



Simulation Two – Scenario 2

TTPSS OVERV	VIEW Sim 2/Scen	Sim 2/Scen 2	
Roles	 The Director Patient (Protagonist) Cast members Audience members 		
Tagging	 Tagging occurs when cast members exchange roles Tagging can be initiated by either the Director or cast members When tagged, the new cast member takes over where the previous cast member finished 		
Cue Cards	 Given to audience members at the beginning of the simulation They provide points to consider during the simulation and provide feedback on during debrief 		
Antagonist Cards	 Given to cast members at the Director's discretion to increase the complexity of the scenario and to promote critical thinking and resilience. 		
TTPSS 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) 		

SIMULATION 2 OVERVIEW

This simulation comprises two scenarios that focus on acute deterioration in cognition.

Learning	At the completion of Scenario 2, learners will be able to:
Outcomes	 Accurately assess, interpret and respond to individual patient data in a systematic and timely way Apply relevant screening processes to identify cognitive, behavioural, mental and physical conditions, issues and risks of harm and the circumstances that may compound these risks Implement care, informed by relevant screening processes to minimise harm resulting from cognitive impairment and aggression Collaborate and communicate effectively with members of the healthcare team Reduce the risk of patients acquiring healthcare-associated infections
NSQSHS	This scenario focuses on the following NSQHS Standards:
standards	 Recognising and responding to acute deterioration
	Comprehensive care
	 Communicating for safety
Significance of the scenario to patient safety	 Recognising and responding to a patient who is clinically deteriorating is essential if optimal patient outcomes are to be achieved (ACSQHC, 2012) People experiencing delirium are at increased risk of death, increased risk of falls, a greater chance of being transferred to higher dependency of care and greater likelihood of developing dementia (ACSQHS, 2016) A contributor to undetected patient deterioration is a lack of understanding regarding the significance of physiological changes patients exhibit preceding clinical decline (ACSQHC, 2012) Delirium is potentially preventable in more than one third of older people with risk factors. Early identification of people at risk through
	timely screening, assessment and risk identification is important to allow the effective implementation of interventions (ACSQHS, 2016)
	 Effective communication is essential to enable prompt diagnosis and timely treatment of underlying causes to reduce the severity and

duration of delirium and risk of complications from it.

ACT 1	Sim 2/Scen 2	
Preparation	 Allow cast members 5 minutes to prepare for their role Distribute briefing cards to cast members Distribute Cue Cards to audience members Deliver the handover to open the scene Signal the commencement of the simulation by saying 'begin' 	
HANDOVER Introduction	Two nursing students are attending clinical placement at an extended care facility	
Situation	The time is 2030hrs. The nursing students are settling the residents for the night. They are working alongside a personal care assistant who is delegating residents for the students to settle for the night.	
Background	This is the students' third shift at this extended care facility. So far, they have been buddied mostly with personal care assistants. There is one Registered Nurse per shift and the students mostly meet them at handover at the commencement of each shift.	
	NOTE: The play commences with the carer telling the nursing student to help with settling the residents for the evening. The personal care assistant directs the students to start with Alex Thorn, a 92 year old resident.	
INTERMISSIC	N	
Pause & reflect	 The Director facilitates discussion highlighting what went well in Act 1 and areas for improvement in Act 2 with reference to the Cue Cards. The following issues provide the focus of discussion: Clinical handover The various clinical assessments facilitating the recognition of acute deterioration Communication The application of ISBAR in communicating concern 	
ACT 2		
	Repeat Act 1	

DEBRIEF	Sim 2/Scen 2
Learning Outcomes	 Accurately assess, interpret and respond to individual patient data in a systematic and timely way Implement care, informed by relevant screening processes to minimise harm resulting from cognitive impairment and aggression Collaborate and communicate effectively with the healthcare team Reduce the risk of patients acquiring healthcare-associated infections
Ask:	 What went well? What could have been done differently? What actions will you transfer to your clinical practice?
What if Questions	 Recognising and responding to acute deterioration What if you are confronted with a person who appears confused? What will you do?
	 What if you attempt to collect assessment data but are unable to? Comprehensive care What if you have a feeling that things are not quite right with the person,

- but you are unsure where to start their assessment?
- What if there is no preceding assessment data?
- What if you are asked to implement a practice that contravenes legislation?

Communicating for safety

- What if a doctor asks you for background information (the medical history) of the person but you don't really know this information? What will you do?
- What if you are asked to provide a handover about a patient showing signs and symptoms of acute deterioration but you feel very anxious about this. What can you do to reduce your anxiety?
- What if a member of the person's family is present during an episode of acute deterioration?