Western Health

STRIPE 2012

Simulation TRaining for Interprofessional Education

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

HealthWorkforce AUSTRALIA

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The STRIPE Manual was produced by:

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Introduction

Acknowledgements

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

The following people and groups have all contributed to make the STRIPE program a success.

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STRIPE Trainers

Special thanks go to all the team members that helped to deliver the STRIPE program at Western Health. This includes staff from the Centre for Education, the Department of Anaesthetics, the Department of Intensive Care, the Department of Emergency Medicine, and the ICU Liaison Nurse team.

Special thanks go to Louise Mckinlay, Director Education & Learning, for her outstanding support in both the initiation and delivery of the STRIPE project.

Preface

The Western Health STRIPE (Simulation TRaining for InterProfessional Education) Program was part of a larger successful and collaborative Western Metropolitan Clinical Placement Network (WMCPN) project '**Achieving the Best in the West –Optimising Patient Safety in the West',** which was funded by Health Workforce Australia (HWA) in June 2012.

The overarching aim of the 'Achieving the Best in the West – "Optimising Patient Safety in the West' project was to commit to improve quality and safety in training across the continuum of care for patients using simulation-based education & training methodology, and to adopt an interprofessional teaching and learning approach in the Western region of Melbourne.
The goal was to collaborate across the WMCPN to develop multi-faceted simulation programs that would complement each other and could be applied in different simulated learning environments and to a wide range of undergraduate and new graduate health care professionals. The ideal outcome would be to contribute to their preparation for entry into the workplace, assist them to become more work ready and enhance their transition into the workplace with increased knowledge, skills and attributes, in particular understanding the role of health care professional teams.

The STRIPE Program

A STRIPE project development team was formed to develop a framework, scope material and resources, plan, develop, deliver and evaluate the pilot simulation program. The project team was recruited internally from Western Health for the duration of the program. All project development members had levels of experience in simulation methodology.

The STRIPE program was delivered during the funded period of 2012 to 2013 at the Simulation Center at Sunshine Hospital, Western Health.

STRIPE Project Deliverables

1. Structure a program that will deliver an interprofessional training program covering specific areas such as chronic disease management, patient assessment, escalation techniques, communication skills, clinical handover, teamwork and enhance understanding of quality and safety in health care
2. Work to increase student placement capacity in the WMCPN through simulated learning environments
3. Develop a coordinated approach to simulated learning across the WMCPN
4. Develop the simulation program resources and content to be shared freely across the WMCPN
5. Work with a stakeholder group to ensure collaboration and to steer the design, delivery, and evaluation of the program
6. Pilot the program targeting medical, nursing, and allied health students and new graduates from across the Western region
7. Develop a centralised calendar of SLE training to enable access from across the region
8. Develop training capacity and capability to support the sustainable delivery and use of simulation across the region
9. Increased number of workforce disciplines and sectors able to access simulated scenarios
10. Measure specific outcomes of SLE modules

Initial Project Deliverables – STRIPE Phase One December 2012

Develop a minimum of 6 interprofessional simulation-based events to be delivered to group of 120 professional entry students by the end of 2012, followed by an evaluation.

Secondary Project Deliverable – STRIPE Phase Two June 2013

Review and adapt the program content and deliver a minimum of 4 events to 80 new graduate health care professionals. Complete an evaluation by June 2013.

Participation in the Pilot Program

Final year students from the University of Melbourne and Victoria University from the disciplines of Medicine, Nursing, Physiotherapy and Social Work were invited to participate in the STRIPE Phase One pilot program from July to October 2012. New graduates from the same disciplines were invited to attend the STRIPE Phase Two pilot program in March & April 2013

STRIPE Program Key Focus Areas

- Chronic Disease
- Patient Assessment in the setting of Delirium
- Deteriorating Patient in Acute Setting
- Communication and Teamwork (ISBAR)
- Crisis Resource Management (CRM)
- Basic Life Support (BLS)

Using the STRIPE Manual

This manual is intended as a guide for educators and trainers to deliver interprofessional simulation-based training to professional entry-level students and new graduate health care workers. The manual contains all the resources that are required to deliver STRIPE Phase One and STRIPE Phase Two.

Power Point slides which are part of the modules are provided as pdf files separate from this manual. The slides are intended as a trigger for discussion rather than a didactic presentation delivered by the teacher to the learner. There is a copy of each Power Point which contains presenter's notes in addition to the slides. Patient charts and notes are also available for the scenario. They are Western Health charts, but the details may be copied onto your own brand charts to use.

It is recommended that at least one member of the faculty delivering the session have a reasonable level of experience in delivering simulation-based education and that faculty members are aware of the objectives, basic flow and content of the scenario. It is also recommended that trainers are familiar with the clinical conditions that are covered in the scenarios.

Intended Audience

- Final Year Medical Students and New Medical Interns/HMO 2
- 3rd Year Nursing Students and New Graduate Nurses
- Final Year and New Graduates from Physiotherapy and Social Work

STRIPE Phase One Overview (Undergraduate Program)

STRIPE Phase One is delivered as two separate events (Module One and Module Two) to an interprofessional group of up to 20 undergraduate health care students ideally made up of 6 to 9 Nursing Students, 3 to 6 Medical Students, 3 Physiotherapist and 3 Social Work Students. Participants are expected to play the role that they would normally play in the clinical setting with the exception of medical students who are required to play the role of a new intern, who is able to prescribe medications. Nursing students are not expected to administer medications unsupervised during the scenarios, to ensure they remain within their scope of practice. The number of overall participants can be reduced to smaller groups based on individual needs however it is recommended the ratio of interprofessional group numbers is still maintained.

Total Time = 9 hours

Module One takes 4 hours to deliver

Module Two takes 5 hours to deliver

STRIPE Phase One Scenarios & Presentations

1. Module One: Patient Assessment Scenario (in the setting of Delirium)
2. Module Two: Patient Deterioration Scenario - Anaphylaxis
3. Module Two: Patient Deterioration Scenario - Chest Pain & Cardiac Arrest
4. ISBAR PowerPoint and ISBAR exercises
5. Basic Life Support (BLS) PowerPoint
6. Crisis Resource Management (CRM) Power Point
7. Open Disclosure and Risk Analysis Power Point

STRIPE Phase Two Overview (Graduate Program)

STRIPE Phase Two is delivered as one event, Module Three, to an interprofessional group of up to 20 graduate health care professionals ideally made up of 6 to 9 Nursing graduates, 3 to 6 Medical interns, 3 Physiotherapist and 3 Social Work graduates. Participants are expected to play the role that they would normally play in the clinical settingi.e. : medical intern plays medical intern. The number of overall participants can be reduced to smaller groups based on individual needs however it is recommended the ratio of interprofessional group numbers is still maintained.

Total Time = 2.5 hours

STRIPE Phase Two - Scenarios & Presentations

1. Module Three: Patient Deterioration Scenario - Anaphylaxis
2. Module Three: Patient Deterioration Scenario - Chest Pain & Cardiac Arrest
3. Crisis Resource Management (CRM) Power Point

STRIPE PHASE ONE: MODULE ONE - PATIENT ASSESSMENT

Module One - Session Outline

<table>
<tr><th>Timeline</th><th>Interprofessional
Group A</th><th>Interprofessional
Group B</th><th>Interprofessional
Group C</th></tr>
<tr><td>(30 mins)</td><td colspan="3">Introduction to Module One

Welcome and introduction,
Overview of session & learning objectives
Confidentiality
Introduction to simulation environment</td></tr>
<tr><td>(50 mins)</td><td>Scenario One-Patient Assessment
Nurses station & debrief room
Patient room
Control room (phone/switchboard)

Faculty:
ANUM A
Phone operator
Observer A
Senior social worker
Simulation technician

Team meeting:
ANUM A with consultant (observer A)</td><td colspan="2">ISBAR presentation and role play
Classroom based
ANUM B & C</td></tr>
<tr><td>(15 mins)</td><td>Debrief:
Observer & ANUM A
Senior social worker & phone confederate</td><td colspan="2">Break (15 minutes)</td></tr>
</table>

Timeline	Interprofessional Group A	Interprofessional Group B	Interprofessional Group C
(50 mins)	**BASIC LIFE SUPPORT** Skills lab ANUM C (ANUM A to help after short break)	**Scenario Two-Patient Assessment** Nurses station & debrief room Patient room Control Room (phone/switchboard) **Faculty:** ANUM B Phone operator Observer A Senior social worker Simulation technician **Team meeting:** ANUM B with consultant (Observer A)	**BASIC LIFE SUPPORT** Skills lab ANUM C (ANUM A to help after short break)
15 mins	***Break (15 minutes)***	**Debrief:** Observer A & ANUM B	***Break (15 minutes)***

Timeline	Interprofessional Group A	Interprofessional Group B	Interprofessional Group C
(15 mins + 50 mins)	***Break (15 minutes)***	***Break (15 minutes)***	**Scenario Three-Patient Assessment** Nurses station & debrief room Patient room Control room (phone/switchboard) **Faculty:** ANUM C Phone operator Observer A Senior social worker Simulation technician **Team meeting:** ANUM C with consultant (observer A) **Debrief:** Observer A & ANUM C
	ISBAR presentation and role play Classroom based ANUM A	**BASIC LIFE SUPPORT** Skills lab ANUM B	
(15 mins)	**Wrap up & Evaluation**		

Module One - Sign On Sheet

Course:	STRIPE MODULE ONE		Group:		Facilitator(s):				
Room:		Campus:			Date:		Time:	*Start*	*Finish*

	Employee N^{o}:	Last Name:	First Name:	Department / Ward / Institution:	Signature:	*Confidentiality Agreement:
1						☐
2						☐
3						☐
4						☐
5						☐
6						☐
7						☐
8						☐
9						☐
10						☐
11						☐
12						☐`

***NOTE:** The Confidentiality Agreement applies to immersive simulation activities only. By ticking you agree that you have read, understood and accept the terms of the Agreement.*

Confidentiality Agreement

(Ask all participants to read prior to completing sign on sheet)

We aim to provide a safe learning environment for all participants to promote competence and skill development in various domains. As part of your experience, you will be participating in or observe simulation scenarios or other training activities. In some instances, filming of simulation scenarios or training will take place, for replay during debriefing. You will have the opportunity to discuss events with the facilitator/s at this time. Any video recording will be deleted immediately after the event.

We ask that you behave in a respectful and professional manner, and maintain and hold confidential, all performance of any individuals you observe during your visit. In addition, we request that you do not discuss material used for scenarios, as scenario development takes time and commitment and contents will be used for future participants. No attempt should be made by participants to try and copy video recordings in any way.

Accordingly, when you sign the sign on sheet, you are acknowledging that you have read and understood this statement, and have agreed to be filmed and to maintain strict confidentiality.

Your support in this matter is greatly appreciated.

Thank you.

Module One - Patient Assessment Simulation Scenario

Simulation Learning Objectives

By the end of the simulation session participants will:

1. Be aware of basic safety principles relevant to patients in hospital
2. Commence a basic discipline-specific patient assessment
3. Recognise and understand the significance of the onset of delirium
4. Understand the role of, and collaborate and communicate with other members in the multidisciplinary team
5. Develop a patient-centred plan of care

Scenario Design

Module one focuses on a patient recently admitted to hospital with an acute condition and an underlying history of chronic disease. An actor (simulated patient) will play the role of the patient. The module takes 4 hours to deliver.

Approximately 20 interprofessional undergraduate students (nursing, medicine, physio and social work) will participate in a patient assessment scenario and a BLS and ISBAR session over the course of module one. The students are assigned to 3 interprofessional groups A, B and C and remain in these groups for the duration of module one. Students will receive a briefing at the commencement of the module and will be asked to sign a confidentiality agreement prior to participation.

GROUPS	NURSING STUDENTS	MEDICAL STUDENTS	PHYSIO STUDENTS	SOCIAL WORKER STUDENTS
A	1 - 3	1 - 2	1	1
B	1 - 3	1 - 2	1	1
C	1 - 3	1 - 2	1	1

Issues will arise during the patient assessment scenario that should lead the students to communicate with each other and problem solve. The students should pick up on several important signs and symptoms that lead them to recognizing delirium and subsequently managing this condition.

Following patient assessment, a team meeting will be held, led by the Unit Registrar (Observer A confederate) and an ANUM (confederates). The team meeting should focus on uncovering the problems the students have identified during the patient interaction and developing an inter-professional plan of care based on a problem solving approach.

A scenario debrief will take place immediately following the patient assessment scenario for each student group. The team meeting and debrief should take place in a separate room from the scenario.

Evaluation:

An evaluation tool will be completed at the end of module one

Patient Details

"Georgie Grigg" is a 71-year-old female who suffered a broken her hip whilst on holidays in Sovereign Hill. She was coming down the stairs at her motel when her knee gave way on the second last step and she tripped and fell onto her left side. She wasn't using her stick. She sustained a fractured left neck of femur and broke two left ribs at the same time. She was feeling fine in the days leading up to the fall.

"Georgie" was taken by ambulance to Goldfields private hospital where she underwent surgery the day after the fall. Georgie was transferred to the orthopaedic ward at your Hospital last night and it is now lunchtime the next day.

She is now 4 days post-op following Open Reduction and Internal Fixation (ORIF) of left fractured Neck of Femur (NOF) with a Dynamic Hip Screw (DHS).

Her post-operative recovery has been complicated by ongoing pain in her left hip and left ribs. In addition, she developed urinary retention, which was relieved with an Indwelling Catheter (IDC). The IDC was removed yesterday afternoon prior to transfer and she has voided post removal. She has been having intermittent low-grade fevers since.

Georgie, who is generally a very pleasant and chatty lady, is starting to develop delirium and the interprofessional students will be asked to assess Georgie without knowing this information. It is expected they will recognize that Georgie's mental state is not completely normal.

Past History	Paroxysmal AF, currently on warfarin Type 2 diabetes – retinopathy, on oral hypoglycemic's & nocte insulin, uses insulin pen Osteoarthritis – R) knee replacement 5 years ago No AMI, but angiogram showed 30% blockage to RCA 3 years ago
Social History	Widowed, lives alone in a 2-storey house with her cat Sammy, quite independent with ADL's, and does own banking. Drives locally during the day. Was a librarian, is now retired. Has a supportive daughter Lexi, married with 2 young kids, who lives nearby and cooks and cleans for her occasionally.

