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Patient Experience Simulations: Walk a Mile in My Gown

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Patient Experience/Inpatient Role-Reversal Simulation Guidebook

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Ricardo Wood

“You never really understand a person until you consider things from [their] point of view...until you climb into [their] skin and walk around in it”

Atticus Finch, To Kill a Mockingbird

Background

Hospital physicians work a weird job; it is a customer-facing job in which the majority have never been in the shoes of their customer. And our patients go through some strange experiences.

In a profession where empathy and compassion towards patients are paramount, how can we truly empathize if we do not actually understand what it is like to be our own patient?

These exercises below are a novel form of simulation training; in this role-reversal simulation, medical trainees will be placed into immersive patient experiences.

While many simulation exercises in traditional medical education focus on placing medical trainees into the role of the physician and interact with a standardized patient or actor, the simulation exercises described below are intended to flip this paradigm entirely. In these simulations, we describe the process of recreating patient experiences and inserting medical trainees into the role of the PATIENT rather than the physician. By placing medical trainees into these simulated patient roles, we anticipate that trainees will foster an increased appreciation of the patient experience, and thereby increase empathy and compassion towards their future patients.

The following exercises are designed to physically and emotionally simulate patient experiences, particularly “pain points” of the patient experience, and are intentionally uncomfortable and unnerving. All of these simulations are built using aggregate patient survey data collected by the VA National Patient Safety and SHEP surveys. They represent some of the most common mutually despised aspects of life as a patient.

We hope that these simulation exercises prove fruitful to your learners.

How to introduce simulations

Welcome patients of ____ (your location)!

Today is a different type of simulation activity.

Today, you are not doctors (or medical students, or whatever your audience is)

Today, YOU are the patient

You will go through x number of different stations during these simulations

At each station you will be given a prompt, and possibly an objective

Really try to enter the role of the patient

What do you feel?

Hear?

Smell?

Emotions that you feel?

You will feel uncomfortable, physically, mentally, and emotionally

As a disclaimer, at any time you may opt out of these exercises.

You will be challenged into some positions that are unusual, uncomfortable

Some safety precautions:

-Some of these simulations may invoke strong emotions. If at any point you feel uncomfortable and unable to proceed, please notify our team

-We feel that with this particularly potentially traumatic form of simulation, allowing learners the opportunity to voluntarily opt out is important

About the Simulations

These simulations were designed using aggregate national VA patient survey data. The simulations are intended to recreate multiple aspects of the patient experience and invoke a multitude of emotional and physical responses. Many of them are based largely on “pain points” of the patient experience, showcasing the oddities and uncomfortable nature of life in the hospital.

To future educators, we invite you to use your own creative liberties with these simulations. The simulations shared here are largely suggestions.

Of note, doing some of these simulations in the dark or in shared “patient rooms” is highly recommended. Additional sensory elements including addition of smells and sounds is also highly encouraged.

Regardless of whether you choose to follow this guidebook exactly, or take your own liberties, we advise several key aspects of creating successful role-reversal simulations:

- Physical immersion
- Variety of simulations
- Extensive debriefing session

Getting Started

Accessorizing the “patient”

Prior to starting the simulations, medical trainees will be given the opportunity to “accessorize” themselves, with an assortment of hospital gowns, socks, IV poles, telemetry leads, etc. The physical nature of these items assist the learner in entering the role of the patient and further creating the high-fidelity simulation experience.

Hospital gowns

Hospital socks

IV poles

Fake peripheral IVs/Lines + paper tape for attaching

Telemetry leads

Nasal Cannulas

Supplies list for simulations

General list of things needed:

Hospital beds/Gurneys

Appropriate rooms

Instrument trays

Curtains

Linens

Manual blood pressure cuffs

Commodes

Bedpans

Chucks

Procedural drapes

Glucometer

Badge buddies (for RN and MD/DO)

Clipboards/Notepads

Pens

Other items we recommend:

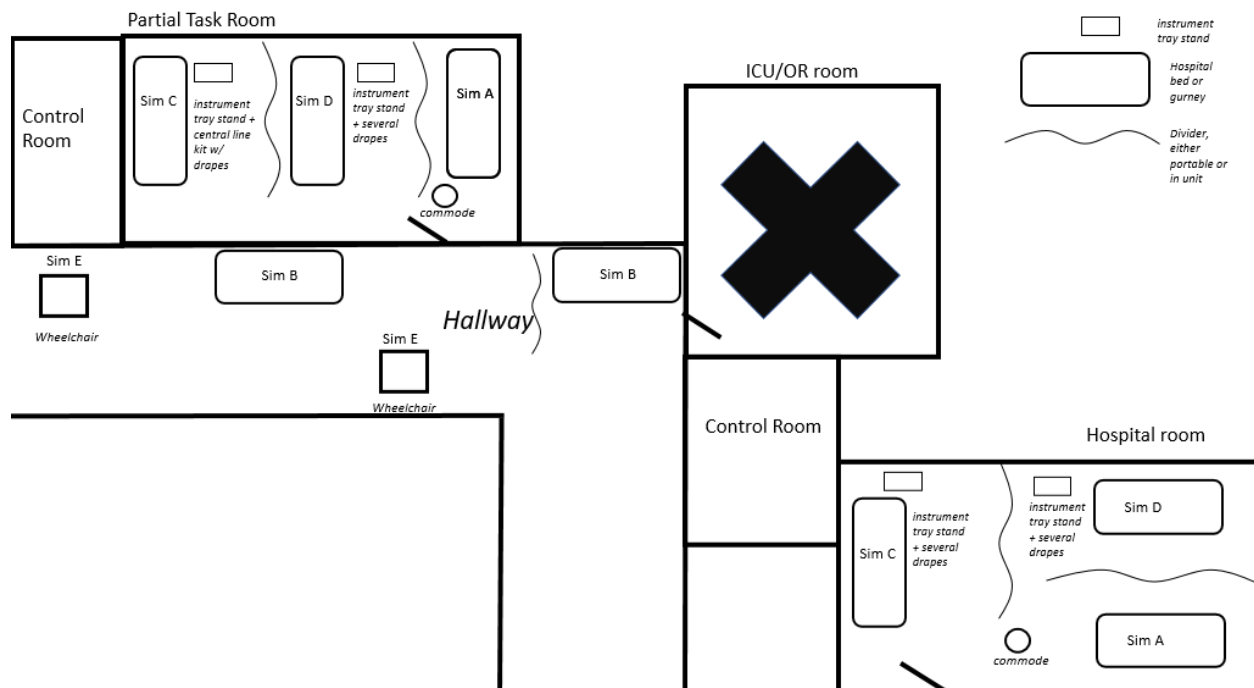
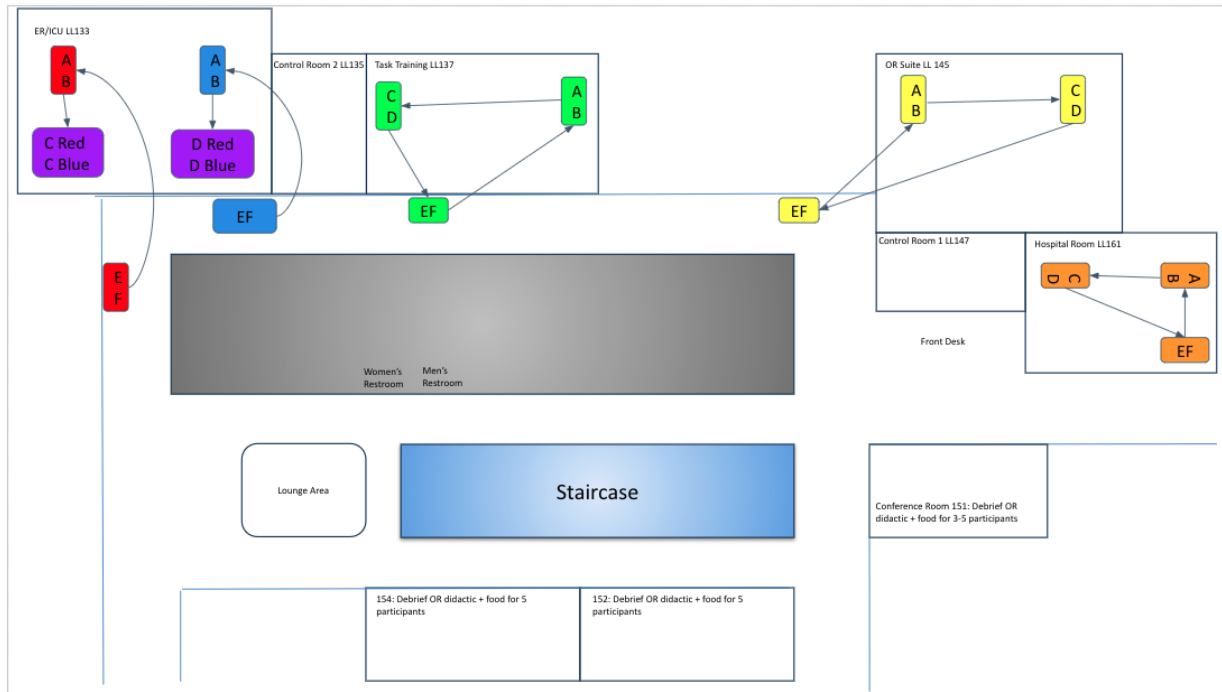
Hospital sounds

