

# Simulation 5: Telehealth/Remote Care



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**Estimated Run Time:** 15 minutes  
**Adapted for Student Population:** NP/DNP  
**Setting:** Virtual/Telehealth  
**Patient Population:** Adult



**NOSTIGMA**  
Building pathways to equitable care

## Learning Objectives

### General Objectives:

1. Communicates with the patient using an empathetic and nonjudgmental approach
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 appropriately with other health care team members in a timely, organized, patient-centered manner

### Simulation Scenario Objectives:

1. Demonstrates proficiency in telehealth care as evidenced by proper etiquette, developing rapport, professionalism, therapeutic communication, assessment, and clinical reasoning in the care of the individual with OUD (AMERSA Standard 11)
2. Formulates strategies to address stigma associated with OUD and medication assisted therapy (AMERSA Standards 5D, 7)
3. Employs use of evidence-based guidelines during telehealth for assessment, diagnose, management, and harm reduction for a patient with OUD and comorbid conditions (AMERSA Standards 4, 9, 16)
4. Designs interprofessional care coordination, planning, and handoff in the care of patient/family (AMERSA APRN Standard 5A)

## Psychomotor Skills Required of Participants Prior to Simulation: N/A

## Cognitive Activities Required of Participants Prior to Simulation

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

Centers for Medicare & Medicaid Services. (2023, May). *Telehealth for providers: What you need to know*. U.S. Department of Health and Human Services.

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Garett, R., & Young, S. D. (2022). The role of misinformation and stigma in opioid treatment uptake. *Substance Use & Misuse*, 57(8), 1332-1336. doi:10.1080/10826084.2022.2079133

Korowynk, C., Perry, D., Ton, J., Kolber, M. R., Garrison, S., Thomas, B., Allan, G. M., Bateman, C., de Queiroz, R., Kennedy, D., Lamba, W., Marlinga, J., Mogus, T., Nickonchuk, T., Orrantia, E., Reich, K., Wong, N., Dugré, N., & Lindblad, A. J. (2019). Managing opioid use disorder in primary care: PEER simplified guideline. *Canadian Family Physician*, 65(5), 321-330. <https://acfp.ca/wp-content/uploads/2019/05/OUD-Guideline-CFP.pdf>

Massachusetts Screening, Brief Intervention, and Referral to Treatment. (2012). *SBIRT: A step-by-step guide*. Massachusetts Department of Public Health Bureau of Substance Abuse Services.

**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.

<https://live-massbirt.pantheonsite.io/wp-content/uploads/2023/03/SBIRT-A-Step-By-Step-Guide-Clinicians-Toolkit.pdf>

Rutledge, C., O'Rourke, J., Mason, A., Chike-Harris, K., Behnke, L., Melhado, L., Downes, L., & Gustin, T. (2021). Telehealth competencies for nursing education and practice: The four p's of telehealth. *Nurse Educator*, 46(5), 300-305. <https://doi.org/10.1097/NNE.0000000000000988>

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## No Stigma Simulation Design Template

(Revised 2/25/24)

### Simulation 5: Telehealth/Remote Care

<b>Date:</b>	<b>File Name:</b> Bill Garcia
<b>Discipline:</b> Nursing	<b>Student Level:</b> NP/DNP
<b>Expected Simulation Run Time:</b> 15 minutes	<b>Guided Reflection Time:</b> Twice the amount of time that the simulation runs
<b>Location:</b> Virtual/Telehealth	<b>Location for Reflection:</b> Virtual or conference room
<b>Today's Date:</b>	

#### Brief Description of Patient

<b>Name:</b> Bill Garcia	<b>Pronouns:</b> He/Him/His	
<b>Date of Birth:</b> 9/2/_ _	<b>Age:</b> 25	
<b>Sex Assigned at Birth:</b> Male	<b>Gender Identity:</b> Male	
<b>Sexual Orientation:</b> Heterosexual	<b>Marital Status:</b> Single	
<b>Weight:</b> 210 lbs	<b>Height:</b> 5'8"	
<b>Racial Group:</b> LatinX	<b>Language:</b> English/Spanish	<b>Religion:</b> Catholic
<b>Employment Status:</b> Employed	<b>Insurance Status:</b> Insured	<b>Veteran Status:</b> Non-Veteran
<b>Support Person:</b> Mother	<b>Support Phone:</b> (555) 999-3247	
<b>Allergies:</b> PCN	<b>Immunizations:</b> Up to date	
<b>Attending Provider/Team:</b> AGNP/FNP or PMHNP, NP student (optional)		
<b>Past Medical History:</b> OUD		

