

## SIMULATION DESIGN EXAMPLE

### IDENTIFICATION AND PURPOSE

#### SCENE IDENTIFICATION

General idea of script

#### STAGE A (SIMULATION 1)

Patient who has undergone surgery on the left ACL and after the surgery the physiotherapist comes to the hospital for a functional assessment and the programming of the rehabilitation programme.

The patient is hypervigilant and afraid of what has happened to her knee, she does not know what has happened to her knee and has doubts. But every time they explain it to her she is a bit apprehensive.

She is not a sportswoman but she got the injury in a dance class with a bad gesture.

She is afraid that she will not be able to dance again, that she will not be able to lead a normal life and that she is self-employed as an interior designer. She has only recently set up her business and now she is a bit worried about when she will be able to work again.

She has to get out of bed but she gets dizzy and is afraid that something might happen to her.

#### STAGE B (SIMULATION 2)

Patient who after ACL surgery on the left leg 4 months after the operation comes to the private centre because she observes that she is not progressing in her rehabilitation as she would like and wants to try to speed up the process given that she is not able to go to work normally and still lead a normal life. She wants to know what he can do and will ask what he can do at home. And if she can start her normal activity of walking in the mountains and dancing. On the one hand the patient wants to accelerate her process, but the fears of re-injury or the current pain does not allow her to load the knee or full extension.

#### TEACHING INFORMATION

#### LEARNING OBJECTIVES

#### NON-technical objectives

#### STAGE A (SIMULATION 1)

1. Gathering information from the patient
2. Providing information to the patient

#### STAGE B (SIMULATION 2)

1. Gathering information from the patient
2. Providing information to the patient
3. Shared decision making and enabling self-management

#### Technical objectives

#### STAGE A (SIMULATION 1)



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1. Management of the acute post-surgical bedridden hospitalised patient.
2. Upright positioning (transition from recumbency to seated position and chair).
3. Isometric pattern in the knee bed.

#### STAGE B (SIMULATION 2)

1. Initial assessment of ROM, muscle strength and motor control.
2. Teach exercises that can be performed at home and in daily life.
3. Dose of activities more in line with the patient's preferences.

#### PREPARATION OF THE ENVIRONMENT

##### SIMULATOR

#### STAGE A (SIMULATION 1)

The patient is lying in bed.  
She has not yet risen since the intervention.

#### STAGE B (SIMULATION 2)

The patient is sitting waiting in the consulting room, the receptionist has already shown her in.

##### EQUIPMENT

###### Specific equipment

Compressive bandage on left leg  
Goniometer  
Paper and pencil



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## SCENARIO EXECUTION

### PATIENT INFORMATION

Name: Júlia      age: 31      Sex: Female

#### Medical history

Occupation: interior designer (has her own business)

She doesn't exercise specifically, but she walks during the day for work and weekend mountain routes.

Dance classes, and in one of them she made a gesture where she compromised her knee and injured her ACL.

No Relevant Medical History

#### Reason for consultation

##### SIMULATION 1

Hospitalised patient after ACL surgery with reconstruction of the internal rectus and seminotendinosus.

Anaesthesia eliminated with the first urination.

Afebrile state.

Inflammation and compressive bandage.

After 24 hours and after removal of the drains on the ward, the Rehabilitation Service went for functional assessment and programming of rehabilitation guidelines.

not up yet since the intervention.

##### SIMULATION 2

Patient attending a private outpatient clinic 4 months after ACL surgery.

She is undergoing rehabilitation in the Social Security system, and I decided to come to your centre. A friend recommended her to accelerate the rehabilitation process. She had pain and limitation in her knee, as she reported over the phone when she called to make an appointment.

#### Medical diagnosis:

Left Knee ACL Surgical Reconstruction

#### Pharmacological treatment

Analgesic every 8h Paracetamol

## REFERENCES FOR DEBRIEFING

### EVOLUTION

#### Main points of reflection in the Debriefing:



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*Information that can guide the trainer on what to discuss in the Debriefing: objectives of the case, critical points, common mistakes, etc.*

#### STAGE A (SIMULATION 1)

1. Collection and management of patient information.
2. Providing information to the patient.

What is possibly expected: the student should greet the patient, introduce him/herself, hand hygiene, confirm his/her name after having read the history, explain why he/she has come, ask the patient about his/her process, does he/she know what the intervention consists of?

In the acute phase there is pain, therefore, explain the management of acute post-surgical pain post-inflammatory does not imply that there is tissue damage, facilitate a simple isometric pattern from the bed.

Loss of joint range observable when removing the sheet to see the bandaged knee.

Teach the patient to stand up, explain why she is dizzy and instruct her to start with verticalisation.

#### STAGE B (SIMULATION 2)

1. Gather and manage patient information.
2. Provide information to the patient.
3. Shared decision making and empowering the patient for self-efficacy.

What is possibly expected: the trainee should greet, introduce him/herself, ask the patient how he/she feels and what is the reason for the consultation or how he/she can help.

What he/she does in his/her exercise routine and why he/she thinks he/she will speed up the rehabilitation with us.

Handle the questions the patient asks about his or her prognosis and evolution.

Explain clearly what activities he/she can do on a day-to-day basis by asking what the person's day-to-day life is like.

Align the activities to the patient's possibilities in his or her environment and capabilities.

To set doses of exercises and what strategies will be used so that the objectives agreed between patient and therapist can be achieved.

