

# Simulation One – Medication Safety

## Scenario 2



# Quick Guide



**Setup & Briefing**  
10 – 15 mins

The Director briefs the learners on all aspects of the scenario

Learners are allocated to Cast and Audience member's roles

Audience members are given Cue Cards

The Director provides the prologue, introduces the patient/Protagonist and delivers a handover to open the play.

**Act 1**  
10 – 15 mins

The play unfolds with Cast tagging in and out.

Audience members critically observe the performance based on Cue Cards provided.

The Director provides Antagonist Cards to the Cast to increase the complexity of each scenario including creating confronting situations. The Cast members are not aware of the content of the Antagonist Cards prior to the scenario commencing.

**Intermission**  
15 – 20 mins

Pause and reflect.

After Act 1 concludes, the Director establishes ground rules for providing feedback which reinforce the importance of trust and confidentiality.

**Act 2**  
10 – 15 mins

The scenario continues to be played out in the same manner as Act 1 with Cast tagging in and out.

Audience members continue to critically observe the performance based on Cue Cards provided.

The Director may provide Antagonist Cards to the Cast to increase the complexity of each scenario.

**Debrief**  
15 – 30 mins

At the conclusion of Act 2 the Director facilitates discussion by following the process of Pendleton's Rules of Feedback.



The Director should refer back to the Intended Learning Outcomes to ensure content is covered.

## Setup & Briefing 10 – 15 mins



- Tag Team** Tag team is a group simulation that fosters inclusion of all learners who share responsibility for actions and outcomes by exchanging roles in the unfolding scenario by ‘tagging’.
- Roles**
- The Director (played by the educator or facilitator)
  - Cast – 3 to 4 people play each nursing role
  - Audience members
  - Patient (protagonist)
- Tagging**
- Tagging occurs when Cast members exchange roles
  - Tagging can be initiated by either the Director or the Cast members
  - Tagging can be initiated by the word ‘TAG’ and there may be a touch of hands
  - When tagged, the new Cast member takes over where the previous Cast member left off.
- Cards** **Two types of cards,**
- Cue Cards are given to Audience members and provide a key focus for learning and provides direction about what to observe and provide feedback.
  - Antagonist Cards are given by the Director to Cast members who are not aware of the content. These cards increase the complexity of the scenario and promote critical thinking and resilience.
- Rules**
- Demonstrate professional behaviours (including the use of mobile devices)
  - Imagine that the simulation is real
  - Participate enthusiastically
  - Provide meaningful, honest and constructive feedback to your peers
  - Learn from what went well during the simulation and from the mistakes
  - Maintain respect and confidentiality during and after the simulation (this includes taking and sharing photos and videos)
  - Maintain a loud clear voice and think out loud when practical
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<b>Overview</b>	This simulation comprises two scenarios that focus on safe administration of medication. Scenario 1 is foundational in nature and introduces the importance of adhering to safe medication administration practices, emphasising the significance of the National Safety and Quality Health Service Standard (NSQHSS) Medication Safety. Scenario 2 extends the level of complexity by escalating the patient’s presenting symptoms with the intent of highlighting the importance of Recognising and Responding to Acute Deterioration.
<b>Learning Outcomes</b>	<p>At the completion of Scenario 1, learners will be able to:</p> <ul style="list-style-type: none"> <li>• Administer and monitor the therapeutic use of medications; and respond appropriately to medication errors and adverse drug reactions</li> <li>• Accurately assess, interprets and responds to individual patient data in a systematic and timely way</li> <li>• Collaborate and communicate effectively with members of the healthcare team</li> <li>• Reduce the risk of patients acquiring healthcare-associated infections</li> </ul>
<b>NSQSHS standard</b>	<p>This scenario focuses on the following NSQHS Standard:</p> <ul style="list-style-type: none"> <li> Medication Safety</li> <li> Recognition and Response to acute deterioration</li> </ul>
<b>Significance of this standard to this scenario</b>	<ul style="list-style-type: none"> <li>• Medication errors are the second most common type of incident reported in Australian hospitals with error rates of over 18%</li> <li>• 50% of medication errors are preventable through improved medication safety</li> <li>• In Australian hospitals 38% of medication errors occur at the administration stage indicating the critical need for nursing students to develop skills and knowledge about medication safety</li> <li>• Recognising and responding to a patient who is clinically deteriorating is essential if optimal patient outcomes are to be achieved</li> <li>• Physiological signs of clinical deterioration are observable for many hours preceding adverse events such as respiratory or cardiac arrest, and if detected early, facilitate improved patient outcomes</li> </ul>

## Act 1 10 – 15 mins



- Preparing for Act 1**
- Allow Cast members 5 minutes to prepare for their role
  - Distribute briefing cards to Cast members
  - Distribute Cue Cards to Audience members
  - Deliver the following handover to open the scene
- Introduction** Jo Richards, born in 1970, is admitted under Dr Ponderis. Jo’s family member is visiting at the moment.
- Situation** Jo is 2 days postoperative, having required internal fixation to repair fractures in both tibia and fibula, which occurred in a motorbike accident. Jo has a plaster back slab insitu.
- Background** Jo has no significant medical history, does not require any regular medications, and has no known allergies.
- Assessment** Jo requires ongoing 4th hourly neurovascular and vital sign observations, due at 08:00hrs. Previous observations are charted and within normal range. Back slab is intact. Jo is a falls risk and requires assistance x 1 to mobilize and has a score of 4 per the Pressure Injury Risk Assessment Tool.
- Recommendations** Jo will be reviewed today by the surgical team, and his or her dressing/backslab is to remain intact until then, leg elevated. Jo requires a follow up X-ray this morning, and needs to have a physio review later today.
- Act 1 Commences**
- The play unfolds with Cast members tagging in and out.
  - Audience members critically observe the performance based on Cue Cards provided.
  - The Director can increase the complexity of the scenario by introducing Antagonist cards to specific Cast members during the act.
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**Antagonist  
Cards  
Scenario 2**

**Medication Safety**

- RN – Tell the nursing student that they do not need to supervise the administration of medications with and leaves the room.
- RN – Tell the nursing student to sign the medication chart prior to administering the medications.
- RN – Tell the nursing student that they do not have time to look up the medication at the time of administering but can do later in the shift.
- RN – Tell the nursing student to leave the medication at the bedside so that the patient can take it with their next meal.
- RN – Tell the nursing student that they have total confidence in them, and that they can go ahead and give the medication while the registered nurse attends to the patient in the opposite bed.

