

Patient: Peter DeLuca
Diagnosis: stroke

Overview of
Scenario
Simulated Patient

Overview

Target Audience: 2nd year students from Nursing Science, Physiotherapy, Speech Pathology, and Social Work

Number of Participants: 8

Estimated time in simulation: 60 minutes

Setting: Rehabilitation Ward.

Brief summary of scenario

What is the problem? (in lay terms) You had a left middle cerebral artery infarct (stroke) 1 week ago and have just been transferred from the acute hospital to the Rehab facility. As a result of the left side stroke you have been left with some health problems/ deficits? You are having mild difficulties your speech; sometimes when you attempt to speak you have difficulty with word finding and possibly some difficulty reading at aloud. You may get your words confused e.g. "I want you to doe goo that now" instead of "go do that now". When trying to give medical history you may say "stroke One year no any one week Speaking hard "You can and do answer with speech throughout the scenario however your verbal response will sometimes be as described above. You will also notice from your own evaluation that if you slow your speech right down that you seem to have less trouble formulating words in an appropriate way.

You will be assessed by physio and you will follow their instructions in regard to mobility- keeping in mind that you will be a little difficult to stand and that you do not have full strength of your right side.

Who is involved? Nurse, Physiotherapy, Speech Pathology, Social work

What is the significance of the problem? Your right side/mobility has been affected and you find it difficult to stand/walk/sit unaided- you appear to be off centre when trying to initiate movement, you appear awkward, not in complete control of your movements on the right side- at times you may bump into others as your right sided awareness has been compromised.

You also require the expertise of speech pathology as at times you are unable to find words and your speech is slow and at times you speak in single words rather than sentences. E.g I want um um um tea

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What is the intended course of the scenario? This is an Interprofessional scenario and all team members will be in handover when you “suddenly” arrive. The team will be required to collaborate together and initiate care to you in order of priority. There will be a handover from nursing, Physiotherapy will conduct an assessment of mobility, The Speech Pathology assessment will include a brief speech and language assessment and Social work will assess your situation and how it affects you and your family.

Patient story

A 48 year male patient will be transferred from the Daily Acute Hospital, where he has been a patient for the last seven days recovering from his left middle cerebral artery infarct. The Interprofessional team is currently working towards a multidisciplinary approach for assessment and goal setting for Mr. De Luca

Mr De Luca is a 48 year old male; one week post left cerebral artery infarct. Mr DeLuca's residual effects include mild right sided hemiplegia, with mild aphasia, which seem to be causing Mr. De Luca, some distress. Mr DeLuca's progress has been excellent over the last few days while in hospital; however he still requires assistance with his mobilisation, his speech and his psychosocial well being- the extent of Mr Luca's mobility needs will be assessed by the physio team, Speech will conduct a brief speech and language assessment, and social work will conduct an assessment when Mr. De Luca arrives at the rehabilitation centre.

The Interprofessional Rehabilitation team has read the brief patient notes faxed to the ward earlier this morning and are in discussion about Mr. De Luca. The rehab team is aware that Mr. De Luca is currently taking the following **MEDICATIONS:** Warfarin sodium 3mg daily Perindopril 5mg daily, Atorvastatin 20mg daily Metformin hydrochloride 500mg TDS, Digoxin 0.5mg daily Salbutamol Sulphate x 2 Enoxaparin sodium 90mg SC daily Allergies – NIL STATED. Mr De Luca has T.E.D Stockings Insitu. The Inter professional team is also aware of the following:

Mr. De Luca's Previous Medical Hx. BMI 22, Hypertension, Atrial Fibrillation, Type two Diabetes, **Mr. DeLuca's Family History:** Type Two Diabetes, Renal Failure, and Cardiovascular Disease.

Prior to the stroke Mr De Luca smoked 30 cigarettes a day and has done so for the past 30 years. Mr. De Luca is trying very hard to give up smoking and has cut down to 5 cigarettes per day, with his goal being to cease smoking altogether by the end of next month.

Prior to the stroke Mr. De Luca also had 2-4 standard drinks each night to help him relax, he has not had any alcohol since having his stroke and has stated he is not going to bother with alcohol again, as he is scared it may cause another stroke.

Mrs De Luca stated that at times Peter, is not real good at managing his medications and often misses them or takes them late.

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Mr DeLuca can communicate verbally however he has mild word finding difficulty and problems formulating sentences. Mr. De Luca wants to converse with family and staff. When he can't find the words he uses gestures and attempts write with his left hand and this is very frustrating for him.

Mr. De Luca is also aware that his going to have issues with his mobility and is worried how he will cope when he finally makes it home. Mr. De Luca really wants to make a positive change to his health – he really wants to get back to work and continue earning a wage.

Mr De Luca is married to Belle and they have known each other since they attended high school at the Worawa College in Healesville; they are childhood sweet hearts.

Mr De Luca and Bella married 28 years ago.