Foreign language forms

Billing form

Example of Logistical Planning

Sample Simulation Room Layout



Sample Workshop Timing

Participants	3:00-3:10pm	3:10-3:45pm Section 1	3:45-4:20pm Section 2	4:20-4:50pm Section 3	4:50-5:00pm
Participant 1	Intro + Gowning up	Sim A+B+C+D+E+F	Food Trial + Empathy didactic (10-15m) + Nutrition Didactic (5-10m)	Debrief session	Conclusions + Post Survey
Participant 2					
Participant 3					
Participant 4					
Participant 5					
Participant 6		Sim A+B+C+D+E+F	Food Trial + Empathy didactic (10-15m) + Nutrition Didactic (5-10m)	Debrief session	
Participant 7					
Participant 8					
Participant 9					
Participant 10					
Participant 11		Food Trial + Empathy didactic (10-15m) + Nutrition Didactic (5- 10m)	Sim A+B+C+D+E+F	Debrief session	
Participant 12					
Participant 13					
Participant 14					
Participant 15					
Participant 16		Food Trial + Empathy didactic (10-15m) + Nutrition Didactic (5- 10m)	Sim A+B+C+D+E+F	Debrief session	
Participant 17					
Participant 18					
Participant 19					
Participant 20					
Participant 21		Sim A+B+C+D+E+F	Food Trial + Empathy didactic (10-15m) + Nutrition Didactic	Debrief session	
Participant 22					
Participant 23					

Participant 24			(5-10m)		
Participant 25					

Sample Simulation Timing

Example 1

Participants	0-11 mins	12-23 mins	24-35 mins
1	A+B	C+D	E+F
2			
3			
4			
5			
6	C+D	E+F	A+B
7			
8			
9			
10			
11	Food Trial + Empathy didactic (10-15m) + Nutrition Didactic (5-10m)		
12			
13			
14			
15			
16	Food Trial + Empathy didactic (10-15m) + Nutrition Didactic (5-10m)		
17			
18			
19			
20			
21	Food Trial + Empathy didactic (10-15m) +		

22	Nutrition Didactic (5-10m)
23	
24	
25	

Example 2

Participants	Area	0-11 mins	12-23 mins	24-35 mins
1	Room 1	Food Trial + Empathy didactic (10-15m) + Nutrition Didactic (5-10m)		
2				
3				
4				
5				
6	Room 2	Food Trial + Empathy didactic (10-15m) + Nutrition Didactic (5-10m)		
7				
8				
9				
10				
11	Red	A+B	C+D	E+F
12	Blue			
13	Green			
14	Yellow			
15	Orange			
16	Red	C+D	E+F	A+B
17	Blue			
18	Green			
19	Yellow			
20	Orange			
21	Red	E+F	A+B	C+D

22	Blue			
23	Green			
24	Yellow			
25	Orange			

Sample Standardized Person/Actor Utilization and Distribution

SP	Simulation	Group Colors	Room	# of Participants	Description (11 min sim)
1 (resident)	A+B	red/blue	LL133	5 participants	<p>Speak nonsensical language for consent (1-2min x2 pts); fumble with line materials; ask how to do the line (3-4 min x2 pts)</p> <p><u>Primary Role:</u> Once per patient, measure BP with cuff and fumble with it before finally measuring it.</p> <p><u>Secondary Role:</u> "The doctor will be right with you to do the procedure", "Are you nervous for your first line", help MD put the dressings on</p>
2 (resident)		green	LL137		
3 (resident)		yellow/orange	LL145+LL161		
4 (nurse)		all colors	LL133+LL137+LL145+LL161		
5 (nurse)	C+D	red/blue/green	LL133+LL137	5 participants	<p>Ignore them on the commode; Once you help them to the bed from the commode, call the nutrition service attendant to come in</p>
6 (Nurse)		yellow/orange	LL145+LL161		
7 (MD)	E+F	red/blue	Hallway outside LL133	5 participants	<p>Speak to patient very briefly about their cancer and then leave. Leave them for a long time and then come back quickly at the end.</p>
8 (MD)		green	LL137+hallway		
9 (MD)		yellow/orange	LL145+LL161		
10 (float nurse)	All sims	all colors	all rooms	all 15 participants (focus on sims E+F)	<p>All sims: "Sorry I'm not your primary nurse" (jump in and out of rooms randomly 30sec-1min per room intermittently, try to interact w primary MD's in cases)</p>
11 (float nurse)					

Simulations

The following are simulations that we have designed and implemented. We hope you may use them not only as templates to recreate at your institution, but also inspiring to create your own. A template to build your own simulations can be found further in this guidebook.

