

Simulation Three – Impaired Respiratory Function
Scenario 1



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
10 – 15 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)
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Overview This simulation comprises two scenarios that focus on impaired respiratory function. Scenario 1 takes a foundational approach and focuses on the importance of accurately assessing, interpreting and responding to individual patient data in a systematic and timely way, emphasising the significance of the NSQHSS Recognising and Responding to Acute Deterioration. Scenario 1 also incorporates NSQHSS Medication Safety and provides various opportunities for educators to incorporate learning moments regarding Medication Safety.

Learning At the completion of Scenario 1, learners will be able to:

Outcomes

- Accurately assess, interpret and respond to individual patient data in a systematic and timely way
- Administer and monitor the therapeutic use of medications; and respond appropriately to medication errors and adverse drug reactions
- Collaborate and communicate effectively with other members of the healthcare team
- Reduce the risk of patients acquiring preventable healthcare-associated infections

NSQSHS standards This scenario focuses on the following NSQHS Standards:



Recognising and responding to acute deterioration



Medication Safety



**Significance
of these
standards
to this
scenario**

- 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
 - Recognising and responding to a patient who is clinically deteriorating is essential if optimal patient outcomes are to be achieved
 - Two factors that contribute to undetected patient deterioration are inconsistent monitoring of vital sign observations and a lack of understanding regarding the significance of physiological changes patients' exhibit preceding clinical decline
 - Medication errors are the second most common type of incident reported in Australian hospitals with error rates of over 18%
 - 50% of medication errors are preventable through improved medication safety
 - 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
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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

Sam Webb is a patient in their fifties, admitted under Dr Jackman.

Situation

Sam was admitted to the medical ward last night, requiring IV antibiotics to treat a chest infection. For probable discharge later today, once community nurses are arranged to continue IV therapy at home.

Background

Sam has a background of chronic asthma, which is managed with corticosteroids and bronchodilators as required. These are the only regular medications. No known allergies.

Assessment

Sam requires ongoing 4th hourly IVABs, regular respiratory assessments, and vital sign observations.

Recommendation

Sam will be reviewed by the medical team today, and is scheduled for a chest X-Ray this morning to check for any developing consolidation. It is breakfast time now, and Sam is sitting in the chair next to the bed waiting for breakfast.

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 1**

Recognising and Responding to acute deterioration

- **RN (Preceptor)** - When the nursing student asks you to come and review Sam Webb, you refuse, saying "just get breakfast out, otherwise everything will be behind all day". If the student insists and says that the patient's vital signs look a bit off, the RN asks what they are. Then regardless of what the vitals are, the RN replies: 'that's fine for an asthmatic'
- **RN (Preceptor)** - When the nursing student asks you to come and review Sam Webb, you attend the patient with the student, and then the first thing you say is "help me get him into bed, we need to lay him down"
- **RN (Preceptor)** - When the student nurse goes to document the repeat set of vital signs, you interrupt the student and say, "there's no time for that, he needs medication, not documentation"
RN (Preceptor) - When the student nurse uses ISBAR to communicate her concern about the patient, you interrupt the student and say, "there is no need to go through that rigmarole, that's not important, just tell me where the patient is"

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 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

- **RN (Preceptor)** - Advise 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
- **RN (Preceptor)** - Advise the nursing student that as this is a clean patient the five moments of hand hygiene do not apply


Communicating for Safety

- **RN (Preceptor)** - Advise the nursing student that they do not need to keep the patient informed regarding their treatment
 - **RN (Preceptor)** - Advise the nursing student that students should be seen and not heard
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Intermission 15 – 20min



Pause and Reflect

After Act 1 concludes, the Director calls Intermission, and, using Socratic  dialogue, facilitates reflection on and for practice.

- 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.

Cue Cards Scenario 1

Observe and provide feedback about how the learners:

Recognition and Response to acute deterioration

- Uses early warning systems and charts appropriately
- Recognises and responds appropriately to acute clinical deterioration

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

Preventing and Controlling Healthcare-associated Infection

- Demonstrates effective hand hygiene with alcohol based hand sanitiser
- Educates 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.

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.



**What if
Questions**

Recognising and Responding to Acute Deterioration

Escalating care

What if the RN fails to communicate findings utilising ISBAR?

What if the RN takes no action to escalate?

What if the Nursing Student escalated care; is that appropriate?

Recognising acute deterioration

What if the RN documents findings but does not take action correctly according to the trigger system?

What if the RN instructs the Nursing Student that it is not important to 'not add up' the Q-ADDS?

What if you are really worried about the patient's clinical appearance, but the Q-ADDS score is within normal ranges?

Medication Safety

What if the patient does not have the correct ID but the registered nurse says proceed?

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?
