

Scenario 6 Manual Handling

SIMULATION LEARNING ENVIRONMENT



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Contributors

LinC-Sim Committee Members 2012

















Scenario	Manual Handling	
Estimated	Part A: 15 minutes pre brief - 30 minute activity	
	Part P. 45 minutes pre-brief - 20 minute detivity	
Scenario Time	Part B: 15 minute pre brief - 30 minute activity	
Estimated	30 – 40 minutes	
Debriefing Time		
Target Group	Target Group Master of Nursing Science / Doctor of Physiotherapy / Masters of Speech Pathology	
Student numbers	Student numbers Activity should be limited to 48 students first year students	
Academic Staff	Academic Staff Minimum of two academic staff who will monitor the activity of approximately 12 students each	
Prereguisite Knowledge / Reguirements		

*Participants should meet the following competencies/requirements prior to involvement in the simulation activity

- First year students enrolled into Entry to Practice Program at The University of Melbourne School of Health Science
 - Successful completion of on line learning package on Manual Handling provided by O'Shea & Associates
 - Students are to produce certificate of completion as evidence of achievement prior to involvement in simulation activity

Cognitive Skills	Psychomotor Skills
Discuss the appropriate strategies for moving a particular patient in a given scenario	Practice the safe use of patient handling aids and equipment including: slide sheets, pat slide, monkey bars, walk belt, and lifting machines.
Clinical Setting – Ritz Medical Centre	

The Ritz Medical centre is the oldest hospital in Victoria, having been built just prior to the gold rush era. It is a modern, state of the art hospital which has over 650 beds. The Ritz Medical is recognized as a pacesetter in the national health care arena and has consistently been linked to progressive developments in health care and services, medical research and health care teaching.

The Ritz Medical Centre is the main provider of health services to people living in the inner suburbs of Melbourne and a major provider of specialist statewide services to the people of Victoria. The Ritz Medical Centre is world-renowned for its research and specialist work in burns, trauma management, cancer, liver transplantation, spinal cord injuries, neurology, endocrinology, mental health and rehabilitation. These services are provided across the continuum of care from ambulatory, to inpatient and home and community based services.

Brief Summary of Learning Activity

The Occupational Health and Safety Regulations (2007) define manual handling as "any activity requiring force by a person to lift, lower, push, carry or otherwise move, hold or restrain any animate or inanimate object" (Worksafe Victoria). There are a number of manual handing devices that are available for use by health care professionals for example slide sheets, slide boards, monkey bars, lifting machines and standing machines etc.

















Students are to assess each patient case as outlined below. During the simulated activity students are to identify and demonstrate which manual handling device the health care professional would use in each clinical scenario. Prior to students undertake this activity, the facilitator will encourage them to utilise a clinical framework to assist in planning and implementing their care.

The student cohort (approximately 24 students) will be broken up into smaller teams consisting of three (3) groups of four (4) students (Part A), and then two (2) groups of six (6) students (Part B). The simulated learning scenario will consist of five (5) skills stations at which each student teams will be required to

Part A – 30 minutes * Please note that the student teams will be randomly assigned the following tasks

- 1. Assist a patient to the standing position from lying in bed. Then assist the patient to sit in upon a beside chair. Group of four (4) students to perform this activity. One student is to observe and provide the team feedback on their performance.
- 2. Roll a patient over and move the patient up the bed using a slide sheet. Group of four (4) students to perform this activity. One student is to observe and provide the team feedback on their performance.
- 3. From the sitting position walk a patient to the bathroom using a walk belt. Group of three (4) students to perform this activity. One student is to observe and provide the team feedback on their performance.

Part B – 30 Minutes

- 1. Roll a patient over in bed and then transfer the patient to another bed using a slide board (patslide). Group of six (6) students to perform this activity.
- 2. Transfer a patient from bed to a bedside chair using a lifting hoist. Group of six (6) students to perform this activity

Learning Outcomes – Australian Nursing & Midwifery Council National Competency Standards

- ✓ Practices in accordance with legislation affecting health care practice
- ✓ Fulfils the duty of care
- ✓ Recognises and responds appropriately to unsafe or unprofessional practice
- ✓ Integrates organisation policies and guidelines with professional standards
- Practices in a way that acknowledges the dignity, culture, values, beliefs and right of individuals/groups
- ✓ Understands and practices within own scope of practice
- Integrates nursing and health care knowledge, skills and attributes to provide safe and effective patient centred care
- ✓ Uses a relevant evidence-based assessment framework to collect data about the physical social-cultural and mental health of the individual
- ✓ Uses a range of assessment techniques to collect relevant and accurate data
- ✓ Analyses and interprets assessment data accurately
- ✓ Documents a plan of care to achieve expected outcomes
- ✓ Established, maintains and appropriately concludes therapeutic relationships
- ✓ Uses appropriate strategies to promote an individual's self esteem, dignity, integrity and comfort
- ✓ Collaborates within the inter-disciplinary health care team to provide comprehensive patient focused health care



















