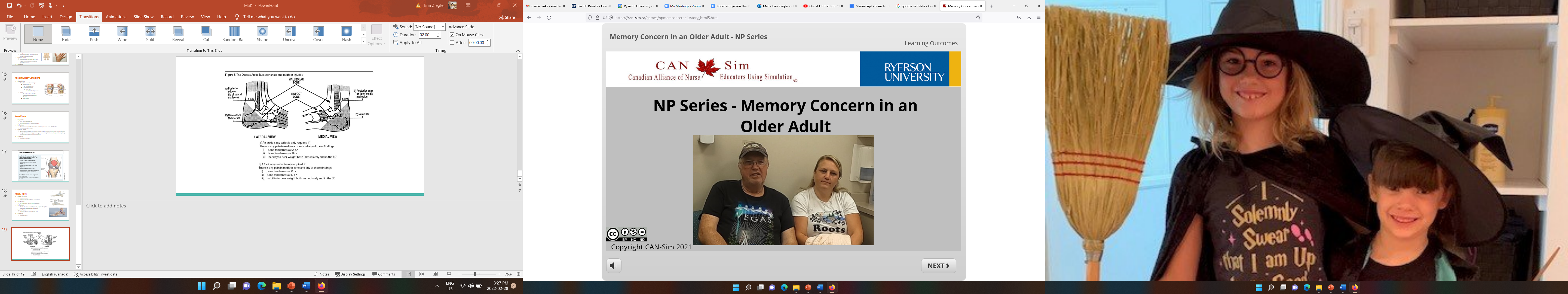
  

***Nurse Practitioner Essential Skills***

Virtual Simulation Experience–

Facilitator Guide



Memory Concerns in an Older Adult

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**except where otherwise noted**

## Project Team

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**Actors**

We would like to acknowledge the important contribution of all the actors who took part in this project. Due to the sensitive nature of the content of the virtual simulations we will not be publishing the names of the actors. We would also like to stress that the opinions expressed by the actors in the virtual simulations does not reflect their own personal opinions.

**\*\*\*To protect the safety of the actors it is not permitted to extract, manipulate, or repost any video clips from the virtual simulations, as permission to use the actors’ images are only valid within the context of the virtual simulation package as created by the project team\*\*\***

## Land Acknowledgement

|  |
| --- |
| The recording of this scenario was completed at Ryerson University in Toronto, Ontario. Toronto is in the 'Dish With One Spoon Territory’.  The Dish With One Spoon is a treaty between the Anishinaabe, Mississaugas and Haudenosaunee that bound them to share the territory and protect the land. Subsequent Indigenous Nations and peoples, Europeans and all newcomers have been invited into this treaty in the spirit of peace, friendship and respect. |

## Funding Acknowledgement

|  |
| --- |
| This project was made possible with funding by the Government of Ontario and through eCampus Ontario’s support of the Virtual Learning Strategy. |

To learn more about the Virtual Learning Strategy visit: <https://vls.ecampusontario.ca>

## Collaborator Acknowledgement

This virtual simulation was developed in collaboration with the **Canadian Alliance of Nurse Educators using Simulation (CAN-Sim)** using the CAN-Sim virtual simulation design process.

A red and white logo

Description automatically generated with low confidence

To learn more about CAN-Sim visit: <http://can-sim.ca/>

## Learning Objectives

**By the end of this virtual simulation experience, learners will be able to:**

1. Conducts a holistic and comprehensive assessment of an older person with a memory concern to address current issues of concern to the patient and family.
2. Distinguish among common presentations of memory and/or functional concerns amongst older persons to identify prioritized needs.
3. Identify prioritized and tailored interventions based on assessment findings to promote well-being and optimal care, maximize function, maintain desired level of autonomy and independence
4. Using ethical decision-making to balance person-centred care for older persons to promote autonomy and well-being
5. Collaborates with the older person, family and health care team

## Pre-Simulation Preparation

**Case Summary**

Mr. Phillip Banks, aged 70 presented to clinic today accompanied by his daughter Jill. Jill booked the appointment to discuss the concerns that she has about her father’s memory. She is worried about his ability to care for himself, drive and take his medication. Mr. Banks is a widow and lives alone in a house. He is very close to his 2 daughters and grandchildren. His daughter Jill does help about the house and makes sure that her father is doing okay. Mr. Banks is worried about attending the appointment today.

**Suggested Pre-Readings**

* National Institute on Aging. Memory, Forgetfulness and aging: What’s normal and what’s not. <https://www.nia.nih.gov/health/memory-forgetfulness-and-aging-whats-normal-and-whats-not>
* CGA toolkit. Resources for the Comprehensive geriatric assessment = primary care of the elderly - <https://www.cgakit.com/>
* Ismail, et al (2020). Recommendations of the 5th Canadian consensus conference on the diagnosis and treatment of dementia. <https://alz-journals.onlinelibrary.wiley.com/doi/epdf/10.1002/alz.12105>
* Montreal cognitive assessment (MOCA). <https://www.mocatest.org/>
* Non-Pharmacological Assessment and Management of Behavioural and Psychological  
  Symptoms of Dementia in Primary Care. <https://www.mountsinai.on.ca/care/psych/patient-programs/geriatric-psychiatry/prc-dementia-resources-for-primary-care/dementia-toolkit-for-primary-care/responsive-behaviours-in-dementia/non-pharmacological-assessment-and-management-of-behavioural-and-psychological>
* TryThis Series. Dementia Series. <https://hign.org/consultgeri/try-this/dementia>
* Reginal geriatric program of Toronto. Cognitive impairment. https://www.rgptoronto.ca/resources/resources-for-healthcare-providers/?\_clinical\_topic=delirium

