

ACHNE INNOVATIVE TEACHING STRATEGY – Approved

GERIATRIC FAMILY HEALTH PROMOTION SIMULATION STRATEGY

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Be succinct in describing your strategy. Use of bulleted points is encouraged.

1. **Title of Teaching Strategy:** GERIATRIC FAMILY HEALTH PROMOTION SIMULATION STRATEGY
2. **Date of Submission:** May 25, 2021
3. **Topical Area:** Community-based Care: Practice Settings (i.e. Home Health Care Nursing) and Health Promotion Across the Lifespan
4. **Competencies and standards:**

Public Health Nursing competencies and standards:

1. Epidemiology and biostatistics
2. Community/population assessment
3. Health promotion and risk reduction
4. Information and health care technology
5. Environmental health

ANA PHN Scope and Standards of Practice (2013) Standards of Practice:

1. Assessment
2. Population and Diagnosis
3. Outcomes Identification
4. Planning

5. Implementation (Coordination of Care, Health Teaching and Health Promotion, Consultation)
6. Evaluation

Standards of Professional Performance for Public Health Nursing:

1. Education
2. Evidence-based Practice and Research
3. Quality of Practice
4. Communication
5. Collaboration
6. Professional Practice Evaluation
7. Resource Utilization
8. Environmental Health
9. Advocacy

QUAD Council Competencies for Public Health Nurses (APRIL 2018)

1. Assessment and Analytic Skills
 2. Communication Skills
 3. Cultural Competency Skills
 4. Public Health Sciences Skills
 5. Leadership and Systems Thinking Skills
5. **Learner Level(s):** Undergraduate pre-licensure and RN-BSN
 6. **Learner Setting(s):** Skills or simulation laboratories and Online or web-based modules
 7. **Strategy Type:**
 - Simulation Exercise
 - Case study
 - Problem-based learning Activity
 - Reflective Activity
 - Audiovisual aid
 - Paper assignment
 - Webinar/Audio-video conferencing (telehealth)
 8. **Learning Goals/Objectives:**

Geriatric Health Promotion Simulation

1. Utilizes nursing process skills to address health promotion educational needs pertaining to the teenage client Population. **(Patient Centered Care and Communication)**
2. Identifies pertinent health promotion areas pertaining to the teenage population (scheduled immunizations, sexual transmitted diseases, infections and prevention), substance abuse prevention). **(Patient Centered Care)**
3. Develops a pertinent individualized education plan pertaining to a prioritized health promotion area in the teenage population. **(Patient Centered Care, Evidenced Based Practice, & Teamwork and Collaboration)**
4. Demonstrates effective teaching utilizing the six educator guiding principles during the implementation phase of the health promotion education plan. **(Patient Centered Care, Evidenced Based Practice, & Teamwork and Collaboration)**

5. Demonstrates professionalism to problem solve, critically think, and interact with other healthcare members while maintaining a safe patient environment. (**Safety & Teamwork and Collaboration**)

9. **Estimated time for the activity:**

The total estimated time for the two experiential (i.e. Face-to-face and Telehealth) Simulated activities is three hours. Each simulation scenario lasted approximately 90 minutes (including pre-briefing, scenario, and debriefing).

10. **Strategy Overview:** Brief description of the strategy.

Laboratory Face-to-face scenario

The unfolding experiential Home Health Promotion activity occurs in a simulated home environment. The students are expected to follow-up on referral regarding educational needs for the caregiver of the hospice patient. The students should be oriented to the simulation environment prior to starting the scenario.

Telehealth scenario

The telehealth (remote) unfolding experiential experience incorporates the use of video calling software (e.g. collaborate ultra, webex, zoom, etc) m. The Clinical Instructor schedules a teleconference meeting the day of the assigned simulation activity. The nursing students join the session remotely via a provided URL link. The Clinical Instructor is responsible to move students in and out break rooms. during the work sessions.

11. **Detailed Strategy Directions:**

Strategy Implementation Steps:

1. Pre-briefing

A. Introduction to activity

B. Review of Student Learning Outcomes for activity

C. Explanation of roles:

- 1) Students: Home Care Agency Nurses (Face-to-face and Telehealth services nurses). The student(s) act as the primary nurse to the family. The student(s) complete a family nursing assessment and brief individual assessment on the index patient. If more than one nurse, the second nurse(s) assist the primary nurses in performing the assessment and plan for care. The secondary nurse(s) will wait for the primary nurse to provide direction on interventions following shared decision-making process.

