Simulation Three – Impaired Respiratory Function Scenario 1

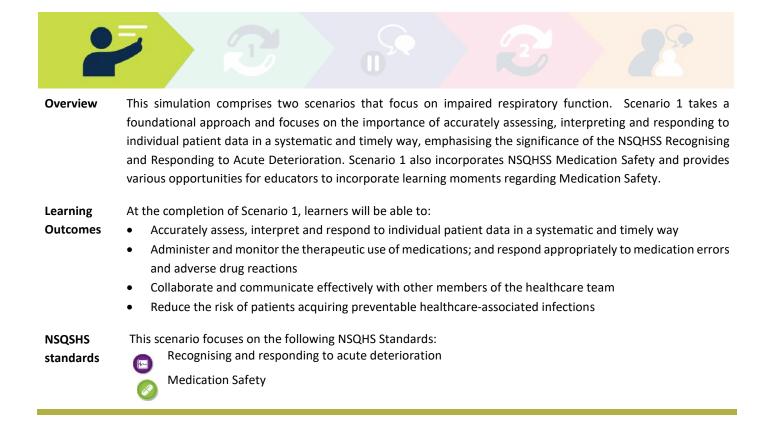


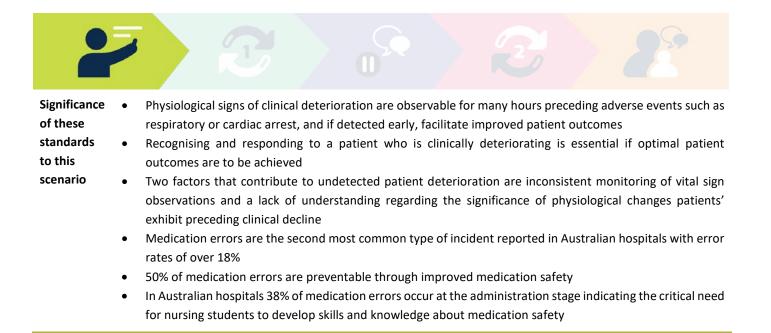
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Setup & Briefing 10 – 15 mins	Act 1 10 – 15 mins	Intermission 10 – 15 mins	Act 2 10 – 15 mins	Debrief 15 – 30 mins
The Director briefs the learners on all aspects of the scenario	The play unfolds with Cast tagging in and out. Audience members critically observe the	Pause and reflect. After Act 1 concludes, the Director establishes	The scenario continues to be played out in the same manner as Act 1 with Cast tagging	At the conclusion of Act 2 the Director facilitates discussion by following the process of
Learners are allocated to Cast and Audience member's	performance based on Cue Cards provided.	ground rules for providing feedback which reinforce the	in and out.	Pendleton's Rules of Feedback. The Director should
roles	The Director provides Antagonist Cards to	importance of trust and confidentiality.	continue to critically observe the	refer back to the Intended Learning
Audience members are given Cue Cards	the Cast to increase the complexity of each scenario including		performance based on Cue Cards provided.	Outcomes to ensure content is covered.
The Director provides the prologue, introduces the patient/Protagonist and delivers a handover to open the play.	creating confronting situations. The Cast members are not aware of the content of the Antagonist Cards prior to the scenario commencing.		The Director may provide Antagonist Cards to the Cast to increase the complexity of each scenario.	

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)





Act 1 10 – 15 mins

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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. 			

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.

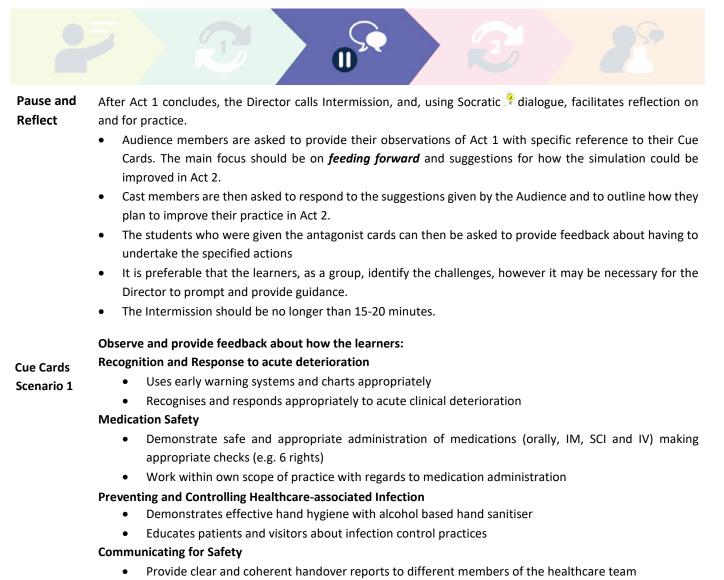
Preventing and Controlling Healthcare-associated Infection

- 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

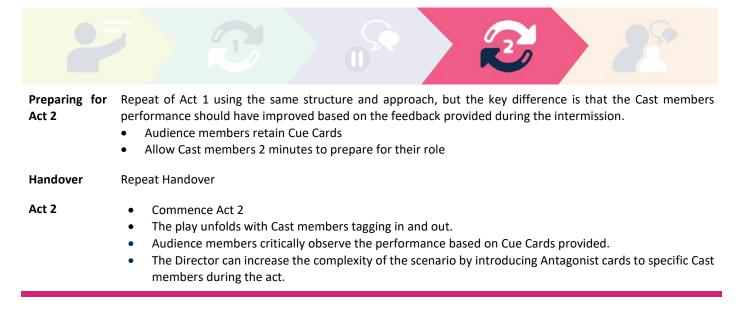
- **RN** (Preceptor) Advise the nursing student that they do not need to keep the patient informed regarding their treatment
- RN (Preceptor) Advise the nursing student that students should be seen and not heard

Intermission 15 – 20min



• Communicate in a respectful, responsive and courteous manner with all team members

Act 2 10 – 15 mins



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' a 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 Recognising and Responding to Acute Deterioration

Questions Escalating care

What if the RN fails to communicate findings utilising $\ensuremath{\mathsf{ISBAR}}\xspace?$

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?