



TTPSS

TAG TEAM PATIENT
SAFETY SIMULATION



Acute Deterioration in Cognition

Associate Professor Patrea Andersen, University of Sunshine Coast

Dr Stephen Guinea, Australian Catholic University

Ms Leeanne Heaton, CQUniversity

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Project Team Members:

Professor Kerry Reid-Searl, CQUniversity

Professor Tracy Levett-Jones, University of Technology Sydney

Associate Professor Patrea Andersen, University of Sunshine Coast

Dr Stephen Guinea, Australian Catholic University

Professor Trudy Dwyer, CQUniversity

Ms Leanne Heaton, CQUniversity

Project Manager

Ms Tracy Flenady, CQUniversity

Research Assistant

Dr Judith Applegarth, CQUniversity



Preface

It is recommended that educators refer to the TTPSS *Facilitator Guide* prior to the implementation of this simulation for more detailed and specific information.

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Simulation Overview

This simulation comprises two scenarios that focus on acute deterioration in cognition. This person is demonstrating signs and symptoms of delirium due to a urinary tract infection. Scenario 1 uses a foundational approach and focuses on the importance of accurately assessing, interpreting and responding to individual patient data in a systematic and timely way (National Safety and Quality Health Service [NSQHS] *Standard 8 Recognising and responding to acute deterioration*) and the essential role of organisational systems and tools in screening, assessment and risk identification and minimisation (NSQHS *Standard 5 Comprehensive care*). Scenario 2 takes a more complex approach, and in addition to *Recognising and responding to acute deterioration* and *Comprehensive care*, focuses on effective communication that is structured and timely, emphasising the importance of NSQHS *Standard 6 Communicating for safety*.

Whilst these scenarios have been designed to focus on the abovementioned standards, educators are also encouraged to capitalise on the many opportunities to address *Standard 3 Preventing and controlling healthcare-associated infection*, and *Standard 6, Communicating for safety*.

The level of complexity of the simulation can be increased for either scenario to meet the specific needs of learners through the use of Antagonist Cards. Each scenario incorporates five phases: Setup and Briefing, Act 1, Intermission, Act 2, Debrief.

Scenario 1

Learning outcomes

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

- 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
- Collaborate and communicate effectively with members of the healthcare team
- Reduce the risk of patients acquiring healthcare-associated infections

Key points from NSQHS Standards relevant to Scenario 1



Comprehensive care

Highlighting the importance of:

- Implementing health service organisation systems for timely screening, assessment and risk identification
- Using relevant screening processes to identify cognitive, behavioural, mental and physical conditions, issues and risks of harm and the circumstances that may compound these risks
- Developing and documenting a comprehensive and individualised care plan that aims to address identified risks of harm
- Minimising harm potentially resulting from cognitive impairment, falls, aggression or restraint



Recognising and responding to acute deterioration

Highlighting the importance of:

- Following processes for detecting and recognising acute deterioration
- Implementing protocols for escalating care
- Implementing processes for responding to acute deterioration in a timely manner, including assessing for possible causes
- Identifying and managing risks related to recognising and responding to acute deterioration by engaging in shared decision-making

Whilst this scenario focuses on the above standards, educators are also encouraged to capitalise on the many opportunities to address the following standards:



**Healthcare
associated
infection**

Highlighting the importance of:

- Preventing and controlling healthcare-associated infections.
- Identifying and managing patients presenting with, or at risk of, infection



**Communicating
for safety**

Highlighting the importance of:

- Documenting critical information and clinical concerns including plan of care
- Communicating changes in client health status
- Partnering with consumers to enable them to be actively involved in their own care

Preparatory reading materials for students

Before the simulation, send learners a *Participant Information Handout* that includes the following:

- General information about the simulation, including dates, times, and venue
- A brief overview of the TTPSS method including the simulation rules
- The prologue to the scenario along with the roles of cast members
- The NSQHSS Standards relevant to the scenario
- Preparatory reading materials and a summary of key points.

The TTPSS toolkit includes a modifiable template where details of dates, times, and venue can be inserted (see Appendix 4).



Preparatory reading materials

Recommended readings for educators

Australian Commission on Safety and Quality in Health Care (2015). *Safety and quality pathway for patients with cognitive impairment (delirium and dementia) in hospital*.

<https://www.safetyandquality.gov.au/wp-content/uploads/2015/06/Better-Way-To-care-Pathway-Poster.pdf>

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Queensland University of Technology (2013). The Confusion Assessment Method (CAM) diagnostic algorithm. <http://www.delirium.health.qut.edu.au/identification-and-management/confusion-assessment-method/>

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Inouye, S., Van Dyck, C., Alessi, C., Balkin, S., Siegel, A., & Horwitz, R. (1990). Clarifying confusion: The Confusion Assessment Method. A new method for detection of delirium. *Annals of Internal Medicine*, 113, 941–948.

Peisah, C. & Skadzien, E. (2014). *The use of restraints and psychotropic medications in people with dementia. A report for Alzheimer's Australia.* Paper 38. <https://fightdementia.org.au/files/NATIONAL/documents/Alzheimers-Australia-Numbered-Publication-38.pdf>

Scenario 1 prologue

This scenario involves a nursing student caring for an older person in an extended care setting. The nursing student will be working with a personal care assistant, who asks the student to assist in settling the resident for the evening. The person being cared for, while mildly confused, is communicative and cooperative. The scenario provides the opportunity for learners to engage with the following:

- Clinical handover (given by the Director, guided by ISBAR)
- Various clinical assessments facilitating the recognition of acute deterioration
- The use of ISBAR to communicate concern, thereby responding to acute deterioration

The setting is an extended care facility. An introduction to the scenario will be given by the Director at the beginning of the scenario. In this simulation, learners will tag in and out of the nursing student role, resulting in many cast members playing one role.

Environment

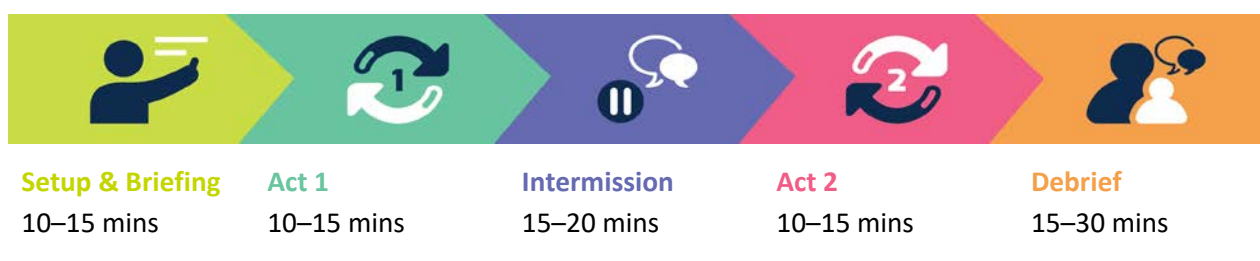
The simulation environment can be in any location deemed suitable, but the space must be appropriate for the number of learners.