They have lived in their heavily mortgaged three bedroom home at Healesville, Victoria for 10 years.

Together they have 3 teenage children at home Rose 19 is at university, Aaron 15 is in year 11 and attends a private school, & Lily 13 is in year 9 and attends a private school. Other close family members live nearby in surrounding suburbs of Melbourne city.

Mr DeLuca has worked at the local saw mill as a full time casual for the past 10 years as a labourer and Bella works at the Swinburne TAFE as an administration support person.

Both Mr De Luca and Bella are active members of the Healesville community, attending community functions and sporting events with their children.

The family state that Mr De Luca feels overwhelmed with what has happened to him, but more importantly he seems to be deeply worried about the financial impact his situation will have on his wife and children. Mr. DeLuca's concern of financial burden, loss of his income, paired with the potential overall cost of his treatment, and all his expensive medications, physiotherapy, and hospital accounts etc. Bella has stated that money is sparse even when Peter is working – they are all worried about how they will cope if they don't have Peter's wages coming in anymore.

Explain the experience i.e. what has happened with the patient? What is the impact on the patient? What is the expected course for the patient? You had a stroke which has left you with mild aphasia, mild right sided deficits in your mobility -occasionally you may bump into things with your right side as your Right sided awareness has diminished since the stroke. You are also extremely concerned about the financial impact your situation will have on your family. You have three teenage kids and your wife works- however you have a lot of financial commitments with sports and community engagements with the kids. You also have a heavily mortgaged house which is causing you a lot of anxiety.

Explain all medical terms.

Aphasia: Loss of ability to understand or express speech, caused by brain damage.

Hemiplegia: Paralysis affecting only one side of the body

Left cerebral middle artery infarct: Stroke

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Learning objectives

When participating in this simulation, it is anticipated that the students will achieve the following objectives:

Interprofessional Objectives (working together as a healthcare team)

- **Interpersonal and Communication Skills:** Consistently communicates sensitively in a responsive and responsible manner demonstrating the interpersonal skills necessary for Interprofessional collaboration
- **Patient-Centred and/or Family-Focused Care:** Through working with others negotiates and provides optimal integrated care by being respectful of and responsive to patient/client and/or family perspectives, needs and values
- **Collaborative Decision Making:** Establishes and maintains effective and health working partnerships with other professionals whether or not a formalised team exists
- **Roles and Responsibilities:** Consults, seeks advice and confers with other team members based on a clear understanding of everyone's capabilities, expertise and culture
- **Team Functioning:** Uses team building skills to negotiate, manage conflict, mediate between different interests and facilitate building of partnerships within a formalised team setting

Speech Pathology

- Brief Speech and language assessment

Social Work

- Conduct a psychosocial assessment with the patient

Physiotherapy

- To conduct an assessment of gross motor function including
- Transfers and gait

Nursing

MNSc to conduct an ISBAR Handover

Setting

Describe the setting. Rehab Hospital ward – closely resembles a hospital and hospital equipment will be scattered around the "ward" you will be wheeled in a wheel chair and placed next to your bed.

Will there be any equipment? Pain Medication (Endone) which will be tic tacs- is that ok with you? Hospital bed, wheel chair, walking frame, Speech pathology will have some assessment materials (pictures for you to name and a picture for you to describe" Will the patient have any attachments? No attachments as you have just been transferred from the acute hospital

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where you have been an inpatient for the past week. You will arrive to the rehab ward in a wheel chair

Do they need to provide any clothing? Will we provide any clothing? Patient can wear his own track pants and t shirt- slippers /runners

Start, Middle and End

How will the scenario start? Are there any opening lines/ prompts? The opening prompt will be Mr De Luca arriving in a wheel chair; you will be dressed in your track pants and t shirt and slippers/runners. The person wheeling you in will place you at your bedside and go to the health team to inform them of your arrival. The Inter professional team of students will then prioritise and initiate your care, immediately.

What is the expected progression of the scenario? For the inter professional team to collaborate and communicate and prioritise your care.

How will it end? Social work will assess you and possibly make recommendations, (that you are agreeable to) and that will be the end of the scenario. The students will then go into their de briefing session

Other important information

Please note that the encounter will be videotaped. This video footage will be streamed to a viewing room, where students and staff not directly participating in the simulation will view the footage (e.g. students who will enter the room at a later time, staff members involved in debriefing). The video footage may be used for feedback and debriefing related to the simulation. This footage will not be used for any other purposes (e.g. future teaching activities, marketing) within your informed consent.

Following the simulation scenario, students will be given the opportunity to debrief and receive feedback on their performance. There is no expectation that you participate in this feedback. However, if you have participated in or received training in providing student feedback before and wish to become involved in this process, we would gladly welcome your involvement.

Some scenarios may involve the ingestion of liquids or foods. If you have any intolerances/ allergies / dietary requirements that may impact on your role, please inform the staff involved.

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