Simulation 6:
Older Adult/Stigmatizing Labels

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

Estimated Run Time: 25 minutes
Adapted for Student Population: NP/DNP
Setting: Primary Care
Patient Population: Older Adult

NOSTIGMA
Building pathways to equitable care

Learning Objectives

General Objectives:
1. Performs priority nursing actions based on clinical assessment findings
2. Communicates with the patient using an empathetic and nonjudgmental approach
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 Learning Objectives:
1. Obtains comprehensive, including bio-psycho-social, data through systematic and ongoing healthcare consumer substance use assessments using reliable and valid instruments (AMERSA Standard 1) *
2. Utilizes current DSM criteria to formulate an OUD diagnosis (AMERSA APRN Standard 2)
3. Considers the continuum of substance use, the progression of behaviors, and the re-occurring nature of OUD (OUD as chronic illness) (AMERSA Standard 3)
4. Communicates consultation recommendations with emphasis on person-centered care, alleviation of suffering and uses non-stigmatizing language for SUDs (AMERSA APRN Standard 5C)
5. Utilizes evidence-based medication treatment for substance use (AMERSA APRN Standard 5D)
6. Leads interprofessional teams to communicate, coordinate, and collaborate on the delivery of care services and evaluation of treatment planning (AMERSA APRN Standards 5A, 13)

Psychomotor Skills Required of Participants Prior to Simulation
- Competence in the assessment and diagnosis of a gerontological patient with multiple comorbidities
- Competence in interprofessional collaborative communication

Cognitive Activities Required of Participants Prior to Simulation
(textbooks, notes, articles, websites, etc.)

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

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

Valdez, A. (2021). Words matter: Labelling, bias and stigma in nursing. *Journal of Advanced Nursing*, *77*(11), e33-e35. https://doi.org/10.1111/jan.14967

No Stigma Simulation Design Template
(Revised 2/25/24)

Simulation 6: Older Adult/Stigmatizing Labels

Date:
Discipline: Nursing
Expected Simulation Run Time: 25 minutes
Location: Primary Care
Today's Date:

File Name: Norma Richardson
Student Level: NP/DNP
Guided Reflection Time: 35 minutes
Location for Reflection:

Brief Description of Patient

Patient is a 77-year-old female with a history of hypertension, hypothyroidism, breast cancer, anxiety, depression, and lumbar spondylosis seen as an outpatient for hospital follow-up. You are the NP who is seeing the patient in the office today.

You have an electronic health record (EHR) on the laptop in front of you. Your office has a LICSW whose office is down the hall. She can be reached by the live chat feature on the EHR.

Name: Norma Richardson

Pronouns: She/Her

Date of Birth: 4/22/_ _

Age: 77

Sex Assigned at Birth: Female

Gender Identity: Female

Sexual Orientation: Heterosexual

Marital Status: Married

Weight: 145 lbs (65.77 kg)

Height: 5'2" (157.5 cm)

Racial Group: White

Language: English

Religion: Christian

Employment Status: Retired

Insurance Status: Medicare

Veteran Status: None

Support Person: Husband & adult daughter

Support Phone: (726) 980-1277

Allergies: Sulfa (hives)

Immunizations: Up to date

Attending Provider/Team: Dr. Abimbola – primary care MD

Home Medications:
- lisinopril 10 mg daily
- hydrochlorothiazide 25mg daily

- levothyroxine 125mcg daily
- tramadol 50mg q6 hours as needed for lower back pain

Past Medical History: Hypertension; Hypothyroidism; Breast Cancer; Anxiety and Depression; Lumbar Spondylosis

History of Present Illness: The patient presented to the ED on 6/2/_ _ with c/o flu-like symptoms: abdominal cramping, headache, and low-grade fever. Cardiac work-up (EKG, troponin, cxray) was normal. CMP, CBC, amylase/lipase, CRP, and UA were unremarkable. Abdominal/pelvic CT was unremarkable. Her BP was elevated at 210/119, so she was admitted for further management. She was seen by cardiology who added lisinopril 10mg to her home regimen of hydrochlorothiazide. BP normalized and she was discharged home without services on 6/3/_ _.

Social History: Lives with husband who has end-stage lung cancer and has recently been admitted to visiting hospice. She is caring for him at home. They have two adult daughters who live out of state.

Primary Medical Diagnosis: Hypertensive urgency (I16.0)

Surgeries/Procedures & Dates: Bilateral mastectomy (6/2004); Decompression laminectomy L4-L5 (9/2019)

Setting/Environment

☐ Emergency Room	☐ ICU
☐ Medical-Surgical Unit	☐ OR / PACU
☐ Pediatric Unit	☐ Rehabilitation Unit
☐ Maternity Unit	☐ Home
☐ Behavioral Health Unit	**X** Outpatient Clinic
	☐ Other

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

Simulated Patient/Manikins Needed: standardized patient
- Patient (Norma Richardson) – actor
- Nurse Practitioner – learner/student
- LICSW – actor

Recommended Mode for Simulator: script/training for SP

Other Props & Moulage

Equipment Attached to Manikin/Simulated Patient:	Equipment Available in Room:
☐ ID band	☐ Bedpan/urinal
☐ IV tubing with primary line fluids running at ___mL/hr	☐ 02 delivery device (type)
☐ Secondary IV line running at ___mL/hr	☐ Foley kit
☐ IVPB with _____ running at mL/hr	☐ Straight catheter kit
☐ IV pump	☐ Incentive spirometer
☐ PCA pump	☐ Fluids
☐ Foley catheter with ___mL output	☐ IV start kit
☐ 02	☐ IV tubing
☐ Monitor attached	☐ IVPB tubing
X Other: 1 laptop with EHR instant messaging	☐ IV pump
	☐ Feeding pump
Other Essential Equipment:	☐ Crash cart with airway devices and emergency medications
	☐ Defibrillator/pacer
Medications and Fluids:	☐ Suction
☐ Oral Meds:	☐ Other:
☐ IV Fluids:	
☐ IVPB:	
☐ IV Push:	
☐ IM or SC:	