Roles

- The Director (played by the educator or facilitator)
- A nursing student (Note: only role to be tagged)
- The resident (Protagonist)
- One personal care assistant (possible Antagonist), working with the student
- One Registered Nurse, 'on hand' as required
- Audience members

Length of scenario

The total time required for this scenario is estimated to be two hours. This includes preparation, the simulation and debriefing. In keeping with the TTPSS pedagogy, each scenario is conducted twice, with each taking approximately 15 minutes. A brief Intermission occurs between Acts 1 and 2 and the simulation concludes with a 30-minute Debrief. Whilst notional times are suggested below, the amount of time spent in each phase will depend on learners' needs and the level of complexity of the scenario.



Simulation modality

It is recommended that a standardised patient or student in role take on the role of the patient, however the simulation modality for the patient may be changed depending on available resources.

Equipment

- Download the simulation resource pack from the online TTPSS toolkit, which includes:
 - Cue and Antagonist Cards
 - Cast members' identification tags
 - Briefing sheets for distribution to actors
- Telephone
- Track suit for patient
- Walking stick
- Blood glucose meter (with BGL of 5.4mmol/L)
- Urine in commode (concentrated, protein, alkaline pH)
- Photograph of person above bed and on medication chart
- Restraint belt
- Vital sign assessment equipment

Documentation

Documentation for the scenario can be printed from the TTPSS Toolkit or the information can be transcribed onto context-specific clinical charts. Whilst suggested documentation annotations are included here, the information on the charts can be modified according to the local context and resources available. The following documentation requirements should be printed and collated into a patient chart to be used for the scenario.

- Falls Risk Tool
- Pressure Injury Risk Assessment Tool
- Delirium assessment tool
- Medication chart
- Patient notes
- Observations chart

Risk falls assessment (weekly entry)

- Nil assistance required for mobilisation

Pressure Injury risk assessment (weekly entry)

- Score of 4 (low risk)

Delirium assessment: Confusion Assessment Method diagnostic algorithm (see readings)

- Blank

Urinalysis (weekly entry)

- Blank

Observation Chart (daily entry)

Early Warning Systems chart – Include one similar recording of vital signs for the previous day followed by the latest record:

- Blood pressure 105/55 mmHg
- Pulse 98 BPM, regular
- Respiratory rate 26/min
- Temperature 36.6°C
- Blood oxygen saturation (SpO₂) 96% room air
- Weight 46 kg
- Bowels 1 motion in morning
- Urinalysis no information entered

Medication Chart

Medication can be amended or modified according to specific scenario requirements. Examples of medications that may be included:

- PO - Benefibre 2 teaspoons daily (constipation)
- PO - Cartia 1 tablet daily (hypertension)
- PO - Citalopram 20 mg daily (depression)
- PO - Hydralazine hydrochloride 50 mg bd (hypertension)
- PO – PRN Paracetamol, 1 g qid, Max 4 g/24hours (pain)
- PO - Rosuvastatin 10 mg daily (cholesterol)
- INH – PRN Salbutamol 1–2 inhalations PRN (COPD)
- PO - Temazepam 10 mg Nocte (insomnia)
- INH -Tiotropium bromide (Spiriva) 1 daily (COPD)
- PO - Valsartan 80 mg daily (hypertension)

Patient's notes

Medical officer entry from previous week

- Resident reviewed, no further orders

Nursing entry for this day

- Ambulant but appeared a little reluctant to leave room today
- Diet was less than normal
- Appeared slightly withdrawn

Setup and Briefing



Director

Organise physical set-up

- Gather equipment (see list p. 7)
- Desired classroom layout, e.g. horseshoe layout of chairs for audience and cast
- Ensure patient chart (appropriate scenario option) available
- Position patient according to brief
- Place commode (or chair) beside bed. Bedpan on commode/chair containing urine as per Equipment list

Welcome learners and outline the following:

Learning outcomes for this scenario

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

- 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
- Collaborate and communicate effectively with other members of the healthcare team
- Reduce the risk of patients acquiring preventable healthcare-associated infections.

The NQSHS standards most relevant to this scenario



Recognising and responding to acute deterioration



Comprehensive care

Significance of 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, greater chance of being transferred to higher dependency 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)

The TTPSS approach

- 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'.

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)
- Maintain a loud clear voice and think out loud when practical

TTPSS components

Roles

- The Director (played by the educator or facilitator)
- Cast – 3 to 4 people play each nursing role
- Audience members
- Patient (protagonist)

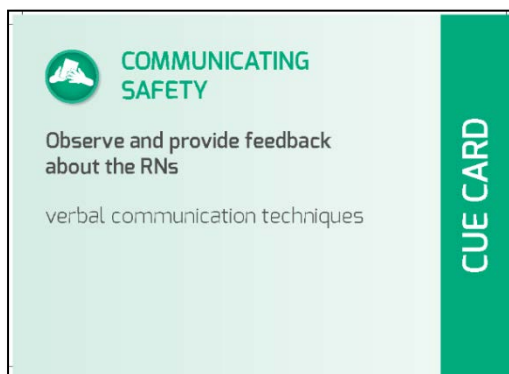
Structure

- Act 1
- Intermission
- Act 2
- Debrief

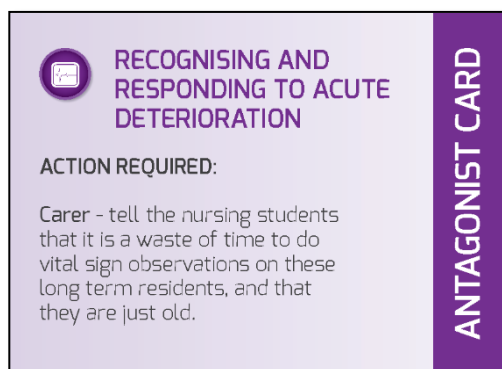
Tagging

- Tagging occurs when cast members exchange roles
- Tagging can be initiated by either the Director or 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



Cue Cards are given to audience members to provide direction about what they are to observe and provide feedback on.



Antagonist Cards are given by the Director to cast members to increase the complexity of the scenario and promote critical thinking and resilience.

Learners should be aware that Antagonist Cards will require cast members to act in a manner that may not reflect their usual practice.

Prepare the group for simulation

- Allocate learners to either audience member or cast member roles
- Orientate participants to the physical environment, documentation and equipment
- Distribute briefs to cast members
- Provide time for cast members to discuss scenario
- Distribute Cue Cards to the audience
- Remind learners to use loud clear voices and to think aloud when appropriate

Briefings

Protagonist (Resident)

Brief	Please note the importance of remaining in character and only contribute to the scenario as per this brief. Do not add content because this will detract from the scenario.
Name	Alex Thorn
D.O.B.	01 January 1924
Situation	You are demonstrating signs and symptoms of delirium due to a urinary tract infection. You are in bed and you are feeling very hot and restless, removing the bed clothes to cool down. You also feel an urgent need to go to the toilet to urinate. You are agitated because you feel as though things are not quite right. You recognise your surroundings, but you don't know where you are. You are anxious about going to the toilet because you feel that you do not know where it is. Whilst you do not recognise the people who are coming in to your room and you are a little bewildered by this, you are not distressed by it. You want to see Heather, your daughter.
Background	You have been a resident in this residential care facility for five years. You have been feeling off-colour the past few days, you have not been hungry and have been drinking very little. Your agitation and disorientation are out of character for you.
Assessment	If asked by students about urination, you can reply 'It hurts to pee'. If the nursing student asks to assess your vital signs, you allow them to if they approach you in a calm and empathetic manner. If the nursing student does not appear calm and empathetic, you refuse their request.