- 2) Standardized Patient (Daughter and care giver of a hospice patient). (See Attachment: **Appendix A**)

D. Explanation of the student group (Nursing Care Team and Observers) responsibilities

- 1) Nursing Care Team: Interviews the family member using the “Simulation Family Assessment for Health Observation Sheet” as a guide (See Attachment: **Appendix B**)
- 2) Observers: Listens, Observes, and evaluates the therapeutic communication of the Nursing Care Team. The observes take notes regarding issues and questions to be discussed during the debriefing.

E. Explanation of the Activity Process sequence including the required documentation for submission.

- a. Family Member Interview (20 min.)

- b. Individual Group Work Sessions (Identification of Family Population Health Promotion needs and community resources available) (20 min.)
 - c. Nursing Care Team implements Family teaching plan and Observers share community resources
 - d. Sharing of groups drawing of the Wright Family Ecomap and Genogram
 - e. Debriefing
 - f. If you have large student numbers divide the students into smaller groups of “Nursing Care Teams” and “Observers.” Switch groups and repeat process.
- F. Answer any student questions
2. Clinical Instructor divides group into two teams (i.e. Nursing Care Team and Observers).
 3. Conduct family assessment
 4. The Nursing Care Team determine the family population health promotion needs and develop a teaching plan using community resources in the breakout rooms.
 5. The Nursing Care Team discuss with the family member teaching care plan.
 6. Debrief
 7. If you have large student numbers divide the students into smaller groups of “Nursing Care Teams” and “Observers.” Switch the Groups and complete the process. This way all the student groups involved in the laboratory experience will have an opportunity to complete the scenario.
 8. Discuss and review discussion topics in reference to the assessment information obtained during the family member interview
 - a. Family Assessment Skills
 - b. Family Structure
 - c. Family Functions
 - d. Family Developmental Stage
 - e. Family Systems Framework
 - f. Therapeutic Communication Skills
 - g. Six Principles that Guide an Educator
- A. **Strategy Materials/Resources:**
1. Home Care Agency Home Visit Form/Telehealth Nursing Visit Note. (See Attachment: **Appendix C**).
 2. Simulation Family Assessment for Health Promotion Observer sheet (See Attachment: **Appendix B**)
 3. Geriatric Family Relationship-Disease Characteristics (Family background information for Standardized Patient responses for both In-person and Telehealth simulation scenarios.
 4. Lap Top Computers X2, one for each Nursing Care Team (In-Person Student use to investigate community resources to address the family’s health promotion needs)
 5. Timer (digital or kitchen) to assist in maintaining time during sessions (See attachment of schedule and brief introductory script: **Appendix D**)
 6. White board, markers, and erasers (In-Person, To display the Wright Family Ecomap and Genogram)
 7. Family Ecomap and Genogram Descriptions. (See Attachments: **Appendix E**). If available, provide students with a Family Genograph as an extra assessment tool to assist the students with the family assessment (See International Family Nursing Association Tools for Nursing Practice at <https://internationalfamilynursing.org/resources-for-family-nursing/practice/practice-tools/>).
 8. The Wright Family Ecomap-Family Health Simulation (Reference The Wright Family Genogram-Family Health Simulation
 9. **Website Links:** Based on the Family’s Population Health Promotion Needs, students researched local community resources. Students documented the community resources names, web links, access information (i.e. location, hours, etc.), and services available. The list of

community resources are submitted to the Clinical Instructor following the simulated experience for completion credit.

