

# Simulation 4: Harm Reduction



This image was created with the assistance of DALL-E 2

**Estimated Run Time:** 25 minutes  
**Adapted for Student Population:** Undergraduate  
**Setting:** Emergency Department  
**Patient Population:** Adult



**NOSTIGMA**  
Building pathways to equitable care

## Learning Objectives

### General Objectives:

1. Performs priority nursing actions based on clinical assessment findings
2. Employs strategies to reduce risk of harm to the patient and family
3. Utilizes evidence-based practice in the care of individuals with OUD
4. Communicates with the patient using an empathetic and nonjudgmental approach

### Simulation Scenario Objectives:

1. Obtains comprehensive, including bio-psycho-social data through systematic and ongoing healthcare consumer substance use assessments using reliable and valid screening instruments (AMERSA Standard 1) \*
2. Assesses health disparities of age- and gender-specific populations, e.g., LGBT, homeless, underserved, marginalized, and other specific groups such as Veterans, immigrants, those with comorbid mental health disorders (AMERSA Standard 1) \*
3. Applies harm reduction approaches when considering person-centered outcomes (AMERSA Standards 3, 16) \*
4. Creates an individualized plan in partnership with the healthcare consumer and others considering the person's situation, including values, spiritual/ health practices, preference, coping, culture, barriers to treatment and environment (AMERSA Standard 4) \*
5. Demonstrates non-judgmental attitudes and behaviors to develop therapeutic relationships (AMERSA Standards 5, 7) \*
6. Engages the interprofessional team in strategies to address the nursing and medical diagnoses and healthcare consumer issues (AMERSA APRN Standards 4, 13) \*\*
7. Leads interprofessional teams to communicate, coordinate, and collaborate on the delivery of care services and evaluation of treatment planning (AMERSA APRN Standards 5A, 13) \*\*

\* Student nurse and student NP objective

\*\* Student NP objective

## Psychomotor Skills Required of Participants Prior to Simulation

- Competence in the assessment and care of a patient with OUD/acute overdose
- Competence to identify and respond to patients who are experiencing trafficking
- Competence in interprofessional collaborative communication

## Cognitive Activities Required of Participants Prior to Simulation

(textbooks, notes, articles, websites, etc.)

### For student nurses and NPs:

**Simulation Design Template** (revised February 2023)

© 2023, National League for Nursing. Originally adapted from Childs, Sepples, Chambers (2007). Designing simulations for nursing education. In P.R. Jeffries (Ed.) *Simulation in nursing education: From conceptualization to evaluation* (p 42-58).

Washington, DC: National League for Nursing.

Centers for Disease Control and Prevention. (n.d.). *Module 5: Assessing and addressing opioid use disorder (OUD)*. <https://www.cdc.gov/drugoverdose/training/oud/accessible/index.html>

Hogan, K. A., & Roe-Sepowitz, D. (2020). LGBTQ+ homeless young adults and sex trafficking vulnerability. *Journal of Human Trafficking*, 9(1), 63-78. <https://doi.org/10.1080/23322705.2020.1841985>

Implementing Technology and Medication Assisted Treatment Team Training and Resources. (n.d.). DSM-5 criteria for diagnosis of opioid use disorder. <https://www.asam.org/docs/default-source/education-docs/dsm-5-dx-oud-8-28-2017.pdf>

National Human Trafficking Hotline. (2022, November 1). *Trafficking hotline flyer*. <https://humantraffickinghotline.org/get-involved/downloadable-resources>

## No Stigma Simulation Design Template

(Revised 2/25/24)

### Simulation 4: Harm Reduction

**Date:**

**Discipline:** Nursing

**Expected Simulation Run Time:** 25 minutes

**Location:** Emergency Department

**Today's Date:**

**File Name:** James Alvarez

**Student Level:** Undergraduate

**Guided Reflection Time:** 35 minutes

**Location for Reflection:**

#### Brief Description of Patient

Patient is an 18-year-old male with no medical history. He is homeless and presented to the ED s/p overdose. You are the RN coming on shift to care for the patient.