The resident (played by a nursing student)

Audience members

Brief You are required to observe the simulation and take notes as required. During the Intermission and Debrief you will be expected to provide feedback on specific aspects of the unfolding scenario. The focus of your feedback is on the Cue Card provided and related to the NQSHS Standards. Feedback should be constructive, supportive and focused on enhancing safe nursing practice.



Audience members observing the simulation and taking notes so that they are prepared to provide meaningful feedback during Intermission and Debrief

Personal Care Assistant

Brief You are a personal care assistant employed at a residential care facility. You work under the direction of the Registered Nurse. The time is 2030hrs. This evening, you have been working alongside two nursing students on clinical placement in this facility. The students are caring for Alex Thorn, a 92 year old resident. Alex will present a challenge to the students. The students will express concern to you about Alex. Your role is to refer the students to the Registered Nurse.

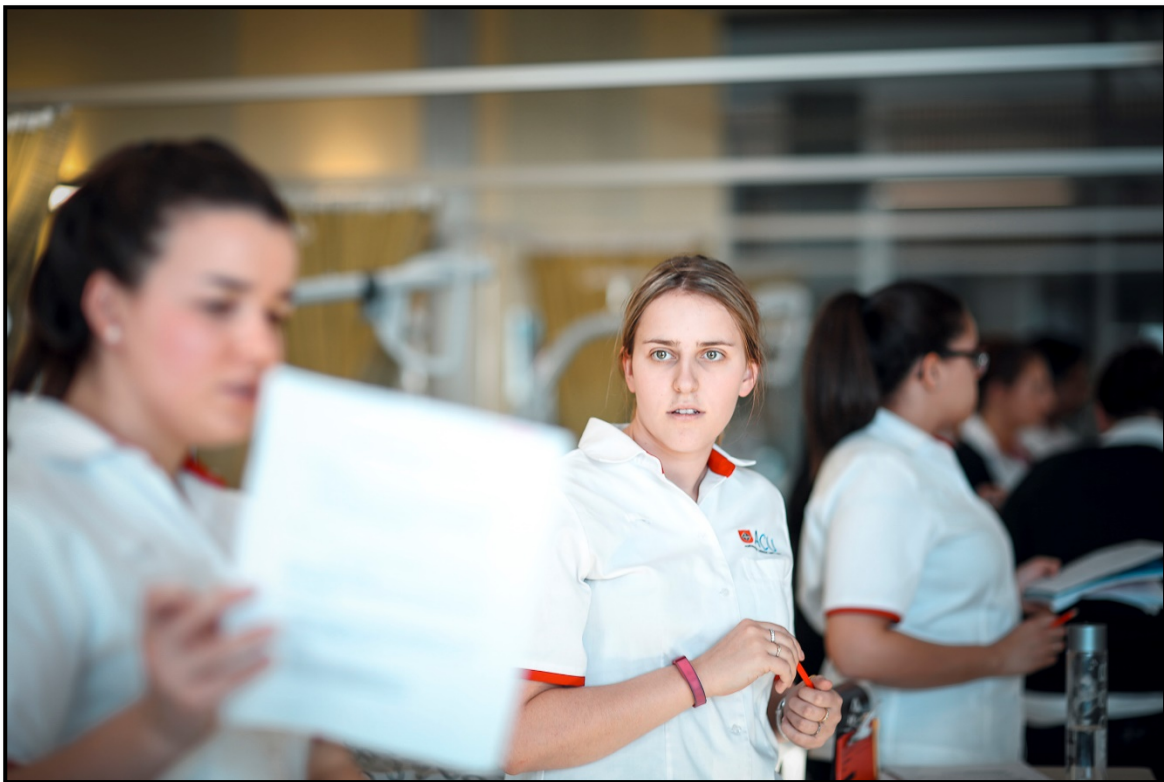
You will commence the simulation by providing the following statement:

‘In this room is Alex Thorn. Can you make a start on settling Alex for the night? Make sure that the commode chair is set up next to the bed, clean the dentures and make sure the call bell can be easily located. Once you have finished there, come and find me. I will be in one of the rooms further down the hall’.

Registered Nurse

Brief You are a Registered Nurse employed at a residential care facility. You are the only Registered Nurse working an evening shift. The time is 2030hrs. This evening, you are overseeing the care of 60 residents with a team of four personal care assistants and two nursing students.

This role will be undertaken by a number of learners. Each time tagging occurs, the learner taking on the RN role takes over from where the previous one finished.



Cast members reading their briefs in preparation for the simulation

Nursing Student

Brief You are a nursing student. You are attending clinical placement at an extended care facility. The time is 2030hrs and you and a fellow nursing student are settling the residents for the night. You are working alongside a personal care assistant. There is one Registered Nurse for the 60 residents at this facility. The Registered Nurse is elsewhere in the facility.

Let's get started



Act 1 (10–15 minutes depending on level of complexity)

Having explained the significance of simulation in relation to patient safety, the Director ensures that:

- Learners understand their roles
- Members of the cast know who is on stage at the start of the scenario and who is off-stage and available to be tagged
- Tagging occurs approximately **every three minutes** throughout Act 1
- Tagging can be initiated by the cast or the Director and is not a reflection on performance but a strategy to optimise participation of cast members
- Cue Cards have been distributed to the audience and they understand their purpose
- Antagonist Cards are distributed to cast members throughout the play to increasing the complexity if required
- The Director will deliver a comprehensive handover using ISBAR to open each Act, to facilitate learners' understanding of effective communication
- Act 1 commences with the Director saying 'Begin' and concludes when the Director calls 'End'

Handover to open the scene

Introduction	Alex Thorn is a 92 year old resident (male or female, depending on actor playing the role)
Situation	Alex has been a resident in this residential care facility for five years.
Background	Alex has been feeling off-colour the past few days, with a reduced oral intake. Staff from the morning shift reported that Alex has been irritable and has offensive smelling urine.
Assessment	Alex requires settling for the evening.
Recommendations	The bedside environment needs to be prepared for the evening, making sure the commode chair is conveniently situated.

Intermission (15–20 minutes)



After Act 1 concludes, the Director calls Intermission and uses Socratic questioning to facilitate 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, but it may be necessary for the Director to prompt and provide guidance.
- The Intermission should be no longer than 15–20 minutes.



Intermission – the Director asks the audience about their observations

Act 2 (10–15 minutes)



Following Intermission, Act 2 commences. This is a repeat of Act 1 using the same structure and approach, but the key difference is that the performance of cast members should have improved, based on the feedback provided during the Intermission.