Roles

X Patient	☐ Observer(s)
X Nurse practitioner student	☐ Recorder(s)
☐ Nurse 3	☐ Family member #1
☐ Provider (physician/advanced practice nurse)	☐ Family member #2
X Other healthcare professionals: (pharmacist, respiratory therapist, etc.) social worker	☐ Clergy
	☐ Unlicensed assistive personnel
	☐ 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:
- Patient (actor)
- Nurse practitioner (learner/student)
- 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 allow APRN learners to screen, diagnosis OUD, and provide a brief intervention and referral to interprofessional treatment for OUD in a patient with dual diagnosis.

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 Practitioner
            iii. Describe roles within the simulation
                  1. Student nurse practitioner
                  2. Elderly woman in practitioner's office
                  3. Social worker (LICSW)
            iv. Describe the setting
                  1. Provider office
      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 indicated)
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)

Time:	Morning time clinic follow-up appointment
Person providing report:	Medical Assistant who has placed the patient in the exam room.
Situation:	Patient is a 77-year-old female scheduled for an outpatient hospital follow-up.
Background:	History of hypertension, hypothyroidism, breast cancer, anxiety, depression, and lumbar spondylosis seen as an outpatient for hospital follow-up. Patient is a primary caregiver for husband on hospice.
Assessment:	You will provide appropriate assessment of the patient which may include HX, ROS, physical assessment, psychiatric screening tools.
Recommendation:	What do you suggest needs to be done? Consider types of support and interprofessional collaboration with behavioral health for medication and ongoing treatment and care.

Scenario Progression Outline

Patient Name: Norma Richardson   **DOB:** 4/22/_ _

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-5 min	**Patient**: "*I am so overwhelmed with caring for my husband. He's on hospice at home and he has some nurses that come in, but it's just not enough. I can't sleep because I worry he'll need me. My back has been killing me after trying to help him move around in the hospital bed. It's just too much - no wonder why my blood pressure was so high. Is there any way we can go up on my tramadol?*"	Student NP addresses pain - asks about current symptoms, past evaluation.	**Patient**: "*No one can tell me why my back hurts. It's an awful feeling.*"
5-10 min	**Patient** (frustrated): "*I've already seen a bunch of different specialists - the spine doctor, the pain doctor. They don't do anything for me except give me the meds (begins to cry). I've been taking some of my husband's morphine tablets because I keep running out of my tramadol. They help take the edge off. The day before I went to the hospital, I had cut back on the pills because it wasn't time to refill his morphine either. I'm just so stressed and anxious.*"	Student NP validates patient's feelings without use of stigmatizing language. Student NP assesses for OUD using DSM-5 Criteria for OUD.	

	"I've tried to cut down, but I just can't. I know it's not good for me to take something that's not prescribed to me, but I get so sweaty and shaky if I don't have it." *"One time after I took the medicine, I fell asleep so soundly I didn't hear my husband calling for me. My husband had to call my daughter because he needed me."* *"What kind of person am I to steal from him when he's suffering? Our kids can't find out I'm a drug abuser. It started with just one tablet a day about 3 months ago. Before the hospital, I was taking about 3 of his 15 mg tablets per day. The cravings got really bad when I was running low and spacing them out more. Are you writing this down? Please don't - if it goes in my record my doctor and my family will never look at me the same."*	Student NP explains moderate OUD diagnosis to patient with a non-stigmatizing approach. Reiterates the pathophysiology of OUD and provides non-judgmental support.	
10-15 min	**Patient**: *"I don't think I can stop. I don't know where to start."*	Student NP uses motivational interviewing without stigmatizing language to explain treatment options, offer treatment access, and encourage patient to seek treatment.	

15-25 min	"*I don't want to swap one drug for another.*"	Student NP reiterates that OUD is a chronic illness and MOUD is a critical tool in an OUD treatment plan.	
	"*I guess that makes sense. I can take a pill. But I'm not crazy. I don't want to go to a head doctor.*"	Student NP develops an EBP OUD treatment plan and uses motivational interviewing to support patient in choosing to access interprofessional treatment.	
	"*But what about my pain? Will that medication help enough?*"	Student NP provides options for pain treatment/referral to pain management.	**Patient**: "*Maybe I could go back to the pain doctor.*"
	"*I guess so, but this is so embarrassing. I can't believe this is happening to me. I don't want to have to go in and tell someone else this whole story.*"	Student NP offers to refer the patient to a psychiatrist and social worker. When patient agrees, student NP messages the psychiatrist and LICSW with a brief report via EHR secure chat to see if either provider is available for a warm handoff (SBI**RT**).	
	(**LICSW** knocks on door): "*Hello, I heard you wanted to introduce me to Mrs. Richardson. I'm Hannah, the social worker. It's so nice to meet you.*"	Student NP provides a warm handoff with the LICSW in the office for counseling. She is able to provide the patient with an appointment for both providers before the end of the visit.	

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. Stigmatizing language – drug abuser, crazy
   2. OUD as a chronic illness
   3. Stigma of being "labeled" in the medical record
   4. EBP treatment for OUD
   5. Interprofessional collaboration in the care of a patient with OUD

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 21st 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

Department of Public Health Bureau of Substance Addiction Services. (2023). *Screening, brief intervention and referral to treatment (SBIRT).* Mass.gov. https://www.mass.gov/info-details/screening-brief-intervention-and-referral-to-treatment-sbirt