- Demonstrates accountability and responsibility for own actions within practice Ensures privacy and confidentiality when providing health care **Equipment Checklist** *Equipment that is required for this scenario 1 x Lifting Hoist 1x Slide board 4 x Slide sheets 1x Walk belt of various sizes 1x Bedside chair 4x Hospital beds with monkey bars attached 1x Hospital Bathroom Protective Personal Equipment – gowns, gloves, goggles, masks Intravenous cannula & intravenous line Indwelling Catheter and drainage bag Philadelphia Collar Pre Brief Outline time allocation proposed for simulation activity • • Pre brief 10 minutes each part 30 minute simulation activity (Part A) • 30 minutes simulation activity (Part B) Debrief 30 minutes Explain learning objectives for today's experience, and what is required of the students. Remind the students that their goal is to assist the patient whilst at the same time decreasing the risk of injury and strain to both the patient and the health care professional Students must meet all requirements of the dress code & the general rules of the simulation environment Remind students about the patient's from the case study – use laminated patient case details. Remind students to utilise a clinical framework to assist in planning and implementing their care. Assessment (what subjective/ objective data do they need to collect) Diagnose (what are the issues/problems currently experience by the patient that are affecting their ability to independently mobilise) Outcome (what do you want to achieve for the patient) Plan (what interventions are you going to implement) Implement (putting the plan into action) Evaluation & Reflection (did the plan work) Ask students to read and sign Simulation Observation and Participation Agreement. • Reinforce need to respect other members of the group during and after this activity. 0 Remind students that the video of their session will be retained after viewing by the students. Discuss layout of simulation laboratory, including patient charts, equipment available, and presence of viewing room and video cameras. Orientate student to 3G manikin if used in scenario
 - Allow time for students to ask questions



















Patient Description: Part B Patient 1 Assist a patient to the standing position from lying in bed and then assist the patient to sit upon a beside chair.			
Name Effie Papadopoulos	Age 45	Ethnicity Greek - Greek Orthodox	
Setting:	Ritz Medical Centre Surgical W	Ritz Medical Centre Surgical Ward 3 East	
Patient Information	Previous Medical Hx Endometriosis BMI 22	Previous Medical Hx Endometriosis BMI 22	
	Previous Family Hx Type Two Diabetes and Cardiovascular Disease		
	Current Medications endone 5 mg QID, paracetamol 1 g QID & indomethacin 50 mg QID, enoxaparin sodium 50mg SC daily		
	Allergies – nil stated		
	Lifestyle & Health PracticesNon smoker and non drinkerExercises three times a week at local gymCoaches high school basketballSocial HistoryEffie is a single parent of three children, Antony (15years), Nicholas (13years)and Livana (9 years). Her husband Hector was killed in a mining accidenteleven years ago. Effie works as a Math's teacher at Alphington GrammarSchool. Effie and her children live in their own house in Heidelberg. Effie haslarge supportive family. Her parents, six sisters and one brother all live inMelbourne.		

Hx Present Health Concern

Mrs Papadopoulos underwent an exploratory laparotomy, total abdominal hysterectomy, bilateral salpingooophorectomy, right and left pelvic lymphadenectomy, common iliac lymphadenectomy, and endometrial cancer staging procedure two days ago.

Despite a large amount of blood loss interoperatively, Effie progress has been excellent. This is mainly related to her adherence to her current treatment regime. It is the morning of the second post operative day and Effie is keen to get up and get moving! She rings her call bell and requests your assistance to sit out of bed in the bedside chair.

Additional Information available to students upon their request

Ms Papadopoulos patient controlled analgesia (PCA) were removed this morning Ms Papadopoulos is currently prescribed Endone 5 mg QID, Panadol 1 g QID & indomethacin. Current pain score is 2/10 with movement increased to 5/10.

Ms Papadopoulos upper and lower limbs demonstrate normal range of motion, and normal strength. Ms Papadopoulos has no vision or hearing impairments

















Ms Papadopoulos is alert and orientated to time, place and person. GCS is 15 (E4V5M6)		
Ms Papadopoulos speaks and understand English		
Her IVC /IVF and IDC were removed on the second postoperative day		
There dressing over her abdominal area is clean and dry		
Proposed Correct Treatment Outline		
Indication for use		
Standing aid		
Preliminary	Achieved	
 Performs hand hygiene and dons personal protective equipment if deemed necessary 		
Introduces self to patient		
 Informs patient of intended activity and obtains agreement 		
, , ,		
Planning	Achieved	
Assess & prepares patient for activity.		
 Reviews care plan and appropriately deals with any inconsistencies 		
 Reads cue card which outlines patient condition 		
Prepares environment		
 Ensures patients privacy 		
 Adjusts bed height to suit team members 		
 Ensures that the bed brakes are on 		
 Ensures lots of space for movement of patient and team members 		
Determines need for assistance from another team member		
 Obtains required equipment &/or assistance e.g. slide sheet 		
Implementation		
 Demonstrates ability to apply key principles for safe manual handling 		
 Knows own limits 		
 Keep load space 		
 Smooth movements 		
 Use lunge/squat 		
 Maintains balance 		
 Wrists in neutral position 		
 Avoids twisting 		
 Use body to steer, not arms Device more advected and a static stati		
Performs procedure according to specific skill sneet		
• Getting out of bed		
 The patients near is inter if on the pillow The patient moves to the left hand side of the hed and then rolls on to her left side. 	ido	
 Once on her side the national draws her knees up to her chest slightly. 	iue	
 Once on her side the patient draws her knees up to her chest slightly The bed rail on the right hand side of the bed is elevated and a pillow is placed behind the 		
natient by the second student. Their second student now comes to the left side	of the bed to	

















assist in the transfer.

