

TITLE: Discharge Teaching on Fracture/cast Care and Pain Management with an Indigenous Client: Effective Scenario

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Simulation Scenario Template

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i. Scenario overview

Title	Discharge teaching on fracture and cast care, and pain management to a client who self identifies as Indigenous and has a hearing impairment.
Topic(s)	Discharge teaching regarding fracture and cast care, pain management, potential complications, and crutch walking to a client with a hearing impairment.
Setting(s) & props	Simulation lab, crutches, nursing documentation forms, physician order forms, leaflets/information pamphlets, MAR/medication packets, pillows etc. Chair for the nurse to sit on beside the client's bed.
Character(s)	Actor (client, partner, nurse)
Scenario summary	The scenario takes place in the medical surgical unit. Mr. Tehya is in bed, in a High Fowler's position, has a plaster cast on their left leg to immobilize their ankle fracture. Pain is currently well

	<p>managed with Acetaminophen, Ibuprofen, and Tylenol no. 3. The physician, however, is not willing to give a prescription for Tylenol no. 3 for the client to use at home. Mobility has been assessed by a physiotherapist who provided two axillary crutches that are present at the bedside. Mr. Tehya is calm, pleasant, but appears sad and is hard of hearing in both ears. The client is aware that they are going to be discharged home and are waiting to receive further discharge instructions from the nurse.</p>
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ii. Learning objectives

By the end of this simulation, learners will be able to...

<i>Learning outcome</i>	<i>How is this demonstrated in the simulation questions?</i>
Establish a trusting therapeutic relationship with a client.	Does the client agree to take part in and can hear/comprehend the discharge instructions?
Apply the principles, components and concepts related to client discharge.	Did the nurse cover all the topics of fracture care in discharge teaching? Like pain management, cast care, ambulation with crutches, smoking cessation, home set-up/safety, and follow-up appointments?
Apply therapeutic communication skills to effectively deliver discharge teaching to the client.	Did the client verbalize or demonstrate the discharge teaching points i.e., was teach-back used with the client to check understanding of taught information?
Integrate knowledge of fracture/cast care and pain management into the discharge planning and teaching process with the client.	Did the nurse integrate the knowledge of pain management (constipation related to), cast care complications, mobilization, and importance of follow up appointments during the discharge teaching process?
Incorporate cultural values and beliefs in discharge teaching.	Was the nurse able to demonstrate respect towards the client while valuing the client's cultural views in the healing

	process? E.g., pain management, healing practices etc.
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iii. Pre-simulation reading suggestions

- Review communication strategies with a client with a hearing impairment
- Explore importance of using clear and simple language
- Review elements of a therapeutic nurse-client relationship
- Review pain assessment
- Review how to conduct a neurovascular assessment
- Review signs and symptoms of infection
- Examine the social determinants of health and their influence on client's self-efficacy
- Review cultural competence and delivery of care to Indigenous populations
- Review rights of medications, medication indications, and safe administration practices
- Study the relevant Indigenous cultural practices towards pain management
- Explore the importance of presence of family member during discharge teaching to the client

Resources:

Canadian Institutes of Health Research. (2013). *A guide for health professionals working with Aboriginal peoples: Cross cultural understanding*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3653841/>

Government of Canada. (2021). *Indigenous health care in Canada*. <https://www.sac-isc.gc.ca/eng/1626810177053/1626810219482>

Government of Canada. (2020). *Canadian Pain Task Force report*. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2020.html#indigenous>

* Read the section under Consultation Reports: Indigenous People.

Nesdole, R., D. Voigts, R., Lepnurm, R., & Roberts. (2014). Reconceptualizing determinants of health: Barriers to

improving the health status of First Nations peoples. *Canadian Journal of Public Health*, 105(3), e20913. Retrieved from <http://journal.cpha.ca/index.php/cjph/article/view/4308/2930>

The following are topics and readings from the:

Tyerman, J., Cobbett, S., Harding, M. M., Kwong, J., Roberts, D., Hagler, D., & Reinisch, C. (2023). *Lewis's medical-surgical nursing in Canada: Assessment and management of clinical problems* (5th Canadian ed.). Elsevier.

