Patient Name: Zoe Brooks

Diagnosis: **Asthma**

Student Guide

Simulated Learning Environment Rules

General Rules

1. Students will be issued with nametags at the commencement of the learning activity. These should be worn at all times.
2. Participating students must wear their clinical uniform.
3. Students are not to bring food or drink into the simulation laboratories.
4. To prevent tripping hazards, all bags and coats must be stored in the bag racks/lockers provided.
5. For your safety we recommend that you wear protective clothing (lab coat, gown, goggles, mask and/or gloves) relevant to the task being undertaken.
6. Wash your hands upon entering and leaving the simulation laboratories.
7. Immediately report any injury or near miss to a member of staff.
8. In the event of damage to or malfunction of equipment, immediately stop using it and advise staff.
9. Do not remove equipment or models from the laboratories without prior approval of staff.
10. Be considerate: keep noise to a minimum; there is often more than one group working in the labs.
11. Consult staff about any lost or found property.
12. Any deliberate damage, defacing or theft of University property must be dealt with as outlined in the Incident Reporting and Investigation policy; http://policy.unimelb.edu.au/UOM0364
13. You may be asked to leave the laboratories if your behaviour is inappropriate.
14. Mobile phones must be placed on silent and conversations with external parties during laboratory lessons are to be avoided.
15. If you are unsure of something, please ask staff.

Dress Code

An appropriate code of dress applies to the simulated learning environment. This is to encourage students to reflect upon their own professional image, practice the implementation of Infection Control principles and Occupational Health and Safety (OH&S) standards as well as facilitating best practice.

- **Shoes** must be clean and in good repair. Sensible, flat-soled and comfortable shoes are encouraged to promote safety and prevent trauma. Open toed or slip-on backless shoes are not suitable.
- **Jewellery** should be plain and restricted to minimum usage. The following items of jewellery are permitted: wrist or fob watch, wedding ring, stud earrings (earrings of any other description are not permitted). Facial rings are not permitted for Occupational Health and Safety reasons. If necessary they may be replaced by studs. Nail rings are not permitted.
- **Nails** are to be kept short (less than ¼ cm), natural fingernails with fresh clear nail polish or none at all. Please note that artificial / acrylic nails harbour pathogens, especially gram-negative bacilli and yeasts and are not suitable for clinical practice.
- **Hair** should be clean, neat and tidy. It should be kept off the face and secured as to not interfere with patient care procedures. To facilitate this, hair should be tied back once it is collar-length. Hair accessories should be plain / neutral and in keeping with a professional image.

This project was possible due to funding made available by Health Workforce Australia

Patient Name: Zoe Brooks

Diagnosis: **Asthma**

Student Guide

Overview

Target Audience: Master of Nursing Science / Doctor of Physiotherapy / Social Work / Master of Speech Pathology

Estimated pre briefing time: 15 minutes pre brief

Estimated simulation time: 40 minutes scenario

Estimated debriefing time: 30 – 40 minutes

Setting: Ritz Medical centre

This project was possible due to funding made available by Health Workforce Australia

Brief Summary of Scenario

Clinical Setting – Ritz Medical Centre

The Ritz Medical centre is the oldest hospital in Victoria, having been built just prior to the gold rush era. It is a modern, state of the art hospital which has over 650 beds. The Ritz Medical is recognized as a pacesetter in the national health care arena and has consistently been linked to progressive developments in health care and services, medical research and health care teaching.

The Ritz Medical Centre is the main provider of health services to people living in the inner suburbs of Melbourne and a major provider of specialist statewide services to the people of Victoria. The Ritz Medical Centre is world-renowned for its research and specialist work in burns, trauma management, cancer, liver transplantation, spinal cord injuries, neurology, endocrinology, mental health and rehabilitation.These services are provided across the continuum of care from ambulatory, to inpatient and home and community based services.

Brief Summary of Learning Activity

The overall goals of asthma management are to prevent disability, minimise physical and psychological morbidity and assist the child in living a normal and happy life as possible (Wong et al. 2006). In order to achieve this, the family and the child need to recognise asthma symptoms, learn how to manage asthma exacerbations, visit a health care provider regularly, understand and implement the appropriate therapy, and identify and eliminate environmental irritants and allergens (National Asthma Council, 2006).

Part A: During this clinical simulation,

- Nursing students will focus their attention on educating the parents (Sharon & Graham) on recognising and managing asthma symptoms (asthma action plan).

Part B:

During this clinical simulation , Speech Pathology & Physiotherapy students will

- Obtain a development history, conduct a screening assessment & determine the appropriate course of action
- Communicate findings of communication assessment with parents
- Behavioural issues and parental functioning
- Assessment of social supports

Part C

During this clinical simulation Social Work students will:

- Explore the circumstances impacting the client family using a multidimensional framework
- Assess risks impacting the welfare of the Zoe
- Work collectively with Sharon and Graham to establish viable intervention to support of Zoe's care

Students will interact with one/two actors who will play the role of Sharon & Graham. Each discipline has 15- 20 minutes in which to discuss and implement their clinical intervention.