Debrief (30 minutes)



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 transfer their learning to their future practice.

Evaluation

Each simulation scenario is accompanied by two evaluation instruments, a Knowledge Acquisition Test (KAT) (Appendix 1) and the Satisfaction with Simulation Experience Scale (SSES) (Appendix 3). The KAT is to be given to learners before their simulation experience and again immediately following Debrief. The SSES is provided to learners following Debrief.



Scenario 2

Learning Outcomes

At the completion of Scenario 2, learners will be able to:

- 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
- Reduce the risk of patients acquiring preventable healthcare-associated infections
- Collaborate and communicate effectively with other members of the healthcare team

Key points from NSQHS Standards relevant to Scenario 2



Comprehensive care

Highlighting the importance of:

- Implementing health service organisation systems for timely screening, assessment and risk identification
- Using relevant screening processes to identify cognitive, behavioural, mental and physical conditions, issues and risks of harm and the circumstances that may compound these risks
- Developing and documenting a comprehensive and individualised care plan that aims to address identified risks of harm
- Minimising harm potentially resulting from cognitive impairment, falls, aggression or restraint



Recognising and responding to acute deterioration

Highlighting the importance of:

- Following processes for detecting and recognising acute deterioration
- Implementing protocols for escalating care
- Implementing processes for responding to acute deterioration in a timely manner, including assessing for possible causes
- Identifying and managing risks related to recognising and responding to acute deterioration by engaging in shared decision-making

Whilst this scenario focuses on the above standards, educators are encouraged to capitalise on the many opportunities to address the following standards:



Healthcare associated infection

Highlighting the importance of:

- Preventing and controlling healthcare-associated infections.
- Identifying and managing patients presenting with or at risk of infection



Communicating for safety

Highlighting the importance of:

- Documenting critical information and clinical concerns including plan of care
- Communicating changes in client health status
- Partnering with consumers to enable them to be actively involved in their own care



The learners read the documentation before the simulation begins

Preparatory reading materials for students

Before the simulation, send learners a *Participant Information Handout* that includes the following:

- General information about the simulation, including dates, times, and venue
- A brief overview of the TTPSS method including the simulation rules
- The prologue to the scenario along with the roles of cast members
- The NSQHSS Standards relevant to the scenario
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Recommended readings for educators

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Scenario 2 prologue

This scenario involves a nursing student caring for an older person in an extended care setting. The nursing student will be working with a personal care assistant, who asks the student to assist in settling the resident for the evening. The person being cared for is confused, agitated and distressed.

Scenario 2 provides the opportunity for learners to engage with:

- Clinical handover (given by the Director, guided by ISBAR)
- Various clinical assessments facilitating the recognition of acute deterioration
- The use of ISBAR to communicate concern, thereby responding to acute deterioration

The setting is an extended care facility. An introduction to the scenario will be given by the Director at the beginning of the scenario. In this simulation, learners will tag in and out of the nursing student role, resulting in many cast members playing one role.

Environment

The simulation environment can be in any location deemed suitable, but the space must be appropriate for the number of learners.

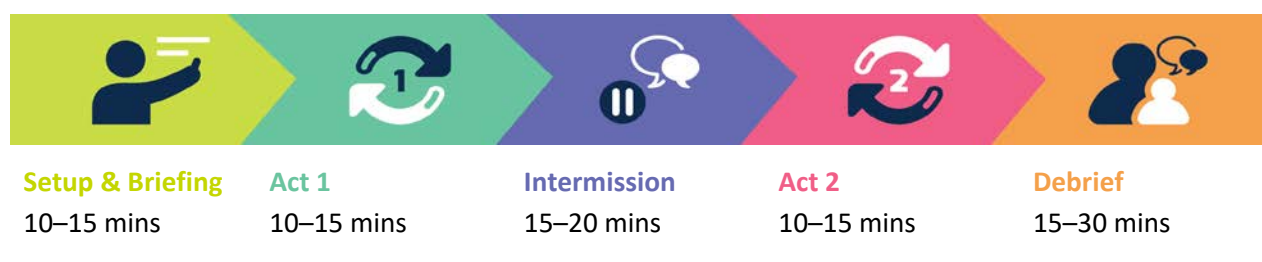
Roles

- The Director (played by the educator or facilitator)
- A nursing student (Note: only role to be tagged)
- The resident (Protagonist)
- One personal care assistant (possible Antagonist), working with the student
- One Registered Nurse, 'on hand' as required
- Audience members

Length of scenario

The total time required for this scenario is estimated to be two hours. This includes preparation, the simulation and debriefing. In keeping with the TTPSS pedagogy, each scenario is conducted twice with each taking approximately 15 minutes. A brief Intermission occurs between Acts 1 and 2 and the simulation concludes with a 30-minute Debrief.

Whilst notional times are suggested below, the amount of time spent in each phase will be dependent on the learners' needs and the level of complexity of the scenario.



Simulation modality

It is recommended that a standardised patient or student in role take on the role of the patient, however the simulation modality for the patient may be changed depending on available resources.

Equipment

- Download the Simulation resource pack from the online TTPSS toolkit, which includes:
 - Cue and Antagonist Cards
 - Cast members' identification tags
 - Briefing sheets for distribution to actors
- Telephone
- Track suit for patient
- Walking stick
- Blood glucose meter (with BGL of 5.4mmol/L)
- Urine in commode (concentrated, protein, alkaline pH)
- Photograph of person above bed and on medication chart
- Restraint belt
- Vital sign assessment equipment

Documentation

Documentation for the scenario can be printed from the TTPSS Toolkit or the information can be transcribed onto context-specific clinical charts. Whilst suggested documentation annotations are included here, the information on the charts can also be modified according to the local context and resources available. The following documentation requirements should be printed and collated into a patient chart to be used for the scenario.

- Falls Risk Tool
- Pressure Injury Risk Assessment Tool
- Delirium assessment tool
- Medication chart
- Patient notes
- Observations chart

Risk falls assessment (daily entry)

- Nil assistance required for mobilisation

Pressure Injury risk assessment (daily entry)

- Score of 4 (low risk)

Delirium assessment: Confusion Assessment Method diagnostic algorithm (see readings)

- Blank

Urinalysis (weekly entry)

- Blank

Observation Chart (daily entry)

Early Warning Systems chart – Include one similar recording of vital signs for the previous day followed by the latest record:

- Blood pressure 105/55 mmHg
- Pulse 98 BPM, regular
- Respiratory rate 26/min
- Temperature 36.6°C
- Blood oxygen saturation (SpO₂) 96% room air
- Weight 46 kg
- Bowels 1 motion in morning
- Urinalysis no information entered

Medication Chart

Medication can be amended or modified according to specific scenario requirements. Examples of medications that may be included:

- PO - Benefibre 2 teaspoons daily (constipation)
- PO - Cartia 1 tablet daily (hypertension)
- PO - Citalopram 20 mg daily (depression)
- PO - Hydralazine hydrochloride 50 mg bd (hypertension)
- PO – PRN Paracetamol, 1 g qid, Max 4 g/24hours (pain)
- PO - Rosuvastatin 10 mg daily (cholesterol)
- INH – PRN Salbutamol 1–2 inhalations PRN (COPD)
- PO - Temazepam 10 mg Nocte (insomnia)
- INH -Tiotropium bromide (Spiriva) 1 daily (COPD)
- PO - Valsartan 80 mg daily (hypertension)

Patient's notes

Medical officer entry from previous week

- Resident reviewed, no further orders

Nursing entry for this day

- Ambulant but appeared a little reluctant to leave room today
- Diet was less than normal
- Appeared slightly withdrawn

Setup and Briefing



Director

Organise physical set-up

- Gather equipment (see list p. 22)
- Desired classroom layout, e.g. horseshoe layout of chairs for Audience and cast
- Ensure patient chart (appropriate scenario option) available
- Position patient according to brief
- Place commode (or chair) beside bed. Bedpan on commode/chair containing urine as per Equipment list

Welcome learners and outline the following:

Learning outcomes for this scenario

At the completion of Scenario 2 learners will be able to:

- 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
- Reduce the risk of patients acquiring preventable healthcare-associated infections
- Collaborate and communicate effectively with other members of the healthcare team

The NQSHS standards most relevant to this scenario



Recognising and responding to acute deterioration



Partnering with consumers



Communicating for safety

Significance of 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 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.

The TTPSS approach

- 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'.

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)
- Maintain a loud clear voice and think out loud when practical

TTPSS components

Roles

- The Director (played by the educator or facilitator)
- Cast – 3 to 4 people play each nursing role
- Audience members
- Patient (Protagonist)

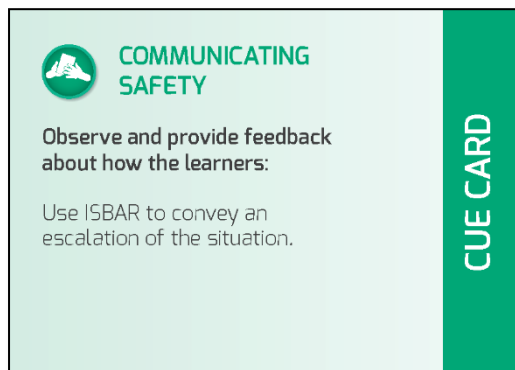
Structure

- Act 1
- Intermission
- Act 2
- Debrief

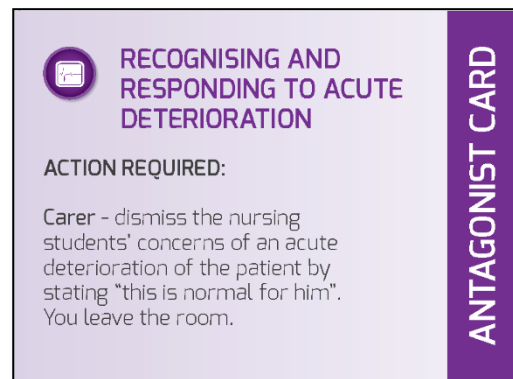
Tagging

- Tagging occurs when cast members exchange roles
- Tagging can be initiated by either the Director or 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



Cue Cards are given to audience members to provide direction about what they are to observe and provide feedback on.



Antagonist Cards are given by the Director to cast members to increase the complexity of the scenario and promote critical thinking and resilience.

Learners should be aware that Antagonist Cards will require cast members to act in a manner that may not reflect their usual practice.

Prepare the group for simulation

- Allocate learners to either audience member or cast member roles
- Orientate participants to the physical environment, documentation and equipment
- Distribute briefs to cast members
- Provide time for cast members to discuss scenario
- Distribute Cue Cards to the audience
- Remind learners to use loud clear voices and to think aloud when appropriate

Briefings

Protagonist (Resident)

Brief	Please note the importance of remaining in character and only contribute to the scenario as per this brief. Do not add content as this will detract from the scenario)
Name	Alex Thorn
D.O.B.	01 January 1924
Situation	You are pacing about your room, a single room in a residential care facility. You are feeling very agitated, confused and disoriented. You feel an urgent need to go to the toilet to urinate, but you do not know where the toilet is. You do not recognise your surroundings, despite being a resident at this extended care facility for the past five years. You do not recognise any of the people coming into your room. You repeatedly request to see Heather, your daughter. You are insistent that Heather is due any minute and that she will not be able to find you
Background	You have been a resident in this residential care facility for five years. You have been feeling off-colour the past few days, you have not been hungry and have been drinking very little. Your agitation and disorientation are out of character for you.
Assessment	<p>The following increase your agitation and result in you swinging your walking stick at the nursing students and retreating away from them:</p> <ul style="list-style-type: none"> • Loud voices and sounds • Bright lights • People approaching you quickly <p>The following reduce your agitation and result in you being cooperative yet remaining very confused:</p> <ul style="list-style-type: none"> • Dimmed lights • Lowered voices • The words ‘What can I do to help you?’ • People introducing themselves in a calm way • Photos and discussion about your family. <p>If asked by students about urination, you can reply with an unrelated response about looking after the puppies.</p>

Audience members

Brief	You are required to observe the simulation and take notes as required. During the Intermission and Debrief you will be expected to provide feedback on specific aspects of the unfolding scenario. The focus of your feedback is on the Cue Card provided and related to the NQSHS Standards. Feedback should be constructive, supportive and focused on enhancing safe nursing practice.
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Personal care assistant

Brief You are a personal care assistant employed at a residential care facility. You work under the direction of the Registered Nurse. The time is 2030hrs. This evening, you have been working alongside two nursing students on clinical placement in this facility. The students are caring for Alex Thorn, a 92 year old resident. Alex will present a challenge to the students. The students will express concern to you about Alex. Your role is to refer the students to the Registered nurse. You will commence the simulation by providing the following statement:

‘In this room is Alex Thorn. Can you make a start on settling Alex for the night? Make sure that the commode chair is set up next to the bed, clean their dentures and make sure the call bell can be easily located. Once you have finished there, come and find me. I will be in one of the rooms further down the hall’.

Registered Nurse

Brief You are a Registered Nurse employed at a residential care facility. You are the only Registered Nurse working an evening shift. The time is 2030hrs. This evening, you are overseeing the care of 60 residents with a team of four personal care assistants and two nursing students.



The nursing student performing an assessment

Nursing Student

Brief You are a nursing student. You are attending clinical placement at an extended care facility. The time is 2030hrs and you and a fellow nursing student are settling the residents for the night. You are working alongside a personal care assistant. There is one Registered Nurse for the 60 residents at this facility. The Registered Nurse is elsewhere in the facility.