B. Methods for Evaluating Student Learning:

1. Student Observers complete the “Simulation Family Assessment for Health Observation Sheet” (See Attachment: **Appendix B**)
 - Promotion Observation Sheet” throughout the Nursing Care Teams interactions with the Family Member (Standardized Patient).
 2. Clinical Instructor evaluates the students using the Laboratory Experience
 - Criterion within the Student Clinical Evaluation Tool.
 3. Nursing Care Teams drawn Family Ecomap/Genogram based on information
 - Obtained during the initial family member interview (In-Person and Telehealth).
 - Ecomap/Genogram are submitted to Clinical Instructor for completion credit.
 4. Composed list of community resources for the identified family population
 - Health promotion need submitted for completion credit.
 5. Student Simulation Evaluation anonymous on-line Simulation Satisfaction
 - Qualtrics Survey incorporating the NLN Student Satisfaction and Self-Confidence in Learning tool and 5 additional open-ended questions pertaining to Simulation Driver/Standardized Patient, safe learning environment student’s perception toward the simulated experience’s impact on practice in the clinical setting.
12. Comment on overall success of this teaching strategy
- **Preparing and teaching:** Make sure students have handouts and have clear instructions ahead of time prior to the simulation. Prepare students and faculty on how to use technology to share materials via online simulation (i.e. Desire to Learn Bright Space-Collaborate Ultra, Zoom, Webex, etc.)
 - **Reflection:** This teaching strategy was the first in the nursing program. 171 students completed the simulation face-to-face and 105 have completed the telehealth simulation since Spring 2019.
 - **Feedback from colleagues:** This innovative strategy was part of a national recognition by peers at the National Council of Family Relations (NCFR) Conference (i.e. Cognella Innovation in Teaching Award for Family Science, First Place <https://cognella.com/innovation-in-teaching-award/>)
 - **Feedback from students:** Positive feedback was tailored towards strategy effectiveness in helping students transfer knowledge, skill and attitudes learned in classroom to a simulated practice environment. The information transferred was about working with vulnerable families in health promotion, resource finding, great appreciation of resources, utilization of family assessment tools and the use of telehealth in a home environment/setting.
13. Additional References: Used in the development of the strategy.
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Appendix A

Family Relationship Characteristics



Both Population Health Promotion Scenarios				
Mary Dunn-William Wright	Mary Dunn-Rick Dunn	Mary Dunn-Peter Dunn	Mary Dunn-Beth Turner	Mary Dunn-Andy Turner
<ul style="list-style-type: none"> • Having to take care of William in addition to her parents. • Increase in responsibilities to coordinate services for grandfather's needs. • William a retired GM worker • William on Social Security • Medicare is primary insurance • Korean War Veteran • Wife died of lung cancer 15 years ago at the age of 70 year. 	<ul style="list-style-type: none"> • Married 10 yrs. • Limited time alone • Rick spends limited time with family when in town • Mary living at parent's house • Rick travels frequently • Rick living in family house 	<ul style="list-style-type: none"> • Second grader at Stingley Elementary. • Involved in school & soccer activities prior to Grandmother's terminal diagnosis. • Living at grandparent's house • Watching parent caring for ill grandparent • Stressed related to being less involved with son's activities. • Increased need to coordinate care for son. 	<ul style="list-style-type: none"> • Mary is Beth's main care giver • Mary living at parent's house • Feeling overwhelmed related to taking care of her terminally ill mother. • On FMLA from G.E. Aviation (Administrative Assistant) to take care of mother (2 months approved) 	<ul style="list-style-type: none"> • Father works at Navistar in Springfield on assembly line. • Relationship good with father • Mary moved into parent's home to provide care for mother. • Father provides limited assistance in spouses care related to recent MI following the terminal diagnosis of his wife and work commitment. • Mary feeling overwhelmed related to father turning to her for emotional support while dealing with his wife's disease.

Geriatric Health Promotion Scenario			
Mary Dunn-William Wright	Mary Dunn-Rick Dunn	Mary Dunn-Peter Dunn	Mary Dunn-Jason Dunn
<ul style="list-style-type: none"> • Having to take care of William in addition to her parents. • Sits in the kitchen corner quietly • Continues to smoke when asked to stop. • Repeatedly tells granddaughter wishes to walk the mall, as her mother would do. • Limited ability to assist in grandparent's socialization related to caring for mother. • Grandparent's number of living friends has diminished related to aging. • Unable to socialize with friends. • Beth used to drive him to church every Sunday. Mary took over driving when Beth became ill. • Now is Beth's full-time care giver and is not going to church. 	<ul style="list-style-type: none"> • Customer Service Representative for NCR which requires frequent travel. • Limited time alone • Rick spend limited time with family when in town • Mary living at parent's house • Travels frequently • Rick staying at their family house (not the in-laws) • Limited knowledge of brothers family life style • Not around to assist in providing transportation for grandfather-in-law. 	<ul style="list-style-type: none"> • Living at grandparent's house • Watching parent caring for ill grandparent • Stressed related to being less involved with son's activities. • Added stress becoming dependent on friends for son's transportation needs 	<ul style="list-style-type: none"> • Resources given previously were helpful. • Jason seems to be accepting new roles. • Jason helping out with Peter.

