

Date: January 2017 File Name: Lateral Violence Simulation

Discipline: Nursing **Student Level:**

Expected Simulation Run Time: 20 min

Guided Reflection Time: 40 min

Location: Med/Surg unit Location for Reflection: classroom

Admission Date: | Today's Date:

Brief Description of Standardized Participant

Name: Shara Ogama, RN.

Gender: Age: 48 Race: Weight: Height:

Religion:

Major Support: Support Phone:

Allergies: Immunizations:

Primary Care Provider/Team:

Past Medical History:

History of Present Illness:

Social History: Charge nurse and prior preceptor to primary nurse. Ogama has been working at this hospital for over 20 years. Ogama works 12 hour shifts, has an elderly parent at a nursing home, is a single parent of 2 adolescent children. Ogama has precepted many times, and is frustrated with her overwhelming number of duties as a hospital administrator and preceptor. In addition, Ogama is frustrated with the new graduate nurses that Ogama believes do not believe they need to start at the bottom and work their way up the ladder. Ogama believes that new nurses do not want to work hard, and think everything should be given to them. Ogama believes that most new graduates have no institutional loyalty and often leave after a mere 2 years of free training.

Primary Medical Diagnosis:

Surgeries/Procedures & Dates:

Nursing Diagnoses:

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Psychomotor Skills Required Prior to Simulation:

TEAMStepps DESC tool

Cognitive Activities Required Prior to Simulation:

Required Reading:

Becher, J & Visovsky, C. (2012). Horizontal violence in nursing. MedSurg Nursing, 21, pp. 210-232.

Martin, E. (2016). Communication skills for patient safety: Speak So Your Message Can Be Heard. *Texas Nursing*, 90 (2), 10-11.

Simulation Learning Objectives

General Objectives:

- 1. Identify the causes and effects of incivility on healthcare.
- 2. Be able to respond in a positive manner to incivility.
- 3. Identify tools that can be implemented in healthcare to affect change.

Simulation Scenario Objectives:

- 1. Demonstrate self-advocacy.
- 2. Demonstrate use of the cognitive rehearsal technique.
- 3. Demonstrate ability to have difficult conversations.



References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario:

- Becher, J & Visovsky, C. (2012). Horizontal violence in nursing. *MedSurg Nursing*, 21, pp. 210-232.
- Cervavolo. D, Schwartz, D. Foltz-Ramos, K. and Castner, J. (2012). Strengthening communication to overcome lateral violence. *Journal of Nursing Management*, 20, pp. 599-606.
- Griffin, M. (2004). Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. *Journal of Continuing Education in Nursing*, 35, pp. 257- 263.
- Military Health System and Defense Health Agency (2010). TeamSTEPPS. Retrieved from http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Patient-Safety/Patient-Safety-Products-And-Services/Toolkits/Professional-Conduct-Toolkit



$\label{eq:fidelity} \textbf{Fidelity} \ \textbf{(choose all that apply to this simulation)}$

Setting/Environment:	Medications and Fluids: (see chart)
ER	☐ IV Fluids
Med-Surg	Oral Meds
Peds	□IVPB
ICU	☐ IV Push
OR / PACU	☐ IM or SC
Women's Center	
Behavioral Health	Diagnostics Available: (see chart)
☐ Home Health	Labs
Pre-Hospital	X-rays (Images)
Other: Telemetry unit (nurses station)	12-Lead EKG
	Other:
Simulator Manikin/s Needed:	
Standardized participant=charge nurse	Documentation Forms:
	Provider Orders
Props:	Admit Orders
	Flow sheet
Equipment Attached to Manikin:	☐ Medication Administration Record
☐ IV tubing with primary line	Graphic Record
fluids running at mL/hr	Shift Assessment
Secondary IV line running at mL/hr	☐ Triage Forms
∐ IV pump	Code Record
Foley catheter mL output	Anesthesia / PACU Record
PCA pump running	Standing (Protocol) Orders
☐ IVPB with running at ☐ mL/hr	☐ Transfer Orders
	Other:
Monitor attached	
☐ ID band	Recommended Mode for Simulation:
Other:	(i.e. manual, programmed, etc.)
Equipment Available in Room:	
Bedpan/Urinal	
Foley kit	Student Information Needed Prior to Scenario:
Straight Catheter Kit	Has been oriented to simulator
☐ Incentive Spirometer	Understands guidelines /expectations for
Fluids	scenario
	Has accomplished all pre-simulation



