

# Simulation One

## Medication Safety – Scenario 1

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 One – Medication Safety

#### Scenario 1 Prologue

This scenario involves a nursing student caring for a post-operative orthopaedic patient who is experiencing pain. 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)
- Pain assessment
- Neurovascular assessment
- Safe administration of medication
- Evaluating effectiveness of analgesic medications
- Recognition of adverse drug reactions
- Response to medication errors

The setting is a surgical ward. Information about the patient will be provided at the clinical handover given by the Director at the beginning of the scenario. This 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
- Two Registered Nurses (possible Antagonists), one as the student's preceptor, the other to be 'on hand' as required.
- One patient (Protagonist)
- One family member
- Audience members



### Simulation Session

Date

Time .....

Location .....

### 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)
- Use a loud clear voice and think out loud when practical



## Learning Outcomes

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

- 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:



Medication safety

### Preparatory Reading:

Medication errors continue to be a major cause of patient harm in health care facilities within Australia (Roughead, Semple, & Rosenfeld, 2013). Nurses play a contributing role to patient harm because they are the last person in the chain of medication administration. Safe medication administration with nurses adhering to the six rights of medication administration is fundamental to safe patient outcomes. Undergraduate nursing students are delegated the responsibility to administer medication when on clinical placements under the direct supervision of a Registered Nurse. Research suggests that students are not always directly supervised (Reid-Searl, Moxham, Walker, & Happell, 2010) and are tasked with administering medication when a Registered Nurse may be nearby or even absent (Reid-Searl, Moxham, Walker, & Happell, 2010). As a result, medication errors are made by students and are causing patient harm (Reid-Searl, Moxham & Happell, 2010).

Numerous factors contribute to why students are not always supervised despite legislation affirming that it is the responsibility of the Registered Nurse to do so. A major factor is busyness and time on behalf of the Registered Nurse (Reid-Searl & Happell, 2011). Without doubt, patient safety needs to be protected, and Reid-Searl, Moxham, Walker, & Happell (2010) suggest that students need to be taught the importance of speaking up when placed in situations where risk is apparent. This includes not being supervised directly from the point of preparation to administration.

### References

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- Reid-Searl, K., & Happell, B. (2012). Supervising nursing students administering medication: A perspective from registered nurses, *Journal of Clinical Nursing, 21*, 1998–2005. DOI: [10.1111/j.1365-2702.2011.03976.x](https://doi.org/10.1111/j.1365-2702.2011.03976.x)
- Reid-Searl, K., Moxham, L., & Happell, B. (2010). Enhancing patient safety: The importance of direct supervision for avoiding medication errors and near misses by undergraduate nursing students, *International Journal of Nursing Practice, 16*, 225–232.
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- Roughead, L., Semple, S., & Rosenfeld, E. (2013). *Literature review: Medication safety in Australia*. Australian Commission on Safety and Quality in Health Care. <https://www.safetyandquality.gov.au/wp-content/uploads/2013/08/Literature-Review-Medication-Safety-in-Australia-2013.pdf>