Nursing management of fractures: 1618-1620

Complications of fractures: 1622-1624

Cast care: 1621

Nicotine: (bottom of page) 169-173 (top of page)

Planning for discharge and follow-up care: 422-423.

OERs that may help with the pre-brief

- Introduction to Communication in Nursing: <https://pressbooks.library.ryerson.ca/communicationnursing/>
- The Complete Subjective Health Assessment, The PQRSTU Assessment: <https://ecampusontario.pressbooks.pub/healthassessment/chapter/the-pqrstu-assessment/>
- Introduction to Infection Prevention and Control Practices for the Interprofessional Learner: <https://ecampusontario.pressbooks.pub/introductiontoipcp/>
- Depending on when this comes out, you can add the chapter on Pain in the Introduction to Health Assessment for the Nursing Professional <https://pressbooks.library.ryerson.ca/assessmentnursing/> we should have it ready by the end of this year.

Please note, the resources around Indigenous health are only starting points for you. Although these resources are listed here, learning about Indigenous health is an ongoing process and you are encouraged to further your research and learning in this area.

iv. Script

Script (client with hearing impairment with an effective discharge teaching scenario)

Nurse: Good morning, Mr. Tehya. My name is Casey and I am a registered nurse. I will be your nurse today.

Mr. Tehya: Good morning. Sorry, I did not hear your name. What is your name again?

Nurse: Casey

Mr. Tehya: I cannot hear properly; I will try to listen to you as best as I can.

Nurse: I'm sorry for not being clear. Let me close the door to minimize the background noise. (Nurse will close the door and sit near Mr. Tehya facing him to incorporate face to face communication while maintaining good eye contact, and have proper lighting in place). How are you feeling this morning?

Mr. Tehya: I am well but I am having a lot of pain in my leg.

Nurse: Sorry to hear about your pain. I understand that you received pain medication 4 hours ago. Can you rate your current level of pain on a scale from 0 to 10 with 0 representing no pain and 10 being severe pains?

Mr. Tehya: I would say 5 or 6 (frowning)

Nurse: Are there any words you would like to use to also describe your pain for me?

Mr. Tehya: It feels like something is stabbing and poking me continuously.

Nurse: Thank you for this information. I will discuss this with the doctor and see what else we can add to your pain management plan to ensure further comfort for you. I will get back to you after I hear from the doctor.

Nurse: Now the good news is that you are going home (happy face) tomorrow, but before you leave, I need to do some discharge teaching with you on pain management and how to take care of your fracture and cast.

Mr. Tehya: Thank you, though I am going to perform my own healing practices to reduce pain and increase my mobility. Therefore, I won't need the discharge instructions and I am ready to go home whenever the doctor clears me.

Nurse: I respect your decision Mr. Tehya. I'm responsible for discussing the instructions with you before you can get discharged from the hospital to ensure you're safe when you return home. Is it okay if we go over them together and you can share with me your healing practices as well? I am happy to discuss your traditional healing practices and learn how they can help with your pain and mobility.

Mr. Tenya: Yes, absolutely. Thank you. You see, my traditional healing practices provide me with an ability to restore the meaning, balance, wholeness, and connectedness in my life and with my health condition, which are equally important aspects of my care.

Nurse: Thank you for explaining this to me. I now see how important this is for you. I look forward to us discussing how we can integrate these into your care plan.

Mr. Tehya: Okay, (Looks away to the other side of the room) my partner is on their way to visit.

Nurse: Okay, we can also involve your partner in the discharge teaching session, if you agree to having them be part of it. How does that sound?

Mr. Tehya: Sure, that would be great as I often cannot hear everything you are saying to me and would hate to miss something important.

Nurse: Absolutely. A family support system is essential in the healing process and in helping prepare you for a safe transition home. I will wait for their arrival.

At the same time, the partner arrives.

Partner: Hello!

Nurse and Mr. Tehya: Hello! (Mr. Tehya giving pleasant look to the partner)

Nurse: How are you doing?

Partner: I am well, thanks. How are you doing honey?

Mr. Tehya: Good. I'm able to leave tomorrow.

Partner: That's great

Nurse: We were just going to begin the discharge teaching.

Partner: Oh, that's great. I came at a perfect time.

