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Suicidal: Outpatient

Instructor Information

Patient Name: Wright, Franklin

Simulation Developer(s): Debra A. Mosley and Joel Ottoson

Scenario Purpose: Assist new nursing staff in the early identification of suicidal Veterans in a non-mental health clinic setting

Learner(s):

- Registered Nurses (RN), Licensed Practical Nurses (LPN), Unlicensed Assistive Personnel (UAP)
- Others as desired, depending on facility protocols
- Recommend no more than 6 learners (3 of which can be observers)

Time Requirements:

- Setup: 5 minutes
- Scenario: 25 minutes
- Debrief: 25 minutes
- Reset/Breakdown: 5 minutes

Confederate(s):

- Standardized patient

Scenario Prologue:

- Twenty-four (24) year old male presents with complaints of feeling fatigued and loss of enjoyment of activities he previously enjoyed. He completed two (2) tours to Afghanistan six (6) months ago. He has been estranged from his family since he joined the military against their wishes. His girlfriend broke up with him while he was deployed. He has been drinking fifth of whiskey a day.
- **The simulation begins when the learners are receiving report from the nurse**

Patient information:

- General: Alert
- HEENT: Unremarkable
- Weight/Height: 72.7kg (160lbs) 180.3cm (71in)
- Vitals: BP 118/76, Temp 98.3, HR 75, RR 14, O2 Sat 97%, Pain: 0/10
- Airway: Open
- Lungs: Clear, eupneic
- Heart: Unremarkable
- Neuro: Unremarkable
- Abdomen: Bowel sounds present
- Genitourinary: Unremarkable
- Extremities: Unremarkable
- Skin: Scars on left upper and lower extremities from shrapnel removal during deployment
- Past Medical History: None
- Past Surgical History: None
- Allergies: No known drug allergies (NKDA)

Medications:

- None

Allergies:

- None

- Green Text Confederate
- Red Text Physiology Change

Learning Objectives

Patient Name: Franklin Wright

Simulation Developer(s): Debra A. Mosley and Joel Ottoson

Scenario Purpose:

- Assist new nursing staff in the early identification of suicidal Veterans in a non-mental health clinic setting

Pre-Session Activities:

- Complete training on identification and management of the Veteran at risk for suicide
- Review policies and protocols on the identification and management for the Veteran at risk for suicide

Potential Systems Explored:

- What facility specific policies or protocols are in place for identification and management of the Veteran at risk for suicide?
- How would the care differ for an outpatient versus an inpatient?
- What tools are currently available to assess and prioritize the care for the outpatient exhibiting signs and symptoms of suicide ideation?
- What risk factors and complications are important to consider when caring for the outpatient Veteran experiencing signs and symptoms of suicide ideation?
- What facility specific documentation is required for the outpatient Veteran exhibiting signs and symptoms of suicide ideation?

Scenario Specific Learning Objectives (Knowledge, Skills, and Attitudes = K/S/A):

**The learner will apply ICARE principles throughout the scenario

1. **Learning Objective 1:** Recognize signs of suicidal ideation

a. *S- Recognize the patient's behavior a potentially suicidal*

Learning Objective 2: Perform a suicide risk assessment

a. *S- Utilize facility specific tool to perform a suicide risk assessment*

b. *S- Place safety as a priority*

c. *S- Recognize statement regarding his birthday as a warning sign indicating the patient is planning on carrying out the suicide on his birthday*

d. *S- Ask the patient if he has access to weapons*

Learning Objective 3: Implement suicide risk protocol

a. *S- Ask the patient how he intends to carry out the suicide*

b. *S- Ensure not to leave the patient alone*

Learning Objective 4: Communicate effectively with the suicidal patient

a. *S- Initiate conversation with direct questions utilizing careful word choices*

b. *S- Ask the patient if he has had suicidal thoughts*

c. *S- Demonstrate active listening*

d. *S- Utilize therapeutic communication*

e. *S- Inform the patient of healthcare responsibilities for preventing suicide*

f. *S- Communicate the plan of care with the patient*

g. *S- Utilize therapeutic communication*

h. *S- Perform ISBAR communication*

i. *S- Complete facility specific documentation*

Debriefing Overview:

- Ask the learner(s) how they feel after the scenario
- Have the learner(s) provide a summary of the scenario from a healthcare provider/clinical reasoning point of view
- Discuss the scenario and ask the learners what the main issues were from their perspective

- Ask what was managed well and why.
- Ask what they would want to change and why.
- For areas requiring direct feedback, provide relevant knowledge by stating “I noticed you [behavior]...” Suggest the behavior they might want to portray next time and provide a rationale. “Can you share with us?”
- Indicate closing of the debriefing but provide learners with an opportunity to voice one or two take-aways that will help them in future practice
- Lastly, ask for any outstanding issues before closing the debrief

Critical Actions/Debriefing Points:

1. Verify Initiate conversation with direct questions utilizing careful word choices
2. Recognize patient behavior a potentially suicidal
3. Initiate suicide risk assessment
4. Demonstrate active listening and empathy with a nonjudgmental demeanor
5. Ask the patient if he has been experiencing suicidal thoughts
6. Ask the patient how he intends to carry out the suicide
7. Recognize warning sign indicating when the patient is preparing to carry out suicide
8. Provide therapeutic communication advising the patient help is available to listen
9. Inform the patient of healthcare provider responsibilities for preventing suicide
10. Communicate plan of care with the patient
11. Follow and implement facility specific suicide risk protocol
12. Perform ISBAR communication taking care to maintain patient confidentiality
13. Ensure patient safety is a priority
14. Complete facility specific documentation

Simulation Set-Up

Patient Name: Franklin Wright

(Standardized Patient)

Simulation Developer(s): Debra A. Mosley and Joel Ottoson

Room Set-up:

- Set up like an outpatient clinic room

Patient Preparation:

- The patient is wearing wrinkled street clothes with an unshaven appearance
- There is a flask or small bottle of alcohol hidden the patient's pocket
- The patient is slouching and will not make eye contact with the learner

Have the following equipment/supplies available:

- Flask or small bottle of alcohol

Scenario Supplements:

- Confederate scripts
- Confederate name tags
- Patient identification band
- Suicide risk assessment
- Patient chart (facility specific)
- ZZ test patient/Demo patient in CPRS (if desired)

Flowchart

**** Initial State:**

- Mental Status: Alert
- SpO2: 97%
- BP: 118/76
- Temp: 98.3
- HR: 75
- RR: 14
- Pain level: 0/10
- Skin: Unremarkable

Twenty-four (24) year old male presents to the outpatient clinic with complaints of feeling fatigued and loss of enjoyment of activities he previously enjoyed. He returned from two (2) tours to Afghanistan six (6) months ago. Patient has been estranged from his family since he joined the military against their wishes. His girlfriend broke up with him while he was deployed. He denies a past medical history. Past surgical history includes an appendectomy at age seventeen (17) and removal of shrapnel from left upper and lower extremities six (6) months ago during his deployment. He is not currently taking any medication. No allergies reported. The patient indicates he has been drinking a fifth of whiskey a day.

****Did not...****

- ...initiate conversation
- ...the patient will prepare to leave and state "I don't even know why I came here. Who cares anyway?"
- ...recognize patient behavior as potentially suicidal and asks patient if he's been experiencing suicidal thoughts; initiate suicide risk assessment
- ... the patient will pull a flask from his pocket, state "I just want to go to sleep forever." and take a drink

- The patient is slouching, not making eye contact, appears unshaven, and his clothes are wrinkled
- Initiates conversation with direct questions utilizing careful word choices
- The patient states "I just don't care about anything anymore. I can't even get out of bed in the morning."
- Recognizes patient behavior as potentially suicidal
- Asks the patient if he has been experiencing suicidal thoughts
- Demonstrates active listening and empathy with a nonjudgmental demeanor
- Initiates suicide risk assessment

****Did not...****

- ...ask the patient about plan to carry out suicide
- ...the patient will state "I told my neighbor to keep my dog if something happens to me."
- ...recognize warning signs indicating when the suicide is planned
- ...the patient will begin to cry and state "I am so confused"

- The patient states "My birthday is this weekend and it'll probably be my last one. Who cares if I am around anyway? Besides, I have a plan and nobody will find me."
- Asks the patient how he intends to carry out the suicide
- Recognizes the patient's statement regarding his birthday as a warning sign indicating the patient is preparing to carry out suicide at the time of his birthday

****Did not...****

- ...provide therapeutic communication; communicate plan of care; initiate and follow facility specific suicide risk protocol
- ...the patient will begin to cry and state "Please help me."

- Provides therapeutic communication advising the patient help is available to listen
- Informs the patient of healthcare provider responsibilities for preventing suicide
- Asks the patient if he has access to weapons
- Communicates the plan of care with the patient
- Follows and implements facility specific suicide risk protocol while taking care not to leave the patient alone
- Performs ISBAR communication taking care to maintain patient confidentiality
- Ensures patient safety is a priority
- Completes facility specific documentation

Critical Actions/Debriefing Points:

- Initiate conversation with direct questions utilizing careful word choices
- Recognize patient behavior a potentially suicidal
- Initiate suicide risk assessment
- Demonstrate active listening and empathy with a nonjudgmental demeanor
- Ask the patient if he has been experiencing suicidal thoughts
- Ask the patient how he intends to carry out the suicide
- Recognize warning sign indicating when the patient is preparing to carry out suicide
- Provide therapeutic communication advising the patient help is available to listen
- Inform the patient of healthcare provider responsibilities for preventing suicide
- Communicate plan of care with the patient
- Follow and implement facility specific suicide risk protocol
- Perform ISBAR communication taking care to maintain patient confidentiality
- Ensure patient safety is a priority
- Complete facility specific documentation