	Close to her younger sister Ivy Member of a book club Alcohol – 1 - 2 glasses of wine/night
History of presenting illness	Transferred from Goldfields private hospital to be closer to home and for ongoing post-operative management.
Presenting symptoms	Delirium, fever and ongoing hip and chest pain.
Medication	Penicillin allergy – anaphylaxis Ramipril 10mgs daily Frusemide 40mgs daily Aspirin 100mgs daily Warfarin 3mgs daily Metformin 1000mgs BD Lantus insulin 23 units nocte Atorvastatin 40mgs nocte Digoxin 62.5 microgram daily

General		
Setting	In single room in orthopaedic ward environment	
Patient attire	Gown and PJ bottoms & TED stockings	
Monitoring	Nil	
Documentation	See appendix for module one	
Equipment/Props	**Number**	**Sourced From**
Dressing gown	1	Sim Centre
Pyjama bottoms	1	Sim Centre
Slippers	1	Sim Centre
Patient gown	1	Sim Centre
TED stockings	1	Sim Centre
Bed	1	Sim Centre
Patient locker	1	Sim Centre
Over bed table	1	Sim Centre
Thermometer	1	Sim Centre
Pulse Oximeter	1	Sim Centre
NIBP	1	Sim Centre
Stethoscope	1	Sim Centre

2WF	1	Physio Dept.
Patient history in folder at nurses station	1	Sim Centre
Patient charts in folder at bedside	1	Sim Centre
Bradma labels & ID bracelet (allergy alert)	5 sheets	Sim Centre
Fake flowers on bedside locker	1	Sim Centre
Moulage wound L) hip (can use a photo of wound with staples covered with a dressing) Can put bruising for # ribs	1	Sim Centre
Glucometer	1	Sim Centre
ECG machine	1	Sim Centre
Gloves & debug	1	Sim Centre
Water jug and glass	1	Sim Centre
Books and magazines	1	Sim Centre
XRAY – Chest with left sided rib fracture, Pelvis with left sided DHS	1 each	Sim Centre
ECG – Sinus rhythm	1	Sim centre
MSU pack	1	Sim Centre
Wound swab	1	Sim Centre

Roles

Faculty required - see confederate instructions for more detail	
Scenario Director	A crucial role to timing and flow of the scenario, the scenario director oversees the whole of module one from start to finish. The scenario director will ensure that all faculty members, trainers and students groups are placed in the correct room at the correct times and ensure that groups move to the next room on time and take breaks as per the timetable. The scenario director will also ensure the team meeting and debrief start and finish on time. The scenario director will brief all faculty and trainers before the start of the session to ensure all are aware of what rooms are being used. The scenario director is responsible for ensuring the set is changed between students groups. The scenario director also plays the role of switchboard operator in the control room and directs cues to the simulated patient via the overhead microphone to ensure the scenario flows appropriately:

	Code White: Cue for Georgie to play UP delirium (increase delirium cues) **Code Green**: Cue for Georgie to play DOWN delirium (reduce delirium cues) **Code Yellow**: Cue that Georgie needs to ask the staff to get out of bed to go to the toilet. The will prompt the Physiotherapists to become involved in the scenario to assess Georgie's mobility.
ANUMS Confederates A, B, & C (Nurse Trainers)	3 nurse trainers (ANUMS) are required to play the roles of the ANUM in charge of shift. Each ANUM will take part in one patient assessment scenario and deliver a session on ISBAR & BLS to the students (see notes and PowerPoint presentation) The ANUM will hand over patient 'Georgie" to the nursing students at the bedside and they will check the charts together. The ANUM will then ask the students to start a patient assessment, as it is the beginning of their shift. The ANUM will tell the student nurse that the orthopaedic registrar has asked the interns to review the patient as Georgie has ongoing low-grade fever. The ANUM has already completed a physio and social work referral and also needs tell the nursing students that both the physio and social worker will be in to see 'Georgie' very soon. The ANUM will be available as a general resource for the entire students group until the team meeting is called. The ANUM may prompt disciplines to complete assessments/tasks and ensure scenario runs smoothly (as per trainer instructions). The ANUM will stress to the students that the orthopaedic consultant will be coming in for a team meeting soon and will require an update about the patient. All of the group must attend and present their findings about the patient at the meeting. This will be followed by a debrief of the scenario
Observer A Orthopaedic Consultant, Registrar and Lead Debriefer (Medical Trainer)	**Observer A is an experienced debriefer, who will observe each student group participate in the scenario. Observer A will play the role of the orthopaedic registrar who gives a phone handover to the medical students and responds to any phone queries from the medical students if required.** Observer A will then lead the team meeting playing the orthopaedic consultant, with support from the ANUM. The consultant requests an update from the team based on the groups finding. Following the team meeting, Observer A and the ANUM will conduct a post-scenario debrief with the student group. The social work and allied health trainer will also attend the debrief session.

	Observer A plays this role for all 3 groups during their scenario and leads the team meetings and debriefs for all groups.
Phone confederate (Allied Health Trainer)	The phone confederate will be located in the control room and plays the role/voice of: • Lexi (Georgie's daughter) who will ring to speak to Social Work students out of concern for her mother • If this role is played by a Physiotherapist, they may also be used as telephone support for Physiotherapy students
Senior Social Worker	This person needs to be a qualified social worker that will observe the social work students throughout the scenario and provide support as appropriate. This person needs to be aware of the patient story, the learner goals and flow of the scenario and can observe the social worker students as they progress through the scenario.
Simulated Patient	An actor will play the role of Georgie (see instructions for simulated patient). 'Georgie' will be dressed in a nightie/PJ's or gown and undies lying in bed in a single room.

Module One - Debrief Guide & Prompts Guide

Simulation Learning Objectives

1. Be aware of basic safety principles relevant to the review of patients in hospital
2. To complete a discipline-specific patient assessment
3. To recognise and understand the significance of delirium
4. To understand the role of other members in the multidisciplinary team
5. Collaborate and communicate with other members of the multidisciplinary team
6. To develop a patient-centred plan of care

Opening

How is everyone feeling? How did that go? Any initial thoughts?

Technical

What happened in the scenario? What did you each have to do?

What were the patient's main problems and what suggested this?

a) Pain
b) Delirium
c) Sepsis
d) Reduced mobility
e) Falls risk and social situation

What safety issues did you identify?

a) Nursing: admission documentation, ID bands, risk assessment, medication, delirium
b) Medical: medication prescribing, delirium? IDC related issues
c) Physio: mobility, delirium
d) Social work: no social context on arrival

Non-technical

How did you feel working as a team?

How was the communication amongst the team?

How did you understand each other's roles?

How did you co-ordinate your actions?

Was everyone on the same page by the end?

Did you feel like you knew what the plan was?

Closing

What would you do next time?

What have you learnt from this scenario?

Module One - Nursing Confederate Instructions

The orthopaedic ward ANUM confederate role is both a support construct for the students in the simulation and also a prompt for them to practice sound communication.

The nursing confederate should ideally give as little clinical prompting as possible, however some prompting will be required in order to ensure the scenario unfolds appropriately. If nursing students have clinical questions they should be directed to the nursing confederate. Facilitators will be available to answer simulation-related queries and support the confederate in their role.

Critically learners should be encouraged to suggest solutions to potential problems and also to question information that is incomplete, unclear or unsafe.

Your role

You are the ANUM on the orthopaedic ward and are in charge of the shift. You need to handover Georgie to the students *(See simulated patient instructions for further information about the role of the patient).* You have patient notes and charts to hand over with. You will need to introduce yourself and the students to Georgie by the bedside and gain verbal consent from the patient to discuss her details with the others, as part of good role modelling. Georgie will be sitting up in bed, and be fairly happy to comply with your request

For example: To the nursing students you might say:

> *"Hi, I am '…' the ANUM in charge today. The nurse looking after Georgie this morning has gone home, as her son is unwell, so I need to hand her over to you. She is for rehab post fractured NOF and ORIF etc (They may ask you to explain some terms; you can use all the charts to hand over with, and model the same approach you would use clinically).*

The students may ask you to clarify what you want them to do, so answer their questions accordingly. The main tasks you need them to complete are a head-to-toe assessment, including recording vital signs. In addition, the functional maintenance tool, care plan and falls risk assessment needs to be completed. They are not expected to write nursing notes, however it is not an issue if they do so. If they seem unsure of what to do first, you may prompt them to start with the head-to-toe assessment and record her vital signs

You are unaware that Georgie is developing delirium at this stage, but you are aware that she has ongoing low-grade fevers, and that the orthopaedic registrar (medical confederate role) is busy in theatre, but is currently giving the medical students a phone handover about the patient. The registrar

will ask the medical students to review the notes available and then go and check the patient. You need to tell the nursing students a referral for physio and social worker has been made (allied health students) and they will be arriving soon to review the patient. The medical, physio and social worker students will be at the nurse's station reviewing the patient notes while the nursing students get handover.

(*There will be patient notes available, which each discipline can access at the nurses station)*

You will need to monitor activity in the room to check on students' progress and provide support. When giving prompts, please initially be relatively imprecise in your direction. Good students will ask for clarification. If they seem unsure of what to do, give them some directions such as:

"Have you done the obs yet?"
"Did you do a head to toe assessment yet?"
"Is there anything you are worried about"
"Do you need a hand with anything? "
"How was the BSL?"
"How are you going with the documentation?"

In addition, the medical and allied health students will arrive to complete their own patient assessment. Don't let the nursing students restrict the opportunities of the others students to complete their tasks. The nursing students may be unsure how to react, and may defer to the other disciplines and leave the bedside. They may negotiate about completing their assessment first or stay by the bed and observe what the other disciplines do and say. This is ok provided they communicate this to the other students. You can encourage the nursing students to interact with the other disciplines, however we want the nurses to have made a start on a plan of care based on Georgie's problems in time for the "team meeting".

If necessary, you as the nursing confederate will need to enter the room and provide some direction the nursing students, such as assisting them to complete the care plan etc. You may need to direct other students too (If available, wear a headset so you can receive instructions from the control room if required).

Once the facilitator calls time, a team meeting will take place in the debrief room involving all the students participating in that scenario. You and the consultant (Medical confederate role) will lead the meeting and ask each discipline for their opinion on the patients identified problems, and a discussion will take place regarding the overall management and treatment plan.

Following the team meeting, a post-scenario debrief will be led by Observer A and you as the nursing confederate. The social work and allied health confederates will also attend the team meeting and debrief (*See debrief guide)*

Following the scenario, you will take a short break and then deliver a session on ISBAR and BLS to students according to the scenario timetable.

Expected Nursing Student Actions

See the Nursing Student Task List document for an example of expected list of actions by nursing students. This task list is comprehensive but by no means complete. This is guide only to assist you and for use during the debriefing if required. Some learners may not complete all the suggested tasks without prompting by the ANUM Confederate.

Module One - Social Work Confederate Instructions

This person needs to be a qualified social worker, as you will play the role of a social worker in the scenario supervising the social work students.

In Module one, the social work student will complete an initial assessment of the patient Georgie, liaising with appropriate members of the multidisciplinary team and will attend a team meeting to formulate a multidisciplinary plan. The scenario focuses on specific learning objectives as outlined in the module one scenario.

You will observe the social work students through the scenario and provide support as appropriate as they progress through the scenario. You can observe from the control room and also approach the social work students as required to discuss any issues or prompt and facilitate as necessary.

Within The Scenario

At the start of the scenario, the SW students will commence by receiving an iPM referral that will rest on the bench in the nurse's station:

Received	Patient UR	Patient Name	Referred by	Comments	Referred to
14/06/2012	112233	Grigg	S2A, Ward	New patient transferred from private hospital – lives alone other social circumstances unknown please review	SW

This referral highlights the need for an initial Social Work assessment, as the social circumstances are unknown and due to the context of transfer from another hospital.

Ideally the social work students will proceed to review the patient history, located in the nurse's station, and complete an initial assessment. Assist the students as necessary.

Phone conversation with Lexi

In order to control flow of the scenario and ensure not all student disciplines are attempting to assess Georgie at the same time, Lexi (played by the Phone confederate) will phone the nurse's station phone as soon as the phone is available (initially the orthopaedic registrar will be handing over to the medical students). Lexi will phone the ward, requesting to speak to the social worker, as she is concerned about her mother's ability to return home to independent living.

As the Social Work confederate, you need to direct the students to take the phone call and talk to Lexi. You may need to assist the students to ensure they obtain necessary information from Lexi as part of their assessment. Lexi will be forthcoming with information about her mother, Georgie. Review the Phone Confederate Instructions to learn more about Lexi and her relationship with her mother.

Following the phone conversation with Lexi, it is expected that the SW student will proceed to complete their patient assessment with Georgie. Georgie is suffering from acute delirium subsequently there will be inaccuracies in the information obtained from Georgie.

Interaction with other disciplines

It is likely that the social worker students will discover discrepancies in the information provided by Lexi to that from Georgie. The students may wish to discuss these discrepancies with the other members of the team or you may need to prompt them. They may or may not identify the cause as acute delirium.

End of Scenario and Debrief

The facilitator will call time and then a team meeting will take place involving all the students participating in that scenario. The ANUM and the consultant (Medical confederate role) will lead the meeting and ask each discipline for their opinion on the patients identified problems, and a discussion will take place regarding the overall management and treatment plan. You will also attend the team meeting and debrief *(See debrief guide)*

Following the team meeting, a post-scenario debrief will be led by Observer A. You will be required to play the same role with the next group of students for the next group of students.

Expected Social Work Student Actions

See the Social Work Student Task List document for an example of expected list of actions by Social Work students. This task list is comprehensive but by no means complete. This is guide only to assist you and for use during the debriefing if required. Some learners may not complete all the suggested tasks without prompting by the Social Work Confederate.

Module One - Medical Confederate Instructions

The Orthopaedic registrar and consultant role is both a support construct for the students in the simulation and also a prompt for them to practice sound communication.

In Module one, the medical students will play the role of medical students who need to complete a patient assessment, liaising with appropriate members of the multidisciplinary team where appropriate and will attend a team meeting to formulate a multidisciplinary plan. The scenario focuses on specific learning objectives *(See module one scenario objectives)*.

Critically learners should be encouraged to suggest solutions to potential problems and also to question information that is incomplete, unclear or unsafe. The medical trainer should ideally give as little clinical prompting as possible. If students have clinical questions they should be directed to ask their registrar over the phone (you as the confederate).