Nurse: You did. My name is Casey and I am the nurse who has been taking care of Mr. Tehya today. He is doing well, but we do need to continue to manage his pain better as he is experiencing an increase in pain that is not relieved well with standing Acetaminophen and Ibuprofen. He also received a dose of Tylenol no. 3, which worked better, but the doctor only prescribed it as a one time dose. I will be speaking to the doctor about other alternatives for pain management. We were actually waiting for your arrival to discuss discharge instructions and for me to provide discharge teaching. It will take approximately 10 to 15 minutes. Will this be okay with you?

Partner: Yes, of course. I am glad I came now.

Mr. Tehya: (While looking at the partner) The nurse mentioned that she will include our traditional way of healing in the discharge teaching. I am so glad my wishes were not dismissed like last time.

Partner: Wonderful.

Nurse: (looks pleased).

The topics which I am going to cover in the discharge teachings are:

- Pain Management
- Cast Care
- Ambulation with crutches
- Smoking Cessation
- Follow-up appointment at the fracture and hearing clinics as well as primary care provider

Which topic would you like to start with first?

Mr. Tehya: Can you repeat what you say after ambulation with crutches?

Nurse: Certainly, after ambulation we will discuss smoking cessation and follow-up appointment at the fracture and hearing clinic.

Mr. Tehya: Thank you

Nurse: (Rephrasing) So, what topic would you like to discuss first?

Mr. Tehya: I am concerned about my pain. Let's start with pain management followed by cast care.

Partner: I agree.

Nurse: Sure, let's discuss pain management first.

For pain in your ankle area the doctor has prescribed you Acetaminophen 500-1000 mg every 6 hours and Ibuprofen 400 mg every 8 hours. For Acetaminophen, you should not exceed more than 4000 mg in 24 hours and for Ibuprofen 1200 mg in 24 hours. Acetaminophen is an analgesic which is a pain reliever. You may experience common side effects for Acetaminophen which are nausea, headache, loss of appetite, and stomach ache. Similarly, Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID) used to treat mild to moderate pain. The common side effects for Ibuprofen are abdominal pain, bloating, diarrhea, heartburn, and indigestion. To avoid some of these common side effects I suggest you take the medications with food, like you did today. As well, if you feel like these medications are not relieving your pain or your level of pain is increasing, please seek

further medical advice by seeing your nurse practitioner, family doctor or proceed to your nearest emergency department. Do you have any questions?

Mr. Tehya: No, I am fine.

Nurse: I have written all of this out for you and will include this information in your discharge package in case you need to refer to it when you are home.

Mr. Tehya: This is much appreciated. Thank you.

Nurse: Great. I also should mention that taking many pain medications can lead to constipation so please ensure to follow a diet high in fibre and drink lots of water. I have a pamphlet here for you that lists high-fibre foods you may want to incorporate into your diet while you are taking these medications. However, you can also include other foods from this list that may be high in fibre from your own traditional diet.

Mr. Tehya: What a great idea. I will do that. I remember my neighbour having such issues a couple of weeks ago.

Nurse: Now, which cultural health practices you may be planning to use in managing your pain?

Mr. Tehya: Yes, forest medicine is a common practice in my culture. I am considering using a combination of roots, leaves, and stems in different ways like ground, cooked, in the form of plasters, ointments, baths, foot soaks, via oral ingestion, oral mucosal administration, or even inhaled. I have used all of these in the past so I know how to practice these safely.

Partner: Honey, I think you are also considering using tobacco, sweetgrass, cedar, and sage, right? I remember us discussing these options.

Mr. Tehya: Yes, thank you for the reminder. I also forgot to mention that we also practice sweats and smudging as forms of healing rituals. In our community there are also healing circles and ceremonies that include drumming, singing, and dancing that strengthen the inside of the person that will work great for my partner.

Nurse: That is wonderful. Those sound like excellent options. I can double check that the plants you'll be using don't affect the medications.

Mr. Tehya: Thank you.