- The head of the bed is then slowly elevated by the first student suing electric device
- The patients right hand crosses the body and pushed down on the bed to assist in sitting up, at the same time their legs to go down to the floor.
 - The students should prompt the patient to remember to keep breathing, keep her knees bent, and to come forward and up to sitting in one smooth action.
- The patient is then assisted to sitting on the edge of the bed and then instructed to slide herself forward using her hands
- Sit to stand two persons
 - Patient's feet (non slip shoes) should be position flatly on the ground lower bed if necessary
 - The students should encourage the patient to utilise the pillow to gently brace the abdominal wound if necessary. Bracing involves gentle activation of pelvic floor muscles and deep abdominal muscles.
 - The students should prompt the patient to remember to keep breathing and attempt to move in one smooth action.
 - The patient is assisted to the standing position
- Sitting in a chair
 - o Walk the patient backwards to position her in front of the bedside chair
 - \circ $\;$ Advise the patient to feel for chair with their legs and arms
 - Each student stands either side of the patient students are encouraged to block one of the patient's foot with their own, if they find this comfortable and it does not compromise their balance
 - When the patient is ready, advise patient to bring their head forward so that they bend at the hips at the same time the knees bend so that the bottom can reach the seat.
 - \circ $\ \ \,$ The patient is to feel for the chair with their arms and hands
 - The students should prompt the patient to remember to keep breathing and attempt to move in one smooth action.
 - The students then guide the patient backwards and downwards on to the chair
- Demonstrates effective communication with patient and co-worker during procedure
- Documents or reports change to supervisor as required
- Restores the environment
- Terminates the activity appropriately e.g. tidies up, ensures patient safety/comfort, returns equipment to store area

Evaluation

- Evaluate own performance
- Identifies opportunities for improvement or further training
- Demonstrates ability to problem solve
- Assessor to note any issues

















Patient Description: Part A Patient 2		
Roll a patient over and move the patient up the bed using a slide sheet.		
Name Rashid Singh	Age 72 years	Ethnicity Pakistan – Punjabi
		(Hindu)
Setting	Ritz Medical Centre Orthopaedic Unit 8 West	
Detient Information	Duraviaus Madical Uk	
Patient Information	Previous iviedical Hx	
	Hypertension, Heart Failure (NYHA Functional Classification II), Obesity, Type	
	Two Diabetes and Rheumatoid Arthritis.	
Previous Family Hx		
Non Insulin Dependent Diabetes, Hypertension, Coronary Heart D		nsion, Coronary Heart Disease
Current Medications		
	captopril 12,5 mg b.d , atenolol 50 mg daily , frusemide 40 mg daily , acarbose	
50 mg TDS, atorvastatin 40mg daily, leflunomide 10mg daily, er		omide 10mg daily, endone 5 mg
	QID, paracetamol 1g, QID, asprin 300mg daily, enoxaparin sodium 12	
	daily	
	Allergies – Nil stated	
	Lifestyle & Health Practices	
BMI – 36		
	History of smoking 25 cigarettes a day for 30 years (37 pack years)	
	Social History	
Rashid Singh has been married to his wife Jamila for fifty years. Jamila is 6		Jamila for fifty years. Jamila is 68
	years of age and in good health. The Singh's live in their own two storied	
	home in Preston. They have four children and ten grandchildren all of whom	
	live in Melbourne. The Singh's receive no community supports and have a	
	supportive family. Their youngest son Asim, who is a business executive v	
Alpha Computers (32 years of age), still lives in the family home.		es in the family home.

Hx Present Health Concern

Mr Singh underwent a right knee arthroplasty three days ago. Thus far, Mr Singh rehabilitation progress has been poor. This is mainly related to his reduced adherence to his current treatment regime. He is reluctant to sit out of bed for meals and requires ever-increasing amounts of prompting to perform his deep breathing exercises and range of motion exercises. Mr Singh has refused to mobilise to the bathroom for a shower until he sees his Orthopaedic surgeon today. You enter the room and find Mr Singh slumped down the bottom of the bed. Mr Singh states that he is becoming short of breath and requests you to lift him up the bed.

Additional Information available to students upon their request

Mr Singh's patient controlled analgesia (PCA) was removed day 1 postoperatively i.e. yesterday morning Mr Singh is currently prescribed Endone 5 mg QID, Panadol 1 g QID. No NSAID are prescribed due to hx of T2DM and potential for renal impairment. Current pain score is 4/10 with movement increased to 8/10. Mr Singh left leg demonstrates normal range of motion, and normal strength. Mr Singh's right arm, elbow, wrist & hand demonstrate normal range of motion, and normal strength. Mr Singh's left arm, elbow and hand demonstrate normal range of motion, and normal strength. His left wrist's range of

















motion is impaired slightly because of an IVC & IVF insitu.		
Mr Singh has no vision or hearing impairments		
Mr Singh is alert and orientated to time, place and person. GCS is 15 (E4V5M6)		
Mr Singh speaks and understand English		
The dressing on Mr Singh's right leg is clean and dry		
Proposed Correct Treatment Outline – Rolling & Slidesheet		
Indication for use		
Rolling over is used to assist in the delivery of a number of patient care interventions as well as manual r	handling	
activities including: changing bed linens, attending to pressure area care, positioning of slings, slide shee	ts, and	
preparation for getting the patient out of bed.		
A slidesheet is a rectangle of thin slippery fabric that can either be used singly or in combination with a se	econd slide	
Preliminary	Achieved	
Performs hand hygiene and dons personal protective equipment if deemed necessary		
 Introduces self to patient 		
 Informs patient of intended activity and obtains agreement 		
Planning	Achieved	
Assess & prepares patient for activity.		
 Reviews care plan and appropriately deals with any inconsistencies 		
 Reads cue card which outlines patient condition 		
Prepares environment		
 Ensures patients privacy 		
 Adjusts bed height to suit team members 		
 Ensures that the bed brakes are on 		
 Ensures lots of space for movement of patient and team members 		
Determines need for assistance from another team member		
 Obtains required equipment &/or assistance e.g. slide sheet 		
Implementation	Achieved	
Demonstrates ability to apply key principles for safe handling		
• Knows own limits		
 Keeps load space 		
• Smooth movements		
 Uses lunge/squat 		
• Maintains balance		
• Wrists in neutral position		
• Avoids twisting		
• Uses body to steer, not arms		

