Orthopaedic Registrar and Consultant Role Instructions

You will be required to give the medical students a simulated over the phone instruction to review patient, Georgie. You have been notified that Georgie has been experiencing a low-grade fever since admission. For example you may say:

> *"Hi, are you the intern looking after Georgie Grigg? Great. I am the Orthopaedic registrar, Mrs Grigg came from Goldfields private hospital last night post-fractured NOF and ORIF. The ANUM has asked me to review her as the patient has ongoing low-grade fever. I'm tied up in theatre so I was wondering if you could please review the patient for me. The Orthopaedic consultant is coming for a team meeting in about 45 minutes, so can you be ready to report your finding for this meeting please."*

The learners may ask what you mean by this, and you may need to clarify for them explicitly,

> *"Sorry, I realize that might be a little unclear. Can you please review her, she may need a septic workup".*

Once the facilitator calls time, a team meeting will take place involving all the students participating in that scenario. You as the medical consultant, will lead the meeting with the ANUM, and ask each discipline for their opinion on the patients identified problems, and a discussion will take place regarding the overall management and treatment plan.

Following the team meeting, a post-scenario debrief will be led by you and the ANUM. The social work and allied health confederate will also attend the team meeting and debrief (*See debrief guide)*

Following the scenario, you will then play the same role for the next group of students.

Expected Medical Student Actions

See the Medical Student Task List document for an example of expected list of actions by medical students. This task list is comprehensive but by no means complete. This is guide only to assist you and for use during the debriefing if required. Some learners may not complete all the suggested tasks without prompting by the ANUM Confederate.

Module One - Phone Confederate Instructions

Considering the role / voices this confederate will play, the role is ideally suited to someone with an Allied Health background. You need to be aware of the Physiotherapy and Social Work roles and expected tasks.

Specifically, your role includes the role/voice of:

Lexi (Georgie's daughter) - likely to be contacted by Social Work and Physiotherapy students
Physiotherapy Student Support – as you are likely to be contacted by Physiotherapy students

Physiotherapy Student Support

The Physiotherapy students do not have a senior physiotherapist within the scenario. They may phone the simulation switchboard to seek advice from a 'Senior Physiotherapist' for clinical support.

- If you <u>are a Physiotherapist</u>, provide support and guidance as appropriate, facilitating the students and prompting them as appropriate
- If you <u>are not</u> a Physiotherapist, there is an attached 'task list' of expected actions of Physiotherapy students. This will help you direct the students as required. If faced with Physiotherapy related query you are unable to answer that is crucial within to progress in the scenario – you may need to structure a means of contacting an internal physiotherapist within your organization.

Expected Medical Student Actions

See the Physiotherapy Student Task List document for an example of expected list of actions by physiotherapy students. This task list is comprehensive but by no means complete. This is guide only to assist you and for use during the debrief if required. Some learners may not complete all the suggested tasks without prompting by the ANUM Confederate.

Lexi – Georgie's Daughter

Part of your role as phone confederate is to play the voice of Lexi. You will be required to phone the social worker students because you are worried about your mother ability to manage at home. You will be in another room and dial into the nurse's station room, where the social work students will be reviewing Georgie's notes and will take your call.

About you – the basics

Name	Lexi
Age	Mid 40s
Marital Status	Married to Rob, an electrician
Lives	Sydenham (about 5km from Georgie)
2 Children	13 year old girl (Jane) and 16 year-old boy (Ben), both in high school
Relationship to Georgie	Good. A visit 2-3 X a week to help with cleaning and occasionally brings food. Feels slightly guilty that she can't visit more often but is generally very busy with family and work

Making the phone call to the nurse's station room:

The timing of the phone call to the nurse's station room will be determined by the **Senior Social Worker (confederate)** who will gauge the readiness of the social work students. When instructed by the **senior social worker**, you (playing Lexi) will phone:

"Hi, My name is Lexi and I am Georgie Grigg's daughter. I am phoning to talk to the social worker about my mother as I am concerned about her ability to return home."

When the **Social Work Student** is on the phone, you need to firstly express that you <u>are very concerned about your mother's ability to return home to independent living</u>.

It is expected that the social worker will ask you a number of questions regarding your mother, her social situation etc. Provide information as requested. To assist you in answering these questions use the information and fact sheet is provided on the following pages.

Key information you must mention to the social worker:

- **You think Georgie is not coping so well at home because:**
    - Her house is too big and multi-storey
    - She has had some falls which you think she doesn't always tell you about as you have noticed the bruises. You know she doesn't always use her walking stick.
    - You are concerned that she doesn't manage her medications appropriately – you think she cannot read the packets properly
- **Georgie has good cognition / mental capacity for her age –** she plays Sudoku regularly and watches the news in the evenings
- **You think that this fall and operation will impact her function further and her ability to return home**
- **Your think your mother will not want to go to a care facility** as she is very independent and attached to the family home, but you think that this may be the best thing
- **You help Georgie with her me**als, bringing some meal packages around a few times a week
- **You are worried about the amount of pain** your mother was in when you visited a couple of days ago at the Goldfields Hospital. You are glad she has been transferred closer to home and to a bigger hospital where you can visit more regularly.

Other information:

Be aware that it is possible that the staff members contacting you may describe some confusion or odd behaviour from Georgie. She will be suffering from acute delirium and the students need to discover this themselves. Subsequently the information you provide is important to give a true representation of Georgie's pre-morbid state. If a staff member describes Georgie's confusion, you will be very worried about this and not sure what this means. Ask questions such as *"Is she losing her mind?" "Does she have dementia?*"

You are planning on visiting your mother again now she is closer to home but can only do so in another two days due to work and family commitments

Fact Sheet about Georgie

You need to provide this information if questioned while in the role of Lexi:

Georgie's Family Background	Your father (Georgie's late partner) passed away 5 years ago Georgie spends time with her grandchildren
Accommodation	Your mother owns her own home – has been in family 4 generations You know your mother can't bear to part with own home
Social supports & services	You assists 2-3 x per week with cleaning and occasionally cooking Georgie does everything else herself
Financial	Georgie owns her own home Your mother is on the aged pension Have a little bit of money stored away for a rainy day Does own banking my daughter take the cheques to the bank
Legal (POA)	No POA Has not thought about enduring POA – very self-sufficient
Review PHx	Your mothers medical history includes: Arthritis: knees, hips, back, limits mobility (as below) TKR 5 years ago (see below) Ex smoker, non productive of sputum normally, no limitations on mobility/ADLs
Social history	Your mother lives alone – with cat Her home setup – two steps into the front, straight staircase to first floor, rail on left, twelve steps, no OT rails, bathrooms on top and bottom floors Your mum manages some meals independently but you bring some food around a few times a week Alcohol – she drinks 1 - 2 glasses wine/night pADLs - she is independent toilet/shower, dADLs – you do the shopping and cleaning – no formal supports cADLs - mother manages finances, on aged pension
Pre morbid cognitive function	WNL for age. She still plays Sudoku, reads a lot, member of book group, active socially and intellectually.
Pre-morbid mobility	She is independent with single point stick but sometimes forgets it Ex tolerance 100m limited by arthritic pain 1 x flight of stairs with difficulty with Single Prong Stick (SPS) and handrail
Falls history	Your mum fell down stairs causing this admission. You know of two near falls in last month due to her knee but think she may have had more

Module One - Simulated Patient Instructions

Character name

Georgie Grigg

Summary/overview

You will play the patient, Georgie, in module one for our learners. Students also attend module two but you will not be required for these modules as a patient manikin plays the role of Georgie.

In the first module Georgie is admitted to an orthopaedic ward after being transferred from a private hospital following a hip operation for a fractured neck of femur (broken hip). In the second module Georgie becomes extremely unwell whilst on the ward and suffers a cardiac arrest and an anaphylaxis reaction.

Learning objectives

The learners are expected to experience a range of clinical scenarios to demonstrate the clinical and communication skills that are necessary to ensure patient safety. This program also aims to focus on the communication between different disciplines (doctors, nurses, allied health) that can impact on patient care.

In the first module the focus is on the basic tasks needed to review a patient and ensure safety.

In the second module the focus is on managing an acute emergency and the teamwork necessary to resuscitate a sick patient.

Considerations in playing this role

We would like some consistency in the character so we will provide you with some props that we would like you to wear for module one.

Patient's history of the problem

You broke your hip whilst on a trip to Sovereign Hill. You had been out to the gold fields and the historical museum that day and after you had returned to your motel you fell coming down the stairs as you hurried to dinner. You tripped on the second last step as your knee gave way slightly and fell onto your left side and injured two ribs at the same time.

You were feeling fine in the days leading up to the fall.

The owner of the motel called the ambulance for you and you were rushed to the Goldfields Regional private hospital (this is a fictional hospital). You were managed briefly in Emergency and then whisked up to the operating theatre to have your hip fixed.

After the operation you were unable to pass urine for a brief period, which had to be relieved using a catheter (a plastic tube placed into your bladder through your urethra). This was taken out one day ago and you have been able to pass urine since, but you

You have just been transferred from Goldfields hospital back to this hospital, as it is closer to home and you need ongoing rehab.

Patients past medical history

You have had diabetes for over fifteen years. You use an insulin pen at night and also tablets to control this. You have some burning in your feet, which is mild. You have been told you have poor vision because of the diabetes. You don't really take great notice of the sugar levels, and the last long-term blood test for the 'sugars' was apparently bad.

You have some heart problems. You had an angiogram 3 years ago, which is a special x-ray of your heart, about two years ago, which showed a 30% blockage in one of your arteries. You haven't had any heart attacks however.

You also have a funny heart rhythm and you know this is called 'Atrial Fibrillation'. It was first diagnosed when you felt some palpitations but you don't feel those anymore, and you have been told your heart beat flits in and out of this funny rhythm. You have to take a medication called warfarin because of this.

You have arthritis ('osteo') in both your hips and knees, but the right knee was so bad you had to have a knee replacement about 5 years ago. This helped with the pain in your knee but occasionally now the right leg will just give way from weakness.

Medications

You don't remember the names of all your medications, because normally you have a list at home and each bottle is labelled. You don't use a doset box.

You can tell staff that you are on long-acting insulin for your diabetes that is 23 units at night time. There is also another separate tablet for your diabetes but you don't remember the name.

The one tablet you do remember well is warfarin (also a rat poison), which is for your atrial fibrillation. You have to have a blood test for this every week or so to check that you blood is thin enough but not too thin.

Clever staff may prompt you with trade names for the other medications, and feel free to recognize some or none of these – Lasix, tritace, Lipitor, astrix, diabex, lanoxin. You do not however remember any of the doses.

You are allergic to penicillin antibiotics. The last time you had it you 'nearly died' but it was when you were much younger and you don't really remember what happened.

Patient's family medical history

Your father had heart disease and died at seventy. Your mother had diabetes and lived until her eighties. There are no other major medical problems in your family.

Patient's social information

You live at home by yourself in a large two-storey house, which has been in your family for four generations. It is a grand home, slightly too spacious for one person but you can't bear to part with the stories that were born within the walls. Your family was full of poets and screenwriters and your late partner, who passed away 5 years ago, was formerly a costume designer for a movie set, and of course, was also very fond of the theatre and movies. He passed away in hospital after falling and suffering bleeding around his brain. Many family gatherings in your home would consist of impromptu recitals and readings of classic and not so classic literature; you and your partner would lead children and grandchildren in laughter filled performances that would range from Shakespeare to Star Trek.

You were a librarian.

You are able to cope with all daily activities by yourself, to a fashion. Your right knee gives way infrequently but you need a stick to get about. You can go to the toilet and the shower by yourself. Your daughter, Lexi, comes by a couple of times a week to help with the cleaning and occasionally will cook some care packages for you. She is a schoolteacher married to an electrician (Rob) with two children (Jane and Ben). You can drive but you only do so during the day and sparingly as your knee sometimes gives you problems with the accelerator.

Setting

You arrived onto a general orthopaedic ward bed at this hospital last night. The bed is in a single room. It is now lunchtime the next day and the nursing shift is changing over.

Clinician's task

In module one the focus is on reviewing a new patient who is only mildly unwell and ensuring that appropriate patient safety procedures are followed.

MEDICAL TEAM (Doctors): The junior doctors have been asked to assess you as you have developed a low-grade fever. They will need to find what current symptoms you have and investigate further. They may need to perform a general examination and a specific examination of your hip and operative site. Based on the information they obtain from you they will then need to communicate with the nurses and allied health team and their senior doctors to formulate a plan.

NURSING TEAM: (Nurses): The student nurses will need to assess you and obtain your vital signs. They will administer any medications that you may need. They may need to perform some basic procedures on you and will also ask you general questions about your health and social situation.

ALLIED HEALTH (Physiotherapy, social work): The physiotherapists will assess your mobility and function on the ward, with an aim to optimize your mobility and safety. They will also ask about your previous function at home and compare that to your current function. The social workers will ask more in depth questions about your social situation to support you and your family through this time.

Patient's reason for interaction

You will be required to play the part of a patient with delirium. Delirium is a medical condition that causes fluctuating confusion, disorientation and even hallucinations and is commonly caused by a separate illness, surgery, infection or even basic things like constipation. It is a commonly encountered problem in clinical practice but can be difficult to detect because of a fluctuating course and staff may mistake a person's confusion for their 'usual' state. Delirium needs to be recognized so that the underlying problem can be addressed but also because it can lead to other safety issues in a hospital setting.

The information is presented below so that you understand what has happened to Georgie and her background but there will be specific lines of dialogue that we will ask you to deliver that conflict with 'the truth' and will also be inconsistent to the different members of the hospital team. This is meant to be their cue to collaborate together to identify your delirium and subsequently the underlying problems.

Your current issues are:

You understand that you had broken hip and some broken ribs on the LEFT side. Staff may ask you to rate your pain on a scale of 1 to 10, 1 being hardly any pain, and 10 being the worst pain you could imagine. Your pain in the hip is very mild (0/10) while you are laying still but if you move about the bed it gets a bit worse (2 out of 10)

a) NOTE: You are a bit of a tough cookie but the pain is much worse (8/10) if you get out of bed and you cannot help but cry when you try to walk. Only tell the staff this if they ask specifically or lead you to it by asking about how well you are walking, or if they actually try to walk you.

b) Staff may try to assess your hip for range of motion and examine the operative wound.

1. The operative wound is a little bit tender but not overly painful. In general it has been improving with less swelling day by day.
2. Your range of motion is 45-50 degrees in flexion (lifting forward off the bed/in front of you) before pain and stiffness stops you. The range of motion in adduction (spreading a leg away from the midline) and abduction (towards the midline) is only about 15-20 degrees, limited by pain.