**Name:** James Alvarez

**Pronouns:** He/Him

**Date of Birth:** 5/1/\_ \_

**Age:** 18

**Sex Assigned at Birth:** Male

**Gender Identity:** Male

**Sexual Orientation:** Gay

**Marital Status:** Unmarried

**Weight:** 160 lbs.

**Height:** 5'10"

**Racial Group:** Latinx

**Language:** English

**Religion:** None

**Employment Status:** Unemployed

**Insurance Status:** Uninsured

**Veteran Status:** No

**Support Person:** Friend  
(declines to provide name)

**Support Phone:** Declines to answer

**Allergies:** None

**Immunizations:** Up to date

**Attending Provider/Team:** Dr. Mohamed – ED Attending MD

**Home Medications:** None

**Past Medical History:** None

**History of Present Illness:** The patient presented to the ED after being found unresponsive, with agonal breathing in a local park. He received 1mg naloxone in each nostril for a total of 2mg by EMTs on route to the ED. EMT arrives with patient and provides student RN with report. On arrival to the ED, patient is alert, and vitals stable.

**Social History:** Reports he is currently homeless, staying on a friend's couch.

**Primary Medical Diagnosis:** Overdose

**Surgeries/Procedures & Dates:** None

## Setting/Environment

<input checked="" type="checkbox"/> Emergency Department <input type="checkbox"/> Medical-Surgical Unit <input type="checkbox"/> Pediatric Unit <input type="checkbox"/> Maternity Unit <input type="checkbox"/> Behavioral Health Unit	<input type="checkbox"/> ICU <input type="checkbox"/> OR / PACU <input type="checkbox"/> Rehabilitation Unit <input type="checkbox"/> Home <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Other:
---	--

## Equipment/Supplies (choose all that apply to this simulation)

### Simulated Patient/Manikins Needed: standardized patient

- Patient (James Alvarez) – actor or mannequin
- Nurse – learner/student
- Nurse Practitioner – learner/student (if you choose to include)
- LICSW – actor
- EMT – actor

### Recommended Mode for Simulator: Healthy patient or script/training for SP

### Other Props & Moulage

<b>Equipment Attached to Manikin/Simulated Patient:</b> <input checked="" type="checkbox"/> ID band <input type="checkbox"/> IV tubing with primary line fluids running at ____mL/hr. <input type="checkbox"/> Secondary IV line running at ____mL/hr. <input type="checkbox"/> IVPB with _____ running at mL/hr. <input type="checkbox"/> IV pump <input type="checkbox"/> PCA pump <input type="checkbox"/> Foley catheter with ____mL output <input checked="" type="checkbox"/> O2 <input checked="" type="checkbox"/> Monitor attached: HR, O2sat, BP cuff, end tidal CO2 <input checked="" type="checkbox"/> Other: Empty chair next to bed <input checked="" type="checkbox"/> Mannequin sitting straight up in bed, fully dressed, holding his backpack <input checked="" type="checkbox"/> DSM-5 Criteria for Diagnosis of Opioid Use Disorder <input checked="" type="checkbox"/> Human Trafficking Hotline Flyer	<b>Equipment Available in Room:</b> <input type="checkbox"/> Bedpan/urinal <input type="checkbox"/> O2 delivery device (type) <input type="checkbox"/> Foley kit <input type="checkbox"/> Straight catheter kit <input type="checkbox"/> Incentive spirometer <input type="checkbox"/> Fluids <input type="checkbox"/> IV start kit <input type="checkbox"/> IV tubing <input type="checkbox"/> IVPB tubing <input type="checkbox"/> IV pump <input type="checkbox"/> Feeding pump <input type="checkbox"/> Crash cart with airway devices and emergency medications <input type="checkbox"/> Defibrillator/pacer <input type="checkbox"/> Suction <input type="checkbox"/> Other:
--	---