- Performs procedure according to specific skills required
 - Asks patient to bend up left knee
 - \circ $\;$ Asks patient to move arm in the direction of the rolling or places it there for them
 - o Asks patient to turn head in the direction that are rolling
 - \circ $\$ In a coordinated fashion assist/guide the patient to roll over
 - One students stands on the destination side and holds the patient when they arrive and prevents them from rolling off the side of the bed
 - Student at origin side pushes on the patient legs, then uses the hip and shoulder to roll the patient
 - Student at origin side ensures that the open side of the slide sheet is on the same side that the pulling action is to occur
 - o Places the partially rolled up slide sheet under patient and rolls the patient back onto the slide sheet
 - Ensures the slide sheet covers the heaviest part of the patient at least from the shoulders to past the hips
 - Students to adopt a lunge position and in an coordinated fashion moves the patient up the bed i.e. on the count of three
 - Maintain arms straight but with elbows relaxed and pulls on the top layer of the slide sheet, shifting weight onto the back foot
 - Pulls the slide sheet layer nearest to the sheet to remove it
 - Encourages patient to assist by bending their legs up and pushing down with their feet when sliding up the bed. Pt may also assist by using monkey bar
 - Demonstrates effective communication with patient and co-worker during procedure
 - Documents or reports any change in patients condition to supervisor as required
 - Restores the environment
 - Terminates the activity appropriately e.g. tidies up, ensures patient safety/comfort, returns equipment to store area

Evaluation

- Evaluate own performance
- Identifies opportunities for improvement or further training
- Demonstrates ability to problem solve
- Assessor to note any issues

This project was possible due to funding made available by Health Workforce Australia







Achieved











	Patient Description: Part A Pati	ent 3	
Fro	m the sitting position walk a patient to the	bathroom using a walk belt	
Name Martin Peters	Age 68 years	Ethnicity Indigenous Australian – Koorie Wurundjeri, Roman Catholic	
Setting:	Ritz Rehabilitation Facility 4 No	rth	
Patient Information	Previous Medical Hx Obesity BMI 32, Hypertension, Mitral Valve Stenosis, Type Two Disease	Previous Medical Hx Obesity BMI 32, Hypertension, Rheumatic Heart Disease, Atrial Fibrillation, Mitral Valve Stenosis, Type Two Diabetes, Chronic Obstructive Pulmonary Disease	
	Previous Family Hx Type Two Diabetes, Renal failure, Cardiovascular disease		
	Current Medications warfarin sodium 3 mg daily, per metformin hydrochloride 500m sulphate x2 inhalations fourth h QID, enoxaparin sodium 90mg	Current Medications warfarin sodium 3 mg daily, perindopril 5mg daily, atorvastatin 40mg daily, metformin hydrochloride 500mg TDS, digoxin 0.25mg daily, salbutamol sulphate x2 inhalations fourth hourly, ipratropium bromide x2 inhalations QID, enoxaparin sodium 90mg SC daily	
	Allergies – nil stated		
Lifestyle & Health Practice Currently smokes 30 cigar pack years). Alcohol 2 – 4 standard dri At times poor adherence		a day. Has done so for the last 50 years (75 er day dical management of chronic conditions	
	Social History Mr Peters lives with his wife Be have known each other since th College in Healesville. They hav live in Melbourne. Mr Peters we administrative assistant at the s active members of the Healesvi	lla in Healesville, Victoria. Mr Peters and Bella ney attended high school at the Worawa ve three children and six grandchildren who all orks at the local sawmill and Bella works as an Swinburne TAFE. Both Martin and Bella are ille Indigenous community.	
Uv Dresent Health Conserve			

Hx Present Health Concern

Mr Peters is three weeks post an Embolic Ischemic Stroke affecting his Middle Cerebral Artery. Mr Peter's residual effects includes a dense left sided hemiplegia, left sided neglect, a short attention span, impulsive behaviour and impaired judgment. However, Mr Peter's progress has been excellent over the last week in the rehabilitation unit and he now only requires minimal assistance with mobilisation. Mr Peters is sitting in his bedside chair; he is dressed in his pyjamas with TED stockings insitu. Mr Peter's states to you that he would like to mobilise to the bathroom to use his bowels.

















Additional Information available to students upon their request			
Mr Peters currently has nil compliant of pain.			
Mr Peters has left sided neglect, thus vision is impaired			
Mr Peters wears bilateral hearing aids due to industrial deafness			
Mr Peters is alert and orientated to time, place and person. GCS is 15 (E4V5M6)			
Mr Peters speaks and understand English			
Mr Peters currently utilises a four prong walking stick in his right hand.			
Due to his history of COPD at times Mr Peters gets short of breath when mobilising			
Proposed Correct Treatment Outline - Walk belts			
Indication for use			
Walk belts are portable and light weight devices used for assisting patients with movement. The walk bel	t is placed		
around the patient's waist (S, M, L, XL). It is fitted with handles, usually two on each side, which the healt	th care		
professional can take hold of to support or guide the patient. Walk belts are used only with weight-bearing	ng patients who		
require minimal assistance.			
Preliminary	Achieved		
 Performs hand hygiene and dons personal protective equipment if deemed necessary 			
 Introduces self to patient 			
 Informs patient of intended activity and obtains agreement 			
Planning	Achieved		
 Assess & prepares patient for activity. 			
 Reviews care plan and appropriately deals with any inconsistencies 			
 Reads cue card which outlines patient condition 			
Prepares environment			
 Ensures patients privacy 			
 Adjusts bed height to suit team members 			
 Ensures that the bed brakes are on 			
 Ensures lots of space for movement of patient and team members 			
 Determines need for assistance from another team member 			
 Obtains required equipment &/or assistance e.g. slide sheet 			
Implementation	Achieved		
Demonstrates ability to apply key principles for safe handling	1		
 Knows own limits 			
• Keeps load space			
 Smooth movements 			
 Uses lunge/squat 			
 Maintains balance 			
 Wrists in neutral position 			
\circ Avoids twisting			
 Uses body to steer, not arms 			

