You have been feeling a little bit off colour over the last twenty four hours, that, unbeknownst to you, is actually due to a urine infection brought on by the catheter that you had in a couple of days ago. This has given you some burning when you pass urine, and also caused you to need to urinate frequently. When you pass urine however you pass only small amounts and feel like you need to urinate again only an hour afterward. You also have been getting some chills, which is due to a fever from the infection.

a) NOTE: do not volunteer the information about the frequency and the rigors/fever or loss of appetite to the doctors unless asked for specifically. You may volunteer the information about the urinary symptoms but mention that you were told it might be a side effect of the catheter.

Otherwise you have been generally okay.

a) Heart and lungs: you have no cough and no difficulty breathing except for the pain that occurs at the end of each breath (due to your rib fractures). You can take deep breaths and cough if asked, with some pain. You have no palpitations.

b) Abdomen: you have no abdominal pain as such but feel a bit bloated because you have not had a good bowel motion in three days. You normally open your bowels once a day. This is probably due to the painkillers you have been receiving. You are still passing wind/flatus/farting. You have no nausea or vomiting. As noted above you have lost your appetite somewhat.

c) Mental state: you are a bit tired from the transfer and the pain killers (which make you a bit sleepy) but have no other side effects from the medications. You are delirious (see below).

Patient Affect/behaviours

You are slightly tired from the transfer and the painkillers but in general quite happy to engage with the staff and meet the team at your new hospital.

You are curious about why you could not pass urine.

After the team realize the amount of pain you are in with your hip you are curious to know if that is normal after an operation such as this.

You are curious about what will happen from here on in. In particular, you are worried if this injury will mean you can't go back to living at your beloved home.

Staff may not have immediate answers for you but hopefully they will provide a reasonable response that indicates they will seek answers for you.

If staff use too much jargon (medical terminology) feel free to ask them what it all means.

Cues for delirium/lines of disinformation

Do not play these too heavily. It will be more of a learning experience if these are read relatively straight.

Read a delirium fact-sheet to help you understand delirium and incorporate this condition into your character.

TO NURSING STAFF: "What time is it? I slept so poorly, I was a little scared last night. There was this man in the room, I couldn't see his face but I could tell he was up to no good. I don't know why no-one else had noticed him and tried to stop him."

If they ask further questions you have no further details to supply. You do not know what time it was that you saw him, and all the man did was to stand at the end of your bed. He says nothing to you and you aren't sure how long he stood there until he just went away.

(This is a hallucination.)

TO MEDICAL STAFF: Do not feed any disinformation to the medical staff about the history of your fall.

If they get around to asking about your social situation i.e. where you live and how you get by, state that you can get about without any aids (i.e. no stick). If they ask about your house state confidently to them that it is one storey and that you don't live there alone. If pressed about whom you live with, pause for a bit and ask if your husband has been in to see you. Regardless of their answer, correct yourself fairly soon after and say that actually you live alone, and your husband died a few years ago, and you don't know why you thought he had come in.

TO PHYSIOTHERAPIST: “What’s your name? You did something to your hair didn’t you? It was different when I met you here last week.”

Patients with delirium also have a poor attention span compared to their usual. Ask the physiotherapist to remind you of their names or positions/designation a few times within a few minutes, or also what they are doing to demonstrate poor concentration.

TO SOCIAL WORKER: “Have you spoken to Janey lately? She’s my favourite grandchild. I’m so happy you are her friend. ” (or similar)

The social worker will ask you about your social situation. If they ask about your house, as above, state confidently to them that it is one storey and that you don’t live there alone. If pressed about who you live with, pause for a bit and ask if your husband has been in to see you. Regardless of their answer, correct yourself fairly soon after and say that actually you live alone, and your husband died a few years ago, and you don’t know why you thought he had come in.

You should tell the Social Worker that you cook all your own meals and don’t need any help with things like that.

Patients with hyperactive types of delirium are also irritable.

If it is unclear to the staff that you are confused, you can also begin to pick at your clothes as if there are ants crawling over them (hallucinations).

The ‘Scenario Director’ will be controlling the flow of the scenario. In order to ensure the scenario progresses smoothly and to assist the students to identify cues, they will provide you with real-time instructions via a coded communication system over the loud speaker as follows:

Code White: Play UP delirium (increase delirium cues)

Code Green: Play DOWN delirium (reduce delirium cues)

Code Yellow: You need to ask the staff to get out of bed to go to the toilet. The will prompt the Physiotherapists to become involved in the scenario to assess your mobility.

In order to remember these cues, you may wish to write these codes on a piece of paper and have them secretly positioned inside a book (prop) within the scenario.

Module One - Nursing Student Task List

Module one aims to prepare nursing under-graduate students for their transition to graduate nurses in a hospital environment. The scenario focuses on specific learning objectives *(See module one scenario)*.

This is a guide only and may assist the simulation team in the debrief. Some learners may not complete all the suggested tasks without prompting by the confederate playing an in-role ANUM.

Ideally a nursing student will

1. Introduce themselves to patient
    a) Check patient ID bracelet to ensure details are correct
    b) Perform a head-to-toe assessment of the patient including recording vital signs & Blood Sugar Level
2. Identify the main patient problems using a problem solving approach:
    a) Signs of delirium developing, mainly describing a hallucination
    b) Fever, dysuria and frequency of micturition with possibility of retention of urine related to recent urinary catheter removal
    c) Pain due to recent hip ORIF and fractured ribs post fall
    d) Reduced mobility following recent hip surgery and post op pain
    e) Potential issues with returning to same status at home following hospital discharge
    f) Bloating, flatus and mild abdominal discomfort related to constipation

3. Complete functional maintenance care plan, functional maintenance screening tool and falls risk assessment
4. Communicate findings to multidisciplinary team

Module One - Medical Student Task List

In Module one, the medical students will complete a patient assessment, liaising with appropriate members of the multidisciplinary team where appropriate and will attend a team meeting to formulate a multidisciplinary plan. The scenario focuses on specific learning objectives *(See module one scenario)*.

This is a guide only and may assist the simulation team in the debrief. Some learners may not complete all the suggested tasks without prompting by the confederate playing an in-role ANUM.

Ideally the medical student will

1. Review the patient's medical history
2. Perform an appropriate examination of the patient
3. Identify the clinical issues with this patient, which are
    a) New onset of delirium
    b) Likely IDC associated UTI
    c) Analgesia issues related to hip ORIF and rib fractures
4. Establish baseline investigations required
5. Review medication chart and prescribe any medication in a safe and legible fashion
6. Receive and transmit information with colleagues in a fashion that is precise and clear and safe
7. Consider Rehab goals

Module One - Social Work Student Task List

In Module one, the social work student will complete an initial assessment, liaising with appropriate members of the Multidisciplinary Team (MDT) where appropriate and will attend a team meeting to formulate a multidisciplinary plan. The scenario focuses on specific learning objectives *(See module one scenario)*.

This is a guide only and may assist the simulation team in the debrief. Some learners may not complete all the suggested tasks without prompting by the confederate playing an in-role ANUM.

Ideally the social worker student will

1. Receives handover / iPM referral
2. Reviews medical history and transfer notes
3. Attempts Patient Assessment (*NB this may be inappropriate due to delirium in which case students are expected to obtain consent to contact NOK) to obtain information, including:*
4. Contact NOK
    a) Family background
    b) Accommodation
    c) Supports & Services
    d) Financial
    e) Legal (Power of Attorney)
    f) Adjustment to illness
5. Intervention
    a) Liaises with MDT to establish likely discharge plan
    b) Plan to contact daughter again if necessary for follow up and communication of plan
    c) Documentation in patient history
6. Identify complex social issues and liaise with MDT where appropriate
7. Establishes potential barriers to discharge directly home and identifies potential discharge pathways in conjunction with MDT
8. Communicate effectively with MDT to determine appropriate short & long term goals
9. Document in medical history

Module One - Physiotherapy Student Task List

In Module one, the physiotherapy student will receive an iPM referral to review Georgie. They are then expected to read the history and complete a physiotherapy initial assessment, liaising with appropriate members of the multidisciplinary team where appropriate and will then attend a team meeting to formulate a multidisciplinary plan.

This is a guide only and may assist the simulation team in the debrief. Some learners may not complete all the suggested tasks without prompting by the confederate playing an in-role ANUM.

An ideal physiotherapy student will

1. Review medical history and available investigations
2. Complete a comprehensive subjective examination of the patient, including:
    a) Neurological, pain, respiratory, social history, pre-morbid mobility, falls history, current mobility and exercises
3. The student may contact NOK or discuss with SW to clarify social situation
4. Complete an appropriate objective examination, including
    a) Observations
    b) Respiratory
    c) Musculoskeletal – hip range of motion and strength
    d) Transfers and mobility – identify pain as a limitation
5. Intervention as appropriate
6. Identify complex social issues and liaise with MDT where appropriate
7. Liaise with medical intern and nursing staff to request increase analgesia
8. Communicate effectively with MDT to determine appropriate short & long term goals and discharge options
9. Document in medical history

DATE: ----/----/----

Module One - Evaluation Tool

Thank you for taking time to complete this course evaluation, your feedback is greatly appreciated and will be considered in future simulation planning and training. Please circle the number representing your opinion about each statement. For free text, please be as specific as possible.

1. **How would you rate the sessions today?** *(Please circle)*

Poor Fair Good Very Good Excellent

2. Learning objectives

Please consider if the session was successful in meeting the following learning objectives: *(Please circle)*

Learning Objectives	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
To be aware of basic safety principles relevant to patients in hospital	1	2	3	4	5
Commence a discipline-specific patient assessment	1	2	3	4	5
Recognise and understand the significance of delirium	1	2	3	4	5
Understand the role of other members in the multidisciplinary team	1	2	3	4	5
Collaborate and communicate with other members of the multidisciplinary team	1	2	3	4	5
Develop a patient-centred plan of care	1	2	3	4	5

3. **What were the most positive aspects of the sessions today?**

4. **What were the most negative aspects of the sessions today?**

5. **From an educational perspective, is there anything you believe could be improved if the sessions were to be run again?**

6. **Please identify which discipline group you are from by ticking the appropriate box:**

   - □ Nursing Student
   - □ Medical Student
   - □ Social Work Student
   - □ Physiotherapy Student

Thank you for your feedback

Module One - Patient Record List

Type of Patient Record	***Quantity per scenario***	***Present & completed in notes (Please tick)***
Alert Sheet (completed)	1	
Discharge Summary (not completed)	1	
Functional Maintenance Care Plan (commenced)	1	
Functional Maintenance Screening Tool (not completed)	1	
Falls Risk (not completed)	1	
Braden Pressure Ulcer Risk Assessment Tool (Completed)	1	
Inpatient Progress Notes (commenced)	5	
ISBAR tool (not completed)	1	
Pharmaceutical care Plan (completed)	1	
Medication Chart (completed)	1	
Bowel chart (commenced)	1	
Diabetes Record (commenced)	1	
Daily fluid Balance Chart (commenced)	1	
Observation Chart (commenced)	1	
Patient Valuable Chart (completed)	1	
Peripheral Intravenous Record (not completed)	1	
Falls Prevention Management Plan (not completed)	1	
Multidisciplinary team pre-morbid assessment tool (not completed)	1	
Admission & Discharge Chart (not completed)	1	
Bradma labels (completed)	5 sheets	
Patient ID bracelet and red allergy band (insitu on patient)	1 of each	
Hourly patient rounding chart (commenced)	1	
Patient transfer notes (Including medical, nursing and medical letter, x-rays and pathology	1	

Have three sets of notes available for each group for module one to ensure they are available in time for the start of each session. The notes used by the previous group may have been written on.

Module One - Basic Life Support Presenters Notes

By the end of the workshop learners will be able to

1. Describe and perform basic life support as outlined in the Australian Resuscitation Council guidelines
2. Be aware of the teamwork required to perform effective basic life support

(Refer to BLS-D Power Point Presentation)

Workshop outline (55 minutes)

1. PowerPoint presentation (15 minutes)
2. Practical session
    a. Demonstration of airway skills (5 minutes)
    b. Demonstration of CPR (5 minutes)
    c. Demonstration of automatic external defibrillator (AED) (5 minutes)
    d. Mini-scenarios (20 minutes)

Notes for instructors

1. Presentation

a. Aim to involve learners using questions over a didactic approach
b. Gauge learner understanding early with definition of DRSABCD
c. Slides with no text are generally trigger slides to see what the learners understand

2. Workshops

a. Airway
    i. Ensure all learners understand how to do head tilt and chin lift
b. CPR
    i. Use mannequin to identify depth and rate issues
    ii. Encourage use of bag-valve-mask in confident learners otherwise compressions only CPR can be encouraged
    iii. Encourage coordinated change-over of compressor
c. Defibrillator
    i. Demonstrate voice and instructions of AED
d. Mini-scenario
    i. Unresponsive non-breathing victim – 2 initial responders
    ii. Stagger response of other learners

Module One - ISBAR Presenters Notes

Overview

ISBAR is the communication tool that has been adopted by Western Health to improve the efficiency and accuracy of referrals. It is a relatively simple mnemonic to remember. The main challenge of ISBAR lies in selecting the information to present, and for junior clinicians developing that ability often runs parallel to their growing clinical experience and knowledge.

(Refer to ISBAR Power Point Presentation)

Structure of workshop

Some of the junior learners will have come across ISBAR before, but there is a chance that many of them have not. The PowerPoint presentation that accompanies this workshop is necessarily hefty to explain the acronym. The time allotted is 55 minutes, and the PowerPoint should aim to run about 25 minutes at most.

Trainer Notes Exercise 1

This exercise is aimed at giving the learners an experience of receiving poor handovers with the hope that they are able to pick out the information that is left out in order to understand what should go into a good referral.

One learner should read the initial handover to the other. The one receiving the handover should consider what information has been omitted and can ask the other person for more information (which is given). With all the information they should then try to hand the patient back, using good ISBAR technique.

Exercise 1 Sample responses

Mrs Jones

How old is this patient?
What is the diagnosis? Is it pneumonia? Is it COAD?
Are we treating the hypoxia? What oxygen delivery device are we using? How fast is her respiratory rate? What does her chest sound like?
Has her fever been treated?
How fast is her tachycardia? Is there an associated hypotension? Has it been treated?
When were her last antibiotics?
When was her last BSL?
Does she need chest physio?