Disease History

William Wright (85 yrs.)	Mary Dunn	Rick Dunn	Peter Dunn	Beth Turner	Andy Turner	Jason Wright
1. Smoker 2. COPD 3. Immunizations up to date 4. Requires Oxygenation	1. Nonsmoker 2. HTN	1. Nonsmoker 2. HTN	1. Immunizations up to date 2. No Health Issues	1. Smoker 2. Lung Cancer 3. HTN	1. Smoker 2. MI after Beth's terminal diagnosis • Cardiac Rehab X1/wk. • HTN	1. Possible Smoker 2. Possible Drug Usage 3. Possible sexual activity 3. Lack of healthcare information

- Mary Dunn has a vague recollection of past family health history beyond her grandparents.

Deceased Members-Health History

Elizabeth Wright- Died at the age of 70 yrs. Of Lung Cancer. History of smoking

Family Health Patterns Teaching Plan (following Scenario #2)

Health Patterns: Hypertension and Smoking

Components of Student's Teaching Plan to address the Family HTN Health Pattern:

1. Monitor BPs of all family members
 - A. Equipment (types, where to purchase)
 - B. Procedure
 - C. When
 - D. Recording
2. Interventions to control BP (diet, exercise, stop smoking, stress reduction methods)
3. Healthcare Follow-Up
4. Discussion and education with other family members

Standardized Patient Responses regarding monitoring BP during the students teaching plan

1. "No I don't monitor my BP."
2. "How can I take my BP" Appropriate answers: Home Automatic BP cuffs available at pharmacies
3. "When is the best time to take my BP?"
4. "How would I record my BP?" "Why is this necessary?"

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Appendix B

SIMULATION FAMILY ASSESSMENT FOR HEALTH PROMOTION OBSERVATION SHEET

Student Name: _____

Simulation:

- Family with a Geriatric Client _____



Theme	Strengths	Areas for improvement
Nurse introduces self to family members in an appropriate manner		
Clearly states the reason for the visit		
Allows few moments for socialization before the family assessment		
Smiles, speaks in a pleasant, friendly tone of voice and maintains eye contacts		
Respect dignity, privacy, safety and comfort of family members		
Gathers data in the following major family dynamic areas....		
Family demographics (e.g. address, phone, social status, class mobility, etc)		
Physical environment (e.g. home characteristics, neighborhood, community, geographical mobility, etc)		
Psychological/spiritual environment (e.g. religion)		
Family structure and roles (e.g. family form/type, power structures, roles)		
Family functions (affective, socialization, health care function, economic, reproductive)		
Family values and beliefs		
Family communication patterns		
Family decision-making patterns (consensual or defacto)		
Family problem-solving patterns		
Family coping patterns (family stressors, strengths, perceptions, family coping strategies)		
Family health behaviors (dietary practices, sleep, and rest, self-care practices, health promotion activities, complementary and alternative therapies, etc)		
Family social and cultural patterns (values, beliefs, culture, etc)		
Listens attentively to what the family members are saying		
Responds to the family members in a way that encourages them to continue talking		
Commends progress made by individual family members as needed		
Draws a family genogram and ecomap with the family		
Utilizes opportunities for incidental teaching as needed		
Identifies index patient concern(s)		
Identifies family members concern(s)		
Prioritize the family needs with the family		
Recommends 3 resources to meet the family health promotion and illness prevention need(s)		
Closes the home visit by summarizing the main points of the visit to the family		
Make plans for the next visit, considering family wishes		
Documents home visit in an appropriate and timely manner		
Completes a self-evaluation (self-reflection) of the home visit (because of time limitation this will happen during the debriefing session)		

Reference

Lippincott CoursePoint for Rector, C. (2018). *Community and public health nursing: Promoting the public's health* (9th ed.). Visit <http://thePoint.lww.com/CPRector9e>

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Appendix C

Wright State Memorial Home Care Services Telehealth Family Health Assessment Visit Record