- Confederate
- Change in physiology
- Red border incorrect action

Supplements

Confederate Scripts
Confederate Name Tags
Patient Identification Band

Confederate Scripts

Wright, Franklin : Patient

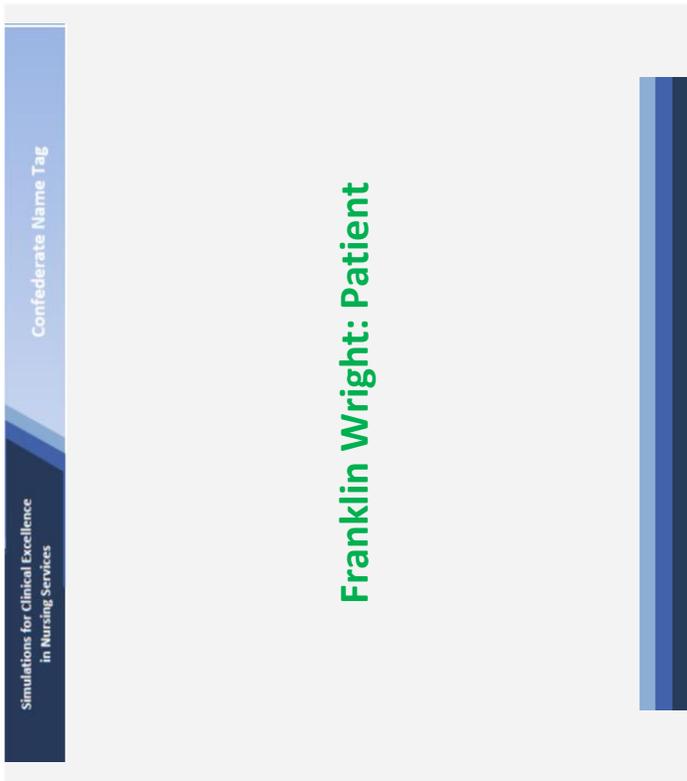
Medical/Surgical History: Twenty-four (24) year old male presents with complaints of feeling fatigued and loss of enjoyment of activities he previously enjoyed. He completed two (2) tours to Afghanistan six (6) months ago. He has been estranged from his family since he joined the military against their wishes. His girlfriend broke up with him while he was deployed. He has been drinking fifth of whiskey a day.

Medications: None

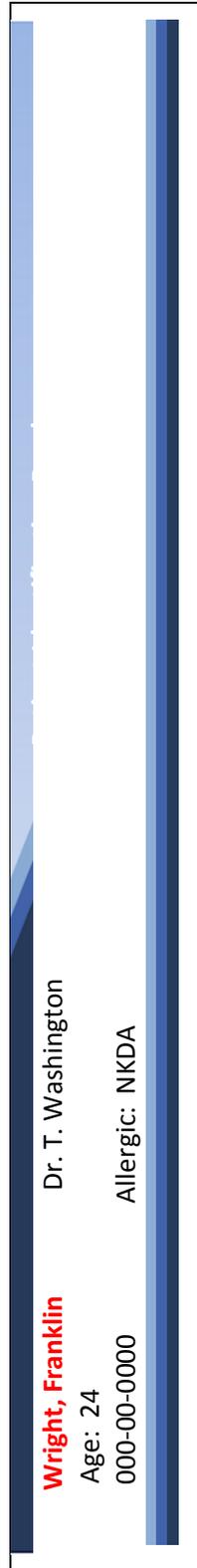
Allergies: None

- The learner will initiate conversation. The patient will state “I just don’t care about anything anymore. I can’t even get out of bed in the morning.”
- If the learner(s) does not initiate conversation, the patient will prepare to leave and state “I don’t even know why I came here. Who cares anyway?”
- The learner will ask the patient if he has been experiencing suicidal thoughts
- If the learner(s) does not recognize patient behavior as potentially suicidal; initiate suicide risk assessment, the patient will pull a flask from his pocket, state “I just want to go to sleep forever” and take a drink
- The learner will ask the patient how he intends to carry out the suicide
- If the learner(s) does not ask the patient about suicidal thoughts; plan to carry out suicide, the patient will state “I told my neighbor to keep my dog if something happens to me.”
- The patient will state “My birthday is this weekend and it’ll probably be my last one. Who cares if I’m around anyway? Besides, I have a plan and nobody will find me.”
- If the learner(s) does not recognize warning signs indicating when the suicide is planned, the patient will begin to cry and state “I am so confused”
- The learner will provide therapeutic communication and advise the patient help is available to listen
- The learner will provide therapeutic communication, follow and implement facility specific suicide risk protocol
- If the learner(s) does not provide therapeutic communication; communicate plan of care; initiate and follow facility specific suicide risk protocol, the patient will begin to cry and state “Please help me.”

Confederate Name Tags



Patient Identification Band



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