"You have Mrs Jones who is 70 and has been admitted with community acquired pneumonia. She is not currently unwell with a room air saturation of 91%, which corrects to 95% on 2L via nasal prongs. She has a background of type 2 diabetes, cardiac failure and reflux. Aside from the hypoxia she is tachycardic at 105 with a good blood pressure of 143/67. She is also febrile 37.9. She has coarse creps in the left base. Her last BSL was 16.1. She has been treated with IV benzylpencillin which has been given recently but she has not had a recent BSL or treatment for her fever, can you please see to this?"

Mr Tan

Why does he have an IDC in? Is it for urine output monitoring? Is it for retention?
His blood pressure is low, is that normal? Is there a change?
What do you mean by off? How much IV fluid did he get?

"You have Mr Tan who is a 65 year old gentleman with sepsis suspected to be originating in his hip, which was washed out two days ago. He is now hypotensive with a blood pressure of 105 systolic, tachycardic 120, and febrile 38.1. His urine output has been low in the last 4 hours with 50mL output via IDC. He is currently on IV vancomycin and gentamicin and the hypotension has been treated recently with a 250mL fluid bolus. Can you please check in an hour if there is any change in the urine output or the blood pressure and report back to the orthopaedic team?"

Tommy

How old is this patient?
What are the other vital signs?
What is the assessment? Is it heart failure? Is it pneumonia?
Does he need chest physio?
Does he need antibiotics?

"I have Tommy who is 61 years old and 3 days post coronary artery graft who has become short of breath today and developed a productive cough and pleuritic chest pain. He has a background of cardiac failure and diabetes. On examination his is hypoxic on room air at 91% which corrects to 93% on 6L via Hudson. He is a little bit tachynpoeic at 26 and febrile 37.9, but his blood pressure and pulse are alright at 143/87 and 98. He has some left sided creps. He might have fluid overload as the resident charted Lasix but he could also have pneumonia. Could you see him for some chest physiotherapy? Thanks."

INTRODUCTION - I have Tommy who is 61 years old and 3 days post coronary artery graft…
SITUATION - who has become short of breath today and developed a productive cough and pleuritic chest pain.
BACKGROUND - He has a background of cardiac failure and diabetes.
ASSESSMENT - On examination his is hypoxic on room air at 91% which corrects to 93% on 6L via Hudson. He is a little bit tachynpoeic at 26 and febrile 37.9, but his blood pressure and pulse are alright

at 143/87 and 98. He has some left sided creps. He might have fluid overload as the resident charted Lasix but he could also have a pneumonia.
REQUEST - Could you see him for some chest physiotherapy? Thanks.

Trainer Notes Exercise 2

Exercise 2 is a chance to give a good ISBAR handover with all the necessary information in front of them.

This is your patient. Please refer them to your senior colleague (medical/nursing).

You have been looking after Tamsyn Chekzuk, a 35-year-old female who was admitted with per vaginal bleeding. She is 14 weeks pregnant with her second pregnancy. Her first pregnancy resulted in a successful delivery of a boy who is now 5 years old. She is otherwise healthy and has no allergies. She was admitted from Emergency to the Gynaecology team and is now on the ward. She had had 3 days of vaginal bleeding and lower abdominal pain and by the time she came to Emergency she was changing a pad every hour and a half.

Her clinical examination on arrival was:
HR 110; BP 95/45; SaO2 96% RR 20; Temp 36.3
Cool peripheries, clear chest and unremarkable heart sounds. Abdomen tender in the suprapubic region
She was treated with 2 litres of normal saline. Blood was taken for FBE/UEC/Group and hold and her observations on arrival to the ward were
HR 95; BP 115/71; SaO2 96% RR 16; temp 36.1
The plan is for her to have a formal pelvic ultrasound to determine? Miscarriage or? Ectopic pregnancy.
It is now 6 hours post-arrival on the ward. She is feeling lightheaded and unwell and has continued to bleed per vaginum. Her observations are
HR 110; BP 90/42; SaO2 93%; RR 26; temp 35.9

Exercise 2 Sample responses

"Hi, I'm looking after Tamsyn Chekzuk, a 35 year old who was admitted with heavy vaginal bleeding and who is now hypotensive and tachycardic and feeling lightheaded. She is 14 weeks pregnant with her second pregnancy. Her heart rate is 110, blood pressure 90/42 and respiratory rate 26. She has continued to bleed. I think she is in shock and needs some fluid or blood, can you please review urgently and let me know what you'd like done in the meantime?"

INTRODUCTION - Hi, I'm looking after Tamsyn Chekzuk, a 35 year old who was admitted with heavy vaginal bleeding…
SITUATION - and who is now hypotensive and tachycardic and feeling lightheaded.

BACKGROUND - *She is 14 weeks pregnant with her second pregnancy.*

ASSESSMENT - *Her heart rate is 110, blood pressure 90/42 and respiratory rate 26. She has continued to bleed. I think she is in shock and needs some fluid or blood.*

REQUEST - *can you please review urgently and let me know what you'd like done in the meantime?*

Module One - ISBAR Exercises

Exercise 1

Break into pairs. You will practice by handing over the three patients to each other. The first person should read the written handover to the second person. Using what you know about ISBAR the second person should ask questions to try to fill in the missing information (as these initial examples are 'poor referrals'.

1. Handover Nursing to Medical

Mrs Jones is in bed 1, she's a recent admission from ED with shortness of breath. She's got a past history of diabetes and CCF and reflux and a total hip on the right. She lives at home with her husband who sounds pretty old and frail. She's febrile, her sats are 91% and she's tachycardic. The medical team saw her and they've put her on QID antibiotics IV.

Patient: Mrs Jones, 70 years old, from home with frail husband

Past history of type 2 diabetes, congestive cardiac failure, gastro-oesophageal reflux, total hip replacement (right)

Vitals: HR 105 BP 143/67 RR 20, SaO2 91% on RA; 95% on 2L; Temp 37.9

Examination: Looks not unwell, speaking in full sentences, coarse crepitations left base, heart sounds unremarkable

Progress: has been charted QID IV Benzylpenicillin for diagnosis of community acquired pneumonia which she has recently received. No recent BSL done, last done in ED 6 hours ago – 16.1. Eating and drinking, mobilizing without issues.

2. Handover Nursing to Medical

Mr Tan is in bed 2. He's a 65 year old two days post septic hip washout and he's on IV Vancomycin and Gentamicin. He's got a IDC in, blood pressure's a bit low but okay 105, background of diabetes, hypertension. He's feeling a bit off today and his appetite was off so we gave some IV fluids.

Patient: Mr Tan, 65 years old, from home with family.

Past history of diabetes and hypertension.

Vitals: HR 120, BP 105/55, RR 20 SaO2 93% RA, temp 38.1

Examination: looks unwell, rigors. Heart sounds unremarkable, chest sounds unremarkable, abdomen soft, wound unremarkable. IDC draining 50mL last 4 hours in total.

Progress: 2 days post septic hip washout but started on IV Vancomycin and gentamicin for suspected sepsis. Blood pressure had been stable at 140 systolic but poor urine output necessitated indwelling catheter insertion and the orthopaedic team have asked for a urine output of greater than 30ml per hour otherwise they should be called. A 250mL fluid bolus has been charted and if there is no

improvement in the blood pressure or urine output in an hour the resident needs to be paged to review the patient.

3. Handover Physio to Nursing

3. Tommy is in bed 3. He's just had CAGs but came out of CCU 1 day ago. He's a bit short of breath but he's got a history of heart failure, and he's diabetic, high blood pressure, high cholesterol. His sat is 93% on 6L he's got a cough, resps a bit fast, temps up 37.9. He had some Lasix after the medical resident gave a phone order two hours ago.

Patient: Tommy Lipuma, 61 year old male, from home with family
Past history of congestive heart failure, type 2 diabetes, hypertension and hypercholesterolaemia
Vitals: HR 98 RR 26 SaO2 93% 6L; 91% on room air (RA), BP 143/87, temp 37.9
Examination: heart sounds unremarkable, left sided creps, moist cough, speaking full sentences, calves benign
Progress: coronary artery graft 3 days ago, unremarkable post operative course until this morning – became short of breath and was coughing up green phlegm with increasing frequency during the day. Describing pleuritic left sided chest pain. Cardiology resident gave a phone order for Lasix (frusemide, a diuretic/fluid medication) 2 hours ago but has not yet reviewed.

4. Handover Nursing to Social Work

This is your patient. Please refer them to the Social Worker using ISBAR

You are the bedside nurse looking after Gina Spray, a 45 year old woman who is Day 2 post-op bowel resection. She has a history of anxiety and depression.

Current Obs: T 37.4, HR 86, BP 146/85, SpO2 96% 2L O2 via nasal prongs

She works as a home loans officer in a bank. She has a partner, Deborah, who she has not been able to contact since the operation. Gina also thinks she may have cancer but the biopsy results have not come back yet. You have got her out of bed with the physio and she is in tears and very upset and is desperate to talk to her partner as she has no other family in the country. You don't know how to deal with her in this situation as she is crying so much she is beginning to upset the other patients in the nearby beds.

5. Handover Nursing to Social Work

This is your patient. Please refer them to Physio using ISBAR.

You are looking after Palaka Gandhi who the doctors want to send home today. She has been admitted 1 week ago for management of her diabetic foot ulcers but you have noticed she is having trouble walking and is holding onto the rails along the corridor in the ward and struggles to get to the bathroom. You know that she lives alone and you really wonder if she is safe to go home. Her history

includes cataracts and diabetes and hypertension. She is 71. You also had to help her when she had a shower.

6. Handover Social Work to Medical / Nursing

You have just completed your social work assessment as per below. Please handover to your colleague using ISBAR format

Betty Bissell is a 73 year old woman admitted to hospital due to a severe stroke. She is on a ventilator in the intensive care unit and is unable to communicate. You have just phoned her brother to obtain some information about her previous history and social situation.
Past medical history: Type 2 diabetes, Hypertension, Arthritis (hips/knees/back), High Cholesterol, Mastectomy 10 years ago.
Social history: Previously lives at home with her husband Bob, who is wheelchair bound due to end stage Parkinson's disease. Up until recently Beth has been independent with all her ADLs (activities of daily living). Beth helps her husband with all of his personal care. They receive MOW (meals on wheels) for dinner and home help 2 times a week.
Cognition: Previously normal for her age
You are going to organise some respite care for Bob however need to know approximately how long Betty is going to be in hospital.

7. Handover Social Work to Physiotherapy

Please handover this patient for a physio review using ISBAR format

You really want a physio to come and review Sam Smith, an 18 year old man with a history of previous admissions for drug overdose suffered a fractured R ankle and R wrist following a dispute at a nightclub where he fell off the balcony. He had an operation on his ankle and wrist 5 days ago and is now NWB (non weight bearing) through is right leg and also his right arm. He lives with his parents and works part time at Hoyts selling movie tickets. He is due for discharge home today however you noticed him walking down to the cafeteria putting weight through his foot. You are worried that he's going to be jeopardising the healing of his fractures and wonder if he needs to use a frame or crutches.

8. Handover Physio to Medical / Nursing

You have just completed your assessment of the following patient and are requesting further medical review.

Please handover using ISBAR format.

Patient details:
Joan Sullivan

HOPC: 62yo woman admitted to hospital with R) LL pneumonia.

PHx: Bronchiectasis, C7 complete quadriplegia
SHx: lives in supported accommodation, assistance with most ADLs, able to feed herself
PMM: wheelchair bound

Objective examination:
Febrile 38.2, HR 110, BP 130/83
SpO2 88% FiO2 0.4 F&P
Ausc: Crackles throughout and reduced AE BB R>L
Cough: weak, moist, NP
CXR (Admission) – R) LL consolidation, reduced lung volumes
UL strength: ~ Gd 4, LL strength: 0/5

Treatment and impression: Your treatment today included positioning, nebulisation, suctioning and increasing her FiO2 to 0.5. Her oxygenation post treatment is 96% on Fio2 0.5 however you think she really needs an ICU liaison or ICU review as well as a repeat CXR. You have collected a sputum specimen and given it to the charge nurse. You are worried that she may deteriorate very quickly and end up on a ventilator.

Exercise 2

This is your patient. Please refer them to your senior colleague (medical/nursing).

You have been looking after Tamsyn Chekzuk, a 35-year-old female who was admitted with per vaginal bleeding. She is 14 weeks pregnant with her second pregnancy. Her first pregnancy resulted in a successful delivery of a boy who is now 5 years old. She is otherwise healthy and has no allergies. She was admitted from Emergency to the Gynaecology team and is now on the ward. She had had 3 days of vaginal bleeding and lower abdominal pain and by the time she came to Emergency she was changing a pad every hour and a half.