- Performs procedure according to specific skill sheet
 - Selects the correct size walk belt
 - Places the walk belt around the patient waist just above the hip bones i.e. around the narrowest diameter of the patient
 - Secures the belt the belt should be firm but not tight around the patient
 - Locate the handles symmetrically around the patient with two at the front and two at the back
 - \circ $\;$ Ensures that Mr Peters has non slip foot wear on NOT just TED stockings
- Sit to stand two persons
 - \circ $\;$ Patient's feet should be position under the chair i.e. behind the knees $\;$
 - o Patient should slide forwards on the chair
 - o Patient should move their shoulders forward and position their hands on the armrest
 - Each student stands either side of the patient students are encouraged to block one of the patient's foot with their own, if they find this comfortable and it does not compromise their balance
 - Each student is to squat and grasp one handle at the front and one handle at the back of the walk belt
 - When the patient is ready and in accordance with the students lifting command, they guide the patient forwards and upwards
 - Once the patient is upright the students then assist the patient to utilise his walking aid and walk patient to the bathroom. There is no need to keep a hold of the walk belt.
- Repeat procedure in bathroom
 - \circ $\;$ Walk the patient backwards to position them in front of the over toilet chair
 - o Advise the patient to feel for chair with their legs and arms
 - Each student stands either side of the patient students are encouraged to block one of the patient's foot with their own, if they find this comfortable and it does not compromise their balance
 - Each student is to prepare to squat and grasp one handle at the front and one handle at the back of the walk belt
 - When the patient is ready and in accordance with the students sitting command, advise patient to bring their head forward so that they bend at the hips at the same time the knees bend so that the bottom can reach the seat
 - \circ $\;$ The students then guide the patient backwards and downwards on to the toilet chair $\;$
- Demonstrates effective communication with patient and co-worker during procedure
- Documents or reports any change in patients condition to supervisor as required
- Restores the environment
- Terminates the activity appropriately e.g. tidies up, ensures patient safety/comfort, returns equipment to store area

Evaluation

Achieved

- Evaluate own performance
- Identifies opportunities for improvement or further training
- Demonstrates ability to problem solve
- Assessor to note any issues



















Patient Description: Part B Patient 1		
Roll a patient over in bed and then transfer the patient to another bed using a slide board.		
Name Elsie Kwok	Age 26 years	Ethnicity Han Chinese (Buddhist)
Setting:	Ritz Medical Centre Trauma Ward 4 West	
Patient Information	Provious Modical Hy	
	Asthree as a shill surrouth takes as an assisted Dufen has Asthree	
Astrima as a child currently takes no prescribed RX for her Astrima.		ribed RX for her Asthma.
BINI – 18		
Previous Family Hx		
Breast Cancer, Osteoporosis, Stroke		
	Current Medications – nil	
	Allergies – Penicillin rash	
	Lifestyle & Health Practices	
	Non Smoker and drinks 2 – 3 glass of wine per week	
Social History		
Elsie lives with her friend Rebecca Johnstone in a two bedroom flat in Fitzro		ne in a two bedroom flat in Fitzroy.
Elsie and Rebecca are both currently studying a Masters of Fashion and		ing a Masters of Fashion and
Textiles at RMIT University. Their dream is to have their own fashion label		to have their own fashion label one
	day. Elsie's fiancé Eddie Chow, works as an electrician for Corplex	
	Construction Company in Melbourne. Elsie's parents and younger brother I	
in Singapore.		
	•	

Hx Present Health Concern

Today Elsie was involved in a high speed road traffic accident on the Hume Highway. The car that she was a passenger in h ©Melbourne School of Health Science 2012. Author AMC stained life threatening injuries to his head and chest and is currently in a critical condition. Presently, Eddie is undergoing emergency surgery.

Elsie is currently 12 weeks pregnant. As yet she has not told Eddie that she is pregnant. The only person that knows about the pregnancy is her flatmate Rebecca.

Elsie's injuries include a minor head injury. There was a query that Elsie had a loss of consciousness at the scene. On arrival of the Ambulance her GCS was 12 (E2V4M6). Currently her GCS is 14 (E3V5M6). Presently the Trauma Registrar is awaiting the formal report of Elsie's CT of her cervical spine thus, spinal precautions are still in place (Philadelphia collar insitu). Thoracic and lumbar spines have been cleared of injury.

Elsie also has a compound fracture of her left tibia and fibula; there is a back slab insitu. There are 18 G cannula in both arms in the cubital fossia and a bag on N/Saline is attached to her right arm. An orderly and an Emergency Nurse have just arrived onto the Trauma ward and have asked for your assistance to transfer Elsie over to the hospital ward bed.

