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Learning objectives

Interprofessional

- ☐ **Interpersonal and Communication Skills**: 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 healthy 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 an 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

(Source: The British Columbia Competency Framework for Interprofessional Collaboration, 2008)

Discipline Specific - Speech Pathology

- ☐ Review care plan prior to meeting the patient, and identify and deal appropriately with any inconsistencies.
- ☐ Introduce self to patient / significant others, and explain speech pathology role and objectives of speech pathology session.
- ☐ Discuss the concerns of the significant other, and demonstrate empathy and understanding.
- ☐ Determine the significant other's knowledge of the patient's development, communication and behaviour. Collect further information regarding the patient's developmental history and current presentation.
- ☐ Conduct an initial screening assessment of the patient's communication development via administering a parent-completed checklist/questionnaire, as appropriate.
- ☐ Review the client's developmental history and screening information provided by the client's significant other.
- ☐ Discuss results of the screening assessment with the client's significant other.
- ☐ Determine need for additional speech pathology assessment and/or further referral to specialist services, as appropriate.

Discipline Specific - Social Work

- ☐ Makes an appropriate assessment of the client's situation
- ☐ Explains the service to the client and describes any limitations with what is being offered
- ☐ Involves the client, as far as possible in developing a service plan and in its implementation
- ☐ Acknowledges and respects the strengths and capacities of the client in developing a service plan

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- ☐ Develops a social work assessment and intervention plan that is appropriate to the patient's situation and is in keeping with ethical and legislative requirements
- ☐ Maintains social work principles, values and practice whilst acknowledging the practice base of other disciplines in the multidisciplinary team
- ☐ Recognises the need for and arranges a referral to a relevant service provider and puts in place assistance to enable the provision of service as a result of the referral
- ☐ Advises the client of their right to query the service provided and the avenues and procedures to follow if the client wishes to do so
- ☐ Seeks feedback from the patient in the evaluation of service provision and uses this to improve future practice
- ☐ Works with the patient and the medical service so that the patient receives the most appropriate and effective service from the organisation

Discipline: Australian Nursing & Midwifery Council National Competency Standards

- ☐ Educates individuals to promote independence and control over health
- ☐ Facilitates coordination of care to achieve agreed health outcomes
- ☐ Approaches and organises assessment in a structure way
- ☐ Determines priorities for case, based on health assessment of an individual's need for interventions
- ☐ Uses resources effectively and efficiently in providing care
- ☐ Practices in a way that acknowledges the dignity, culture, values, beliefs and right of individuals/groups
- ☐ Understands and practices within own scope of practice
- ☐ Practices within a professional and ethical framework
- ☐ Identifies expected and agreed individual health outcomes including a time frame for achievement
- ☐ Provides comprehensive, safe and effective evidence based health care to achieve identified individual health outcomes
- ☐ Integrates nursing and health care knowledge, skills and attributes to provide safe and effective patient centred care
- ☐ Evaluates progress towards expected individual health outcomes in consultation with individuals, significant others and interdisciplinary health care team
- ☐ Documents a plan of care to achieve expected outcomes
- ☐ Established, maintains and appropriately concludes therapeutic relationships
- ☐ Collaborates within the inter-disciplinary health care team to provide comprehensive patient focused health care
- ☐ Demonstrates accountability and responsibility for own actions within practice
- ☐ Ensures privacy and confidentiality when providing health care

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Patient Name: Zoe Brooks

Diagnosis: **Asthma**

Student Guide

Patient story

Patient Description:		
Name Zoe Brooks	**Age** 2.4 Years	**Ethnicity** Australian – No religion
Setting:	Ritz Medical Centre Children's Ward	
Patient Information	*Previous Medical Hx* IGUR, Prematurity 34/40 Recurrent Otitis Media Moderate Persistent Asthma ○ Daily symptoms ○ Night time symptoms > 1 night per week ○ PEF or FEV1 > 60 % to < 80 % of predicted value ○ PEF variability > 30 % Since infancy Zoe has had repeat respiratory infections & wheezy episodes. She has recently been diagnosed with Asthma by her GP. Zoe had two moderate / severe asthma attacks in the last two months, which require admission to the Ritz Medical Centre Children's Ward (Rx did not involve ICU management). So far this year, Zoe has had four presentations to the Ritz Centre Emergency Department with mild exacerbation of her asthma symptoms. A contributing factor to Zoe's frequent admissions/ presentations to the Ritz Medical Centre are her parents' difficulty in managing Zoe's complex health needs. Sharon finds it very challenging to get Zoe to take her regular inhalers, due to Zoe's behavioural problems (hyperactivity). In addition, Sharon & Graham demonstrate limited understanding of asthma management – i.e. clinical indications for each medication i.e. which medication to administer when. Zoe and her parents were booked in for an appointment with the Asthma Liaison Nurse at the Ritz Medical Centre Outpatients Department in December of 2012. This was scheduled after Zoe's last admission to hospital in order to review Sharon's & Graham's understanding of Zoe's asthma management plan. However, Zoe & her parents did not attend this appointment.	