Let's get started



Act 1 (10–15 minutes depending on level of complexity)

Having explained the significance of simulation in relation to patient safety, the Director ensures that:

- All learners understand their roles
- Members of the cast know who is on stage at the start of the scenario and who is off-stage and available to be tagged
- Tagging occurs approximately **every three minutes** throughout Act 1
- Tagging can be initiated by the cast or the Director and is not a reflection on performance but a strategy to optimise participation of cast members
- Cue Cards have been distributed to the audience and they understand their purpose
- Antagonist Cards are distributed to cast members throughout the play and are meant to challenge learners by increasing the complexity of the Act
- The Director will deliver a comprehensive handover using ISBAR to open each Act, to facilitate learners' understanding of effective communication
- Act 1 commences with the Director saying 'Begin' and concludes when the Director calls 'End'

Handover to open the scene

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. They have so far 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 personal care assistant 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.

Intermission (15–20 minutes)



After Act 1 concludes, the Director calls Intermission and uses Socratic questioning to facilitate 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, but it may be necessary for the Director to prompt and provide guidance.
- The Intermission should be no longer than 15–20 minutes.



Intermission – the Director asks the Audience about their observations

Act 2 (10–15 minutes)



Following Intermission, Act 2 commences. This is a 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.

Debrief (30 minutes)



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 transfer their learning to their future practice.

Evaluation

Each simulation scenario is accompanied by two evaluation instruments, a Knowledge Acquisition Test (KAT) (Appendix 2) and the Satisfaction with Simulation Experience Scale (SSES) (Appendix 4). The KAT is to be given to learners before their simulation experience and again immediately following Debrief. The SSES is provided to learners following Debrief.



References

- Australian Commission on Safety and Quality in Health Care (2014). *'A better way to care.'* *Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital. Actions for clinicians.* <https://www.safetyandquality.gov.au/our-work/cognitive-impairment/better-way-to-care/>
- Australian Commission on Safety and Quality in Health Care (2016). *Safe and high-quality care for patients with cognitive impairment.* <https://www.safetyandquality.gov.au/our-work/cognitive-impairment/>
- Levett-Jones, T., Andersen, P., Reid-Searl, K., Guinea, S., McAllister, M., Lapkin, S., Palmer, L. & Niddrie, M. (2015). Tag team simulation: An innovative approach for promoting active engagement of participants and observers during group simulations. *Nurse Education in Practice*, 15, 345–352. [http://www.nurseeducationinpractice.com/article/S1471-5953\(15\)00061-X/pdf](http://www.nurseeducationinpractice.com/article/S1471-5953(15)00061-X/pdf)
- University of Western Sydney School of Nursing & Midwifery (2009). *Agitation decision-making framework for nurses and care staff caring for people with advanced dementia: Guidelines.* http://www.uws.edu.au/_data/assets/pdf_file/0007/76237/Agitation_Guidelines.pdf

Appendices

Appendix 1 – scenario 1 resources

Cue Cards Scenario 1

Please note: The **Cue Cards** given to audience members provide direction about what they are to observe and provide feedback on. The Facilitator should select Cue Cards that are most relevant to the learning outcomes and purpose of the simulation. Not all Cue Cards are required.



Recognising and Responding to Acute Deterioration

Observe and provide feedback about how the learners:

- consider possible factors contributing to the behaviours demonstrated by the person
- engage in shared decision-making



Comprehensive Care

Observe and provide feedback about how the learners:

- select assessment tools and undertake assessments based on cues from the patient
- use organisational systems for the screening, assessment and risk identification in a timely manner



Preventing and Controlling Healthcare-associated Infection

Observe and provide feedback about how the learners:

- observe the principles of 5 moments of hand hygiene



Communicating for Safety

Observe and provide feedback about how the learners:

- use ISBAR to convey an escalation of the situation
- observe and provide feedback about whether the way learners communicated assessment findings contributed (or not) to a reduction in risk of harm

Antagonist Cards Scenario 1



Recognising and Responding to Acute Deterioration

- **Personal care assistant** – Dismiss the nursing students' concerns about an acute deterioration of the patient by stating 'This is normal for Alex'. You leave the room.
- **Personal care assistant** – Tell the nursing students that it is a waste of time to do vital sign observations on these long-term residents, and that they are just old.



Comprehensive Care

- **Personal care assistant** – Raise the bedside rails and tell the nursing student 'This will stop them from falling.'
- **RN** – Tell the nursing student that 'It looks like Alex needs sedation. Is there anything ordered on their drug chart?'



Preventing and Controlling Healthcare-associated Infection

- **Personal care assistant** – Tell the nursing student that 'They look clean enough, don't worry about hand hygiene.'



Communicating for Safety

- **RN** – Approach the nursing student and personal care assistant and ask them to step outside of the resident's room to tell you what is going on. This will leave the resident unattended.

'What if' questions Scenario 1

Please note: The 'What if' questions can be used, when needed, during the Debrief to prompt learners to consider how they will transfer their learning to their future practice.



Recognising and Responding to Acute Deterioration

Recognising 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?

Responding to acute deterioration

- What if you want the support of the Registered Nurse, but the nurse is not available?
- What if you are told to 'leave the person' and that 'they will be fine' and are asked to assist with another resident/patient?
- What if you know what needs to be done but you are not sure how to assert your opinion to other healthcare staff?



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?

Knowledge Acquisition Test – Scenario 1

Please circle only one answer from the numbered selection after each question

Please circle only one answer from the options after each question

1. It is a very busy shift. You notice that one person who you have been allocated to care for is wandering, appears agitated and is muttering incoherently. You manage to guide the person back to their bed, but you are concerned that their agitation and restlessness may result in a fall and injury. The most appropriate immediate nursing action is to:
 - a) Raise the bedrails to prevent further wandering and falls
 - b) Undertake a focused cognition assessment
 - c) Restrain the person to the bed to prevent further injury
 - d) **Inform the Registered Nurse and lower their bed as close to the floor as possible**

2. On noticing an acute change in a person's behaviour, you perform a series of assessments which confirm an increase in clinical risk. An appropriate inclusion for strategies to reduce potential harm related to an increase in clinical risk would be re-evaluation of the person in:
 - a) **the next 15 minutes**
 - b) 24 hours
 - c) 1 hour
 - d) 1 week

3. You notice that a resident is becoming increasingly agitated. The most appropriate immediate nursing action is to:
 - a) Tell the person to cooperate with you so you can assess their vital signs
 - b) Distract the person by turning on the television at a loud volume
 - c) **Talk quietly with the person and engage them in a simple, meaningful activity**
 - d) Leave the person to socialise with other residents living in the facility

4. Each of the following inform practice in relation to recognising and responding to deterioration in cognition EXCEPT
 - a) National Safety and Quality Health Service Standards
 - b) Local institution policy on risk assessment including management and prevention of falls and pressure areas
 - c) **Medication and Therapeutic Goods Act**
 - d) Local policy of recognition and responding to a deteriorating patient

