

**Be Real!**

**Integrating Realism and  
Facilitating the Suspension of  
Disbelief**

**HPSN 2009**

**Evaluation#: 3010**

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*"The first rule of sim is to never admit to your public that anything they sense is fake."*

*R. Kyle - SSIH Listserv 2009*

# Objectives:

- Participants will be able to:
  - Describe the importance of integrating realism into their simulations
  - Visualize the difference between a simulation utilizing realism and one using pretend
  - Describe simple and cost-effective solutions to the most common realism problems faced in simulation education
  - Utilize the workshops elements in the making of a bodily substances



~~Pretend~~

# Why be Real?

- Definition of Simulation

- *“imitation of some real thing, state of affairs, or process”*

- *Wikipedia*

- Simulation creates fantasy

- *“...we are talking about the ability to immerse oneself in fantasy.*

- *SSIH List-serv*

# Inherent Issues with Simulation

- Instructors
- Students
- Facilities
- Equipment
- Mannequins

**Instructors**

**Getting Their Buy-in**

# Instructors

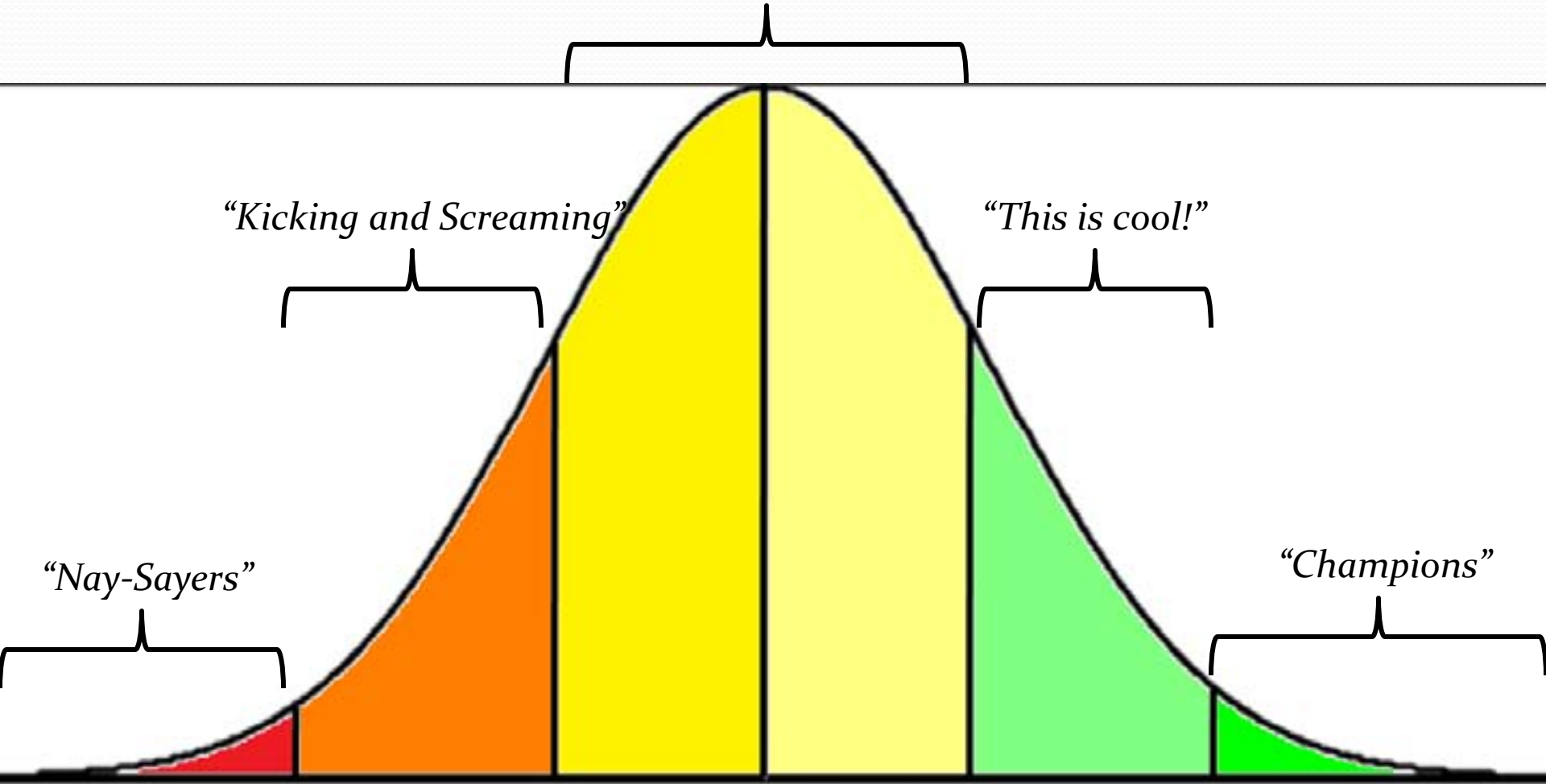
*"Ok, with reservation"*

*"Kicking and Screaming"*

*"This is cool!"*

*"Nay-Sayers"*

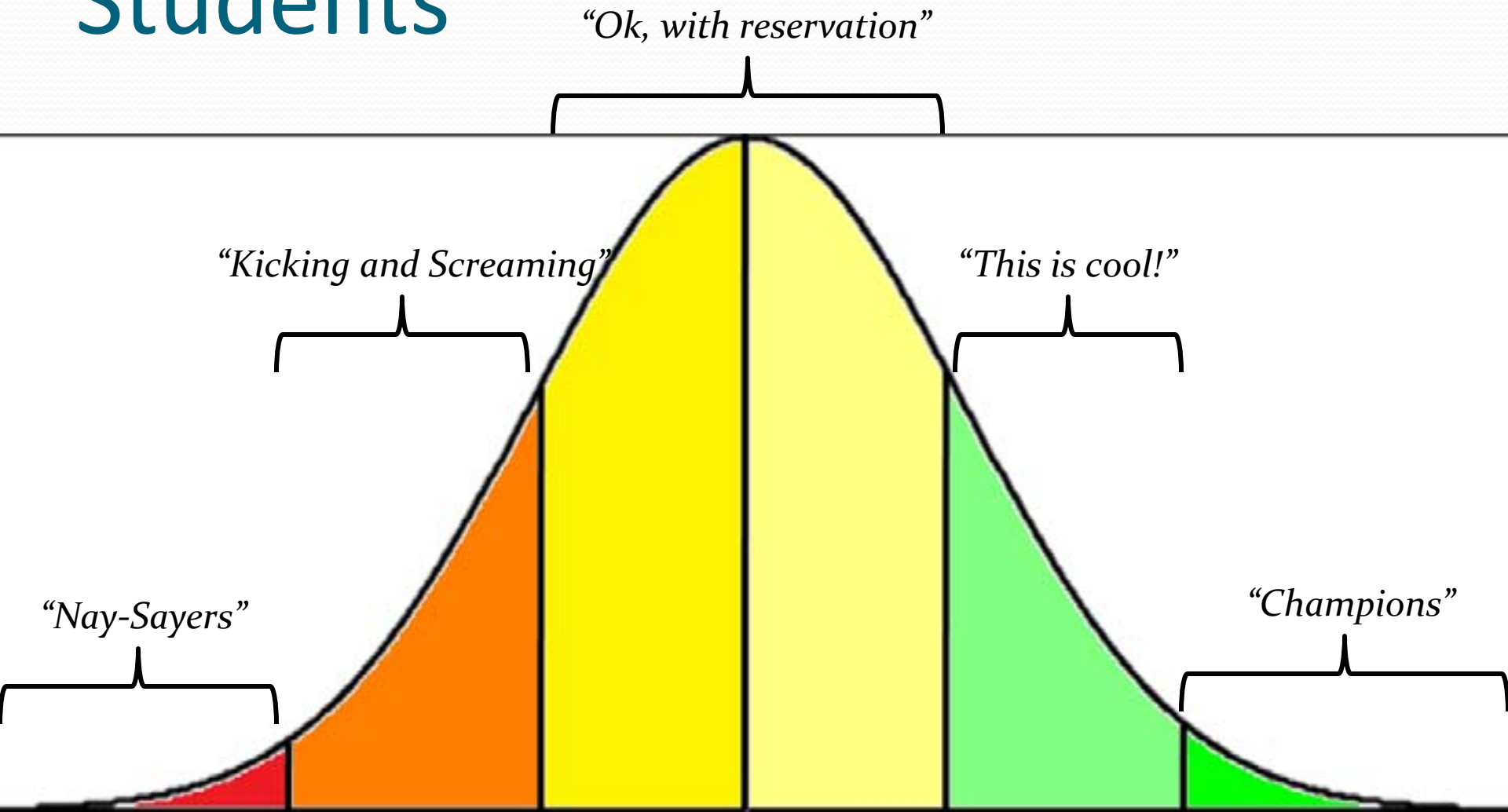
