

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

**STUDENT COPY**

**Simulation Development Lead:** Dr. Kateryna Metersky

**Other Simulation Development Leads:** Debbie Kahler, Jimmy Chen, Subashini Sivaramalingam, Susan Albanese - Cairns, and Mary Lou Wilkins

**Simulation Development Team:** Dr. Sherry Espin, Dr. Donald Rose, Lisa Mak, Liliana Jude, Orly Dubrovich, Merveille Nondo, Raquel Lashley – Trambulo

**Student Simulation Development Team Members:** Pinal Patel, Agatha Adona, and Ashraf Rajani

**Student Advisory Team:** Caitlin Cosgrove and David Beazely

**Faculty Advisory Member:** Michelle Hughes

**Indigenous Content Reviewers:** Suzanne Ezekiel and Alex Blight

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

## Simulation Scenario Template

---

### i. Scenario overview

<b>Title</b>	Discharge teaching on fracture and cast care, and pain management to a client who self identifies as Indigenous and has a hearing impairment.
<b>Topic(s)</b>	Discharge teaching regarding fracture and cast care, pain management, potential complications, and crutch walking to a client with a hearing impairment.
<b>Setting(s) &amp; props</b>	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.
<b>Character(s)</b>	Actor (client, nurse)
<b>Scenario summary</b>	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.

## 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.

## **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?