DATE: _____ TIME OF CALL: _____ *TIME CALL ENDED: _____ NURSE/S: _____			
REASON FOR CALL: _____ Referral Type: _____ New _____ Follow-up _____			
Name of Caller: _____ Telephone: _____ Name of Patient/Client: _____			
Relation to Patient/Client (if applicable): _____ Patient/Client Age: _____ Gender: ___ M ___ F ___			
Other _____			
Address (street): _____ City: _____ Zip-code _____			
County: _____ State _____			
Health Insurance: No ___ Yes ___ If Yes, Insurer: _____ Group #: _____			
Method of Transportation: _____ If Required, method of choice: _____			
Chief Concern: _____			
Employment Status: _____			
Household Information			
Members of the Household	Relationship to Patient & Family involvement (Y/N)	Family Role/Functions	Concerns
Family Health History and Information			
Family Health History: _____			
Health Promotion Habits/Behaviors: _____			
Family Strength/s: _____			
Family Stressor/s: _____			
Coping Strategy/s: _____			
ANALYSIS/INTERVENTIONS/INSTRUCTION/PATIENT RESPONSES			
Concerns for Index Client: _____			
Concerns for Family Member/s: _____			
Priorities Identified by the Family and Nurse: _____			
Recommended Family Resources:			
1. _____			
2. _____			
3. _____			
4. _____			
Summary Checklist			
Care Plan: <input type="checkbox"/> Reviewed/Revised with Patient Involvement <input type="checkbox"/> Outcome Achieved <input type="checkbox"/> PRN Order Obtained			
Plan for Next Visit: _____			
Next Physician Visit Date: _____ Time: _____			
Approximate Next Visit Date: _____ Time: _____			
Discharge Planning Discussed? <input type="checkbox"/> YES <input type="checkbox"/> NO, Explain Rational: _____ <input type="checkbox"/> NA			
Discharge Plans: _____			
Care Coordination: <input type="checkbox"/> Physician <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> SN <input type="checkbox"/> Other (Specify) _____			

Signature/Date: _____ Date: _____

*Complete TIME CALL ENDED on top of Form

Appendix D

Timeline Schedule

Allocated time	Activity	Virtue assigned room via Collaborate Ultra
Prior to 0900	Clinical instructor creates a break out group (group 1) Make sure students are assigned the presenter role. Assign one student as a moderator role and the others presenters.	Main room & Breakout Group 1
0900-0915	Student Briefing Session	[Main Room]
0915-0935	Nurses Group conducts a family needs assessment interview. Observers listen and evaluates the therapeutic communication/assessment using the evaluation sheet	[Main Room]
0935-0955	Breakout time Assessment stops and individual groups discuss family assessment data, determine the family health promotion educational needs, research community resources, develop a teaching plan, and draw a family Genogram and Ecomap.	Nurses remain in Main Room. Clinical Instructor move Observers to break out Group 1 along with Standardized Patient (to provide technological support only)
0955-1015	Family teaching time. Nurses returns to the call and present teaching plan. Observers and evaluates the therapeutic communication/teaching plan.	[Clinical Instructors return Observers to Main Room]
1015-1035	Clinical Instructor debriefs the students using the debriefing questions	[Main Room]
1035-1055	Nursing Groups switch roles. Observers mute microphones and the Nurses conduct the family needs assessment interview. Observers listen and evaluates the therapeutic communication/assessment using the evaluation sheet	[Main Room]
1055-1115	Breakout time. Assessment stops and individual nursing care teams discuss family assessment data, determine the family health promotion educational needs, research community resources, develop a teaching plan, and draw a family Genogram/Ecomap.	Nurses remain in Main Room. Clinical Instructor move Observers to break out Group 1 along with Standardized Patient (to provide technological support only)
1115-1135	Family teaching time. Nurses returns to the call and present teaching plan. Observers and evaluates the therapeutic communication/teaching plan.	[Clinical Instructors return Observers to Main Room]
1135-1200	Debriefing, Wrap-Up, Scenario Evaluation	[Main Room] All participants' microphones are unmuted to contribute in the session.
1200-1230	Students to submit documents into Pilot Dropbox or Email to Clinical Instructor	

Telehealth Simulation Scenario Brief

The following information will be read to the students during the briefing session prior to the client logs into the scheduled on-line session.