*"Champions"*



Students

Making them Believe

# Students



# Facilities: Creating a Patient Room

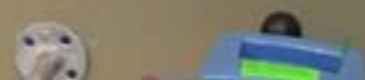


Your nurse is:  
Our Plan of Care:  
Patient or family



# Headwalls





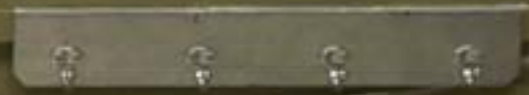
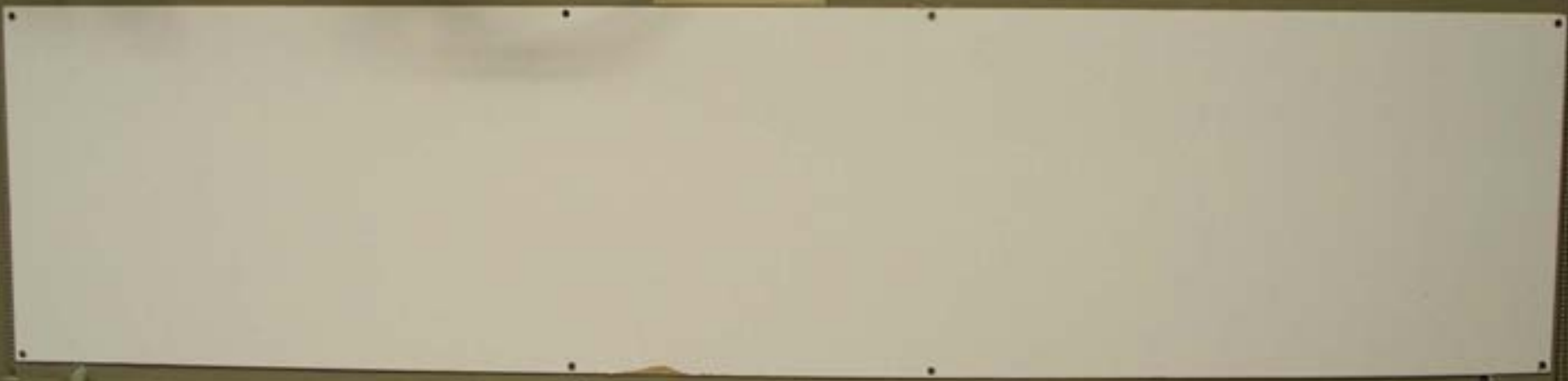




No BPs in the R Arm



No BPs in the L Arm



# Equipment: Obtaining Real Equipment



# Sources for Medical Equipment

- Hospitals:
  - Biomedical engineering
  - Pharmacy
  - Central supply
  - Hospital suppliers
  - Hospital units
  - Other simulation centers
- Universities/Other:
  - Online sources
  - Hospitals
  - Other simulation centers