<b>Other Essential Equipment:</b> Street clothes (hoodie/ball cap/sweatpants)	
<b>Medications and Fluids:</b> <input type="checkbox"/> Oral Meds: <input type="checkbox"/> IV Fluids: <input type="checkbox"/> IVPB: <input type="checkbox"/> IV Push: <input type="checkbox"/> IM or SC:	

## Roles

<input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Nurse practitioner student (if including) <input checked="" type="checkbox"/> Nurse student <input type="checkbox"/> Provider (physician/advanced practice nurse) <input checked="" type="checkbox"/> Other healthcare professionals: (pharmacist, respiratory therapist, etc.) <input checked="" type="checkbox"/> Social worker <input checked="" type="checkbox"/> EMT for report	<input type="checkbox"/> Observer(s) <input type="checkbox"/> Recorder(s) <input type="checkbox"/> Family member #1 <input type="checkbox"/> Family member #2 <input type="checkbox"/> Clergy <input type="checkbox"/> Unlicensed assistive personnel <input type="checkbox"/> Other:
--	---

## Guidelines/Information Related to Roles

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be created from scenario progression outline.

Roles:

- EMT (actor)
- Patient (actor)
- Nurse (learner/student)
- Nurse practitioner (learner/student – if including)
- Social Worker (actor)

## **Pre-Briefing/Briefing**

Prior to report, participants will need pre-briefing/briefing. During this time, faculty/facilitators should establish a safe container for learning, discuss the fiction contract and confidentiality, and orient participants to the environment, roles, time allotment, and objectives.

*The purpose of this simulation is to enable learners to demonstrate their ability to provide client-centered care for a young LGBTQ male with OUD who is a victim of sex trafficking, including assessing for human trafficking and providing harm reduction initiatives for high-risk behaviors.*

### **Simulation Pre-Briefing\*:**

1. Welcome participant
2. Let participant know the objective of today
3. Let participant know what's going to happen today
  - a. Pre-simulation survey and consent
  - b. Simulation during which the student will engage with the mannequin/teacher/patient in such a way that will address the issue of stigma in some capacity
    - i. Let participant know you are looking for engagement with the mannequin (if applicable) as if the mannequin is a 'real human' (Note: this is known as the fiction contract)
      1. The educator will do all she/he is able to create a scenario that is as real as possible within the limitations of the simulated environment
    - ii. Describe role the participant will play
      1. Nurse
      2. Nurse Practitioner (if you are tailoring this for NP students)
    - iii. Describe roles within the simulation
      1. Student nurse
      2. Patient
      3. EMT (initial handoff)
      4. Social worker (warm handoff)
    - iv. Describe the setting
      1. ED
  - c. Debriefing with educator during which you'll review the simulation and discuss learning opportunities
    - i. Reinforce the concept of simulation as a learning environment
      1. Missteps/errors/oversights etc. are puzzles to be solved, not punishable
  - d. Post-simulation survey (if incorporated)
4. Reinforce the concept that the simulation is a safe environment
  - a. Participant will be observed and recorded but no personal identifiers will be used

\*Note: Pre-Brief is based on NLN Pre-Briefing Checklist

**Report Students Will Receive Before Simulation** (Use SBAR format)

<b>Time:</b>	11 am
<b>Person providing report:</b>	EMT on arrival to ED location of care. Student receives an SBAR handoff.
<b>Situation:</b>	EMT handoff of patient post Naloxone administration in route to the ED. On arrival to the ED, patient is alert, and vitals stable.
<b>Background:</b>	The patient was brought by rescue to the ED after being found unresponsive, with agonal breathing in a local park. He received 1mg naloxone in each nostril for a total of 2mg by EMTs on route to the ED. Patient is homeless with a history of illicit drug use.
<b>Assessment:</b>	Patient appears anxious. Vital signs are: HR 100, BP 134/88, RR 20, O <sub>2</sub> Sat 97%, temp 98.7F.
<b>Recommendation:</b>	Reevaluate respiratory assessment. Determine patient's need for resources and/or harm reduction strategies.