Nurse: As per your preference, next we will discuss your cast on your left ankle (nurse pulls out an info brochure). I have this brochure for you that outlines everything we will be discussing right now. Let's look at it together. As you can see, we recommend that you periodically elevate the ankle with the support of a pillow. Ensure that you move your joints above and below the cast regularly. Should you observe an increase in pain, swelling, discoloration of the toes, pain during movement, burning or tingling under the cast, soreness or foul smell (unpleasant smell) under the cast report these to your health professional. It is important for you not to bear weight on this left leg for at least 48 hours, insert any object inside the cast, get the cast wet or cover the cast for prolonged periods of time. Do you have any questions about anything I have shared with you so far?

Mr. Tehya: Did you say that I can cover the cast for long periods of time if I am out for a walk and it is raining? Sorry, I did not catch what you said?

Partner: No, Casey mentioned that you do not cover the cast for long periods of time.

Nurse: Thank you Mrs. Tehya. Do you want to ask anything else?

Mr. Tehya: Can I attend the community circle with this cast?

Nurse: Sure, you can but you need to ensure that you take your crutches with you while walking and do not put any weight on the left leg.

Mr. Tehya: Sorry, did you say that I can go without crutches?

Nurse: No, Mr. Tehya. You need to take your crutches with you for safe mobilization.

Mr. Tehya: Thank you. I will ensure to bring them along and use them as I was taught when walking.

Nurse: Perfect! Now, if it is okay with you, I would like to discuss ambulating with crutches.

Mr. Tehya: Yes, absolutely. Thank you for asking.

Nurse: You had a visit with a physiotherapist this morning who demonstrated to you how to use the crutches. Do you have any questions about using crutches?

Mr. Tehya: Not really.

Nurse: Do you mind showing me how you use your crutches, from what you learned from your physiotherapist?

Mr. Tehya: Yes, I can.

Mr. Tehya demonstrates the use of crutches to nurse.

Nurse: Your technique is correct. Well done. Do you have any concerns with using your crutches?

Mr. Tehya: We have stairs at home, but I've been practicing doing stairs here so it'll be okay.

Nurse: Excellent. I also will share and include a brochure on crutches and proper use of crutches with your discharge documents so you can refer to it whenever you need. So far, we have covered pain management, cast care, and safe ambulation techniques. We have two more topics to cover: smoking cessation and follow-up appointments. Which one do you prefer first?

Mr. Tehya: I would like to hear about your smoking cessation plan, although smoking helps me to manage my pain and it's our cultural practice. I often use traditional tobacco in a pipe during our community events and ceremonies and I do not inhale, so I do not think I need to engage in any smoking cessation at this time.

Partner: Yes, I would have to agree with Patrick.

Nurse: I understand. Thank you for letting me share the information with you in case it is one you may consider in the future, if not now. To begin, smoking cessation helps to promote healthy healing. You may have noticed that you have a Nicotine patch on your right upper arm which needs to be changed every 24 hours. This will help you to stop smoking in about 10 weeks but you have to apply it as prescribed daily. I can remove the patch and if you want to stop smoking in the future, here is some information for you to discuss it further with your primary healthcare provider.

Mr. Tehya: I appreciate that. Thank you.

Partner: You are the first nurse to understand the importance of smoking for us. It is not that we do not want to quit, but it is that it is a big part of our identity and sense of belonging to our community.

Nurse: Thank you for sharing that explanation with me. I will document and share your plan with your team. The last part of the discharge teaching is related to follow-up appointments. You have a follow up appointment at the fracture clinic in 10 days. It is important for you to attend the appointment where the health professionals will assess the fracture site, skin condition, mobility, pain management, and any complications related to fracture and its treatment. The clinic will call you prior to your appointment to confirm. You should also make an appointment to see your primary care provider if you are finding your pain is not being adequately managed based on our discussion and plan today. Do you have any questions related to your follow-up appointments?

Mr. Tehya: Can you please repeat it a bit louder?

Nurse: I have written everything down for you here too (passes paper to client). Is this okay? Do you have any questions related to your follow-up appointment?

Mr. Tehya: Yes, I understand now. It may be difficult for me to attend the appointment. I live far away from the clinic.

Partner: No, it won't be a problem. I can take a day off from work and accompany you.

Nurse: It's good for you to attend the appointment as it is integral to your safe recovery. One other appointment I would like to suggest is with the hearing clinic. I know it has been some time since you had a check-up and it can significantly improve your quality of life.

