





#### **ACTION:**

The Registered Nurse advises that they do not need to supervise the administration of medications with the nursing student and leaves the room.





#### **ACTION:**

The Registered Nurse asks the nursing student to sign the medication chart prior to administering the medications.





#### **ACTION:**

The Registered Nurse advises the nursing student that they do not have time to look up the medication at the time of administering but can do so later in the shift.



The Registered Nurse advises the nursing student to leave the medication at the bedside so that the patient can take it with their next meal.

# ANTAGONIS



#### **ACTION:**

The Registered Nurse advises the nursing student there is no need to record the pain score when doing the vital signs as no-one reads them anyway.

## CARD ANTAGONIST



#### **ACTION:**

The Registered Nurse advises the nursing student that there is no need to contact the orthopaedic team and there is no need for escalation.

## CARD ANTAGONIST



#### **ACTION:**

The Registered Nurse advises the family member that they should wait outside and that there is no room for them in the patient's room.

## CARD ANTAGONIST



#### **ACTION:**

The Registered Nurse advises the nursing student that they can change the range on the Q-ADDS if they don't believe the patient "looks" as bad as a particular score indicates.

## CARD ANTAGONIST



The nurses' adherence to the six rights of medication safety.



The nurses' actions in monitoring and documenting the effect of the medication.



The nurses' adherence to scope of practice and any actions taken to seek supervision for medication administration.



The nurses' adherence to checking the patient chart for documented allergies and verification with the patient prior to administration.



#### Observe and provide feedback on:

The nurses' actions in relation to using tools to assess the patient's pain, specifically note the use of track and trigger observation chart when assessing vital signs, in addition to other various pain scoring tools that may be employed.



#### Observe and provide feedback on:

The nurses' response to alteration in vital signs. Observe the use of ISBAR when the nurse communicates findings to multidisciplinary staff and any other actions taken to escalate interventions.



#### CLINICAL GOVERNANCE FOR HEALTH SERVICE ORGANISATIONS

Observe and provide feedback on:

Anything that occurred during the simulation that jeopardised (or had the potential to jeopardise) patient safety.





### PREVENTING AND CONTROLLING HEALTHCARE ASSOCIATED INFECTION

Observe and provide feedback on:

The cast members' hand hygiene.



The use of ISBAR in the simulation OR the interprofessional communication that occurred in the simulation.