# Documentation

St. Joseph's Hospital and Medical Center (version 1.4 test group)

Fri Mar 13 09:50 Sunrise Critical Care User: TCS122 Pt. #: 15489364 MR#: 315-64-75 Room#: 1S81-D1  
 Pt. Name: RODRIGUEZ, MARK S. Admitted: 03/08/09  
 DOB: 05 24, 1934 Chst: Sex: M Age: 74

Sections:

Vital Signs Flowsheet

		03/13 05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00
TEMP	Temperature (Source) C				36.9 101.8	co					
HR	Heart Rate				118						
	Rhythm				S Tach						
	Ectopy				PVCs						
	Frequency				Rare						
RESP	Respiration Rate				24						
	Respiration Quality				Regular						
BP	Noninvasive BP (M) Source	( / )	( / )	( / )	( / )	( / )	( / )	( / )	( / )	( / )	( / )
ART	Arterial BP (M) Source	( / )	( / )	( / )	66 / 49 ( 55)	( / )	( / )	( / )	( / )	( / )	( / )
DRIPS	(2) Diprivan 1000mcg/100ml 10% Lipid Fentanyl 1000mcg/100ml D5W Norepinephrine 4mcg/250ml D5W	ml/hr mcg/kg/min									
		ml/hr mcg/hr									
		ml/hr mcg/min									
MONIT	Pulse Oximeter %				92						
RIKER	Riker Sedation Scale										
PAIN	Pain Location				uta						
	Pain Severity										
	Intervention				fent att						
	Outcome/Eval										
RESP	RESPIRATORY STATUS				ABN						
	Respiration Quality				Regular						
	Abnormal Resp Pattern				None						
	Breath Sounds				Clear Clear Diminished Clear Diminished						
		RLL RML RLL LUL LLL									
	O2 Admin Mode				Vent						
	O2 Admin FIO2				1						
	O2 Admin L/min										
	Ventilator Type				Servo900C						
	Intubation Site				Oral						
	Tube Size				7						

Docum	Notes	Respiratory	Review	Review2	Acuity	Labs	Careways	Reports
Progress	Notable	Procedure	Plan of Care	Review All	Directory	Therapies	PT/OT/SLP	OT Evals
<b>Progress Notes</b>								
<b>Discipl</b>	<b>ine:</b> Nursing/Respiratory	<b>Topic:</b> Assessment - Shift			<b>Entered By:</b> Twenty-Two Test			
Assessment complete as per flowsheet. Pt has c/o R sided weakness; R side to antigravity. Pt pupils: L5 R3, tongue is not midline; drift to R. Pushes/pulls on upper: L4 R2, lower L4 R2. 3+ pulses throughout, <3sec cap refill. Pt states pain on head at incision. Pt rates pain 3/10 on 0-10 pain scale. Pt ordered to drink thickened								
<b>Discipl</b>	<b>ine:</b> Palliative Care	<b>Topic:</b> Patient Progress			<b>Entered By:</b> Twenty-Two Test			
Pt may have possible aspiration of thin liquid (water). Med Teach MD paged; page returned. Order received for CXR to R/O possible aspiration. Radiology to come complete CXR at bedside. Will continue to monitor pt.								
<b>Discipl</b>	<b>ine:</b> Nursing/Respiratory	<b>Topic:</b> Patient Progress			<b>Entered By:</b> Twenty-Two Test			
CXR results back: Bilat lobe atelectasis with no aspiration. Pt teaching to be done on incentive spirometer use and importance.								
<b>Discipl</b>	<b>ine:</b> Nursing/Respiratory	<b>Topic:</b> Patient Progress			<b>Entered By:</b> Twenty-Two Test			
Pt c/o R calf pain. + homan's sign, unilateral swelling and redness noted. SCD removed on R leg only. Med teach MD paged and orders were received. Ultrasound called and will complete venous doppler study of R leg at bedside. will continue to monitor.								
<b>Discipl</b>	<b>ine:</b> Nursing/Respiratory	<b>Topic:</b> Patient Progress			<b>Entered By:</b> Twenty-Two Test			
Ultrasound here. Dopple study on R leg completed. Pending results.								
<b>Discipl</b>	<b>ine:</b> Nursing/Respiratory	<b>Topic:</b> Patient Progress			<b>Entered By:</b> Twenty-Two Test			
Results received from R leg doppler study. Orders received from Med teach MD. Will initiate orders and continue to monitor pt for effectiveness.								
<b>Discipl</b>	<b>ine:</b> Nursing/Respiratory	<b>Topic:</b> Miscellaneous			<b>Entered By:</b> Twenty-Two Test			
Pt's wife (Joyce Rodriguez) informed of pt status change, but is unable to come to hospital. Pt gave okay for wife to be updated by RN over the phone.								
<b>Discipl</b>	<b>ine:</b> Nursing/Respiratory	<b>Topic:</b> Medications			<b>Entered By:</b> Twenty-Two Test			
Pt. C/O pain 7/10 on pain 0-10 pain scale. Hydromorphone 1mg IV given by Rosie RN. Will monitor pt for medication effectiveness.								
<b>Discipl</b>	<b>ine:</b> Nursing/Respiratory	<b>Topic:</b> Patient Progress			<b>Entered By:</b> Twenty-Two Test			
Pt c/o chest pain 8/10 on 0-10 pain scale and SOB with RR of 32. MD paged; paged returned orders recieved.								
<b>Discipl</b>	<b>ine:</b> Nursing/Respiratory	<b>Topic:</b> Patient Progress			<b>Entered By:</b> Twenty-Two Test			
ABG's drawn, Spiral CT and portable chest X-ray completed. Pt is on 15L O2 Nonrebreather. with RR of 30.								
<b>Discipl</b>	<b>ine:</b> Nursing/Respiratory	<b>Topic:</b> Patient Progress			<b>Entered By:</b> Twenty-Two Test			
CBC								