**Preventing and Controlling Healthcare-associated Infection**

- The Registered Nurse advises the nursing student that the use of hand gel will not be required throughout care of this patient, as hand gel is only used on soiled hands
- The registered Nurse advises the nursing student that as this is a clean patient the five moments of hand hygiene do not apply

**Communicating for Safety**

- The registered nurse advises the nursing student that they do not need to keep the patient informed regarding their treatment
- The registered nurse advises the nursing student that students should be seen and not heard

**Recognition and Response**

- The Registered Nurse advises the nursing student there is no need to document the vital signs.
  - The Registered Nurse advises the nursing student that there is no need to contact the orthopaedic team and there is no need for escalation.
  - The Registered Nurse advises the nursing student that monitoring respiratory rates is irrelevant for this type of patient, as they are orthopaedic.
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## Intermission 15 – 20 min



### Pause and Reflect

- Audience members are asked to provide their observations of Act 1 with specific reference to their Cue Cards. The main focus should be on **feeding forward** and suggestions for how the simulation could be improved in Act 2.
- Cast members are then asked to respond to the suggestions given by the Audience and to outline how they plan to improve their practice in Act 2.
- The students who were given the antagonist cards can then be asked to provide feedback about having to undertake the specified actions
- It is preferable that the learners, as a group, identify the challenges, however it may be necessary for the Director to prompt and provide guidance.
- The Intermission should be no longer than 15-20 minutes.

### Observe and provide feedback about how the learners:

#### Cue Cards Scenario 2

##### Medication Safety

- Demonstrate safe and appropriate administration of medications (orally, IM, SCI and IV) making appropriate checks (e.g. 6 rights)
- Work within own scope of practice with regards to medication administration

##### Recognition and Response to acute deterioration

- Use early warning systems and charts appropriately
- Recognise and respond appropriately to acute clinical deterioration

##### Preventing and Controlling Healthcare-associated Infection

- Attempt to prevent health care associated infections
- Educate patients and visitors about infection control practices

##### Communicating for Safety

- Provide clear and coherent handover reports to different members of the healthcare team
  - Communicate in a respectful, responsive and courteous manner with all team members
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## Act 2 10 – 15 mins



**Preparing for Act 2** Repeat of Act 1 using the same structure and approach, but the key difference is that the Cast members performance should have improved based on the feedback provided during the intermission.

- Audience members retain Cue Cards
- Allow Cast members 2 minutes to prepare for their role

**Handover** Repeat Handover

- Act 2**
- Commence Act 2
  - The play unfolds with Cast members tagging in and out.
  - Audience members critically observe the performance based on Cue Cards provided.
  - The Director can increase the complexity of the scenario by introducing Antagonist cards to specific Cast members during the act.
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## Debrief 15 – 30 mins



**Debrief** At the conclusion of Act 2 the Director facilitates a debrief with reference to the learning outcomes and following Pendleton’s Rules of Feedback 🧠 :

1. Clarify the focus of the simulation by reviewing the Learning Outcomes
2. Ask the person who played the role of the ‘patient’ to share their perspective of the simulation
3. Ask the Audience to outline, with reference to the Cue Cards, what went well in the situation and what could have been done differently
4. Ask the Cast what went well in the situation and what could have been done differently
5. Ask the Cast members who responded to the Antagonist cards, how they thought and felt about being asked to take the specified actions
6. Provide your views of the simulation and lead the group in a discussion of how their learning will inform their future nursing practice

To ensure the Learning Outcomes have been addressed the Director may extend the discussion by referring to the ‘What If’ 🧠 questions. The ‘What If’ questions prompt learners to consider how they will contribute to patient safety by transferring their learning from the simulation to their future practice.

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**What if  
Questions**

**Medication Safety**

- What if the patient does not have the correct ID but the registered nurse says proceed?
  - What if the patient refuses medication but the registered nurses says you must force the patient to take it or hide it in their meal?
  - What if the order is not clear but the Registered nurse says its fine?
  - What if the Registered Nurse insists that the nursing student administers medication without supervision?
  - What if the registered nurse asks the student to sign the chart prior to administering the medications?
  - What if the registered nurse asks the nursing student to administer medication in a route that that they have not been taught about?
  - What if the registered nurse advises the student that they do not have time to look up the medication at the time of administering but the student can do later in the shift?
  - What if the patient verbalises that they have an allergy to the prescribed medication?
  - What if the patient cannot verbalise how much pain they are in. How do you know what/how much medication to administer?
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**What if  
Questions**

**Recognising acute deterioration**

- What if the RN fails to assess accurately and does not consider other factors that may be influencing the patient's pain
  - What if the Registered Nurse documents findings but does not take action correctly according to the trigger system?
  - What if the RN fails to communicate findings utilising ISBAR and takes no action to escalate?
  - What if the RN takes no action to escalate?
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