Generally, each simulation follows a similar format, as below

General concept: one-liner about the simulation

Primary intended takeaway: core concepts and emotions intended to instill into the trainee

Equipment/personnel needed: things you will need for this simulation

Overview: More detailed overview of the simulation, for full context of roles

Prompt for Patient: This is the prompt that is given to the trainee in the simulation. **We recommend printing this and place at each simulation station**

Script for actor: A guided script for standardized actors/providers

Evidence support: supporting data from National VA Patient Survey aggregate data supporting the pain point(s) highlighted in the corresponding simulation

Simulation A: Accessible nurse + On The Commode

General concept: a patient on a commode in the middle of a shared room is unable to reach their nurse to help them get back to bed

Primary intended takeaway: Vulnerable, lack of access

Equipment/personnel needed:

Bedside commode
Hospital bed (set to lowest setting)
Nurse (actor)
Simulated Fecal Spray Scent
Fake call button
Nurse badge

Overview:

Subject is asked to sit on a bedside commode in a shared multi-patient room. They are given the prompt that they “require assist” to transfer back to their bed. They are tasked with flagging down their nurse to help them get back to bed.

Meanwhile, all providers will be prompted to ignore the patient, or tell the patient “I’m not your nurse but I’ll go find them for you”, without returning.

Near the end of the simulation time, a nurse will eventually come by, and assist the patient back to bed.

Prompt for Patient (subject):

You are a 75 year old patient who has been admitted after a recent stroke, with residual lower extremity weakness. As a consequence of your stroke, you have been on strict bedrest, only recently advancing to “up in chair with assist”. While you’ve been allowed to use the bedside commode instead of the bedpan, you still require help getting to and from the commode.

Please sit on the commode and keep both feet on the ground. Please keep your gown on in this scenario. You are just about finished using the commode. Your goal is to find your nurse to help you get back to your bed. You may interact with any of the providers/physicians/nurses that you see, but you may NOT get up on your own. You may use the call button as well.

Script for Nurse (actor):

Wear your nursing badge clearly

Walk in and out of the patient room, acting as if you are tending or observing other patients

You will likely pass by this patient several times during the encounter

The patient will be trying to get your attention throughout the encounter; their only objective is to get your help to get from the commode to the bed

Ignore the patient for the first few times

After a couple minutes, your response will change to “okay, give me a second, I’ll come back in a bit”

The patient will likely try and flag down other providers in the room to help; their responses will be “I’ll try and find your nurse for you”

30 seconds before the end of the encounter, around the 5 minute mark, finally return, and actually assist the patient to get to the bed

Evidence support:

- Toileting is a pain point for patients, some reporting toilets “felt like prison toilets”
- Feeling exposed and vulnerable

Simulation B: Bad news + life in the ED hallway

General concept: ED patient boarding in the hallway is given bad news, physician leaves partway through without finishing the news

Primary intended takeaway: Lack of privacy, confusion, abandonment

Equipment/personnel needed:

Gurney in hallway (set to lowest setting)

Acting physician

Clipboard

Pager/fake pager noise

Importantly, the “doctor” stands OVER the patient

Overview:

Medical trainee (patient) is placed in a gurney that is in hallway, intended to simulate ED overflow beds that are very public and exposed. They have come in for what initially appears to be otherwise innocuous back pain. The prompt they are given is intended to demonstrate a long ED wait with lack of information. After some time in the bed, a rather distracted “ED physician” (actor) comes by to hurriedly share the results; they likely have new cancer, with lytic lesions in the spine and labs concerning for new myeloma. The physician uses non-patient centered language, is constantly checking their pager, and shortly after getting to the new that “this is probably cancer”, they are called away, never to return for the remainder of the simulation. The patient then spends the remainder of the time lying in the hallway bed.

Prompt for Patient (subject):

You are a 62 year old patient, married for 24 years, and have been otherwise healthy. You have come to the hospital after several months of worsening back pain. You came to the Emergency Department in the morning in hopes things would be fast; you were triaged quickly, saw an NP mid-morning, had some labs and a CT scan done, but it is now mid-afternoon. You have been in this hallway bed this entire time. No results have been shared with you.