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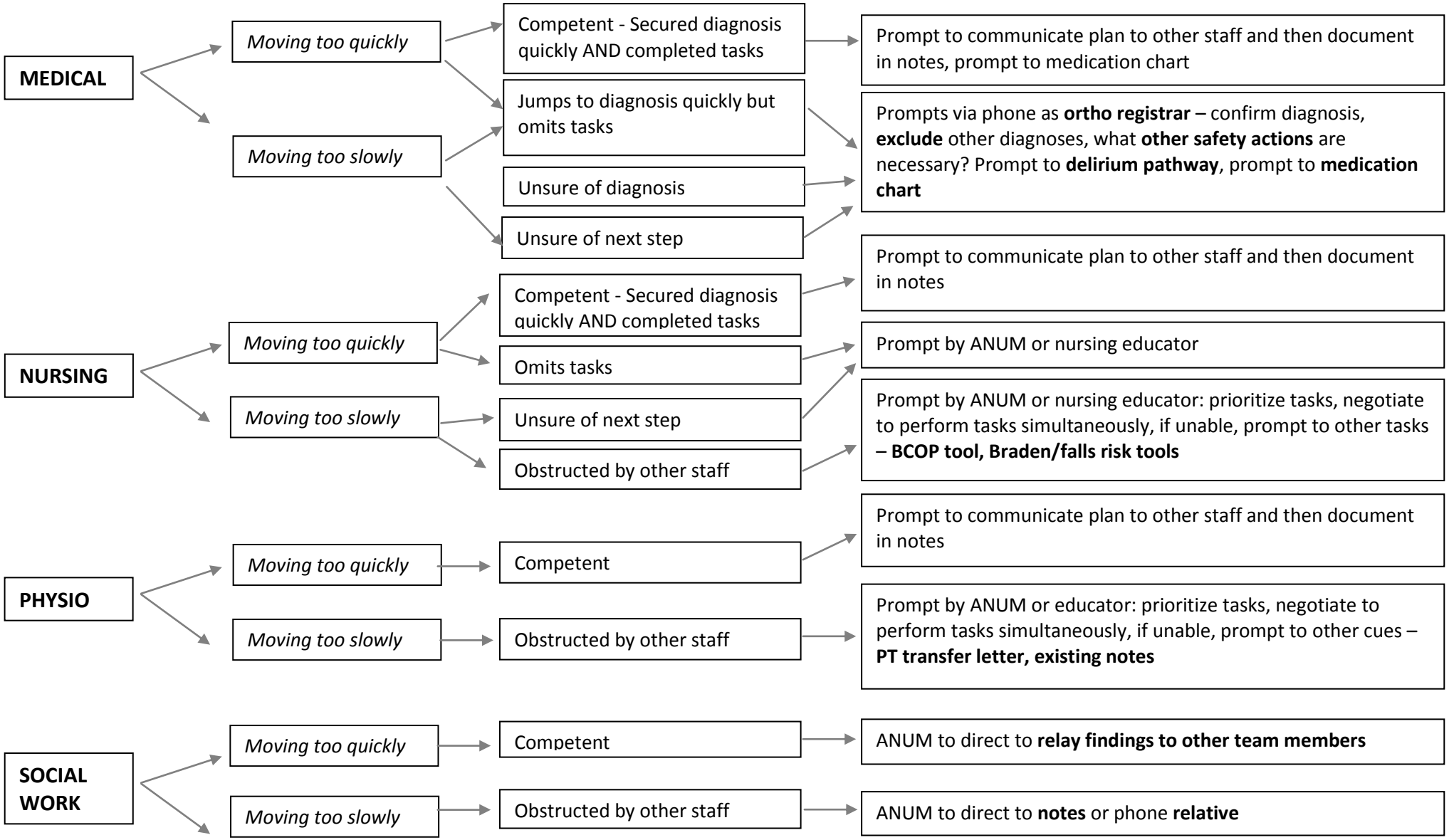
HR 95; BP 115/71; SaO2 96% RR 16; temp 36.1
The plan is for her to have a formal pelvic ultrasound to determine ?miscarriage or ?ectopic pregnancy.
It is now 6 hours post-arrival on the ward. She is feeling lightheaded and unwell and has continued to bleed per vaginum. Her observations are
HR 110; BP 90/42; SaO2 93%; RR 26; temp 35.9

Module One - Contingency Flow Sheet



STRIPE PHASE ONE: MODULE TWO - PATIENT DETERIORATION

Module Two - Session Outline

Timeline	Group A & B	Group C & D
15 mins	**Introduction to Module Two** Welcome and Introduction, overview of session: Learning Objectives, confidentiality	
60 mins	**Principles of Crisis Resource Management – Classroom** Team building game	
30 mins	**Introduction to Simulation Mannequin** *(DRSABCE familiarisation, tour of control room)*	
30 mins	**Group A – Scenario One** **Anaphylaxis** Stream to group B	**Group C – Scenario One** **Anaphylaxis** Stream to group D
30 mins	**Debrief** **Group A & B**	**Debrief** **Group C & D**
15 mins	*Break*	
30 mins	**Group B - Scenario Two** **Cardiac Arrest** Stream to group A	**Group D – Scenario Two** **Cardiac Arrest** Stream to group C
30 mins	**Debrief** **Group A & B**	**Debrief** **Group C & D**
5 mins	*Break*	
45 mins	**Open Disclosure & Risk Analysis - Facilitated Discussion**	
10 mins	**Evaluation/Closure**	

Module Two - Sign On Sheet

Course:	**STRIPE MODULE TWO**		**Group:**		**Facilitator(s):**			
Room:		**Campus:**		**Date:**		**Time:**	*Start*	*Finish*

	Employee Nº:	**Last Name:**	**First Name:**	**Department / Ward / Institution:**	**Signature:**	***Confidentiality Agreement:**
1						☐
2						☐
3						☐
4						☐
5						☐
6						☐
7						☐
8						☐
9						☐
10						☐
11						☐
12						☐`

***NOTE:** The Confidentiality Agreement applies to immersive simulation activities only. By ticking you agree that you have read, understood and accept the terms of the Agreement.*

Module Two - Patient Deterioration

Simulation Learning Objectives:

By the end of the session participants will have had an opportunity to:

1. Recognise the deteriorating patient and escalate care accordingly in a timely fashion
2. Complete an ABCDE approach to patient assessment
3. Work as a team to manage the patient condition
4. Communicate effectively, in particular using the ISBAR technique
5. Understand the principles of treatment of cardiac arrest and/or anaphylaxis

Scenario Design:

20 interprofessional undergraduate students (nursing, medicine, physio and social work) will participate in the module. Students will receive a briefing at the commencement of the module and will be asked to sign a confidentiality agreement prior to participation. The students are assigned to 4 interprofessional groups A, B, C and D and will remain in the same group for the duration of module two. Module two takes 5 hours to deliver.

Two groups will participate in two scenarios concurrently whilst the other two groups watch via live video streaming. A debrief will follow and then the groups will swap and go through the same process again, so that all students participate in one scenario. One scenario will focus on anaphylaxis, the second on cardiac arrest.

GROUPS	NURSING STUDENTS	MEDICAL STUDENTS	ALLIED HEALTH STUDENTS
A	1-2	1-2	1-2
B	1-2	1-2	1-2
C	1-2	1-2	1-2
D	1-2	1-2	1-2

Evaluation:

An evaluation tool will be completed at the end of module two.

Score Three

TIME REQUIRED	SIZE OF GROUP	MATERIAL REQUIRED
5-10 minutes.	Unlimited.	A box containing about forty pieces of screwed up paper. A waste bin is also required.

Overview

A quick activity to help participants see the benefit of using clear directions.

Goals

1. To demonstrate how good communication can improve results.
2. To develop a team spirit.

Procedure

1. Start this exercise by asking for a volunteer. Explain that the volunteer will be asked to follow a simple set of directions.
2. Once the volunteer has been selected ask them to come to the front of the room.
3. Place the volunteer at one side of the room and have them face the sidewall. Place the bin behind them near the opposite wall making sure that the bin isn't directly behind them.
4. Hand the volunteer the box containing the pieces of screwed up paper.
5. Tell them that their job is to throw the pieces of screwed up paper over their shoulder and have them land in the waste bin. They are not allowed to turn around at any point to see how they are going. They must throw three pieces into the bin to be successful.
6. Advise the group that they will be able to give the person any verbal directions as appropriate to help them achieve the goal for example, 'more to the left'.
7. After the three pieces of paper have been thrown into the bin, ask your volunteer what helped to achieve the goal. Ask the group if it felt as though they had achieved the goal as well.

Discussion points

1. What helped the volunteer achieve the goal?
2. What hindered the volunteer?
3. Did the group feel as though they were part of a team?
4. How can we improve our instructions?
5. How does this apply in the workplace?

Variations

1. The screwed up pieces of paper can come from the sheets used in Game 70 in 100 Training Games.
2. Use two volunteers who are both blindfolded. One is throwing the pieces of paper and the other is holding the waste bin. Therefore, the group is giving them both verbal directions

Module Two - Anaphylaxis Simulation Scenario

Simulation Learning Objectives

By the end of the simulation session participants will:

1. Recognize the deteriorating patient and escalate care accordingly in a timely fashion
2. Complete an ABCDE approach to patient assessment
3. Work as a team to manage the patient condition
4. Communicate effectively, in particular using the ISBAR technique
5. Have a basic understanding of the principles of treatment for anaphylaxis

Scenario Design:

Module two focuses on a patient 'Georgie' (patient manikin) who has been in hospital following a fractured left neck of femur with dynamic hip screw repair. Georgie, has been diagnosed with a catheter related urinary tract infection (UTI) and associated delirium post-operatively. Georgie now develops an anaphylactic reaction with hypotension and wheeze following the administration of antibiotics.

Patient Details:

"Georgie" is a 71-year-old female who suffered a broken her hip whilst on holidays in a rural area. "Georgie" was taken by ambulance to Goldfields private hospital where she underwent surgery the day after the fall.

She underwent an open reduction and internal fixation (ORIF) for left fractured NOF (Neck of Femur) with a DHS insertion (Dynamic Hip Screw). She was transferred to your hospital for ongoing rehab, as her daughter was anxious for her to be closer to home. Georgie is day 4 post-op.

Her post-operative recovery has been complicated by a catheter related urinary tract infection (UIT) and associated delirium. The sensitivities came back showing resistance to Trimethoprim so Augmentin has been charted on the drug chart and a first dose has been unwittingly given despite a charted penicillin allergy. **Note:** this was given prior to the students interacting with the patient

The nurse confederate has requested that the physiotherapy student review the patient as she is feels Georgie needs some chest physio as she has been short of breath today. The nurse confederate is concerned because Georgie has rib fractures from her original fall and she is worried she will develop a chest infection. The physiotherapy student will attempt to do an initial assessment but Georgie will start to complain of feeling worse.

If there is a social work student in the group, they will be in the room talking to 'Lexi" the patient's daughter at the time (Lexi is played by an allied health confederate).

(If there is no physio student, the patient will complain of feeling unwell to the social work student who is talking to Lexi, and they will need to get help)

Past History	Paroxysmal AF Type 2 diabetes – retinopathy Osteoarthritis – R) knee replacement 5 years ago No AMI, but angiogram 30% blockage to RCA 3 years ago
Social History	Widowed, lives alone in 2-storey house with cat, quite independent with ADL's, and does own banking. Drives locally during the day. Was a librarian, is now retired. Has a supportive daughter Lexi who lives nearby and cooks and cleans for her occasionally. Member of a book club Alcohol – 2 glasses of wine/night
History of presenting illness	Has been commenced on oral antibiotics today for a UTI

Presenting symptoms	Has begun to feel short of breath with mild wheeze and decreasing oxygen saturations
Medication	Penicillin allergy – anaphylaxis Ramipril 10mgs daily Frusemide 40mgs daily Aspirin 100mgs daily Warfarin 3mgs daily (restarted post-op) Metformin 1000mgs BD Lantus insulin 23 units nocte Atorvastatin 40mgs nocte Digoxin 62.5 microgram daily

General ***(Note: This is for one room setup-two rooms will be needed with same setup)***	
Patient	SimMan 3G (female version)
Setting	In single room in ward environment
Patient attire	Gown & TED stockings
Monitoring	IV cannula insitu
Documentation	Trainer instructions Confederate instructions Scenario template Debrief guide Evaluation tools Sign on sheets and confidentiality agreement

Equipment/Props	**Number**	**Sourced From**
Grey wig with knitted headband	1	Sim Centre
Dressing gown laying over bed	1	Sim Centre
Slippers	1	Sim Centre
Patient gown	1	Sim Centre
TED stockings (on manikin)	1	Sim Centre
Bed	1	Sim Centre
Patient locker	1	Sim Centre
Over bed table	1	Sim Centre
Thermometer	1	Sim Centre

Pulse Oximeter	1	Sim Centre
NIBP	1	Sim Centre
Stethoscope	1	Sim Centre
2WF	1	Physio Dept.
Patient history in folder at nurses station	1	Sim Centre
Patient charts in folder at bedside	1	Sim Centre
Bradma labels & ID bracelet-No allergy band insitu	5 sheets	Sim Centre
Fake flowers on bedside locker	1	Sim Centre
Moulage wound L) hip	1	Sim Centre
Glucometer	1	Sim Centre
ECG machine	1	Sim Centre
Gloves & debug	1	Sim Centre
Water jug and glass	1	Sim Centre
Books and magazines	1	Sim Centre
Medications	Various	Sim Centre
XRAY – Chest with no consolidation, 2 rib fractures	1 each	Sim Centre
ECG – Sinus Tachycardia	1	Sim Centre
Pathology results	1	Sim Centre
Resuscitation trolley with ALS drugs	1	Sim Centre
Adrenaline ampoules 1mg/ml	4	Sim Centre
IV Hydrocortisone 250mgs vials	4	Sim Centre

Roles

Describe what roles participants and faculty are expected to play in the simulation, for what purpose and any instruction needed, i.e.: cues for faculty

Faculty required	
Observer A/ **Scenario Director**	Two observer A's will be required if two scenarios are being conducted concurrently. They need to be an experienced debriefer Observer A will also have to play the role of the orthopaedic registrar and respond to phone queries from the sim room as needed. At the conclusion of the scenario, Observer A and the ICU liaison nurse confederate will conduct a post-scenario debrief with the student

	group and the student observers. Observer A will then go onto watch the next group as an observer and then once again play the orthopaedic registrar and lead the debrief.
Observer B/Nurse Confederates	One nurse trainer is required to play the role of a nurse on the shift for each scenario. The nurse will play a fairly experienced nurse who is able to follow instructions and assist with most tasks that are requested of them
ICU Liaison Nurse Confederates	One nurse is required to play the role of ICU Liaison Nurses for each scenario. They will called by sim phone and also need to enter the room. They will be the second debriefer at the end of the scenario.
Simulation Technician	One simulation technician is required to operate SimMan 3G and play the role of the switchboard operator for each scenario. The technician is also responsible for ensuring SimMan 3g is set up for each scenario and the set is redone between scenarios. The technicians are also responsible for ensuring audio-visual equipment is set up and ready, and trouble shoots any related issues.
Lexi, the daughter (Allied Health Confederate)	You are playing the role of Lexi, Georgie's daughter. The person playing this role should read the Phone Confederate Instructions from Module 1 to learn more about Lexi. Lexi is present in the room at the beginning of the scenario. You have asked to speak to the Social Worker, as you and your mother want some more information on the available care packages available as you think your mother may need this when she goes home. When the scenario begins, the social work student will enter. You need to question the social worker regarding options for meals on wheels, someone to come in to help with the cleaning and washing etc. You and your mother think that with some more services and help she should be able to get home again. The physiotherapy student will then enter the room to examine your mother's lungs as she was complaining of some shortness of breath earlier. See the Scenario template and flow sheet for other script and verbal

	cues as the scenario progresses. It is expected that the social workers will want to take you out of the room as your mother deteriorates. You need to be: Anxious – "Is she going to be OK? What's wrong? Why is she itchy?" Angry – "Who did this to her?" "Someone gave her the wrong drug, didn't they?" etc… Once your mother has improved / stabilised, you will be brought back into the room to see her. You will be very emotional and angry. You need to ask questions to the staff such as: What happened? Will she be OK? Did she have an allergic reaction? Who did this to her? Whose fault is it?
Senior Social Worker	This person needs to be a qualified social worker who will observe the social work students through the scenario and provide support as appropriate. This person needs to be aware of the patient story, learner goals and flow of the scenario. This person will also play the voice of the patient. Georgie begins to 'deteriorate' while the Social Work student is conducting an interview with the patient's daughter, Lexi (played by a confederate). At this point in time, the Social Work student will be expected to: Identify something is wrong Check for a response from the patient Call for help / escalate This forms the DRS part of DRSABC. The Physiotherapy / Medical / Nursing students will then have to respond to further deterioration in terms of medical intervention and/or providing life support. As the patient deteriorates further, Lexi will become anxious and distressed and the Social Work student will be expected to:

	Provide support / management of Lexi Take Lexi into another room Crisis management: food and fluids, access to communication – do they need to talk to another family member / do they need support, explicit re: communication back from team, When Georgie is 'stable' the Social Work student and Lexi will be asked back into the room by the Nursing students (or a confederate). It is then expected that Nursing/Medical will explain to Lexi what happened and what the plan is from here. The Social Work Student will be required to assist and support Lexi as appropriate.
Nursing students	Play the role of student nurses
Medical students	Play the role of medical interns who will need to prescribe medications and order basic diagnostic tests
Physiotherapy students	Play the role of physiotherapist students
Social work students	Play the role of a social worker students

Scenario Starting Point

Handover

Initially, the social work student will be directed to enter the room to talk to Georgie and Lexi as they are requesting information on available care packages and support with meals at home.

