



Template writing scenario's IP simulation STRENCO May 2020

This simulation focuses on family and patient participation. Each participant has the chance to experience working together with a family on a co-production level.

What are the criteria of a good scenario?

- Case Participants: (1) General Nurse, (1) Student Nurse, (2) Family members (Child and relative), (2) Social Worker, (1) Mental Health Nurse
- Clinical Set-up: Outpatient Clinic or Mental Health Crisis Clinic
- Duration: ± 10'
- Each scenario contains a technical intervention (not only communication or ethical issues)

Name of the scenario:

Depression

What is the global situation?

- Admission scenario

The scenario occurs in a mental health crisis clinic at 3 pm.

Client: Maya, 42-year-old high school teacher

Maya's children booked an appointment at the mental health crisis clinic. They are worrisome and confused of her situation which led them to seek for a professional help.

Maya was divorced from her husband (Pete) three years ago. Since then, she has suffered insomnia but has not sought any treatment or taken sick leave. She is teary and look exhausted. Due to sleepless nights consuming alcohol was her way to cope with the emotions. She expressed a sense of hopelessness when talking about life as the future does not seem to offer anything to her.

- Background
 - Social history
 - Medical history
 - Life events
 - Life Background

Maya got divorced three years ago after 15 years of marriage. It was a sudden and difficult divorce, as her husband had an affair with another woman and totally left home.

Maya has two children- Mary (16 years old) and John (17 years old). She has the child custody but due to signed children care agreement, her ex-husband takes them every other weekend. It made even more difficult when she carries all the everyday responsibilities alone.

After the divorce, professional help from a psychologist was sought but felt it was of no help. Therefore, she did not want to avail succeeding sessions with the psychologist. There are no previously documented medical conditions nor sick leaves but mentioned a massive workload and responsibilities at the workplace.

- Short actual presentation of the patient and the context



○ Behavior

Maya is obviously exhausted and tearful. She is anxious and has difficulty concentrating. She also had few sleepless nights.

○ Affects

When asked about the divorce, Maya is upset and worried as it could affect the children's well-being. Mixed emotions of frustrations, sadness and guilt are also experienced when talking about work and personal life situations. She thinks that there are no available solutions to her problems. Emotions begin to burst, and tears fall.

○ Ideas

Maya thinks that she has screwed up her life. She pictures herself as an irresponsible mother for not being able to provide the best care for her children. She also considers herself as the worst employee ever for not being able to fulfill the demanded tasks at the workplace. She feels hopeless for not getting the necessary support.

○ Suicidal?

Maya has no suicidal thoughts but feels miserable when talking about life as it holds no future.

○ Concerns?

A week ago, there was a big misunderstanding at the workplace and Maya could not get over from it. Consuming wine every night was her way to cope up from her situation and so to get sleep. Her children are worrisome and confused of her situation thus professional help was sought at the mental health crisis clinic.

○ Expectations from the patient and/or context

Maya totally feels that her life is miserable as no one seems to help her. She used to survive by herself. Her children hope that she could get the necessary professional help so she can go back to her normal life as she used to be.

○ Medication and other treatments

No medication or other treatment

Information for the scenario

- What is the main/core problem of the scenario (1 or 2 sentences)

To assess Maya's situation

Support Maya's children

- Short description of the scenario - what will happen during the scenario?

Scenario: The scenario occurs in mental health crisis clinic. Maya arrives at the clinic with her two children, Mary (16 years old) and John (17 years old). Children contacted the clinic day before the appointment because they are worried of her situation.

Patient: Maya will fill [BDI](#) and [AUDIT](#) while waiting.

Nurses: Nurses will welcome everyone and try to make the atmosphere as comfortable as possible during the meeting.

During the scenario, nurses assess the situation and prepares a care plan. They need to hear both Maya's and her children's fears, anxieties and ideas about the situation. Hopes and expectations need to be discussed as well. It is also necessary to evaluate her alcohol consumption and depressive symptoms.

Participants: Maya is tearful and confused during the meeting. She is not capable of seeing any solution for her situation and constantly worries on her children's welfare. Her wine consumption (two glasses per night) makes it more worrisome as she does not seem to recognise it as a problem. Although necessary measures have been made, her children feel that she is not helping herself as well to recovery.

At the end of meeting, they will agree to have a second meeting as a family. Nurses will also arrange for Maya's therapy sessions.

Who are the participants?

Participants: Maya, 2 nurses, children: Mary and John

Places of the scenario: Mental Health Crisis Clinic, Home

Appointment Place: *The meeting takes place in a mental health crisis clinic/ward*

What is the start of the scenario? (E.g. patient is in a room and rings the bell)

Nurses invite Maya and children to the "therapy" room. Everyone takes their seat. Maya hands over the BDI and AUDIT forms to the nurse. Maya, her children and the nurse introduce themselves to each other.