Your back hurts incredibly badly, so you are wholly unable to get up from the bed without any assistance.

Script for “physician”:

Let patient be in the bed for ~1-1.5 minutes

Approach patient looking at clipboard

Your demeanor is relatively professional, but you are CLEARLY in a rush and in the middle of a busy day Stand COWERING OVER the patient. Their bed will be set to the lowest. Do not sit with the patient

You spend most of your time looking down at your clipboard, rather than at the patient, while you are delivering the bad news

Doctor: Hi I’m Dr _____. Sorry for the wait

So I had a chance to look through all your information. I’m sorry to say that it looks like you might have a form of cancer.

That’s probably why you have the back pain, and your kidneys are also pretty bad too.

Pager goes off

Sorry, this is really important, I'll be back in a bit

Leave in a rush

You will eventually return down this hallway past this patient several times to "see other patients". Each time you see this patient, hold up a finger as if gesturing "just a minute, I'll be right with you"

You will not be returning for the remainder of this encounter

Evidence support:

- Patients want time with their providers
- Patients want to know what the plan is

Simulation C: Trainee Central Line Procedure

General concept: Patient undergoing central line procedure, being done by a novice resident who is visibly nervous, and accosted by a circulating nurse

Primary intended takeaway: procedural simulation, fear and vulnerability, confusion

Equipment/personnel needed:

Inpatient hospital bed (set HIGH)
Central line kits w/ chucks
Wet sponge to simulate iodine prep
Resident physician
“Circulating nurse”
Blood pressure cuff
Glucometer?

Overview:

Subject is in a hospital bed, prompted that they have suddenly been moved to the ICU for urosepsis, likely requiring pressors. After some time waiting after reading their prompt, a visibly nervous resident physician (actor), comes in carrying a central line kit. Quickly and haphazardly, they begin to “prep” the patient, using a wet sponge to simulate a chloraprep kit. They do not explain what is happening to the patient, and if asked by the patient, they respond vaguely “we just have to do this or you are going to die”. A drape is placed over the patient, similar to prepping for a true central line kit. While the patient is covered in the drape, the actor then shuffles their kit, makes a point to drop things/make noise/show incompetence, and eventually calls out to their attending. Not able to reach their attending, they walk away.

While away, a circulating nurse comes by to collect vitals. They, too, seem new and uncomfortable with their equipment. They fumble with vitals for some time, all while the patient remains underneath procedural drapes

The simulation ends with the resident physician returning, nervously saying that “everything is okay, we’ll just try again later”

Prompt for Patient (subject):

You are an 81 year old patient, admitted earlier this afternoon to med/surg for septic shock, secondary to a urinary tract infection; you’ve been having these a lot in the past year. A few hours after admission, a lot of hustle and bustle has been going on around you; people have been saying words like “they’re getting sicker” “can you call the ICU for me?” “we need to start pressors”, and suddenly you have been moved to this new bed. Someone says that “you are in the ICU now, we’ll take care of you”.

A young physician came up to you earlier and asked for your consent, in the rush of things you signed without fully understanding what was going on.

Script for Resident/Trainee Physician (actor):

You want to demonstrate mild/moderate incompetence throughout the encounter
Enter at the beginning of the encounter
Introduce yourself

Hi, uh, my name is ____ (your first name, do not use Dr.). I'm going to do a procedure right now that will help you get better

Fumble around while you raise/lower/move the patient's bed into position

Fumble around with instrument tray, trying to move it to the head of the bed. If you drop things on the ground in the process, even better.

Stand there looking at central line kit, mumbling to self while you "prep" for the procedure. Say things to yourself like "Hmm okay so...this...and then this...wait, no. Um..."

Okay, I, uh, I'm going to start now

Place drape over patient, completely covering their face

Leave some space to access their neck

Make a ruckus rearranging the central line kit tools on the side, making noise, dropping things

Do NOT describe any of what you are doing, or why you are doing it

If you are asked what you are doing, ignore them, be dismissive, or say things like "it's okay, don't worry" or "well, uhh, I think I'm going to..."

Take wet sponge and begin "prepping" the neck area, similar to chloraprep for sterilizing field

Pause

Okay, now let me see what's next...

Fumble around with central line kit

Drop something again

...Uhhh...

...wait...

...S***...

Act as though you've clearly made a mistake, and now you are "looking for your attending"

Loudly ask out loud....Dr Anderson? Dr. Anderson?

Mutter to yourself

Resource nurse has been circulating around

Calls over to nurse and whispers loudly: I think I messed up, can you find Dr. Anderson for me?