2 minutes later, the nurse confederate is to ask the physiotherapist to review the patient with the following handover:

> "Can you please review this patient, Georgie; she's a lady 4-days post ORIF and DHS left hip. She is feeling a bit short of breath today – she had some rib fractures on the left so I think he might need some chest physio? Someone will be in to do some observation soon. Thanks"

The physio will attempt to assess and mange the patient. Georgie will state she is feeling more short of breath and also feels itchy

Scenario States

The scenario states are set out using an ABCDE approach, to show what changes are necessary for each area in each state.

A = Airway
B = Breathing
C = Circulation
D = Disability
E = Exposure

Baseline State: ~ 0 mins: Georgie is lying in bed, daughter Lexi, sitting next to her in a chair.

A. Airway patent, speaking normally
B. RR 24, SaO2 92% on room air, chest-soft wheeze
C. BP 142/67 HR 110
D. Alert, orientated, GCS 15, BSL 8.1, T37.4
E. Not unwell, very mild itch, lying flat in bed

Other actions:

- SW enters room to speak to Georgie & Lexi, will introduce self to patient and Lexi and get verbal consent from Georgie to discuss information

- Physio enters room to treat Georgie and to do an initial assessment of patient condition before considering mobilising i. e: auscultation, SaO2 BP, HR, obs, may look at hip

Verbal cues from Georgie

  - "I feel a bit itchy" – to relative or social worker
  - *"I feel a bit short of breath, is it my ribs again?" (Georgie) – to physio (to focus attention on chest)*
  - *"No phlegm – dry cough" (if asked)*
- Nursing and medical students are waiting outside

State 1: ~ 5 mins: Georgie starts to feel more short of breath and itchy

Physiotherapist starts initial assessment and management of patient. (e.g. SaO2/Chest auscultation)
Georgie should only state she feels more short of breath and itchy at the end of this assessment. Social worker is talking to Lexi, who will start to get more concerned as Georgie starts to experience symptoms of anaphylaxis. The allied health staff should call the nurses in when they realise Georgie is deteriorating

A. Airway patent, speaking normally
B. RR 27, SaO2 91% on room air, chest-soft bilateral wheeze
C. BP 115/74 HR 110
D. Alert, orientated, GCS 15, BSL 7.7, T37.4
E. Feeling more itchy

Other actions:

- Physio sits patient up, +/- auscultate chest, apply O2 and SaO2 pleth,
- SaO2 will not improve with O2 and sitting up
- Calls for nurse
- Reassure Lexi
- ***Verbal cues from Georgie***
  - *"My arm is getting more itchy"*
  - *"I really do feel a bit breathless*

Verbal cues from Lexi

  - *"You're starting to get a red rash all over you, Mum?*
  - *'What was that tablet they gave mum?"*

State 2: ~ 10 mins: Georgie's condition continues to deteriorate

Nursing staff enters room, and should receive a brief ISBAR handover from allied health staff in room, based on Georgie's current status. Nursing students will be concerned and want to call for help and get medical students into room plus continue to do patient assessment.

A. Airway patent, speaking in funny sounding voice. 1+ tongue oedema, anxious
B. RR 34, SaO2 91% on oxygen, widespread bilateral wheeze
C. BP 99/74 HR 125
D. GCS 15, BSL 7.7, T-37.4, Denies chest pain
E. Clammy looking (will need verbal prompt for this), feeling light headed. Feeling itchy all over.

Other actions:

- Medical students arrive in room and receive ISBAR handover from nursing and allied health staff
- Medical students begin ABCDE assessment of patient
- If no one appears to recognize the anaphylaxis, Georgie to highlight she is very itchy and if that is not enough, then add that she is worried it is the tablet they have her ½ hour ago

Verbal cues from Georgie

  - *"I feel dizzy and really itchy"*
  - *"My tongue feels funny"* (speech to sound like tongue is swelling)
  - *"What's happening?"*
  - *"I don't know what that tablet they gave me before was"*

- Social worker with Lexi who is very anxious and distressed. They may want to take her out of room, but she will prefer to stay
- Recognize anaphylaxis/review medication chart
- Treat hypoxia /increase O2
- Legs up/head up
- Call for senior help to control room
- If code blue is called – team at another code, ICU Liaison nurse is available on phone or 1-2 minutes away as rescue
- Treat hypotension/IV fluids
- IM adrenaline 500 micrograms given
- If antihistamines given – no effect

State 3: ~ 15-20 mins: Multidisciplinary team manages situation and Georgie starts to improve

This state occurs following arrival of ICU Liaison nurse who assists team in managing patient including the administration of 1- 2 doses of IM adrenaline. Lexi may or may not be taken out the room.

A. Airway patent, speaking normally, a less anxious and feeling much less lightheaded and less SOB. No tongue oedema
B. RR 22, SaO2 95%, moderate bilateral wheeze
C. BP 121/74 HR 105
D. GCS 15, BSL 7.7, T-37.4, Denies chest pain
E. No chest pain. Feeling less itchy,

Other actions:

Verbal cues from Georgie

- *"'I am starting to feel a bit better thank-you"* (after administration of adrenaline)

- SW – bring relative back in to show patient in resolved state if she has been taken out of the room (may need confederate prompting)
- Nursing students to continue monitoring obs
- Physio students remain in room
- Medical students-explain to Georgie and Lexi what has happened

Module Two - Debrief & Prompts Guide

(This tool can be used for both anaphylaxis and cardiac arrest scenario)

Simulation Learning Objectives

1. Demonstrate recognition of patient deterioration, in particular, anaphylaxis / arrest and timely escalation of care
2. Execute timely ABCDE assessment of patients
3. Demonstrate effective teamwork and communication, in particular, use of ISBAR handover
4. Understand principles of treatment of anaphylaxis / cardiac arrest

Opening

How are you feeling? How did that go? Any initial thoughts?

Technical

What happened in the scenario?

What did you each have to do?

a) ABCDE assessment

What were the patient's main problems and what suggested this?

a) Anaphylaxis
b) Cardiac arrest

What safety issues did you identify?

Non-technical

How did you feel working as a team?

a) Use of CRM principles

How was the communication amongst the team?

a) Closed loop
b) ISBAR

How did you understand each other's roles?

How did you co-ordinate your actions?

Was everyone on the same page by the end?

Did you feel like you knew what the plan was?

How did you manage the relative?

Closing

What would you do next time?

What have you learnt from this scenario?

Module Two - Cardiac Arrest Simulation Scenario

Simulation Learning Objectives

By the end of the simulation session participants will:

1. Recognize the deteriorating patient and escalate care accordingly in a timely fashion
2. Complete an ABCDE approach to patient assessment
3. Work as a team to manage the patient condition
4. Communicate effectively, in particular using the ISBAR technique
5. Understand the principles of treatment of cardiac arrest

Scenario Design

Module two focuses on a patient 'Georgie' (manikin) who has been in hospital following a fractured left neck of femur with dynamic hip screw repair. Georgie has been diagnosed with a catheter related urinary tract infection (UTI) and associated delirium post-operatively. Georgie now develops chest pain and worsening dyspnoea with syncope, which progresses to cardiac arrest. She will be successfully resuscitated.

Patient Details:

"Georgie" is a 71-year-old female who suffered a broken her hip whilst on holidays in a rural area. "Georgie" was taken by ambulance to Goldfields private hospital where she underwent surgery the day after the fall.

She underwent an open reduction and internal fixation (ORIF) for left fractured NOF (Neck of Femur) with a DHS insertion (Dynamic Hip Screw). She was transferred to Sunshine Hospital for ongoing management, as her daughter was anxious for her to be closer to home.

Her post-operative recovery has been complicated by a catheter related urinary tract infection (UIT) and associated delirium.

Georgie has continued to experience rib pain from the fractured ribs she sustained during her original injury.

Past History	Paroxysmal AF Type 2 diabetes – retinopathy Osteoarthritis – R) knee replacement 5 years ago No AMI, but angiogram 30% blockage to RCA 3 years ago
Social History	Widowed, lives alone in 2-storey house with cat, quite independent with ADL's, and does own banking. Drives locally during the day. Was a librarian, is now retired.

	Has a supportive daughter Lexi who lives nearby and cooks and cleans for her occasionally. Member of a book club Alcohol – 2 glasses of wine/night
History of presenting illness	Has been ambulating with physio using 2WF this morning, recently returned to bed. Has been anxious today about rehab possibilities and her inability to return to home. Now feeling short of breath
Presenting symptoms	Has begun to feel short of breath with mild wheeze and decreasing oxygen saturations
Medication	Penicillin allergy – anaphylaxis Ramipril 10mgs daily Frusemide 40mgs daily Aspirin 100mgs daily Warfarin 3mgs daily (restarted post-op) Metformin 1000mgs BD Lantus insulin 23 units nocte Atorvastatin 40mgs nocte Digoxin 62.5 microgram daily

General ***(Note: This is for one room setup-two rooms will be need with same setup)***		
Patient	SimMan 3G (female version)	
Setting	In single room in ward environment	
Patient attire	Gown & TED stockings	
Monitoring	IV cannula insitu	
Documentation	Trainer instructions Confederate instructions Scenario template Debrief guide Evaluation tools Sign on sheets and confidentiality agreement	
Equipment/Props	Number	Sourced From
Grey wig	1	Sim Centre
Dressing gown laying over bed	1	Sim Centre
Slippers	1	Sim Centre
Patient gown	1	Sim Centre
TED stockings (on manikin)	1	Sim Centre

Bed	1	Sim Centre
Patient locker	1	Sim Centre
Over bed table	1	Sim Centre
Thermometer	1	Sim Centre
Pulse Oximeter	1	Sim Centre
NIBP	1	Sim Centre
Stethoscope	1	Sim Centre
2WF	1	Physio Dept.
Patient history in folder at nurses station	1	Sim Centre
Patient charts in folder at bedside	1	Sim Centre
Bradma labels	5 sheets	Sim Centre
Fake flowers on bedside locker	1	Sim Centre
Moulage wound L) hip	1	Sim Centre
Glucometer	1	Sim Centre
ECG machine	1	Sim Centre
Gloves & debug	1	Sim Centre
Water jug and glass	1	Sim Centre
Books and magazines	1	Sim Centre
Pathology results	1	Sim Centre
Resuscitation trolley	1	Sim Centre
Adrenaline minijets 1 mg	4	Sim Centre

Roles

Describe what roles participants and faculty are expected to play in the simulation, for what purpose and any instruction needed, i.e.: cues for faculty

Faculty required	
Observer A/ **Scenario Director**	Two observer A's will be required if two scenarios are being conducted concurrently. They need to be an experienced debriefer Observer A will also have to play the role of the medical registrar and may need to respond to medical phone queries from the sim room as needed. At the conclusion of the scenario, Observer A and the ICU liaison nurse confederate will conduct a post-scenario

	debrief with the student group and the student observers.
Observer B/Nurse Confederates	One nurse trainer is required to play the role of a nurse on the shift for each scenario. The nurses will play a fairly junior nurse who is able to follow instructions and assist with most tasks that are requested of them.
ICU Liaison Nurse Confederates	One ICU liaison nurses is required to play the role of ICU Liaison Nurses for each scenario. They will called by sim phone and also need to enter the room. They will be the second debriefers at the end of the scenario.
Simulation Technician	One simulation technician will be required to operate SimMan 3G for each scenario and also play the role of the switchboard operator during each scenario. The technician is also responsible for ensuring SimMan 3g is set up for each scenario and the set is redone between scenarios. The technicians are also responsible for ensuring streaming of live video is working prior to the scenario starting.
Lexi, the daughter (Allied Health Confederate)	You are playing the role of Lexi, Georgie's daughter. See Module one for further details on Lexi and her relationship with Georgie if required. Lexi is present in the room at the beginning of the scenario. Your mother has overheard that she may need to go to rehab and is upset and worried. You have asked that the social worker and physio come and talk to you and your mother about rehab to alleviate her concerns. You can ask questions such as: "How long will she be at rehab?" "Does she get to go into the hydrotherapy pool?" "Could she just have rehab at home?" Your mother will then become unwell, complaining of shortness of breath and chest pain. See the Scenario template and flow sheet for other script and verbal cues as the scenario progresses.