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☐ IV start kit	requirements
☐ IV tubing	All participants understand their assigned
☐ IVPB Tubing	roles
☐ IV Pump	☐ Has been given time frame expectations
Feeding Pump	Other:
Pressure Bag	
02 delivery device (type)	
Crash cart with airway devices and	
emergency medications	
☐ Defibrillator/Pacer	
Suction	
Other:	
Roles/Guidelines for Roles:	Important Information Related to Roles:
□ Primary Nurse	-6 months out of AD RN program, completed
	orientation
☐ Charge Nurse (SP)	-sitting on phone with colleague when primary nurse
	approaches asking for help
X Clinical Instructor (Night Nurse)	
Family Member #1 (SP)	-family member is waiting outside patient's room and
	over hears conversation
☐ Family Member #2	
Observer/s	
Recorder	
Physician/Advanced Practice Nurse	
Respiratory Therapy	
Anesthesia	
☐ Pharmacy	
Lab	
☐ Imaging	
Social Services	
Clergy	
Unlicensed Assistive Personnel	
Code Team	
Other:	



Report Students Will Receive Before Simulation

Time: 0630: The primary nurse is a recent graduate who completed their 6 months of preceptorship 2 weeks ago on a busy telemetry unit. Their preceptor is now the charge nurse. It is 1000 and the primary nurse has 4 patients (one who still needs their 1000 medications, one whose daughter wants to talk to the primary nurse about her father's d/c plans, one who is has a 1030 appointment in the cardiac catheter lab and needs IV antibiotics hung before they leave the floor and one who is resting, waiting for PT). Now the primary nurse has been notified by the charge nurse that they will be receiving a new admission from the ER. Feeling overwhelmed, the primary nurse approaches the nurses' station to address this with the charge nurse.

Significant Lab Values: refer to chart

Provider Orders: refer to chart

Home Medications: refer to chart



Scenario Progression Outline

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-5 min	SP is sitting at nurse's station talking on the phone complaining about her work day.	Primary nurse advocates for self and asks for assistance.	SP providing cue: Cue: Do you need to ask me something?
5-10 min	SP rolls eyes, turns their back on primary nurse, continues conversation on phone states out loud: "I'll be right there." Family member SP is standing nearby and witnesses the interaction.	Primary nurse walks away, considers new plan of action and returns to speak to SP about incivility of their behavior	Role member providing cue: Cue:
10-15 min	SP finds primary nurse or is addressed by the primary nurse	Primary nurse utilizes DESC script: 1. Ask to speak in private. 2. Describe the uncivil behavior 3. Actively Listen 4. Suggest alternate approach 5. Identify benefit of new approach.	SP providing cue: Cue: "OK I'm here what do you need?"
15-20 min	SP verbalizes that it was not their intention to be uncivil; makes excuses for behavior and then offers to help with the new admission	Primary nurse: continues with duties with assistance from SP	Role member providing cue: Cue:



Debriefing/Guided Reflection Questions for This Simulation

(Remember to identify important concepts or curricular threads that are specific to your program)

1.	How did you feel throughout the simulation experience?
2.	Describe the objectives you were able to achieve.
3.	Which ones were you unable to achieve (if any)?
4.	Did you have the knowledge and skills to meet objectives?
5.	How were you feeling when you were informed that you were receiving another patient?
6.	Were you satisfied with your ability to work through the simulation?
7.	To Observer: Could the nurses have handled any aspects of the simulation differently? If so, in what ways?
8.	What did the group do well?
9.	Is there anything else you would like to discuss?
10.	Describe how you might be able to use the skills you learned today in the future.