**History of Present Illness:** Mr. Garcia presents for a follow-up telehealth visit for his OUD medications. He was seen in the clinic one month ago. At that time, he reported snorting heroin daily. He had purchased some suboxone on the street and found it helpful so came to the clinic last month asking for a prescription stating, "I want to be legit". He was started on suboxone 8 mg sublingual and returns today with his mother. He would like to discuss long-acting medications, counseling, and his mother has some questions about the medication.

**Social History:** Fisherman, single, lives with mother, two children with ex-girlfriend

**Primary Medical Diagnosis:** OUD

**Surgeries/Procedures & Dates:** Appendectomy (2012)

## Setting/Environment

<input type="checkbox"/> Emergency Room <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 checked="" type="checkbox"/> Outpatient Clinic <input checked="" type="checkbox"/> Other: Telehealth
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## Equipment/Supplies (choose all that apply to this simulation)

**Simulated Patient/Manikins Needed:** NP preceptor (optional), standardized patient, family member

**Recommended Mode for Simulator:** Script/training for SP

## Other Props & Moulage

<p><b>Equipment Attached to Manikin/Simulated Patient:</b></p> <input 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 type="checkbox"/> O2 <input type="checkbox"/> Monitor attached <input type="checkbox"/> Other: _____	<p><b>Equipment Available in Room:</b></p> <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: _____
<p><b>Other Essential Equipment:</b></p> <p><b>Medications and Fluids:</b></p> <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 type="checkbox"/> Nurse 1 AGNP student	<input type="checkbox"/> Observer(s)
<input type="checkbox"/> Nurse 2	<input type="checkbox"/> Recorder(s)
<input type="checkbox"/> Nurse 3	<input checked="" type="checkbox"/> Family member #1
<input checked="" type="checkbox"/> Provider (advanced practice nurse) AGNP/FNP or PMHNP	<input type="checkbox"/> Family member #2
<input type="checkbox"/> Other healthcare professionals: (pharmacist, respiratory therapist, etc.)	<input type="checkbox"/> Clergy
	<input type="checkbox"/> Unlicensed assistive personnel
	<input type="checkbox"/> Other:

## Guidelines/Information Related to Roles

Learner is a nurse practitioner who has a follow-up appointment with a patient who was seen one month ago and started on suboxone. During that visit the patient disclosed they had been snorting heroin daily for over a year. He had purchased suboxone on the street, found it helpful, and presented at the clinic requesting a prescription to “make it legit”. Today he has a telehealth visit for follow-up to review medication, ask about long-acting medications, and talk about counseling. His mother is also present on the Zoom meeting, and she has some questions about OUD treatment.

Providers will meet briefly prior to beginning the scenario to plan how to approach the visit. Learners in role of nurse practitioner and nurse practitioner student (if using) should determine which assessments each will be responsible for, or facilitator can assign roles and related responsibilities.

### Alternative Scenarios:

- SD - Farmer, patient in a rural setting, student at college
- Family Member/Caregiver - Spouse, sibling, friend, paid caregiver
- Learner - Any health care provider (MD, DO, PA, LSW, CP, CNS), can add student NP to scenario

## **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 for APRN learners to use simulated telehealth to treat substance use in a primary care setting including taking a HPI, completing limited physical and mental status exams, establishing differential diagnoses, and providing interprofessional collaborative planning and care. This case can be structured as an initial or follow-up telehealth visit by either behavioral health or primary care and then a handoff can be made via telehealth to the appropriate professional for interprofessional collaboration and ongoing care and follow-up.*

