



## RIVERBEND CITY: TEAM DYNAMICS MISSION

### WELCOME TO RIVERBEND CITY

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#### Expository Text:

When providing emergency care, highly stressful situations are commonplace. Given the urgency and immediacy involved, time is of the essence. Sometimes, when under pressure, health care workers don't always act as professionally toward one another as they ought to. Tempers flare, discussions get heated and emotional, and people may diminish each other's roles with demeaning or dismissive behavior and language.

In this mission you will follow the story of a young woman who arrives at the emergency room with multiple issues that require medical attention. You will be able to witness how the staff behaves.

#### Instructional Text:

Move through the various locations and observe how the staff treat each other. As you watch, consider how the impact of the staff behavior and conflict may have on the situation including the patient's safety.

#### Characters in this Mission:

- Farouk Massoud - EMT
- Sheila Meeks - ER Nurse
- Jessica Jameson - ER Nurse
- Dr. Edmund Yee - ER Medical Director
- Carmela Degenaro - Medical-Surgical Nurse
- Stacey Nixon - RCMC Patient
- Liz Mackie - Medical-Surgical Nurse Supervisor
- Dr. Howard Englander - Head of Medical-Surgical Unit
- Dr. Stanley Friedman - Psychiatrist
- Rachel Fox - Psychiatrist Nurse
- Roberto Mendez - Mental Health Case Worker

### SCENE 1 - EMERGENCY ROOM

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#### Expository Text:

Stacy Nixon, a young woman who crashed her scooter after being startled by the derailment and explosions, has been brought to the emergency room in an ambulance.

**Dialogue 1: Farouk Massoud brings his concerns and observations to the attention of the ER triage nurse.**

**Farouk Massoud**

Hi Sheila. That patient I just brought in, Stacy Nixon...

**Sheila Meeks**

Yeah, what about her?

**Farouk Massoud**

It might not be anything, but I thought she was acting really strange.

**Sheila Meeks**

What do you mean strange?

**Farouk Massoud**

Well, in the ambulance, she was talking a mile a minute and really freaking out, but there was something about it... she just seemed more pressured or... I don't know how to explain it.

**Sheila Meeks**

No I didn't pick up on that. Listen, things have just been crazy busy down here. We're short staffed as usual. Oh! There's another ambulance coming in - that would be Cheryl. I'll take another look at Stacy, though.

**Dialogue 2: Sheila Meeks, the ER triage nurse, asks Jessica for some assistance with patient intake.**

**Sheila Meeks**

Jessica, you've been signed off on assessments, right? I am going to triage the incoming patients from the train wreck. Do me a favor and do intake with that patient Farouk just brought in - Stacy Nixon - OK? I'll be back with you as soon as possible. Do a head-to-toe assessment and be ready to tell me what you think we've got.

**Jessica Jameson**

Sure, Sheila. Where are the intake forms?

**Sheila Meeks**

Oh for heaven's sakes! On the computer. There's a file right on the desktop called "Forms." I think you should be able to handle it from there. Didn't they teach you anything about initiative in school?

**Jessica Jameson**

[Stung by the comment] I'm sorry - I should be able to handle it from there.

**Dialogue 3: Jessica Jameson, a novice nurse, experiences the pressures of a busy Emergency Room.**

**Jessica Jameson**

I've finished the paperwork for Ms. Nixon, Sheila. I believe I filled out the admission form correctly.

**Sheila Meeks**

Well let's see here... [reading the form from the computer] It looks good but, let me ask you Jessica, you

don't have much description of mental status. Did you notice anything strange about the way Ms. Nixon was behaving?

**Jessica Jameson**

I'm not sure what you mean? She has a broken rib.

**Sheila Meeks**

I mean, did she seem like she was in a manic episode? Didn't you observe any psychological symptoms?

**Jessica Jameson**

Well... no, Sheila, nothing stood out to me. I guess I was just focused on filling out the form.