## Scenario Progression Outline

**Patient Name:** James Alvarez

**DOB:** 5/1/\_ \_

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-5 min	<b>EMT</b> enters the ED with patient, now alert, and gives report to student RN: <i>"Male found unresponsive in park. We know him - he's a junkie. S/p 1mg naloxone in each nostril for a total 2mg and now he's your problem. Vitals stable. No known allergies. Another quality life saved - I've done my duty. Good luck with this one."</i>	Student nurse will address stigmatizing language with EMT briefly and introduce themselves to patient, do an initial assessment.	<b>Patient:</b> <i>"Are you going to talk like that to me, too? I'm sick of being treated like this."</i>
0-5 min	<b>Patient</b> to student nurse (anxious tone): <i>"Listen, I'm fine. I've got to get out of here. My friend is going to be wondering where I am. I can't stay here."</i>	Student nurse will use therapeutic communication to motivate patient to stay in the ED and will ask questions to screen for OUD.	<b>Patient:</b> <i>"I appreciate what you're doing, but I'm fine. I've got to get out of here."</i>
5-10 min	<b>Patient</b> to student nurse (with increasing anxiety and vulnerability): <i>"I don't want to answer your questions. I use heroin and cocaine, alright? I'm a junkie ok, I know I'm addicted. I can't go long without it - whatever. I have to go before my friend realizes I am gone."</i>  <b>Patient</b> to student nurse (with vulnerability): <i>"I'm going to be in trouble with my friend. Sure, he sets me up with customers, but I</i>	Student nurse will screen for sex trafficking using a non-judgmental and person-centered approach.  Student nurse uses motivational interviewing without stigmatizing language to provide resources for safety, shelter, and SUD treatment.	<b>Patient:</b> <i>"I think it's heroin anyway. I know it could be laced with fentanyl."</i>  <i>"You know what you could do? I don't know if you guys have it, but like one of my friends got them from when he was in the hospital. Those strips that you can test your drugs, you know?"</i>  <i>"I mean that could have been what happened today because usually I don't have this problem."</i>

	<p><i>need him. My customers...that's how I get money. My parents kicked me out 2 years ago when they caught me with a guy. They told me I was going to hell and changed the locks. I was on the streets and my friend gave me a place to stay. He's my hookup for my stuff. I gotta get out of here before he comes looking for me."</i></p>	<p>Student addresses STI testing.</p>	<p><i>"Well, I appreciate that. But you know, I don't really want to answer all your questions."</i></p> <p><i>"I guess since I'm here, do you think you could check me out for STDs and stuff? I can't really wear condoms. Sometimes I worry about that."</i></p>
10-15 min	<p><b>Patient</b> to student nurse: <i>"I feel like I'm trapped. I just don't know what else to do. I guess I'd be willing to talk to somebody."</i></p>	<p>Student nurse responds to the patient's sex trafficking experience with interprofessional collaboration. Consults social work, psych NP.</p>	
15-25 min	<p>Social worker and student psych NP arrive at patient's bedside.</p> <p><b>Social worker:</b> Introduces themselves and says: <i>"We can get you into a safe house tonight. You don't have to go back there."</i></p> <p><b>Patient</b> to all: <i>"I can't. He's, my hookup. I'll get dopesick."</i></p>	<p>Student NP provides patient with evidence-based OUD treatment options including MOUD.</p> <p>Student NP develops an EBP OUD treatment plan including appropriate screening tests. NP uses motivational interviewing to support patient in choosing to access interprofessional treatment.</p>	<p><b>Patient:</b> <i>"Like I told you. Like cocaine, OK? Heroin, I use it. I'm a junkie, OK? I'm going to be in a lot of trouble if I don't get out of here so..."</i></p> <p><i>"Man, like I appreciate that, but, you know... I'm kind of trapped, you know? If I went to a shelter, then I'll have to withdraw and I don't want to get dope sick and, you know... I'm just stuck."</i></p> <p><i>"I mean, I think that sounds good, but I know it's not for me because I have no insurance. I've got no resources. You have a job to pay for that kind of stuff and right now... I mean, thanks for telling me that it's there and you know,</i></p>