- Describe the scenario from the beginning till the end. How does the situation evolve? What will (possibly) happen **during** the scenario?
- What are the expected nurse interventions during the scenario?

Maya is quite tearful, confused and anxious at the beginning of meeting. Mary is confused, worried and sad. John is frustrated, because he doesn't know what to do.

Nurses start the meeting by asking what brings the family to the clinic. They ensure that each one has the chance to express his/her emotions or point of view. Maya felt embarrassed for not being able to take good care of her children. Her children however reassured her that she does not need to worry about them.

Nurses ask participants' ideas about the situation. They try to make a blueprint what is going on. When everything has started? How long have the children been worried? How their everyday life is

going on? What is their biggest fear? Is Maya worried? What kind of hopes and expectations they have in the meeting? Etcetera.

Nurses constantly reflect and give everyone the chance to speak without rush. At the beginning of the conversation, Maya is too reserve and quiet, but later begins to express more about her concerns. She listens carefully from her children but is incapable of seeing solutions to her present situation. Her children are frustrated because they could see that their mother is not helping herself too to recovery.

John starts to talk about Maya's wine consumption. Maya admits that she takes glass or two every evening, but doesn't consider it as a problem. She says that it is her way of coping from the difficult situation at work. Children disagree and want her to quit drinking as their father had the same issues in the past. Maya gets tearful and nurses give her the chance to cry and pause for a moment.

After checking the AUDIT result, nurses mention to Maya that it is only of moderate risk. Maya is surprised about the result. At the end of meeting, they will agree for a follow-up meeting as a family. Nurses will also arrange Maya's therapy session.

- What kind of material is necessary for the scenario and needs to be prepared?

Questionnaires (AUDIT, BDI)

- As necessary: ABCDE information for the computer setup of the high-fidelity patient simulator.
 - Airway
 - Breathing
 - Circulation
 - Disability
 - Exam or Environment

The Nurse takes baseline data from the patient including vital signs.

Temperature

Respiratory rate

Blood pressure

Pulse

- Short briefing for every participant

Nurse 1: You work as a team with nurse 2. You will manage the meeting with nurse 2. You are reflective and emphatic.

Nurse 2: You work as a team with nurse 1. You will manage the meeting with nurse 1. You are more in a background, but you participate in the discussion. You observe actively and reflect what you have heard.



Maya: You are tearful, confused and quite anxious at the beginning. You have not slept for few nights and is incapable of seeing solutions to your problems.

John: You are responsible for booking an appointment. You are frustrated, because your mother doesn't take care of herself. It is a bit difficult for you to understand what is going on from your mother. You dislike your mother's drinking and are worried that she will excessively consume alcohol as with your father.

Mary: You are confused and obviously worried. You would like to get "the old mother" back and you feel sad that your family is in this situation.

- Individual information for some participants can be taken (if necessary).

Nurse: You may ask whether the children have experienced alcohol-related harms. You may further ask from the children whether it has affected their school performance and behavior.

Children: John and Mary report no types of abused despite issues on alcohol consumption among their parents. They report changes on school performance slightly and they need a break from their parents' situation.

- Other information?

Contact social worker for help in terms of children's welfare- including school and economic-related issues

May refer the whole family for stress management and counselling to health promotion expert or advanced nurse practitioner. You may refer Maya as well to an [internet-based](#) peer support for parents.

References:

BDI

Ariyanti, R., Kusumadewi, S. & Paputungan, I. (2010). Beck Depression Inventory Test Assessment Using Fuzzy Inference System.

Oh, H., Park, K., Yoon, S., Kim, Y., Lee, S., Choi, Y. Y. & Choi, K. (2018). Clinical Utility of Beck Anxiety Inventory in Clinical and Nonclinical Korean Samples. *Frontiers in Psychiatry*, 9.

AUDIT

Take the AUDIT test now. (2020). Retrieved March 5, 2020, from <http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/do-you-drink-too-much-test-your-own-alcohol-consumption-with-the-audit-test/take-the-audit-test-now>

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Psychiatric Nursing and Simulation

Laslett, A.-M., Ferris, J., Dietze, P., & Room, R. (2012). Social demography of alcohol-related harm to children in Australia. *Addiction*, 107(6)

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Jones, H., Putt, G., Rabinovitch, A., Hubbard, R., & Snipes, D. (2017). Parenting Stress, Readiness to Change, and Child Externalizing Behaviors in Families of Clinically Referred Children. *Journal of Child & Family Studies*, 26(1), 225–233.

Niela-Vilén, H., Axelin, A., Salanterä, S., & Melender, H.-L. (2014). Internet-based peer support for parents: A systematic integrative review. *International Journal of Nursing Studies*, 51(11), 1524–1537.

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