**Sheila Meeks**

Hmmm. I'm still wondering about that school of yours. Dr. Yee, what do you think about Ms. Nixon's manic behavior?

**Dr. Edmund Yee**

I'm not sure. She is presenting with some manic symptoms but they could be related to her rib injury. If she punctured her lung, which I doubt very much, or if she simply is not taking in enough oxygen because it hurts to breathe deeply, we could be seeing hypoxemia. I think we should have Med Surg admit her for the ribs and observation of her mental status.

## ER Computer - Optional Content

While optional, the files on the computer will provide context and additional information about the issues being addressed in this scene. Files can be downloaded and referenced at a later time.

### Policies

- CLAS\_Policies.pdf
- Good\_Samaritan\_Law.pdf
- HIPAA\_Policies.pdf
- Nurse\_Practice\_Act\_Table.pdf
- Overflow\_Patients\_Policy\_Procedure.pdf
- RCMC\_Emergency\_Plan.pdf
- Riverbend\_MC\_Staffing.pdf
- Staff\_Utilization.pdf
- Triage\_Handbook.pdf

### Forms

- TRR\_Admissions\_Form.pdf

## Scene Complete - Some things to consider:

- What are the challenges for the nurse as a leader and patient advocate?
- What are the risks in putting Stacy Nixon in Med Surg?
- What is the nurse leader's highest priority issue with Stacy Nixon-her rib injury or her manic behavior?

## SCENE 2 - MEDICAL-SURGICAL UNIT

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### Expository Text:

Shortly after being admitted to the Medical-Surgical Unit, issues beyond Stacy's injuries become apparent, RCMC medical staff consider their options.

### Dialogue 4: Carmela Degenaro tries to reassure her patient, Stacy.

**Carmela Degenaro**

Hi Stacy, did you push your call button?

**Stacey Nixon**

You've got to help me get out of here. I've got to get out of here before they hit me hard.

**Carmela Degenaro**

Stacy, no one is going to hit you. You're safe here, but you need to keep your oxygen on and be careful with the IV.

**Stacey Nixon**

No! We are going to be hit hard... I heard the other one saying we're going to be hit hard. I need to get out of here before we get attacked again.

**Carmela Degenaro**

No, honey, it's okay. You're really safe here. We are going to take good care of you but you have to calm down.

**Stacey Nixon**

Are you sure they can't find me?

**Carmela Degenaro**

Who can't find you? I don't know who you're talking about?

**Stacey Nixon**

They don't know who I'm talking about... walking about... squawking... caulking... talking... the other one was talking about us getting hit hard.

**Carmela Degenaro**

Okay, Stacy, here's what I'm going to do. I'm going to go make sure that no one is going to hit us, but right now I need to lie back and leave you oxygen on, okay? I'll be back to check on you in a few minutes but you need to promise me that you'll leave the IV and the oxygen alone, okay?

### Dialogue 5: Liz Mackie, the med-surg nurse manager, brings her concerns about the best disposition for Stacy to the attention of the physician on duty.

**Liz Mackie**

Hello Dr. Englander.

**Dr. Howard Englander**

Hi Liz, they tell me you wanted to see me?

**Liz Mackie**

Yes Doctor, the scooter accident patient the ER sent up - Stacy Nixon.

**Dr. Howard Englander**

The girl with the broken rib?

**Liz Mackie**

Yeah, that's her.

**Dr. Howard Englander**

Well what about her?

**Liz Mackie**

She just got here and she's been acting very strangely. Carmela has concerns about her mental status based on Stacy's behavior while Carmela was doing her initial assessment. I wonder if she's having a manic episode?

**Dr. Howard Englander**

Yes, yes. I did think she was a bit of an odd duck. Didn't Dr. Yee mention she may have hypoxemia.

