

# Simulation Three - Scenario 1

## Impaired Respiratory Function

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 Three – Impaired Respiratory Function

#### Scenario 1 Prologue

This scenario involves a nursing student caring for a patient in medical ward. The patient was admitted the previous night with a diagnosis of a chest infection requiring intravenous antibiotic therapy. The nursing student will be working with a Registered Nurse preceptor. 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
- Safe medication administration
- The use of ISBAR to communicate concern, thereby responding to acute deterioration

The setting is a medical ward. The information regarding the patient will be provided at the clinical handover given by the Director at the beginning of the scenario. This specific scenario will involve multiple learners fulfilling the following roles, tagging in and out, resulting in *many voices playing a continual role*.

- The Director (played by the educator or facilitator)
- A nursing student
- A Registered Nurse (the student's preceptor and possible Antagonist)
- One patient (Protagonist)
- Audience members



### Simulation Session

Date.....  
Time .....  
Venue .....

### 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
- Administer and monitor the therapeutic use of medications and respond appropriately to medication errors and adverse drug reactions
- Collaborate and communicate effectively with members of the healthcare team
- Reduce the risk of patients acquiring healthcare-associated infections

**This scenario focuses on the NSQHS Standard:**



Recognising and Responding to Acute Deterioration



Medication Safety

## Required readings for students to access before Scenario 1

ISBAR information sheet

National Asthma Council Australia. (2016). *What is asthma?*

<https://www.nationalasthma.org.au/understanding-asthma/what-is-asthma>

Queensland Adult Deterioration Detection System (Q-ADDS) chart

## Recommended resources

Australian Commission on Safety and Quality in Health Care (2018). <http://www.safetyandquality.gov.au/>

Australian Commission on Safety and Quality in Health Care (2012). *Safety and quality improvement guide Standard 2: Partnering with consumers*. [https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard2\\_Oct\\_2012\\_WEB.pdf](https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard2_Oct_2012_WEB.pdf)

Australian Commission on Safety and Quality in Health Care (2012). *Safety and quality improvement guide Standard 4: Medication safety (October 2012)*. [https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard4\\_Oct\\_2012\\_WEB.pdf](https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard4_Oct_2012_WEB.pdf)

Australian Commission on Safety and Quality in Health Care (2012). *Safety and quality improvement guide Standard 9: Recognising and responding to clinical deterioration in acute health care (October 2012)*. <https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>

Flenady, T., Dwyer, T., & Applegarth, J. (2017). Accurate respiratory rates count: So should you! *Australasian Emergency Nursing Journal*, 20, 45–47. DOI: <https://doi.org/10.1016/j.aenj.2016.12.003>

ISBAR information sheet

National Asthma Council Australia (2016). *What is asthma?*

<https://www.nationalasthma.org.au/understanding-asthma/what-is-asthma>

Queensland Adult Deterioration Detection System (Q-ADDS) chart

Ramasamy, S., Baysari, M. T., Lehnbohm, E. C., & Westbrook, J. I. (2013). *Double-checking medication administration*. Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, on behalf of the Australian Commission on Safety and Quality in Health Care. <https://www.safetyandquality.gov.au/wp-content/uploads/2013/12/Evidence-briefings-on-interventions-to-improve-medication-safety-Double-checking-medication-administration-PDF-888KB.pdf>

Smith, J., & Rushton, M. (2015). How to perform respiratory assessment. *Nursing Standard*, 30, 7, 34–36.