



Classroom learning

Learning Objective

Develop a beginning level of understanding and cognitive empathy for tracheostomy patients and their family members/caregivers.

Activity 1

WHY IS THIS IMPORTANT?

Maya Angelou once said, “People may not remember your name or what you said, but they will always remember how you made them feel.” We know you have chosen a healthcare profession because you want to help others. This activity allows you to hear firsthand accounts of the journey from the patient and their loved ones.

ASSIGNMENT

Look at healthcare from the other side of the bed in this 180° unscripted view from two former tracheostomy patients and their loved ones who share their thoughts, feelings and emotions regarding their healthcare experience. [This link will take you to the video.](#) Once done, spend some time journaling on the following:

- Compare/contrast your healthcare delivery experiences as a patient or family member with those shared in this video.
- List 3 factors from the stories that will lead to changes in the way you will deliver quality compassionate care for your future tracheostomy patients.
- From the family member/caregiver perspective, identify 3 ways in which healthcare providers can better address the teaching/learning needs and overall care experience for their tracheostomy patients.
- The video was clear, not being able to communicate verbally was a challenge. Spend 3 minutes meditating on what it would be like to be a patient with a tracheostomy. How would you want healthcare providers to communicate with you? List at least different 3 techniques to communicate compassionately with a conscious patient that is unable to speak. Develop a plan and be prepared to role play as the patient.

Activity 2

Have you ever wondered what it was like to be a patient in the hospital? Now is the time!

WHY IS THIS IMPORTANT?

By immersing yourself further into the role of the tracheostomy patient you can begin to see things from a whole different perspective. Here is what some of your peers said after role playing:

- I do believe this type of sim is more effective because it allows us to be a part of the patient rather than just performing the skill on a manikin.
- I really got the feel for how the patient feels when someone is so close to your face. It made me nervous and harder to breathe. I agree this type of sim is more effective.

AVKIN IMMERSIVE LEARNING

Introduction to tracheostomy care and management skills



- This sim made it more realistic and helped me understand a little bit more of the patient's point of view.
- This was more effective because putting the humanity back in the skill, adds an element mannikins cannot.

A LITTLE INFORMATION ABOUT WEARING THE AVTRACH

- Chest overlay system made to simulate a real live tracheostomy patient.
- Care providers can listen to lung sounds using their personal stethoscope.
- Simulated mucus is injected into the Avtrach through the white tracheostomy tube for suctioning during the simulation.
- There are 2 sensors that vibrate in the shoulder straps to cue the "patient's" appropriate responses during the simulation.



Pressure Sensor

- Located at the face plate, the area where the tracheostomy tube enters the body.
- When the face plate or the tracheostomy tube is manipulated without being secured, it results in a vibration in the shoulder strap.
- The patient's response should be a gagging response with some coughing.
- If you slightly press on your own trachea right in the center you can begin to imagine the discomfort these patients feel.

Carina Sensor

- When the suction catheter is inserted into the tracheostomy too far, it will stop at the area where the lungs branch off and result in a vibration in the shoulder strap.
- Patient's (like the ones in the videos) describe this as a very uncomfortable feeling. Some say it feels like a "hot poker being pushed into your chest".
- The patient's response should be violent coughing that forces the shoulders and middle back to come up off the bed, eyes to water, and a few angry looks to be directed at the caregiver suctioning them.

ASSIGNMENT

[Watch this video link](#) to learn more about the reactions necessary to play the role of the tracheostomy patient and tips for giving good feedback to your peers.

IMPORTANT!

This is intended for understanding the **role** of the patient and how to **respond** to the Avtrach sensors. It is **not** intended to demonstrate full and proper tracheostomy care and suctioning skills (see extra credit assignment below). At the end of the video, the patient provides feedback to the caregiver as to how she could improve her tracheostomy care skills in the future. So listen in, as it offers some great tips and insights on reactions and feedback.

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Extra Credit

Record improper/poor technique measures identified in the video.

I AM WEARING THE AVTRACH, NOW WHAT?

- The only way you can communicate is non-verbally, with a dry erase board, or with pen and paper.
- Allow time for caregivers to complete a respiratory assessment before showing signs and symptoms of being short of breath.
- If asked if you need to be suctioned, reluctantly indicate you do need to be suctioned.
- Hold your own breath while they are suctioning. If they are taking too long, show signs of needing oxygen: pushing their suctioning hand away from you (do not touch the catheter or the glove); searching for your oxygen source; showing distress; breathing rapidly.
- If you hear/see mucus being suctioned into the catheter, you will feel “better” after 2 attempts at suctioning.
- Don't forget to react and respond to the vibrations of the Avtrach if they are triggered, as described above.

PATIENT SET-UP

Equipment and Supplies

- Avtrach filled with simulated mucus
- Avkin app—set lung sounds
- Trach collar, O2 at 3 LPM
- White board, markers, & eraser or pen & paper (to communicate)
- Patient in semi-fowler position in hospital bed
- Suction set-up
- Patient gown
 - Patient name band (cut and laminate for repeated use)

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6/24/XXXX MRN: 12345678

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