### **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/fisherman 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 actor as a 'real patient' (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 Practitioner
    - iii. Describe roles within the simulation
      1. Student nurse
      2. Patient
      3. Fisherman
    - iv. Describe the setting
      1. Telehealth
  - 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
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>	1pm
<b>Person providing report:</b>	Case notes
<b>Situation:</b>	Follow-up telehealth visit
<b>Background:</b>	Male Latinx patient, age 25, was seen last month for OUD and suboxone initiation. He was seen in the clinic one month ago. At that time, he reported snorting heroin daily. He had purchased some suboxone on the street and found it helpful so came to clinical last month asking for a prescription stating, "I want to be legit". He was started on suboxone and returns today for his telehealth visit with his mother. He wants more information about counseling options, long-acting medications, and his mother has some questions about the medication.
<b>Assessment:</b>	You will provide appropriate assessment of the patient which may include HX, ROS, physical assessment, and psychiatric screening tools.
<b>Recommendation:</b>	What do you suggest needs to be done? Patient education. Consider types of support and interprofessional collaboration with behavioral health for medication and ongoing treatment and care.

## Scenario Progression Outline

**Patient Name:** Bill Garcia

**DOB:** 9/2/\_ \_

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-5 min	<b>Patient:</b> Have license and verbally assure privacy. Establish consent to have mother present for visit.	<b>Learners should begin by:</b> <ul style="list-style-type: none"> <li>Confirming patient ID and privacy</li> <li>Review information from last visit</li> <li>Establish rapport</li> </ul>	<b>Patient:</b> <i>"I was here last month and started on suboxone."</i>
5-10 min	<p><b>Patient:</b> State concerns about possibility of a new job that would start in a few months. New job is on a fishing boat that will be out to sea for up to 4 weeks at a time. Asking about other long-acting medications.</p> <p><b>Family:</b> Her concerns and stigma, fear of him being on another drug forever</p>	<b>Learners are expected to:</b> <ul style="list-style-type: none"> <li>Therapeutic communication/SBIRT</li> <li>Discuss extended release medication</li> <li>Acknowledge concerns and address misinformation/stigma</li> </ul>	<p><b>Patient:</b> <i>"I might have the chance to work on a scallop boat this fall that goes out for up to 4 weeks at a time. How can I continue with my medication?"</i></p> <p><i>"One of my buddies told me there is a shot you can use that lasts a month."</i></p> <p><i>"I've heard it's hard to get insurance to pay for the medications and they are expensive."</i></p> <p><i>"The guys on my boat told me these drugs are a life sentence."</i></p> <p><b>Family:</b> <i>"Will he have to be on drugs forever?"</i></p> <p><i>"Will his medical records always have him labeled as a drug user?"</i></p>
10-15 min	<b>Patient:</b> Agree to rediscuss starting Sublocade closer to starting new job	<b>Learners are expected to:</b> <ul style="list-style-type: none"> <li>Use clinical reasoning to assess, diagnose, and develop treatment plan</li> </ul>	<b>Patient:</b> <i>"I've heard the drugs may have changed my brain and I have a disease now."</i>

	<p><b>Family:</b> Ask about side effects, risks</p>	<ul style="list-style-type: none"> <li>Review medication usage, side effects, risks</li> </ul>	<p><i>"What happens if I use heroin while I am on the medication?"</i></p> <p><i>"Can I drink?"</i></p> <p><b>Family:</b> <i>"Other people don't understand how difficult this is for him."</i></p> <p><i>"They just think I was a bad mother."</i></p> <p><i>"We don't have any family support."</i></p>
15-20 min	<p><b>Patient:</b> Ask about counseling and other resources</p> <p><b>Family:</b> Ask about follow-up</p>	<p><b>Learners are expected to:</b></p> <ul style="list-style-type: none"> <li>Develop interprofessional collaboration plan</li> <li>Demonstrate handoff</li> </ul>	<p><b>Patient:</b> <i>"When I was in your office last month you mentioned the possibility of setting up an appointment with someone I could talk to."</i></p> <p><b>Family:</b> <i>"Are there any other resources? Who will contact us? Will his medical records be shared?"</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. Safety issues to consider when conducting telehealth (call back number)
  2. EPB for MOUD
  3. MOUD options for limited access individuals (remote location, fisherman, farmer)
  4. Therapeutic communication via telehealth
  5. Interprofessional resources to support care
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.)

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