Resource nurse: I have no idea where Dr. Anderson is, sorry

Resident to patient: It's okay, everything is going okay. I'll be right back

Walk away for a while, as if looking for attending. Leave patient covered under drapes

Resource nurse

In the interim, the resource nurse comes around and attempts to take a blood pressure measurement

Resource nurse: Sorry, I'm a bit new to this. Just relax

Attaches, detaches, re-attaches BP cuff several times. Place it in wrong place

Eventually takes measurement

Resident returns, near end of encounter

Okay, sorry about that, don't worry, everything is okay, we'll just do this another time

Packs up dressings and encounter ends

Script for the Nurse (actor):

Your job is to show doubt in the trainee's skills with the goal of making the patient also doubt the trainee's skills. You can say things like "Are you excited for your first procedure?" "Are you sure that's the right way to do it?" "Are you sure you don't want me to just go grab the attending (supervising) physician?"

While the resident leaves to find the attending, the resource nurse comes around and attempts to take a blood pressure measurement

Resource nurse: Sorry, I'm a bit new to this. Just relax

Attaches, detaches, re-attaches BP cuff several times. Place it in wrong place

Eventually takes measurement.

You can also logistically help the other actor put on and take off the dressing gown.

Evidence support:

- Patients dislike feeling like a test subject

Simulation D: Don't Speak the Language + Obtaining Consent Forms

General concept: a physician who speaks only a foreign language brokenly obtains consent

Primary intended takeaway: confusion, lack of transparency

Equipment/personnel needed:

Resident/trainee (actor)

Nurse (actor)

Foreign language consent form

Clipboard + pen

Blue chucks

Instrument tray

Overview:

Subject is placed in a hospital bed, prompted that they have suddenly been moved to the ICU for urosepsis, likely requiring pressors. Patient does not speak the local language. A physician (actor) comes in speaking only a language foreign to the patient; their private objective is to get the patient to sign a procedural consent form for a central line. Eventually, after what is much too long a period of time, the physician realizes the patient does not understand what they are saying, and begins speaking very broken English, speaks very slowly and very loudly in very basic language that is somewhat incorrect, and gestures confusingly. Eventually the physician gets frustrated and just tells them “you...name here!”

The simulation ends with the physician tossing a procedural drape over the patient's right neck and face, acting as though they are actually about to begin the central line; the patient at no point was aware that this was what they were signing consent for.

Prompt for Patient (subject):

You are an 81 year old patient, brought into the hospital by your children (with whom you live with) because you have been “acting strange” with an “urinary tract infection”. You are an immigrant, came here when you were a young adult, and never truly learned the language. You do not truly understand what is going on, and have now been in the hospital for 3 days.

For the past few hours, a lot of hustle and bustle has been going on around you with many new faces, staff, and personnel; people have been yelling back and forth. Suddenly you have been moved to this new bed in the ICU.

Please lie in the bed.

Script for the Resident/Trainee Physician (actor):

Your job is to speak in non-English for as much of this encounter as possible. You can speak nonsense if needed.

Wait 2 minutes before beginning the encounter

Walk up and begin speaking in only rapid, confident foreign language (okay to be nonsensical)

Gesture occasionally at their right neck in a pointing motion

After a minute or so, you will realize that they have no idea what you have been saying

You are getting progressively more frustrated

Continue, but now add in random English words. “Neck” “sign here” “blood pressure” “strong medications”, almost in a childish manner

You are clearly now getting very frustrated

Point at your consent sheet, and then point at the right side of their neck

At some point towards the end of the encounter, the patient will have either signed the consent or not.

If they sign the consent, immediately throw your hands up with a sigh of relief, exasperated, then grab the drapes on the instrument tray next to you and begin draping their neck in preparation for a central line (transition into Simulation B as below). If they do not sign the consent, you will toss the consent form to the side, think for a second, then prepare for the central line with drapes regardless.

The encounter should transition to Simulation B just as you set up your prep.

Evidence support:

- Understanding the plan is important to the patient

Simulation E: ED waiting room

General concept: patient waiting in an ED waiting room has a rushed encounter with a physician who does not listen to the patient at all

Primary intended takeaway: not feeling heard, boredom

Equipment/personnel needed:

Physician

Patient's list with their concerns

Fake Billing intake form

Clipboard + pen

Overview:

The patient begins the encounter in a wheelchair in a hallway, akin to waiting in the ED. They are prompted that they have come to the hospital due to acute on chronic worsening of their bilateral edema; it is now painful, and they are having trouble walking as a result. They have come by themselves, but they also have a list of medical concerns handwritten with them. They are given some intake paperwork at the beginning of the encounter.