## Pre-Briefing

**Delivery Methods**

The prebriefing for a virtual simulation can be delivered in different ways:

1. Synchronous in-person
2. Synchronous virtual
3. Asynchronous virtual
4. Written
5. Hybrid

**General components of a Pre-briefing Script for Virtual Simulations**

1. **Orientation:** 
   1. Review of learning outcomes
   2. Review of scenario/case summary
   3. Review of guidelines/models/frameworks relevant to the simulation
   4. Instructions for completing the virtual simulation experience
2. **Psychological safety:**
   1. Rules of conduct for completing simulations in groups (if applicable) including fiction contract and confidentiality
   2. Rules of conduct for debriefing (in-person or virtually)
   3. List of wellness resources for students experiencing distress

**Components of Prebriefing for NP Essential Skills Virtual Simulation Experiences**

Each of the virtual simulations highlights one of several evidence-based models, frameworks or strategies related to addressing racial microaggressions in clinical settings. Each experience does not cover all the possibilities and is meant to give learners options that they can choose to apply in their own practice. Thus, **there are no true “correct” or “incorrect” responses to the clinical decision points**. Our goal is to empower learners by providing examples of how to respond to different microaggressions in the clinical setting.

**For more information about Prebriefing and establishing psychological safety during a virtual simulation please see the following publications**

Dale-Tam, J., Thompson, K., & Dale, L. (2021). **Creating psychological safety during a virtual simulation session**. *Clinical Simulation in Nursing, 57*, 14-17. <https://doi.org/10.1016/j.ecns.2021.01.017>

INACSL Standards Committee, McDermott, D.S., Ludlow, J., Horsley, E., & Meakim, C. (2021). **Healthcare Simulation Standards of Best Practice Prebriefing: Preparation and briefing.** *Clinical Simulation in Nursing, 58*, 9-13. <https://doi.org/10.1016/j.ecns.2021.08.008>

## Virtual Simulation Experience

**Link to access Memory Concerns in an Older Adult:**

[https://can-sim.ca/games/npmemconcerne1/story\_html5.html](https://can-sim.ca/games/npmemconcerne/story_html5.html)

## Debriefing & Reflection

**Reflective Questions for Asynchronous Self-Debrief:**

1. What are the challenges you anticipate in assessing an older adult with a memory concern?
2. You are a new graduate nurse practitioner working in primary care, what challenges to you foresee in assessing older adults for the 3D’s (depression, dementia and delirium)?
3. What actions might you take if there were ongoing challenges between Mr. Banks and his daughter, or other family members regarding Mr. Banks’ care?
4. When would it be necessary to consult on plan of care or make a referral for specialized assessment for Mr. Banks?
5. Did you feel adequately prepared for this scenario?

**For additional information and guidance on debriefing virtual simulations please see the following publications:**

Atthill, S., Witmer, D., Luctkar-Flude, M., & Tyerman, J. (2021). Exploring the impact of a **virtual asynchronous debriefing method** following a virtual simulation game to support clinical decision making. *Clinical Simulation in Nursing, 50*, 10-18. <https://doi.org/10.1016/j.ecns.2020.06.008>

Goldsworthy, S., Goodhand, K., Baron, S., Button, D., Hunter, S., McNeill, L., Budden, F., McIntosh, A., Kay, C., Fasken, L. (2022). **Co-debriefing virtual simulations**: An international perspective. *Clinical Simulation in Nursing, 63*, 1-4. <https://doi.org/10.1016/j.ecns.2021.10.007>

Goldsworthy, S., & Verkuyl, M. (2021). **Facilitated virtual synchronous debriefing**: A practical approach. *Clinical Simulation in Nursing, 59*, 81-84. <https://doi.org/10.1016/j.ecns.2021.06.002>

Harder, N., Lemoine, J., Chernomas, W., & Osachuk, T. (2021). Developing a **trauma-informed psychologically safe debriefing framework** for emotionally stressful simulation events. *Clinical Simulation in Nursing, 51*, 1-9. <https://doi.org/10.1016/j.ecns.2020.11.007>

Luctkar-Flude, M., Tyerman, J., Verkuyl, M., Goldsworthy, S., Harder, N., Wilson-Keates, B., Kruizinga, J., & Gumapac, N. (2021). **Effectiveness of debriefing methods for virtual simulation**: A systematic review. *Clinical Simulation in Nursing, 57*, 18-30. <https://doi.org/10.1016/j.ecns.2021.04.009>

Verkuyl, M., Atack, L., McCulloch, T., Lui, L., Betts, L., Lapum, J.L., Hughes, M., Mastrilli, P. & Romaniuk, D. (2018). **Comparison of Debriefing Methods Following a Virtual Simulation**: An Experiment. *Clinical Simulation in Nursing*. <https://doi.org/10.1016/j.ecns.2018.03.002>

Verkuyl, M., MacKenna, V., & St. Amant. (2021). Using **self-debrief** after a virtual simulation: The process. *Clinical Simulation in Nursing, 57*, 48-52. <https://doi.org/10.1016/j.ecns.2021.04.016>