

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

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Funding for this project was provided by the Daphne Cockwell School of Nursing-FDC Simulation Grant

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, pillows etc. Chair for the nurse to sit on beside the client's bed.
Character(s)	Actor (client, 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 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.
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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? e.g., pain management, cast care, ambulation with crutches, smoking cessation, 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, cast care complications, mobilization, and importance of follow-up appointments during the discharge teaching process?

iii. Pre-simulation reading suggestions

- Review communication strategies with a client with a hearing impairment
- Explore the importance of using clear and simple language
- Review the 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

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.

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 ineffective 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). 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. May I ask you, what is your pain like right now? 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: Thank you. Your next scheduled pain medication dose is not for another two hours, but I will share your current situation with the doctor and see if there is something that can be administered earlier. I am not sure if that is possible, for a client in your situation, but I can definitely ask.

Mr. Tehya: I am not sure if I heard you correctly. What do you mean a client in my situation?

Nurse: I just mean the doctor is very careful when it comes to the frequency of administration of strong pain medications and how often these are available to certain clients. I will let you know what the doctor decides once I speak to them. 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: I am going to perform my own healing practices to reduce pain and increase my mobility. Therefore, I am not interested in discharge instructions and I am ready to go home whenever the doctor clears me.

Nurse: I respect your decision Mr. Tehya, but I am responsible for providing such instructions to you before you get discharged from the hospital to ensure you are safe when you return home. Is it okay if I give you such a teaching?

Mr. Tehya: What did you say?

Nurse: (Rephrasing) I need to provide the discharge teaching before you go home, shall I continue? (Maintaining eye contact)

Mr. Tehya: Yeah ok! (Rolling eyes)

Nurse: Thank you.

I will begin with the pain management. 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 include nausea, headache, loss of appetite, and stomachache. 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.

Mr. Tehya: Ok, but what about the Tylenol no. 3? It seems to be working well for me in the hospital. Why is the doctor not sending me home with this medication?

Nurse: Thank you for asking this great question. I need to check your medical history to find out about the prescription of Tylenol no. 3. Then, I will speak to the doctor about your question.

Let me provide you with a brief explanation about the administration of pain medications. Pain medication prescriptions start with non-opioid based medications first which in your case are Acetaminophen and Ibuprofen. Then if need persists mild opioid-based medications can be added to relieve the pain such as codeine. Tylenol no. 3 contains Tylenol and codeine. The reason why this is not prescribed as the first choice of pain medication is because it has a risk for overuse which can lead to breathing problems. Commonly it can cause dizziness, light-headedness, constipation, and drowsiness. To reduce the risk and practice safe medication administration, the doctor will assess your pain during a follow up visit and can add the medications if they feel these

are needed. However, I can ask the doctor to come see you before you get discharged to answer your question about a Tylenol no. 3 prescription for home use. Is this something you would like?

Mr. Tehya: Yes.

Nurse (speaking very quickly): Perfect. I will ensure to do this right after we finish with the discharge teaching. Next, we can discuss your cast on your left ankle. 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 cast report these to your health professional. It is important for you not to bear weight on this left leg for 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?

Nurse: No, Mr. Tehya, do not cover the cast for long periods of time. Is there any other information you missed?

Mr. Tehya: No, I am good.

Nurse: Now I would like to discuss ambulating with crutches. 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: No, I know how to use them. I am fine.

Nurse: Ok, I will place a brochure about crutches use in your discharge package in case you develop any questions after discharge.

Mr. Tehya: Ok!

Nurse: Next, I would like to discuss the smoking cessation plan 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 as little as 10 weeks but you have to apply it as prescribed daily. Do you think you can manage this at home?

Mr. Tehya: I did not realize that patch was for quitting smoking. I am not interested in doing that. Sorry. (proceeds to try to take off the patch).

Nurse: Please do not remove this patch. I will speak to the doctor about your wishes in relation to the patch, but please leave it on for now. I must inform you that smoking can be very harmful to your health. I really think you should consider it.

Mr. Tehya: Hmmmm....

Nurse: The last part of the discharge teaching is that 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 it. Do you have any questions related to your follow-up appointment?

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

Nurse: Sure. The last part of the discharge teaching is that 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 it. Do you have any questions related to your follow-up appointment? Was this helpful?

Mr. Tehya: Yes, I understand. I will try to attend, but work is very busy these days. We will see.

Nurse: I appreciate your concern that it may be difficult to take some time off from work to attend the appointment, but it is really beneficial for your speedy recovery. As well, I wanted to ask if you would like for me to also make an appointment for you with the hearing clinic?

Mr. Tehya: Why? I am fine. No thanks.

Nurse: I will respect your decision. Now, I would just like to summarize what we discussed. I talked to you about your pain management, cast care, ambulation, smoking cessation, and follow-up appointments related to the ankle fracture and hearing. Do you have any questions?

Mr. Tehya: Did we really discuss all of that? Wow. No, I am fine.

Nurse: Yes, we did. Thank you, Mr. Tehya. Will someone be picking you up tomorrow or do you need me to arrange an ambulance transfer for you?

Mr. Tehya: No, my partner is coming to pick me up.

Nurse: Perfect! I know I have shared a lot of information with you. If you think of any questions between now and tomorrow, when you leave, please let me know and I will be happy to answer them for you.

Mr. Tehya: Ok, thanks.

Nurse: I will be back to give you an update on what the doctor decides about your pain medication and smoking cessation patch. Nurse leaves 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 cultural competence, biases, and self-awareness in communication and teaching
- Describe the management of ADLs in the home
- Discuss 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 pain management)
- Examine 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. In what ways did the nurse perform well?
8. What communication strategies did the nurse use to validate ACCURACY of information or decisions made about the client's care and discharge plan?

9. What three factors were most SIGNIFICANT that you will transfer to the clinical setting?
10. At what points in the scenario were nursing actions specifically directed toward PREVENTION of a negative outcome?
11. 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?
12. Consider potential safety risks and how to avoid them.
13. Discuss the nurses' role in design, implementation, and evaluation of information technologies to support client care.
14. How was the client's cultural values centred in providing discharge teaching?
15. How does this experience vary as compared to other cultures/clients in our community?
16. What did you learn about how to deliver care to a client who identifies as Indigenous?
17. How confident did you feel about the communication responses and why?