Part way through the encounter, the "physician" comes out to see the patient for the first time. They are flippant, dismissive, and distant with the patient. During the entire encounter, the physician clearly has no idea about the patient, they are poking and prodding the patient while the patient is talking as part of their "physical exam", and very clearly not listening to the patient. Eventually the patient shares their list and the physician immediately snatches the list from the patient, and walks away.

Prompt for Patient (subject):

You are a 58 year old patient who has had several months of chronic bilateral edema, but in the past few days it has worsened to the point where it is now tense, painful, and difficult to walk. You've come to the ED, and have been given a wheelchair to sit in (please sit in the wheelchair. Do not move wheelchair or leave the wheelchair until end of simulation).

You have difficulty remembering all your medical questions, however, you were prepared and wrote a list of medical concerns that you would like to discuss with the physician. This list is really important to you, and you don't have another copy of it (*you may ad lib somewhat, as indicated*)

Your goal today is to find an answer for your painful leg swelling, and also share your medical concerns on your list

You have been handed billing paperwork while you are waiting. If you can find a pen, you can fill it out

On patient's handwritten list (print this and place on simulation station for the trainee)

-both legs swelling for last 3 months. Worse and painful last few days

-gaining weight

-always tired

-noticed blood in stool a few weeks ago

-new cough

- pain everywhere too
- teeth hurt
- new skin issues

Script for actors/physicians:

Wait ~2 minutes before starting encounter

This will be overall a very quick but “complete” encounter

Throughout encounter, act distant and disinterested in the patient

Do not make any eye contact, and do NOT use any active listening. Act flippant

Doctor: Hello, Mr/Mrs...uh.... *drift off and act as though you really have not looked up this patient at all.*
What brings you in today? *Immediately start looking at your clipboard and writing things down*

Patient will tell you that they are here for swelling in the legs that has gotten worse and painful

Do a very basic HPI about edema only

IMMEDIATELY begin your physical exam while they are talking about their problems, poking and prodding at their legs, shining a light in their face and eyes and mouth, listening to heart and lungs, etc. all while they are talking

Throughout encounter, do not ask any follow up questions to what they are saying. Respond with your next HPI question instead

If they offer you their list, ignore it at first

At some point, when you are “tired” of their talking, say “Okay okay...is there anything else you want to talk about?”

You will finally notice patient will start reading off their list in their hands

Take the list rudely from their hands. If they don’t offer it to you, just take it

Oh great, thanks, I’ll take that.

I’ll come check on you later

Walk away

If asked at any point what’s the plan, or what is going to happen, say things like “Yea I’m really not sure. It could be your heart, it could be your kidneys” or “I’ll be back later, I need to take care of something else”

Evidence support:

- Patients want to feel heard
- Patients want time with their physician
- Patients don’t want to feel like a test subject

Simulation F: Food Ordering + Eating

General concept: Patient deciding between recommended easy to chew diet and regular diet. Ordering and eating hospital food while in bed.

Primary intended takeaway: Being forced to choose between taste and safety/medical recommendation

Equipment/personnel needed:

Nutrition Room Service Attendant (actor)
Nurse (actor)
Ipad or paper menu for choosing food options
Easy to chew dietary option of food
Trays/utensils
Adjustable table for eating food on

Overview:

Subject is a patient with a history of stroke and has been told multiple times by his healthcare providers that they are at risk of choking / aspiration and need to have an “easy to chew” diet. However, the ordering menu still offers the option of normal food, and thus, the subject is forced to decide between the medical recommendation of an “easy to chew” diet vs the taste and preference of a regular diet.

Regardless of what the subject decides, they will receive a sample from an easy to chew diet, and the food will be left on the table, just a little bit out of the subject’s reach.

Prompt for the Patient (subject):

You are a 75 year old patient who has been admitted after a recent stroke, with residual lower extremity weakness and trouble with swallowing. Because of this, you have been told repeatedly by the medical team that you are at high risk of choking / aspiration, and that you need to eat an “easy to chew” diet. It has been DAYS since you’ve had a proper meal because you were waiting for the “swallow doctors” to assess your swallowing so you are really hungry! You want a regular diet - you think you can probably chew normal food!

Goal: Given this scenario, please choose between a regular diet and the easy to chew diet. Try to eat the provided food.

Rules: Please remain in the bed, without getting up given your lower extremity weakness. You can use your arms/hands to eat (no upper extremity weakness). You may interact with any of the providers/physicians/nurses that you see, but you may NOT stand up on your own. You may use the call button as well.