# Mannequin Limitations: Cost Effective Solutions Made Easy



# Moulage Kit Essentials

- Make-up/Fake Wounds
- Food Items
  - Oatmeal
  - Canned fruits/vegetables
  - Food coloring
- Wigs

# Recipes

# Bodily Fluids & Patient Conditions

- Melenic Stool
  - 1 jar Seedless Raspberry Jam
  - 1 drop black food coloring
  - Mix together
- For Clots
  - Black cherry pie filling
  - Cut cherries into small pieces

# Bodily Fluids & Patient Conditions

- Purulence
  - Mash an over-ripe banana
  - Mix with water for desired thickness
  - Add clam juice for odor (optional)

# Bodily Fluids & Patient Conditions

- Blood Recipe
  - For each liter of sterile water, add:
    - 3 mL of red food coloring
    - 1 ml of blue food coloring
    - 1 ml of black food coloring

# Bodily Fluids & Patient Conditions

- Sputum
  - KY Jelly
  - Corn starch
  - Food coloring for type

# Bodily Fluids & Patient Conditions

- Urine
  - For each liter of sterile water, add:
    - 3 mL of yellow food coloring
      - For darker urine, add more yellow
      - For lighter urine, add less or bleed in sterile water into urine line

# Bodily Fluids & Patient Conditions

- Edema
  - One “Memory Foam” Pillow
  - Cut into 1-2 cm strips
  - Apply to leg, wrap in Coban or ACE Bandage
    - Wrap loosely to not compress the foam

# References

- SSIH List-serv - [www.ssih.org](http://www.ssih.org)
- INACSL List-serv - [www.inacsl.org](http://www.inacsl.org)
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- Recipes for disaster – available at [www.meti.com](http://www.meti.com)
- Jeffries PR (ed.). *Simulation in nursing education. From conceptualization to evaluation*. New York: National League for Nursing; 2007
- Kyle RR, Murray WB. *Clinical simulation. Operations, engineering and management*. San Diego: Elsevier; 2008

# Questions?



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