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	Weight 10.5kg (10th percentile) Height 86cm (25th percentile)
	Previous Family Hx Hypertension, Bowel Cancer
	Current Medications Beta-2 agonists: salbutamol (Ventolin, Asmol) Preventer: Pulmicort Flexhaler 180 mcg twice daily.
	Allergies – nuts, eggs and lactose
	Lifestyle & Health Practices Zoe currently lives with her parents. She attends community day care centre in Collingwood two days a week. Zoe's carers have begun to express concerns about her development & behavior in the past 6 – 8 months. At a child care centre meeting, Zoe's carers told Sharon & Graham that Zoe often does not follow instructions and has difficulty joining in group activities. She sits with the group or at a table only very briefly and does not play will with other children. The carers also spoke about Zoe's clumsiness and her late walking. She has only begun to walk unaided in the last three months and is still unsteady on her feet.
	Social History *Father:* Graham Williams (24 years - not Zoe's biological father) is employed as a factory worker (production line) for Kerry Ingredients. Last month, Graham's work hours were cut to from 40 to 25 per week due to the company shifting production to other factories interstate and offshore. This has resulted in sever financial difficulty for Graham and Sharon, which has negatively impacted on their characteristically strong and supportive relationship. Graham is known to the Collingwood police and was a participant in a Diversion Program when he was 17 years of age. *Mother:* Sharon Brooks (23 years) is currently studying a Certificate IV in Youth Work at Holmesglen TAFE. Sharon also works as casual night filler at Woolworths in Collingwood. Graham looks after Zoe when Sharon is at TAFE and at work. Sharon is concerned that Zoe's health situation is declining because she is not available to take care of Zoe fulltime. At the same time she is concerned about the family's

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	financial situation if she were to reduce her work hours. Sharon and Graham met each other in 2008 at a REVAL Program that was being run by Youth Support & Service (YSAS) in Prahran. When Sharon and Graham met, Sharon was 24 week pregnant with Zoe. Both Sharon and Graham have a history of IVDU (Heroin / Amphetamines) and alcohol abuse. They are currently both on a maintenance Methadone program. Sharon and Graham continue to smoke 10 -15 tobacco cigarettes per day. Sharon and Graham still frequently attend the substance abuse support group meetings offered at Collingwood community centre. Recently however, because of the increasing stress and anxiety associated with their reduced finances Graham has started to drink heavily. Sharon, Graham & Zoe currently live in public housing in Collingwood.

Hx Present Health Concern

Today Sharon and Zoe presented to the Ritz Medical Centre Emergency Department at 1030 am. Sharon was becoming increasingly concerned about Zoe's hacking paroxysmal cough, moderate shortness of breath, and audible inspiratory wheeze. Sharon stated to the Emergency Nurse (Helen) that "Zoe's puffers rang out two days ago and cause Graham has had his hours cut at work, we have got no money to buy any more". Sharon went on to say to Helen, that "two nights ago, I gave Zoe the white puffer every two hours via the spacer cause her breathing was getting really bad.....we nearly come to see you on Wednesday night..... But Graham gave her some on the blue puffer and she got better. I was really scared because I just don't know what to do when her breathing gets real bad!

Upon examination Zoe demonstrated increased work of breathing (Respiratory Rate 36) with moderate accessory muscle use/recession, a Sa02 of 90 % on room air, a slight tachycardia (125 beats per minute), and a limited ability to speak in sentences. After administration of Salbutamol by MDI/spacer every 20 minutes for 1 hour & oral prednisolone (1 mg/kg) Zoe demonstrated little improvement in her condition. Due to a poor response to inhaled salbutamol, an inability to wean the sabultamol to 3 – 4 hourly and oxygen required to keep Sa02 > 92% Zoe was admitted to the Children's Ward at the Ritz Medical Centre.

From the assessment the Emergency Registrar (Dr Anthony O'Neil) noted that Zoe had limited language and her comprehension of instructions did not appear to be age appropriate. Sharon stated yesterday that she got a letter for Zoe's child care centre complaining about Zoe's disruptive behaviour.

As a result of the concerning psychosocial information & development information gathered by the Emergency Department multidisciplinary team, a referral was made by the admitting Paediatric Registrar to the Allied health care team (Social Work, Speech Pathology & Physiotherapy).

Admitting Diagnosis

Asthma for stabilisation and management
Assessment of development delay and behavioural problem
To be formally assessed – referral to Speech Pathology, Social Work & Physiotherapy

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Patient Name: Zoe Brooks

Diagnosis: **Asthma**

Student Guide

Resources

References for Scenario

Brown, D., & Edwards, H. (2012). *Lewis' Medical-Surgical Nursing.* (3rd ed.). Sydney: Elsevier Mosby.

The National Asthma Council Australia. (2006). The Asthma Management Handbook. Available from http://www.nationalasthma.org.au/handbook

Royal Children's Hospital Melbourne. Clinical Practice Guidelines. Available from http://www.rch.org.au/clinicalguide/

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Patient Name: Zoe Brooks

Diagnosis: **Asthma**

Student Guide

Student Notes

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