Additional Information available to students upon their request		
Elsie is currently prescribed Panadol 1 g QID and Endone 5 mg QID. Current pain score is 2/10 with movement 5/10.		
Elsie's right leg demonstrates normal range of motion, and normal strength.		
Elsie demonstrate normal strength with her upper limbs, however range of motion is impaired slightly be	ecause of an IVC	
& IVF insitu.		
Nil vision or hearing impairments		
Elsie is alert and orientated to time, place and person. GCS is 14 (E3V5M4)		
Elsie speaks and understand English		
Proposed Correct Treatment Outline – Rolling		
Indication for use		
Slide boards are large plastic reinforces boards measuring approximately 153cm x 63cm and about 4.5 kg	g in weight. Slide	
boards are used for transferring a patient between the bed or treatment table and a trolley. Slide boards	are useful to	
bridge the gap between the trolley and the bed. The slide board low friction surface allows the handler to	o slide the	
patient easily using a sheet or slide sheet. A slide board is always used in a team situation. Six students w	vill be required	
for the activity. With one team member maintaining cervical spine control and acting as the team leader		
Preliminary	Achieved	
Performs hand hygiene and dons personal protective equipment if deemed necessary		
Introduces self to patient		
 Informs patient of intended activity and obtains agreement 		
Planning	Achieved	
 Assess & prepares patient for activity. 		
 Reviews care plan and appropriately deals with any inconsistencies 		
 Reads cue card which outlines patient condition 		
Prepares environment		
 Ensures patients privacy 		
 Adjusts bed height to suit team members 		
 Ensures that the bed brakes are on 		
 Ensures lots of space for movement of patient and team members 		
Determines need for assistance from another team member		
Obtains required equipment &/or assistance e.g. slide sheet		
	1	
Implementation	Achieved	
 Demonstrates ability to apply key principles for safe handling 		
o Knows own limits		
 Keeps load space 		
 Smooth movements 		
 Use lunge/squat 		
 Maintain balance 		
 Wrists in neutral position 		
\sim Avoids twisting		

• Avoids twisting

















- Uses body to steer, not arms
- Performs procedure according to specific skills required
 - The patient must be supine and anatomically aligned prior to commencement of log rolling procedure.
 - Head Hold / Team leader: This person manages cervical spine alignment and is in control of the roll. They must ensure all members of the team are ready before proceeding and should give clear instructions. In addition to ensuring that the collar is well fitting prior to commencement of the transfer.
 - Head holding may be performed in a number of ways and depending on condition of the patient. Its purpose is to stabilize the patient's head in a position of correct anatomical alignment and that prevents flexion, extension and lateral tilting during the transfer process. For transferring a patient from a trolley to a ward bed typically one hand is placed around the patient's jaw with fingers spread. The forearm is used to stabilize the lateral aspect of the head. The other hand is positioned under the patient's neck with fingers spread. Firm pressure is to be applied to restrict the possibility of flexion, extension and lateral tilting.
 - Assistant 1, the assistant supporting the patient's upper body, places one hand over the patient's shoulder to support the posterior chest area, and the other hand around the patient's hips. This person should be the tallest person in the team.
 - Assistant 2, this assistant is supporting the patient's abdomen and lower back. Their hands overlaps with assistant 1 and places one hand under the patient's back, and the other hand over the patient's thigh. This person is responsible for ensuring the lower spine is not twisted during the roll.
 - Assistant 3, each patient must be assessed on an individual basis for manual handling risks. A third person is required for tall or heavy patients or those in plaster. Their hands overlap with assistant 2.
 - \circ $\;$ The team leader instructs the team to roll the patient on three i.e. "one two three roll"
 - Whilst the patient is on their side the slide board is slipped under the bed linen and patient buttocks and the patient is rolled back onto the sheet and the slide board in a coordinated fashion.
 - Coordinated by the team leader the patient is pulled (whilst maintain spinal alignment) across by grasping the sheet /slide sheet
 - Handlers on the side of origin hold the sheet taut only they do not attempt to push, pull or lift the patient
 - Three handlers on the side or destination pull the patient across to the hospital bed at the instruction of the team leader
 - \circ $\,$ The patient is then log rolled in a coordinated fashion to assist with the removal slide sheet / sheet / slide board
- Demonstrates effective communication with patient and co-worker during procedure
- Documents or reports any change in patients condition to supervisor as required
- Restores the environment
- Terminates the activity appropriately e.g. tidies up, ensures patient safety/comfort, returns equipment to store area

Evaluation

- Evaluate own performance
- Identifies opportunities for improvement or further training
- Demonstrates ability to problem solve
- Assessor to note any issue

This project was possible due to funding made available by Health Workforce Australia







Achieved











Patient Description: Part B Patient 2 Transfer a patient from bed to a bedside chair using a lifting hoist.			
Name Ivan Lukin	Age 92	Ethnicity Russian - Russian Orthodox	
Setting:	Ritz Medical Centre Medical Unit 1 West		
Patient Information	Previous Medical Hx Coronary Artery Graft Surger Hypertension, Heart Failure (Bladder Cancer (High grade p T2N3M1), Chronic Obstructiv surgery to right eye in 2001. dense hemiplegia, foot drop, BMI 26	Previous Medical Hx Coronary Artery Graft Surgery (CAGS) x 4 in 1989, Type Two Diabetes, Hypertension, Heart Failure (NYHA Functional Classification II), Alcohol abuse, Bladder Cancer (High grade papillary urothelial carcinoma –Dx 2010, T2N3M1), Chronic Obstructive Pulmonary Disease, Glaucoma, Cataract surgery to right eye in 2001. Ischemic Stroke (Anterior cerebral artery) 2010- dense hemiplegia, foot drop, Peg feeds & long term indwelling catheter. BMI 26	
	Previous Family Hx Cardiovascular Disease, Hype	Previous Family Hx Cardiovascular Disease, Hypertension	
	Current Medications perindopril 5mg daily, atorva 500mg TDS, salbutamol sulp bromide x2 inhalations QID, enoxaparin sodium 80mg SC 2 drops of 0.5% solution BD.	Current Medications perindopril 5mg daily, atorvastatin 40mg daily, metformin hydrochloride 500mg TDS, salbutamol sulphate x2 inhalations 4th hoursly, ipratropium bromide x2 inhalations QID , atenolol 50 mg daily , frurosemide 40 mg daily , enoxaparin sodium 80mg SC daily, asprin 300 mg daily, betaxol hydrochloride 2 drops of 0.5% solution BD.Allergies – sticking plaster & eggs	
	Allergies – sticking plaster &		
	Lifestyle & Health Practices Previous alcohol abuse 6 – 10 standard drinks per day History of smoking 15 cigarettes a day for 58 years (44 pack years). Retired Nuclear Scientist		
	Social History Mr Lukin currently lives at th Dandenong. This facility is a r Kronstadt. Mr Likin is bed bo Anna is deceased; she passed married for sixty five years. S decline in Ivan's mental and adopted son Vladimir (60 yea to Natasha and they have tw	e Kronstadt Gardens Aged Care Facility in member of the Russian Welfare Society St John Of ound and requires high level nursing care. His wife d away two years ago. Ivan and Anna had been Since his wife's death there has been a rapid physical condition. Ivan and Anna have an ars) who visits his father daily. Vladimir is married to children.	

