5. Each of the following is a critical time to perform hand hygiene to reduce the risk of hospital-acquired infections EXCEPT
- a) Before clean/aseptic procedures
 - b) Before touching patient surrounds**
 - c) After exposure to body fluids
 - d) After touching a patient
6. An example of the Identify component of the ISBAR handover is:
- a) My name is Samantha, I am a student nurse at Sunnyside Extended Care. I am calling you about Alex Thorn**
 - b) Alex has been confused and agitated this evening
 - c) We have assessed Alex as being at an increased risk of falls as he is unsteady on his feet, confused and attempting to get out of bed
 - d) I believe Alex's condition is deteriorating and I would like a review
7. You have identified a change in assessment findings that *could* represent a deterioration in a person's condition. To determine the relevance of your assessment findings, you should:
- a) Consult with the Registered Nurse in charge immediately**
 - b) Ensure that your observations are highlighted at handover
 - c) Inform the person's relatives
 - d) Ask a personal care assistant what the normal practice is
8. You are allocated care of a person who is exhibiting behavioural changes including agitation due to delirium. You notice that the agitation is reduced whilst engaging the person in meaningful and purposeful activities, speaking in a calm voice, and reducing sources of over-stimulation by reducing bright lighting and noise. Your evaluation of these strategies to minimise harm are best communicated via:
- a) nursing notes, care plan pathway, handover
 - b) nursing notes, care plan/pathway, handover, family members**
 - c) handover, case conference, nursing notes
 - d) discussing with work colleagues and allied staff

9. When conversing with a patient, you notice they are experiencing difficulty focusing their attention and they are responding to you inappropriately; behaviours you believe are not normal for them. As a nursing student, your priority is to:

- a) **Conduct a neurological assessment**
- b) Report previous assessment findings to the Registered Nurse in charge
- c) Report assessment findings observation to an Enrolled Nurse or personal care assistant
- d) Conduct a neurovascular assessment

10. All of the following are potential causes of deterioration in cognition EXCEPT:

- a) Infection
- b) Polypharmacy
- c) Hypoglycaemia
- d) **Urinalysis**

Appendix 2 – scenario 2 resources

Cue Cards Scenario 2

Please note: The **Cue Cards** given to audience members provide direction about what they are to observe and provide feedback on. The Facilitator should select cue cards that are most relevant to the learning outcomes and purpose of the simulation. Not all cue cards are required.



Recognising and Responding to Acute Deterioration

Observe and provide feedback about how the learners:

- consider possible factors contributing to the manifestations demonstrated by the person
- engage in shared decision-making
- implement protocols for escalating care



Comprehensive Care

Observe and provide feedback about how the learners:

- select assessment tools and undertake assessments based on cues from the patient
- use organisational systems for the screening, assessment and risk identification in a timely manner
- use assessment findings to inform their actions



Preventing and Controlling Healthcare-associated Infection

Observe and provide feedback about how the learners:

- observe the principles of 5 moments of hand hygiene



Communicating for Safety

Observe and provide feedback about how the learners:

- communicate in a way that is respectful, responsive and courteous to all team members

Antagonist Cards Scenario 2



Recognising and Responding to Acute Deterioration

Registered Nurse – Approach the student and tell them that ‘We don’t have time to do these assessments. They are just over-tired. Let’s move on.’

Registered Nurse – You tell the student to ‘Get the ECG, I think he is having a heart attack’.

Personal care assistant – Tell the student nurse ‘Let’s not bother the Registered Nurse, we can manage this’.



Comprehensive care

Personal care assistant – You approach the resident holding a restraining belt and assert to the nursing student that this is the usual way to manage the situation.

Registered Nurse – You approach the resident and in a loud voice tell them to ‘Get back into bed, you have been up and down to the toilet all afternoon. You are just being silly’.

Resident – You attempt to stand up out of bed to go to the toilet.



Preventing and Controlling Healthcare-associated Infection

Personal care assistant – Tell the student nurse that ‘They look clean enough, don’t worry about hand hygiene.’



Communicating for Safety

Registered Nurse - You advise the nursing student that ‘The risk assessment is just more paperwork and we don’t do it.’

'What if' questions Scenario 2



Recognising and Responding to Acute Deterioration

Recognising 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?

Responding to acute deterioration

- What if your assessment findings show acute deterioration but the Registered Nurse is not available?
- What if the person's agitation continues to escalate and the person becomes aggressive?
- What if you know what needs to be done but you are not sure how to assert your opinion to other healthcare staff?



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?

Knowledge Acquisition Test – Scenario 2

Please circle only one answer from the numbered selection after each question

1. When is it preferable to wash your hands rather than to use alcohol-based hand sanitiser?
 - a) Before completing documentation
 - b) Before touching the patient surrounds
 - c) After assessing vital signs
 - d) After removing gloves**

2. When escalating concern of patient deterioration, an example of the Assessment component of ISBAR handover is:
 - a) My name is Samantha, I am a student nurse at Sunnyside Extended Care. I am calling you about Alex Thorn.
 - b) Alex has been confused and agitated this evening.
 - c) We have assessed Alex as being at an increased risk of falls as he is unsteady on his feet, confused and attempting to get out of bed**
 - d) I believe Alex's condition is deteriorating and I would like a review

3. A patient tells you that they feel dizzy when they sit up. What action should you take before mobilising them?
 - a) Assess their respiratory rate and rhythm; heart rate and rhythm; blood pressure
 - b) Assess their respiratory rate, heart rate and rhythm, and blood pressure
 - c) Check their medication chart
 - d) Assess their blood pressure. Sit them up slowly. Allow them sit on the bed for a short while before mobilising**

4. A resident at an extended care facility is asking you to assist them out of bed and walk to the toilet. You do not know this resident. Your priority is to:
 - a) Complete a falls risk assessment
 - b) Complete a pressure risk assessment
 - c) Ask the person if they can ambulate
 - d) Consult the care plan and/or seek advice from a member of staff**

5. You have identified a change in assessment findings that *could* represent a deterioration in a person's condition. To determine the relevance of your assessment findings, you should:
- a) **Consult with the Registered Nurse in charge immediately**
 - b) Ensure that your observations are highlighted at handover
 - c) Inform the person's relatives
 - d) Ask a personal care assistant what normal practice is
6. You are caring for a person who has been transferred from a nursing home with a fractured neck of femur. The person has a medical history of diagnosed advanced dementia. The person appears disoriented and restless. Each of the following are appropriate strategies to minimise harm through reorientation EXCEPT:
- a) Encouraging family and personal care assistant involvement in re-orientation and reassurance
 - b) Orientating the person using objects familiar to them and position a clock so it is visible
 - c) Encouraging the use of glasses and hearing aids
 - d) **Asking the person if they know the year and the name of the Prime Minister**
7. You notice a person for whom you are providing care is demonstrating an alteration in cognition. You suspect a urinary tract infection and conduct a urinalysis. All the following findings of a urinalysis may indicate a urinary tract infection EXCEPT:
- a) pH 8.5
 - b) Leukocytes
 - c) Haemoglobin
 - d) **Ketones**
8. A resident in an aged care facility has been assessed as having a high risk of falls. Each of the following would contribute to an individualised prevention and management plan to reduce the risk of harm related to falls EXCEPT:
- a) Regular, assisted toileting
 - b) Lowered bed
 - c) **Assisted meals**
 - d) Subsequent falls risk assessment
9. Response to *significant* deterioration in a person's condition should always:
- a) Involve calling a Code Blue
 - b) Involve calling 000
 - c) **Following facility-specific procedures for responding to acute deterioration**
 - d) Following the instructions of a Registered Nurse

10. On documenting your findings on an assessment screening tool, you notice an alteration that increases the person's risk of harm. All the following are priorities of nursing care EXCEPT:
- a) Repeat your assessment to confirm your assessment findings
 - b) Re-assess the patient in 4 hours to confirm deterioration**
 - c) Escalate your findings and communicate your request for assistance to the Registered Nurse in charge
 - d) Consider previous assessment findings to identify trends in the person's condition

Appendix 3

Satisfaction with Simulation Experience Scale (SSES)

SATISFACTION WITH SIMULATION EXPERIENCE SCALE (SSES)

(Adapted for TTPSS)

Below you will find a list of statements. Read each statement and then select the response that best indicates your level of agreement.