			<i>maybe one day, but right now I just gotta go."</i>
	<p><b>Patient</b> to student NP: <i>"Nah, I can't. I'm leaving."</i></p> <p><b>Social worker:</b> <i>"You have the right to leave, but at least let the nurse give you the contact info so you can get help if you change your mind."</i></p> <p><b>Patient:</b> <i>"I can't take that. He might see it. Let me just put it in my phone. I'll think about it."</i></p>	<p>Student RN and NP provide patient with a flyer for a human-trafficking hotline.</p> <p>Uses non-stigmatizing, therapeutic communication to encourage patient to think about getting help.</p>	
	<p><b>Patient</b> says to student NP and RN: <i>"Yeah, I guess I can take that Narcan. Thanks for helping me."</i></p>	<p>Student NP offers naloxone rx to patient as harm reduction strategy.</p>	<p><b>Patient:</b> <i>"Could I get some Narcan to take with me? Just in case."</i></p>

## Debriefing/Guided Reflection

**Note to Faculty:** We recognize that faculty will implement the materials we have provided in many different ways and venues. Some may use them exactly as written and others will adapt and modify. Some may choose to implement materials and initiate relevant discussions around this content in the classroom or clinical setting in addition to providing a simulation experience. We have designed this scenario to provide an enriching experiential learning encounter that will allow learners to accomplish the listed objectives and spark rich discussion during debriefing. Learner actions and responses observed by the debriefer should be specifically addressed using a theory-based debriefing methodology (e.g., Debriefing with Good Judgment, Debriefing for Meaningful Learning, PEARLS). Remember to also identify important concepts or curricular threads that are specific to your program. There are a few main themes that we hope learners will bring up during debriefing, but if they do not, we encourage you to introduce them.

1. How did caring for this patient make you feel (internal stigma)?
2. Who is this patient to you (therapeutic rapport)?
3. What are your main concerns (prioritization)?

### **Themes to consider for this scenario:**

1. Populations at higher risk for sex trafficking
  2. Screening for sex trafficking
  3. Motivational interviewing using a trauma-informed approach without stigmatizing language
  4. EBP for OUD treatment
  5. Interprofessional collaboration in the care of a patient with OUD
  6. Harm reduction for patients who are not yet ready for treatment
- 
4. How did you feel about your ability to work through the simulation (empowerment)?
  5. If you were able to do this again, how could you have handled the situation differently?
  6. Do you feel his opioid use disorder impacted the quality of care he received (external stigma)?
  7. Are there other resources or team members that would be important in this patient's care (interprofessional collaboration; social determinates)?
  8. Is there anything else you would like to discuss?

## Faculty References

(references, evidence-based practice guidelines, protocols, or algorithms used for this scenario, etc.)

Association for Multidisciplinary Education and Research in Substance Use and Addiction. (2018, March). *Specific disciplines addressing substance use: AMERSA in the 21<sup>st</sup> century – 2018 update*. <https://amersa.org/wp-content/uploads/AMERSA-Competencies-Final-31119.pdf>

Centers for Disease Control and Prevention. (n.d.). *Module 5: Assessing and addressing opioid use disorder (OUD)*. <https://www.cdc.gov/drugoverdose/training/oud/accessible/index.html>

Hogan, K. A., & Roe-Sepowitz, D. (2020). LGBTQ+ homeless young adults and sex trafficking vulnerability. *Journal of Human Trafficking*, 9(1), 63-78.  
<https://doi.org/10.1080/23322705.2020.1841985>