Achieved

Achieved

Hx Present Health Concern

Mr Lukin was admitted to the Ritz Medical Centre yesterday with a history of dehydration, abdominal pain, nausea, vomiting, diarrhoea, fever and rigors. Much to Mr Lukin's horror the frequency of his diarrhoea motions has caused some faecal incontinence at times! He is currently being nursed in a single room and contact precautions are in place. Mr Lukin has an IVC in his left hand which is currently administering N/Saline at a 6th hourly rate. His IDC is draining moderate amounts of dark coloured urine. At present, his PEG feeds have been ceased due to his diarrhoea. You are required to sit Mr Lukin out onto the bedside chair.

Additional Information available to students upon their request

Mr Lukin is lying in the bed and appears not to have any pain – his face is relaxed.

The bed linens are clean and dry, and his adult diaper is also clean and dry.

Mr Lukin is alert however, due to difficulties with English it is difficult to ascertain if he is orientated. His son was in early today and stated that his father seems much better, now that he has had some IV fluids.

Mr Lukin has bilateral hearing aids

Previous cataract surgery in 2001, however, vision is now normal

Mr Lukin speaks and understands very limited English

Mr Lukin Left arm and leg is very weak due to current condition. He is able to provide little to no assistance.

Proposed Correct Treatment Outline – Lifting Hoist

Indication for use

A lifting hoist is a mobile device for moving patient. Hoists vary in safe working load and function. Hoist can be manual or electric. Some hoists have spreaders to increase hoist stability and improve access to furniture. A sling is used for attaching the patient to the hoist. Slings are coded for size (S,M,L,XL) and load capacity. There are two main types of slings: - a total body sling with head support and a toileting sling

Preliminary

- Performs hand hygiene and dons personal protective equipment if deemed necessary
- Introduces self to patient
- Informs patient of intended activity and obtains agreement

Planning

- Assess & prepares patient for activity.
- Reviews care plan and appropriately deals with any inconsistencies
 - Reads cue card which outlines patient condition
- Prepares environment
 - Ensures patients privacy
 - \circ $\;$ Adjusts bed height to suit team members $\;$
 - \circ $\;$ Ensures that the bed brakes are on
 - Ensures lots of space for movement of patient and team members
 - Determines need for assistance from another team member
- Obtains required equipment &/or assistance e.g. slide sheet

















Implementation

Achieved

- Demonstrates ability to apply key principles for safe handling
 - Knows own limits
 - Keeps load space
 - \circ Smooth movements
 - Uses lunge/squat
 - o Maintains balance
 - Wrists in neutral position
 - o Avoids twisting
 - o Use body to steer, not arms
 - Performs procedure according to specific skill sheet
 - Selects the correct sling and places it under patient if necessary the sling is applied by rolling the patient, if the patient is sitting, rock patient forward and then sideways to get the sling under them
 - Secure brakes it is preferable to secure the brakes on the item of origin and destination, rather than secure the brakes on the hoist.
 - Ensure that patient arms are either contained within the sling or holding on to the spreader bar on the hoist
 - o Activate the control to raise the patient sufficiently to just clear the item or origin e.g. bed
 - Check all four points of sling contact. Do not attempt to adjust the sling once the patient is raised lower the patient back to the item or origin if adjustment is required
 - o Raise the patient to clear the supporting surface
 - o Move hoist to the point of destination
 - Ensure that during movement the patient is kept as low as possible
 - o At point of destination, position patient accurately and slower slowly
 - Demonstrates effective communication with patient and co-worker during procedure
 - Documents or reports change to supervisor as required
 - Restores the environment
 - Terminates the activity appropriately e.g. tidies up, ensures patient safety/comfort, returns equipment to store area

Evaluation

Achieved

- Evaluate own performance
- Identifies opportunities for improvement or further training
- Demonstrates ability to problem solve
- Assessor to note any issues

















Debriefing Overview	
What went well	What else happened
 How do you think the scenario went? How successful were you as a team? Were directions clear? 	 What were some of your challenges How could you have been more effective What were your favourite and least favourite aspects Did anything make you feel uncomfortable What emotions did the experience trigger
 What was your role? 	 How would this improve patient care What new knowledge did you gain
 Would you have performed better in a different role? 	 Are you comfortable with your knowledge/skill level
 How did you contribute to the team effort? What happened to the team during the simulation? 	 How would this help you in practice How will you apply what you learned to the aligned patting.
 Did team members act professionally? Did a leader emerge? Why? Why not? 	Summarize
 Bid a reduct energe? Why? Why not? Was important information shared clearly? How would you describe the communication among team members? How could communication within the team have been improved? Ask students to identify hum23 an factors that may have altered their performance Situational awareness Perception & cognition Teamwork Culture 	 These are the thing that you identified as going well These are the things you identified as needing to work on I saw improvements in the areas of In closing Open up the discussion to enable students to discuss any fears or issues of concern from the experience. End on a positive note, and remind them about the importance of confidentiality.
Teaching Points	
Critical Thinking	Rationale
Mrs Papadopoulos	

Critical Thinking	Rationale
Mrs Papadopoulos	
What effect will blood loss have on Mrs Papadopoulos ability	
to mobilise?	
Mr Singh	
How would you motivate Mr Singh to mobilise?	
Mr Peters	
How would you assess that Mr Peters is tolerating the	
mobilisation intervention?	
Mr Lunkin	

















What strategies could you put in place to assist in your	
communication with a patient that understands & speaks	
limited English?	