- Please answer every item, even if one seems similar to another one
- Answer each item quickly, without spending too much time on any item

Briefing						
1	The learning outcomes for TTPS were clear	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
2	Readings and pre-simulation activities were provided	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
3	The facilitator explained how TTPS was organised and managed	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
4	I understood my role	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Patient Safety						
5	The simulation developed my knowledge and skills specific to patient safety	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
6	The simulation developed my clinical decision-making ability in relation to patient safety	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
7	The simulation enabled me to demonstrate my knowledge and clinical skills specific to patient safety	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
8	The simulation helped me to recognise critical aspects of safe patient care	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
9	The simulation provided an opportunity for me to engage in critical thinking	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
10	This was a valuable learning experience	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
11	The simulation felt real	Strongly disagree	Disagree	Unsure	Agree	Strongly agree

Clinical Practice						
12	The simulation tested my clinical ability	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
13	The simulation helped me to apply what I have learned previously	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
14	The simulation helped me to recognise my strengths and weaknesses	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
15	The simulation has developed my confidence	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
16	As a result of the simulation I feel more prepared for clinical practice	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
17	The Cue Cards were useful to facilitate learning	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Debrief						
18	Constructive criticism was provided during Intermission and Debriefing	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
19	The facilitator summarised important issues during Intermission and Debrief	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
20	I had the opportunity to reflect on and discuss my role during the debriefing	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
21	We were provided with opportunities to ask questions	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
22	I received feedback that helped me to develop my understanding of patient safety	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
23	Reflecting on and discussing the simulation enhanced understanding of patient safety	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
24	The facilitator's questions helped me to learn	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
25	The Antagonist Cards were an effective learning strategy	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
26	The facilitator made me feel comfortable and at ease during the debriefing	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
27	I was encouraged to participate in the debrief	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
28	The 'What if' questions were an effective learning strategy	Strongly disagree	Disagree	Unsure	Agree	Strongly agree

Do you have any comments about the Tag Team Patient Safety Simulation experience?

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Appendix 4

Preparatory readings for students

Student Handout

Simulation Two - Scenario 1 Acute Deterioration in Cognition

Preparing undergraduate nurses for the workforce in the context of patient safety through innovative simulation.

This simulation will be conducted using an approach called Tag Team Patient Safety Simulation. This is a unique approach designed to facilitate engagement of all learners in the simulation and the development of technical and non-technical skills that graduates require to be work-ready upon graduation.

Simulation Two – Acute Deterioration in Cognition

Scenario 1 Prologue

This scenario involves two nursing students caring for an older person in an extended care setting. This person is demonstrating signs and symptoms of delirium due to a urinary tract infection. The nursing students will be working with a personal care assistant, who asks the students to assist in settling the resident for the evening. The person being cared for, while mildly confused, is communicative and cooperative. The scenario provides the opportunity for learners to engage with the following:

- Clinical handover (given by the Director, guided by ISBAR)
- Various clinical assessments facilitating the recognition of acute deterioration
- The use of ISBAR to communicate concern, thereby responding to acute deterioration

The setting is an extended care facility. An introduction to the scenario will be given by the Director at the beginning of the scenario. This specific scenario will involve:

- The Director (played by the educator or facilitator)
- Two nursing students (Note: only role to be Tagged)
- The resident (Protagonist)
- One personal care assistant (possible Antagonist)
- One registered nurse, 'on hand' as required
- Audience members



Simulation Session

Date:.....

Location:

Time:

Simulation 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)





Learning Outcomes

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

- 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
- Collaborate and communicate effectively with other members of the healthcare team
- Reduce the risk of patients acquiring preventable healthcare-associated infections

This scenario focuses on the NSQHS Standard:

-  Recognising and responding to acute deterioration
-  Comprehensive care

Required readings for students to access prior to Scenario 1

- Australian Commission on Safety and Quality in Health Care (2015). Safety and quality pathway for patients with cognitive impairment (delirium and dementia) in hospital. Retrieved from <https://www.safetyandquality.gov.au/wp-content/uploads/2015/06/Better-Way-To-care-Pathway-Poster.pdf>
- Australian Commission on Safety and Quality in Health Care (2016). Delirium care standard. Retrieved from the ACSQHC website <https://www.safetyandquality.gov.au/our-work/cognitive-impairment/>
- Australian Health Ministers' Advisory Council of Older Australians Standing Committee (2011). *Delirium Care Pathways*. Retrieved from [https://www.health.gov.au/internet/main/publishing.nsf/Content/FA0452A24AED6A91CA257BF0001C976C/\\$File/D0537%281009%29%20Delirium_combined%20SCREEN.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/FA0452A24AED6A91CA257BF0001C976C/$File/D0537%281009%29%20Delirium_combined%20SCREEN.pdf)
- Queensland University of Technology (2013). The Confusion Assessment Method (CAM) Diagnostic Algorithm. Retrieved from <http://www.delirium.health.qut.edu.au/identification-and-management/confusion-assessment-method/>

Recommended resources

- Australian Commission on Safety and Quality in Health Care (2014). *A better way to care" Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital – Actions for clinicians*. Sydney, Australia: Commonwealth of Australia. Retrieved from the ACSQHC website <https://www.safetyandquality.gov.au/our-work/cognitive-impairment/>
- Australian Commission on Safety and Quality in Health Care (2017). Safe and high-quality care for patients with cognitive impairment. Retrieved from <https://www.safetyandquality.gov.au/our-work/cognitive-impairment/>
- Bidewell, J. (2009). *Agitation decision-making framework for nurses and care staff caring for people with advanced dementia: Guidelines*. Retrieved from http://www.uws.edu.au/_data/assets/pdf_file/0007/76237/Agitation_Guidelines.pdf
- Inouye, S., Van Dyck, C., Alessi, C., Balkin, S., Siegel, A., & Horwitz, R. (1990). Clarifying confusion: The confusion assessment method. A new method for detection of delirium. *Annals of Internal Medicine*, 113(12), 941-8.
- Peisah, C. & Skadzien, E. (2014). The use of restraints and psychotropic medications in people with dementia. A report for Alzheimer's Australia. Paper 38. Retrieved from <https://fightdementia.org.au/files/NATIONAL/documents/Alzheimers-Australia-Numbered-Publication-38.pdf>