**Liz Mackie**

Perhaps, but I don't think so. Pulse ox is a little low, but nothing dramatic. Given the circumstances, maybe she would be better off in the psych unit? They are better staffed and have the resources and training to manage her, but I'm not sure they will want to deal with her broken rib. You know how they try to duck anything that even remotely looks like a med-surg case.

**Dr. Howard Englander**

Why don't you get a representative team together to determine the best course of action and report back to me when you can.

**Liz Mackie**

That sounds like a very good idea to me, Dr. Englander. I'll let you know when I have everyone together.

**Scene Complete - Some things to consider:**

- Which management style is Dr. Englander using when he suggests a group stakeholder meeting?
- What are the potential outcomes from the way Sheila treats Jessica?

## SCENE 3 - CONFERENCE ROOM

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**Expository Text:**

The doctors and nurse supervisors from Med-Surg and the psych department struggle to determine the best course of action for Ms. Nixon.

**Dialogue 6: Liz Mackie addresses the team she has assembled to discuss treatment options for Stacy Nixon.**

**Dr. Howard Englander**

Thank you for calling this meeting, Liz.

**Liz Mackie**

Yes, thank you all for coming. Basically, the purpose of this meeting is to determine the best place a recent admit, Stacy Nixon, who came in with a rib injury after a motor scooter accident. However, we've now learned that Ms. Nixon has some mental health issues as well. Questioning Ms. Nixon a little more closely, she disclosed that she does, in fact, have bipolar depression and she identified her therapist, Mr. Roberto Mendez. Mr. Mendez thank you for joining us. Also with us are Dr. Friedman and Rachael Fox, the nurse manager for the Psych unit. Dr. Friedman have you had a chance to make an assessment of Ms. Nixon, and what is your recommendation?

**Dr. Stanley Friedman**

I want to thank you Dr. Englander, and your staff for bringing this to my attention. Ms. Nixon is, I believe, in a manic episode and considering her high profile, it could have been problematic to have not picked up on this.

**Rachel Fox**

Yes, nice catch, Liz. You are going to keep her in Med Surg, right?

**Dr. Stanley Friedman**

I agree with Dr. Yee's prior assessment that she could be suffering some effects of hypoxemia which may be contributing to her current psychological state. The medical issues definitely warrant a more medical focus at this time. Sorry, Liz, but your gals should be able to handle one banged up co-ed, don't you think?

**Liz Mackie**

Based on the level of distress she showed with Carmela, I still think she'd do better in psych. It's not a matter of our being able to handle her - besides her own safety, I am concerned with the ruckus she's causing. Quite frankly, she's scaring and disturbing other patients on the floor. We've had to take a couple of peds cases because of the accident and those kids are frightened enough. Obviously, if you all decide she needs the medical focus, we have the skills to provide that care. But I think her injuries are stable enough that the more immediate concern is the psychiatric. Mr. Mendez what do you recommend?

**Roberto Mendez**

Thank you, Liz. I believe with Stacey's injury, her psychological problems in the past, and her current state that she should probably spend some time in the psych ward too. I'll look into her insurance situation and see if any option may be better than another coverage wise.

**Liz Mackie**

Thank you Roberto. Well Howard... Stanley - I think it's up to you two. There are legitimate arguments for either disposition.

**Dr. Howard Englander**

I'm glad I made a strong enough case for you, Liz. I have a page I have to answer. Liz, take care of documenting this meeting and I'll consult with Dr. Friedman later to make a final decision.

**SUMMARY - MISSION COMPLETE!**

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The medical system makes significant use of interdisciplinary teams and there is little reason to expect this trend to back off in the future. Teams may comprise members in the same discipline, such as interns or residents, or they may be composed of a variety of different health care providers, such as physicians, nurses, therapists, social workers, and administrative staff. What is important to remember is that the way teams interact can bring rewards or dangers for the patients. Emergency settings, because of the pace and urgency of the work, can be especially challenging to team dynamics.

Summary Document

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