References for Scenario

Work Cover NSW Health & Community Services Industry Reference Group. (2006). Manual Handling for Nurses available

from<u>http://www.workcover.nsw.gov.au/formspublications/publications/Documents/manual_hand</u> ling_guide_for_nurses_4799.pdf

- The Australian Nursing Federation (ANF) No Lift Policy. (2008). Available from <u>http://www.anf.org.au/pdf/policies/P_No_lifting.pdf</u>
- The Australian Nursing Federation (ANF) Occupational Health & Safety Policy. Available from http://www.anf.org.au/pdf/policies/P_OHS.pdf

Summary & Reflection

During today's simulation students revised and extended their knowledge and skills on the Manual Handling. Concept Maps are useful tools for organising and representing knowledge, critical thinking or planning. A concept map explores and links several ideas. These concepts are enclosed in circles or boxes, and a connecting line between two or more concepts indicates relationships between concepts or propositions. Words on the connecting line can specify and describe the relationship between the two concepts. Students quickly build a visual representation of the relationship or links between concepts from a particular situation or idea. It is envisaged that the concept map will take students through an interactive process to tease out what students within the group know (or don't know) and to share knowledge and experiences.

In this activity students are to have **"Mobilizing patients safely"** as their main idea in the centre of their concept map.

- First, write down the main idea in the centre.
- Draw a circle/square around the idea. This will be the starting point for the concept map.
- Next, think of some issues related to the central theme.
- Link these issues around the content of the central theme, and draw lines connecting them.

During this activity students are encouraged to

- 1. Think about the connections between the various skills that have being discussed & demonstrated
- 2. Organise their thoughts and visualise the relationship between key concepts in a systematic way
- 3. Reflect on their understanding of these skills and their application to clinical practice









If time permits at the completion of the simulation session, each group is to present their concept map to the other members of the class and share any insights gained.

Self Evaluation & Reflection: Implications for my transition to practice

Students are encouraged to reflect on their personal performance in today's low fidelity simulation.

Questions to consider:

- Did you meet any of the lesson objectives for today's session? If so which ones?
- Did you feel confident in the application of your knowledge and skills during the simulated scenario?
- What were your performance issues? What strategies will you need to develop to assist you in effectively dealing with these issues?
- How do you think you would have managed this situation in the clinical practice?
- Is there anything you would have done anything differently if faced with the same situation again in the future?
- Do you feel that your team worked well together to achieve the best possible outcome for the patient? Why? What were the strength/ weakness of your team's performance?
- Has this activity helped you to prepare for your role as Graduate? Why

Appendix One (1)

General Rules of the Simulated Clinical Learning Environment

- 1. Student identification must be accessible at all times.
- 2. No eating or drinking is permitted in the laboratories.
- 3. To prevent tripping hazards, all bags and coats must be stored in the bag racks/lockers provided.
- 4. For your safety we recommend that you wear protective clothing (lab coat, gown, goggles, mask and/or gloves) relevant to the task being undertaken.
- 5. Wash your hands upon entering and leaving the laboratories.
- 6. Immediately report any injury or near miss to a laboratory coordinator or lecturer.
- 7. Never use cracked or broken glassware; if you find such items hand them to laboratory staff.
- 8. Put broken glass only in the receptacles provided i.e. in sharps' containers provided in the clinical skills laboratories.
- 9. In the event of damage to or malfunction of equipment, immediately stop using it and advise laboratory staff.
- 10. Do not remove equipment or models from the laboratories without prior approval of laboratory staff.
- 11. Be considerate: keep noise to a minimum, as there is often more than one group working in the labs.
- 12. Consult laboratory staff about any lost or found property.









- 13. Any deliberate damage, defacing or theft of University property must be dealt with as outlined in the Incident Reporting and Investigation policy; <u>http://policy.unimelb.edu.au/UOM0364</u>
- 14. You may be asked to leave the laboratories if your behaviour is inappropriate.
- 15. Mobile phones must be placed on silent and conversations with external parties during laboratory lessons are to be avoided.
- 16. If you are unsure of something, please ask laboratory staff.

Dress Code

An appropriate code of dress applies to the simulated clinical learning environment. This is to encourage students to reflect upon their own professional image, practice the implementation of Infection Control principles and Occupational Health and Safety (OH&S) standards as well as facilitating best nursing practice.

- Shoes must be clean and in good repair, sensible, flat-soled and comfortable shoes are encouraged to
 promote safety and prevent trauma. For Occupational Health and Safety reasons, open toed or slip-on
 backless (open back) shoes are not considered suitable.
- Jewellery is plain and restricted to minimum usage.
 - The following items of jewellery are permitted:
 - Wrist or fob watch
 - Wedding ring
 - Stud earrings may be worn for Occupational Health and Safety reasons earrings of any other description are not permitted.
 - Facial rings are not permitted for Occupational Health and Safety reasons. If necessary they may be replaced by studs.
 - Nail rings are not permitted
- Nails are to be kept short (less than ¼ cm), natural fingernails with fresh clear nail polish or none at all.
 Please note that artificial / acrylic nails harbour pathogens, especially gram-negative bacilli and yeasts and are not suitable for clinical nursing practice.
- Hair is clean, neat and tidy. Hair should be kept off the face and secured as to not interfere with patient care procedures. To facilitate this, hair should be tied back once it is collar-length. Hair accessories should be plain / neutral and in keeping with a professional image.