Mr. Tehya: Thank you. As I said, all of these clinics are located so far away from my house that I cannot afford to take the time off from work and be gone for an entire day just for a fifteen-minute conversation.

Nurse: I appreciate your concern. I can see if I can find alternative locations or options for you to attend an appointment at a closer clinic. I know there are a number of telemedicine initiatives that have been set up that perhaps you can benefit from. I will bring any information I find to you before you get discharged.

Partner: This is wonderful. We really appreciate it. Thank you.

Nurse: Not a problem at all. To close off our discussion, I would just like to summarize what we discussed. Today, we talked about your pain management, cast care, ambulation, smoking cessation, and follow-up appointments related to your ankle fracture and hearing. Do you have any questions?

Mr. Tehya: No, I am fine. (While looking at the Partner), do you have any questions?

Partner: No, you have been very thorough and considerate.

Nurse: Great. Thank you, Mr. and Mrs. Tehya. If you have any questions that come up between now and the time you go home, please let me know.

Mr. Tehya: We will.

Nurse exits the room and closes the door.

v. Post-simulation reflection prompts

Learners can reflect on these prompts in a post-simulation debrief to reflect on their learning (by themselves, with classmates, and/or with a facilitator)

Debriefing Points

- Explain the overall importance of valuing the client's culture, biases, and self-awareness in communication and teaching
- Describe the management of ADLs in the home
- Discuss the cultural practices presented in the scenario re: pain management, mobility, smoking, and follow-up appointment practices.
- Discuss the impact of the pandemic on individuals with hearing loss (i.e., masking and not being able to see the nurse's lips, etc.)
- Examine importance of interprofessional collaboration (i.e., collaborate with physiotherapist if unsure about crutches, referral to occupational therapist to do a home assessment, social worker to discuss available family supports during client's time off work, physician on time management)
- How do you feel about particular cultural practices? What do you think if a client is not going to cease smoking, what would the consequences be?
- Can you relate cultural practices with medical practices? Are they helpful in the healing process for illness?
- Explain the significance of language and medical terminology/jargon. While this client was able to speak English, in the northern parts of the province many middle-aged and older adults don't speak English. Many traditional languages in our region don't have words for most disease processes or medical procedures. If there is no translator, many healthcare providers will use the person's partner or relative to translate for them, particularly in the remote nursing stations and clinics on reserve. So, the family tends to play a major role in care provision.

vi. Post-simulation self-debriefing

Learners can reflect on these prompts in a post-simulation debrief to reflect on their learning (by themselves, with classmates, and/or with a facilitator). Additionally, the students and instructor can pause the actor simulation as it is played out to ask some of these reflective questions throughout the simulation.

1. How did the experience of caring for this client feel for the nurse and the team?
2. Did you think the nurse had the knowledge and skills (i.e., cultural competence, communication, therapeutic relationship building, etc.) to meet the learning objectives of the scenario?
3. What STRENGTHS did you identify in the nurse's approach with this client? What STRENGTHS did you identify in your own knowledge base and/or preparation for the simulation experience?
 4. What GAPS did you identify in the nurse's knowledge base? What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?
 5. What RELEVANT information was missing from the scenario that impacted the nurse's performance? How did you attempt to fill in the GAP in your own nursing practice/in a similar scenario?
 6. How would you handle the scenario in comparison to how the nurse handled the scenario with the client?
 7. How confident do you feel about responding to a similar situation in your practice? How confident were you before you participated in this simulation? Explain your answer.
 8. In what ways did the nurse perform well?
 9. What communication strategies did the nurse use to validate ACCURACY of information or decisions made about the client's care and discharge plan?
 10. What three factors were most SIGNIFICANT that you will transfer to the clinical setting?
 11. At what points in the scenario were nursing actions specifically directed toward PREVENTION of a negative outcome?
 12. Discuss actual experiences with diverse client populations. Are there any biases you experienced or barriers you needed to mitigate when working with a diverse client?
 13. Consider potential safety risks and how to avoid them.
 14. Discuss the nurses' role in design, implementation, and evaluation of information technologies to support client care.
 15. How was the client's cultural values centred in providing discharge teaching?
 16. How does this experience vary as compared to other cultures/clients in our community?