develops the health resource's practical skills, responsibility, and accountability in the context of a drug administration error.

AUTHORS

Main author:

- Viviane Fournier, nurse, M.Ed., Québec, Canada

Collaborators:

- Valérie Martin, nurse, M.Ed.(c), Québec, Canada
- Diane Alain, nurse, M.Sc., Ontario, Canada
- Imène Darbeida, nurse, M.Sc., Lausanne, Switzerland
- Mélanie Mériot, nurse, Épernay, France
- Sabrina Mehiz, nurse, HE Arc Santé, Neuchâtel, Switzerland

CONTEXT

The workday begins in a hospital's medical unit. The student nurse has already administered drugs to all the people treated under her care. As she records the administered doses, she realizes she has swapped the medication of two of the patients under her care: Mrs. St-Denis, 68, and Mrs. Hacinda, 70. This simulation begins when the student discovers the mistake.

LEARNING GOALS

COGNITIVE LEVEL: Analyze the pharmacological profiles in order to anticipate all possible repercussions on the people involved in this drug administration error.

EMOTIONAL LEVEL: Adopt a rigorous clinical monitoring approach that displays accountability, responsibility, and trust after a drug administration error.

Communicate in an efficient and transparent way, display leadership with the patient and the care team after a drug administration error.

PROCEDURAL LEVEL: Implement clinical monitoring that is appropriate to the caregiving situation.



REQUIRED KNOWLEDGE AND SKILLS

- Principles of pharmacology and pharmacotherapy;
- Professional legal framework and error management process;
- Interpreting drug administration sheets;
- Taking vital signs and interpreting data;
- Capacity to use a glucometer and interpret glucose data;
- Communication techniques/skills;
- Common medical health issues (diabetes, hypertension, heart failure) and symptoms (pain, dyspepsia, hemoptysis).

EDUCATIONAL MATERIAL

- Innov2learn Glucometer III Simulator
- Mobile device (normal result, towards the lower end)
- Innov2learn Glucometer III simulation glucose strips
- Lancet
- Fake blood drop on a hi-fi training dummy
- Sphygmomanometer, stethoscope, oximeter (parameters: BP: 130/82, pulse: 92, sat.: 98%)
- Pharmacological profiles of the treated patients

PHARMACOLOGICAL PROFILES OF THE TREATED PATIENTS

- Mrs. St-Denis, 68. Reasons for hospitalization: hemoptysis, acute abdominal pain, dyspepsia. No known allergies.

Drugs (class)	Route of administration	Time of administration
Antacid	oral	7:30 A.M.
Analgesic	oral	8:00 A.M. 12:00 P.M. 4:00 P.M. 8:00 P.M.
Vitamin B12	SC	10:00 A.M.
Antihypertensive	oral	8:00 A.M.
Sedative/anxiolytic	oral	10:00 P.M.

- Mrs. Hacinda, 70. Reasons for hospitalization: type 2 diabetes, increased dyspnea, no known allergies.

Drugs (class)	Route of administration	Time of administration
Oral Antihyperglycemic	oral	7:30 A.M.
Antihypertensive	oral	8:00 A.M. 10:00 P.M.
Betablocker	oral	10:00 A.M.
Diuretic	oral	8:00 A.M.
Potassium supplement	oral	8:00 A.M.



SIMULATION AGENDA

EXPECTED INTERVENTIONS

- Transparent, reassuring, confident communications regarding the error in question
- Establish a partnership with the treated patient for clinical monitoring
- Teach the hypoglycemia signs & symptoms and the behaviour to adopt (food, monitoring, calling the nurse)
- Educate the patient about moving around safely (antihypertensives)

Briefing (suggested duration: 30 minutes)

1. Introduce the clinical situation, the skill to be developed and the learning goals.
2. Briefly discuss possible emotional states for this type of clinical situation.
3. Encourage students to analyse the pharmacological profiles and to evaluate clinical risks during the briefing period (prepping before the simulation).
4. Provide guidance and support to students regarding prioritizing a type of monitoring that is appropriate to the situation and providing nursing care before medical care.
5. Expected course of action: Prioritizing glycemic/nutritional intake/BP/Ingesta-excreta/situational anxiety monitoring for Mrs. St-Denis; delegating measuring Mrs. Hacinda's vital signs.

Caregiving Situation (suggested duration: 15 minutes)

Expected assessments:

- Targeted clinical assessment includes
 - Measuring blood sugar levels
 - PQRSTU assessment of (new) current symptoms including symptoms of hypoglycemia
 - Checking BP/pulse/saturation %
 - Evaluating the emotional state

Debriefing (suggested duration: 20 to 30 minutes)

- Roundtable discussion of emotions (as needed).
- Review the learning goals and elements to be explored:
 - Cognitive level: rigorous analysis of the profiles, validating the monitoring plan with the pharmacists.
 - Emotional level: key attitudes and messages for a partnership with the treated patient and caregiving team in order to develop mutual trust.
 - Procedural level: providing information to doctors: when? what? Clinical monitoring plan: frequency, duration according to the half-life of the drugs used, administrative procedures.
 - Significant and sustainable elements learned to be transferred to the professional practice.



CLINICAL TOOL: ASSESSING PAIN WITH PQRSTU

(TO USE AND ADAPT TO THE SYMPTOMS DISPLAYED DURING THIS SIMULATION)

- P: What caused your pain? What relieves it? What makes it worse? (movements, drugs, applying hot/cold therapy, etc.)
- Q: Describe your pain. What do you feel? (Throbbing, burning, numbing, electric shocks, deep, superficial)
- R: Where do you feel pain? Point to the painful area(s) with your finger.
- S: Do you feel discomfort elsewhere?
- T: When did the pain start? Is it intermittent or constant? If it is intermittent, when does it occur?
- U: What do you think is causing the pain? What does it mean to you?

Source: Adapted from Jarvis, C. & Eckhardt, A., Chapados, C. & Lavertu, E. (2020). Physical Examination and Health Assessment, 3rd edition, volume 1, Elsevier Canada, pages 256-257.



SOURCE

Reference List:

- Adapted from Jarvis, C. and Eckhardt, A., Chapados, C. and Lavertu, E. (2020). *L'examen clinique et l'évaluation de la santé*, 3ème édition, tome 1. Chenelière éducation, pages 256-257.

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