Script for Nutrition Room Service Attendant (actor):

Please give them the ordering menu and let them order either a regular diet or easy to chew diet. Regardless of what they order, please give them the easy to chew option and place the tray on the adjustable table, just slightly out of reach. Leave the room quickly after dropping off the food. If necessary, you can say “your nurse will be right in to help you with that”.

Script for Nurse (actor):

Wear your nursing badge clearly

Walk in and out of the patient room, acting as if you are tending or observing other patients

You will likely pass by this patient several times during the encounter

The patient will be trying to get your attention throughout the encounter just as before; their objective is to get your help to bring the table closer to them to eat the food

Ignore the patient for the first few times.

The patient will likely try and flag down other providers in the room to help; their responses will be “I’ll try and find your nurse for you”.

Around 2 minutes before the end of the simulation, adjust the table so that they can reach and eat the food (this is also part of the simulation).

Evidence support:

- Physical items (bed, table) often don’t work well, causing discomfort and potential danger
- Diets and food can be pain points for patients, both for flavor, quantity, and access

Foods and patient food experience (additional activity)

The following are instructions for an “inpatient food” experience, separate from the simulation exercises. We found these food experiences to be an excellent supplement to the trainees’ simulation experience, as food is frequently a unique pain point to the inpatient experience. Consider having your trainees try different diets, while also attempting to “create” different thickened liquids with thickening packets.

Diet considerations:

Pureed
Minced and moist
Ground diet
Full liquid diet
Carb limited
Renal + Cardiac
Regular diet

Liquid considerations:

Slightly thickened liquid
Pre-thickened
Pudding thickened liquid
Thickening packets

Sample food list:

<u>Foods</u>	# of plates
Pureed	4
Minced and moist	4
Ground diet	4
Full liquid diet	4
Carb limited	4
Renal + Cardiac	4
Regular diet	4
(do we have any kind of desserts?)	4?
<u>Liquids</u>	
Liquids + thickening packets?	
Slightly thickened liquid	
Pre-thickened	
Pudding thickened liquid	
<u>Utensils</u>	
Forks	50-100

Spoons	50-100
Knives?	50
Serving utensils	8
Plates/bowls	30-40

Cafeteria style plates

Print out the daily specials/menus

Debrief guide

To facilitators: We strongly recommend a group debriefing session immediately following the simulations. Debrief sessions should last as long as the simulations themselves (1:1), or potentially even longer (1:2). This will allow for residents to process what happened in these sessions and can lead to even more powerful realizations than the simulations alone.

Much of the debrief should be focused on sharing experiences, thoughts, and emotions.

Some suggested questions to guide the session:

So, how was that?

From a sensory standpoint, what were some things you noticed?

What did it feel like being in the bed?

What are some things that come to mind?

Was there a simulation that stood out to you?

What did you find most challenging?

Towards the end questions...

How do you think, if at all, this might affect your practice?

Simulation Template

This template is designed for you to fill out when creating your own simulations

Template

Simulation:

General concept:

Primary intended takeaway:

Equipment/personnel needed:

Overview:

Prompt for the Patient (subject):

Script for the ____ role (actor) :

Evidence support:

Core concepts:

Procedure

Privacy

Communication

Takeaways:

Confusion

Frustration

Vulnerable

Research Disclaimer Template

If you plan to perform a research study, we have provided the below template for Research Disclaimer.

Research Disclaimer

Dr. ***, who is a *** at ***, is conducting a research study exploring simulated patient experiences and their effects on medical trainees. If you agree to be in this study, the following may happen to you:

- 1) Participate in surveys
- 2) Complete a patient experience simulation activity
- 3) Pictures taken of you
- 4) Video recording during the simulation

Jefferson survey data will be deidentified and kept confidential to the extent allowed by law. Jefferson survey data collected will remain anonymous, and any possible personal identification will be de-identified by a 3rd party survey source before being sent back to the researchers.

Pictures and video will not be shared to the general public or posted on public internet domains without your express, written consent. However, the video may be reviewed by our research team to gather audiovisual data for research purposes.

Participation in research activity is **entirely voluntary**. You may refuse to participate or withdraw at any time without penalty or loss of benefits to which you are entitled.

Benefits of participation include possible increased awareness of patient experiences and increased empathy and compassion for patients.

While we anticipate very few risks, we acknowledge some possible risks are involved with any research activity. These include, but are not limited to, physical and psychological risks. Physical risks include possible injury during the simulation activities, as participants will be lying in patient beds in simulated hospital rooms. Psychological risks include possibility of emotional distress from simulated activities.

If you want additional information or have questions or research-related problems, you may reach *** at ***