General Information

“Welcome to Wright State Memorial Hospital’s Home Care Telehealth Services Department. Today we will experience two different telehealth simulation scenarios focused on health promotion for a community population. The simulation scenario setting takes place on-line with Wright State Memorial Hospital’s Home Care Telehealth Services.”

Pilot Collaborative Functionality Explanation and Demonstration

1. Explain the use of the microphone (muted when acting as observers)
2. Explanation of the main room and breakout groups.
3. Explanation of the roles: **Moderators** have full control over all content being shared. They can make any attendee a presenter or a moderator. Moderators see hand raise notifications and can lower hands. They can remove attendees from a session, but they cannot remove other moderators. Presenters can upload, share, edit, and stop sharing content. They can also see hand raise notifications and can lower hands.
4. Explanation and demonstration of the use of the virtual whiteboard to interact
5. Explanation and demonstration of how to share files, saving documents (Observer Sheet, Genogram, Ecomap to be submitted to the pilot dropbox after the simulation experience)

Structured Process

Your Clinical Instructor has divided the clinical groups into two separate nursing care teams. You, the nursing students, will enact the role of telehealth nurses answering the computer help lines, one group at a time. While one nursing care team is interacting with the family member, the other nursing group will be listening, observing, and evaluating the therapeutic communication using the form provided. The following is the process the scenarios will run:

1. Conduct family on-line assessments.
2. Determine the needs of the family
3. Develop a care plan incorporating community resources researched in the breakout sessions
4. Discuss with the family member your developed plan of care
5. Debrief
6. Switch groups and repeat the process

Telehealth Services Report (To be read prior to each scenario):

The Case Manager from the Oncology Floor notified our department last week about a patient XX. XX was discharged home a week ago in the primary care of her daughter. At the time of discharge, the daughter expressed education needs concerning some of her family members. Yet, the daughter did not have the time to wait to speak with anyone and said she would connect with Telehealth Services once things at home settled. The Telehealth Services receptionist has transferred you to the call.

Appendix E

THE WRIGHT FAMILY ECOMAP

The Family Ecomap provides information about systems outside of the immediate family that are sources of social support or that are stressors to the Wright family.

The smaller out circle represents significant people, agencies or institutions with which the Wright family interacts. The lines drawn between the circles and the family or family members depict the nature and quality of the relationship, and the kind of energy and/or resources are moving in and out of the immediate family.

Note: *Students can use different lines to indicate strong relations, weak relationships, and tense relations.*

They can also use the following symbols:



Tense relationship



Thick line(s) for strong relationship

Students use the family ecomap to

- ✓ Set goals for example to increase connections and exchanges with individuals, institutions and agencies in the community.
- ✓ Help the family to identify who is important and who they desire to have involved in their lives
- ✓ Understand the family' social network with their caregivers

Source: Kaakinen, J. R., Coghlo, D. P., Steele, R., & Robinson, M. (2018). *Family health care nursing: Theory, practice, and research*. Philadelphia, PA, FA Davis,

THE WRIGHT FAMILY GENOGRAM

The Family Genogram provides a family tree that record information about The Wright family members and their relationship during the last three generations (in this case four generations):

- 1st Generation Mr William Wright and family
- 2nd generation: Ms Beth Turner and family
- 3rd Generation: Ms Mary Dunn and family
- 4th Generation Peter Dunn and Cousin Jason

This diagram offers a rich source of information for planning interventions strategies.

Assess to see if the students' family genogram includes the following information:

	Data to be collected	Faculty Comments
1	Identify the immediate family	
2	Identify the person who has the health problem, i.e. the index patient/client	
3	Identify all the people who live with the immediate family	
4	Determine how all the people are related	
5	Gather the following information on each family member: <i>Age, sex, correct spelling of name, health problems, occupation, dates of relationships: marriage, separation, divorce, living together, living together/committed, dates and age of death</i>	
6	Seek the same information for all family members across each generation for consistency and to reveal patterns of health and illness	
7	Add any information relative to the situation, such as geographical location and interaction patterns	

Source: Kaakinen, J. R., Coehlo, D. P., Steele, R., & Robinson, M. (2018). *Family health care nursing: Theory, practice, and research*. Philadelphia, PA, FA Davis