	You need to be: • Upset • Refusing to leave the room • Very scared and concerned It is expected that the staff will ask you to leave the room. You need to resist – you want to stay with your mother and you will not leave her side. After a couple of minutes, you can finally agree to leave the room. Your mother will be 'saved' and you will be brought back into the room to see her. You will kiss her and be very relieved and emotional. You need to ask questions to the staff such as: "What happened" "Will she be OK now?" "Did she have a heart attack?"
Senior Social Worker	This person needs is a qualified social worker who will observe the social work students through the scenario and provide support as appropriate. This person needs to be aware of the patient story, learner goals and flow of the scenario. This person will also play the voice of the patient. Georgie begins to 'deteriorate' while the SW student is conducting an interview with the patient's daughter, Lexi (played by a confederate). At this point in time, the SW student will be expected to: • **Identify something is wrong** • **Check for a response from the patient** • **Call for help / escalate** This forms the DRS part of DRSABC. The Physiotherapy / Medical / Nursing students will then have to respond to further deterioration in terms of medical intervention and/or providing life support. As the patient deteriorates further, Lexi will become anxious and distressed and the SW student will be expected to:

	Provide support / management of Lexi Take Lexi into another room Crisis management: food and fluids, access to communication – do they need to talk to another family member / do they need support, explicit re: communication back from team, When Georgie is 'stable' the Social Work student and Lexi will be asked back into the room by the Nursing students (or a confederate). It is then expected that Nursing/Medical will explain to Lexi what happened and what the plan is from here. The Social Work Student will be required to assist and support Lexi as appropriate.
Nursing students	Play the role of student nurses
Medical students	Play the role of medical interns who will need to prescribe medications and order basic diagnostic tests
Physiotherapy students	Play the role of physiotherapist students
Social work students	Play the role of a social worker students

Scenario Starting Point

Handover

The nursing confederate is to ask the physiotherapist and social worker to speak to Georgie with the following handover:

“Can you please review Georgie Grigg? She is a lady is day 5 post-op DHS and also has some left sided rib fractures. She has had some episodes of delirium related to a UTI and a recent anaphylactic reaction, which is now resolved. . The plan is to get her to rehab as her mobility is quite poor still. She is a bit upset today as she overheard the conversation between staff that she might need rehab and I think she’s scared. Previously she was very independent. Her daughter is in there with her and we hoped both of you might be able to help her alleviate her fears about rehab?

This morning she has been for a walk with the physiotherapist but has just returned to bed.

(If there is no social work student in the group, then just send in the physio student.). ‘Lexi” the patient’s daughter will be in the room talking to Georgie at the time (Lexi is played by an allied health confederate).

(If there is no physio or social work students, then the nursing students should be sent in to review Georgie, who has buzzed because she feels a bit short of breath)

Scenario States

The scenario states are set out using an ABCDE approach, to show what changes are necessary for each area in each state.

A = Airway
B = Breathing
C = Circulation
D = Disability
E = Exposure

Baseline State: ~ 0 mins: Georgie is lying in bed, daughter Lexi, sitting next to her in a chair.

The physiotherapy and social work students enter the room to speak to Georgie and Lexi regarding her concerns about rehab and begin conversation with patient. Reassurance and explanations are given about rehab to Georgie and Lexi. Nursing and medical students are outside to be called in.

A. Airway patent, speaking normally
B. RR 18, SaO2 93%, chest bibasal crepitation's
C. BP 142/67 HR 105, T 37.3
D. Alert, orientated, GCS 15, BSL 7.9
E. Not unwell

Other actions

Verbal cues from Georgie

- *"I'm worried about rehab. I want to go home. I'm scared I'm never going to leave hospital"*
  After a few minutes…
- *" I feel a bit out of breath dear, give me a minutes to catch my breath"*

State 1: ~ 5mins: Georgie starts to feel unwell and becomes more short of breath

Georgie starts to experience some shortness of breath and develops left arm and chest pain

A. Airway patent, speaking normally
B. RR 24, SaO2 92%, chest- bilateral crepitation's
C. BP 105/74 HR 105, T 37.2
D. Alert, orientated, GCS 15, BSL 7.7
E. Feeling more short of breath and then starts to complain of left arm and chest pain

Other actions

Verbal cues from Georgie

- "Ooh, I feel really puffed, and now there's a pain in my arm, I hope it's not my heart playing up again!"

- Lexi- starting to get worried about Georgie.
  - *'She has got heart problems too you know. Is the doctor coming? She looks a bit pale and clammy"*
- Physio should sit patient up, +/- auscultate chest, assess aO2 pleth and apply O2.
- Recognize chest pain and call in nursing staff
- Nursing staff enter room, ISBAR handover
- Social Worker to reassure Lexi, may ask her to leave the room, but she would prefer to stay.

State 2: ~ 7-10 mins: Georgie goes into Ventricular Tachycardia (VT)

Georgie begins to feel very unwell and develops palpitations

A. Airway patent, speaking, but very anxious
B. RR 28, SaO2 91% on oxygen, widespread bilateral crepitation's
C. BP 99/74 HR 160 (ventricular tachycardia)
D. Alert, orientated, GCS 15, BSL 7.7
E. Pale and clammy looking (might need verbal prompt for this)

Other actions

- Nursing staff to perform ABCDE assessment of patient and escalate to medical staff
- Perform 12 lead ECG
- Call ICU Liaison Nurse or 'Code Blue'
- Check IV access/ Bloods
- Social Worker with Lexi who is very anxious and distressed. They may want to take her out of room. (She should initially refuse, but if pushed will leave the room with social worker)
- ICU LN to model ABCDE approach when they arrive to see patient
- Medical staff enter room
- ***Verbal cues from Georgie***
  - *"I'm so dizzy and my chest feels funny"*
  - *'My heart feels like it's going really fast"*

State 3: ~ 10-15 mins: Georgie has a cardiac arrest

Medical staff begins a focused assessment but Georgie suddenly becomes unresponsive and goes into pulseless VT which changes to Ventricular Fibrillation (VF) after 1 defibrillation shock.

A. Airway not patent, patient, not speaking
B. RR 0, not breathing
C. No palpable pulse present, HR 160 (pulseless ventricular tachycardia))
D. -GCS 3, (eyes closed) BSL 7.7
E. Clammy, no patient response

Other actions

- Code blue call & gets resuscitation trolley
- Commence Basic Life Support (students should perform no more than a minute or two of compressions before the code blue team arrive)
- Arrival of code team (faculty)/ISBAR handover/Allocation of roles
- Documentation
- Leadership and team work
- Defibrillation x 1, rhythm changes to Ventricular Fibrillation (VF)
- Social Worker to support Lexi, may either stay in room and provide support, or leave with Lexi who is very anxious and distressed.
- Physiotherapist may want to leave room, but should be asked to stay and help do compression, as need to change over regularly

State 4 ~ 15 - 20 mins: Georgie gets return of spontaneous circulation

After 2 defibrillation shocks, Georgie recovers and show signs of life again.

A. Airway patent, Georgie groaning and attempting to speak
B. RR 24, SaO2 91%, widespread bilateral crepitation's
C. BP 105/75 HR 105 Sinus tachycardia
D. GCS 14 (eyes half open), BSL 7.
E. Clammy looking, complaining that chest is really sore now

Other actions

- Reassess ABCDE
- Reassure patient
- Discuss management/cardiology review
- Social worker to bring relative back in to show patient in resolved state (may need confederate prompting)
- Continue monitoring vital signs
- May request 12 lead ECG
- Bloods, CK & troponin
- Medical staff explain to Georgie & Lexi what has happened

DATE: ----/----/----

Module Two - Evaluation Tool

Thank you for taking time to complete this course evaluation, your feedback is greatly appreciated and will be considered in future simulation planning and training. Please circle the number representing your opinion about each statement. For free text, please be as specific as possible.

1. **How would you rate the sessions today?** *(please circle)*

   Poor Fair Good Very Good Excellent

2. **Learning objectives**

   Please consider if the session was successful in meeting the following learning objectives *(please circle)*

Learning Objectives	**Strongly Disagree**	**Disagree**	**No Opinion**	**Agree**	**Strongly Agree**
To recognize the deteriorating patient and escalate care accordingly in a timely fashion	1	2	3	4	5
To complete an ABCDE approach to patient assessment	1	2	3	4	5
To work as a team to manage the patient condition	1	2	3	4	5
To communicate effectively, in particular using the ISBAR technique	1	2	3	4	5
To understand the principles of treatment of anaphylaxis	1	2	3	4	5
To understand the principles of treatment of cardiac arrest	1	2	3	4	5

3. **What were the most positive aspects of the sessions today?**

4. **What were the most negative aspects of the sessions today?**

5. **From an educational perspective, is there anything you believe could be improved if the sessions were to be run again?**

6. **Please identify which discipline group you are from by ticking the appropriate box:**

   □ Nursing Student
   □ Medical Student
   □ Social Work Student
   □ Physiotherapy Student

Thank you for your feedback

STRIPE PHASE TWO: MODULE THREE - PATIENT DETERIORATION

Module Three - Session Outline

1400 – 1440 **(40 mins)**	**Group A** **Brief welcome** **Crisis Resource Management** **Score Three Game** **Classroom**	**Faculty set up and briefing**	
1440 – 1510 (30mins)	**All Groups** **Introduction to Module Three,** **Welcome and Introduction, overview of session: Learning Objectives, confidentiality 10 mins** **Introduction to Simulation Mannequin** *(DRSABCE familiarisation, tour of control room)*		
1510 – 1550 **(40 mins)**	**Group B** **Crisis Resource Management** **Score Three Game** Classroom	**Group C – Anaphylaxis** **Scenario & Debrief**	**Group A – Anaphylaxis** **Scenario & Debrief**
1550 – 1630 **(40 mins)**	**Group C** **Crisis Resource Management** **Score Three Game** Classroom	**Group B – Anaphylaxis** **Scenario & Debrief** **(Faculty 1, actor 1)**	**Group A – Cardiac Arrest** **Scenario & Debrief**
1630 – 1710 **(40 mins)**	**Group A leave** **(Evaluation to be completed)**	**Group C – Cardiac Arrest** **Scenario & Debrief**	**Group B – Cardiac Arrest** **Scenario & Debrief**
1710	**Groups B & C complete evaluation prior to leaving**		

Module Three - Sign On Sheet

Course:	**STRIPE MODULE THREE**		**Group:**		**Facilitator(s):**			
Room:		**Campus:**		**Date:**		**Time:**	*Start*	*Finish*

	Employee Nº:	Last Name:	First Name:	Department / Ward / Institution:	Signature:	*Confidentiality Agreement:
1						☐
2						☐
3						☐
4						☐
5						☐
6						☐
7						☐
8						☐
9						☐
10						☐
11						☐
12						☐`

***NOTE:** The Confidentiality Agreement applies to immersive simulation activities only. By ticking you agree that you have read, understood and accept the terms of the Agreement.*

Score Three

TIME REQUIRED	SIZE OF GROUP	MATERIAL REQUIRED
5-10 minutes.	Unlimited.	A box containing about forty pieces of screwed up paper. A waste bin is also required.

Overview

A quick activity to help participants see the benefit of using clear directions.

Goals

3. To demonstrate how good communication can improve results.
4. To develop a team spirit.

Procedure

8. Start this exercise by asking for a volunteer. Explain that the volunteer will be asked to follow a simple set of directions.
9. Once the volunteer has been selected ask them to come to the front of the room.
10. Place the volunteer at one side of the room and have them face the sidewall. Place the bin behind them near the opposite wall making sure that the bin isn't directly behind them.
11. Hand the volunteer the box containing the pieces of screwed up paper.
12. Tell them that their job is to throw the pieces of screwed up paper over their shoulder and have them land in the waste bin. They are not allowed to turn around at any point to see how they are going. They must throw three pieces into the bin to be successful.
13. Advise the group that they will be able to give the person any verbal directions as appropriate to help them achieve the goal for example, 'more to the left'.
14. After the three pieces of paper have been thrown into the bin, ask your volunteer what helped to achieve the goal. Ask the group if it felt as though they had achieved the goal as well.

Discussion points

6. What helped the volunteer achieve the goal?
7. What hindered the volunteer?
8. Did the group feel as though they were part of a team?
9. How can we improve our instructions?
10. How does this apply in the workplace?

Variations

3. The screwed up pieces of paper can come from the sheets used in Game 70 in 100 Training Games.
4. Use two volunteers who are both blindfolded. One is throwing the pieces of paper and the other is holding the waste bin. Therefore, the group is giving them both verbal directions

Simulation Learning Objectives

1. Recognize the deteriorating patient and escalate care appropriately and in a timely fashion
2. Awareness of roles in a crisis situation
3. Teamwork and leadership
4. Communication with other disciplines– sharing of information
5. Open disclosure

Scenario Design

This scenario focuses on a patient 'Georgie' (patient manikin) who is in hospital following a fall resulting in a fractured left neck of femur. She is Day 1 post-op following Open Reduction and Internal Fixation (ORIF) and Dynamic Hip Screw (DHS) repair. She also has rib fractures on the left sustained during her fall. Georgie has also been diagnosed with a urinary tract infection (UTI) and received an oral dose of trimethoprim about 20 minutes ago. She is in fact allergic to this medication and this triggers an anaphylactic reaction. The allergy was documented in her notes but it has not been documented on her medication chart appropriately and she was not wearing an allergy bracelet when the medication was administered.

In addition, Ivy, Georgie's, younger sister (actor) is visiting and will become very anxious and feel faint during the scenario. Participants will be faced with decision making and prioritizing care during the scenario when two crises occur at the same time. Georgie will recover after IM Adrenaline, and Ivy will feel better quite quickly after a glass of water and reassurance.

Scenario Starting Point

Handover

The scenario starts with Georgie and her sister Ivy in the room, chatting. The ANUM is outside the room with the participants in the corridor and gives them all a brief handover about the patient's history.

The orthopaedic registrar has recently reviewed the patient and oral antibiotics have been charted for a suspected urinary tract infection (UTI) A CSU has been sent as ward urinalysis showed traces of leucocytes and nitrates. He has also requested urgent chest physiotherapy. The antibiotic (Trimethoprim) has been given orally about 30 minutes ago, and X-ray will be sending for Georgie shortly.

The ANUM requests that the social worker review the patient as her sister (NOK) is also present and they wish to talk to social work.

"Can you please see Georgie Grigg? She will require some social support and ongoing rehab. She lives alone and her younger sister Ivy is her next of kin. Her sister seems very anxious about her about her, as she has been declining a bit at home prior to this fall. She seems concerned about Georgie going back home alone and wants to find out more info, as she is keen to support her. She visiting at the moment, so it would be great if you could follow up please"

At the same time, the ANUM asks the physiotherapist to review the patient, as chest physio is required post-op, especially in the setting of fractured ribs.

> *"Can you please review this patient; she's been a bit febrile overnight. They think she has a UTI but she's also now a bit short of breath. I've got her on 2L nasal prongs but she's saturating at 90%. The orthopaedic registrar is concerned about the risk of chest infection and has asked for chest physio. X-ray will send for her soon. I am just off to my break but the other nurse will be in shortly. Thanks."*

Nursing and medical staff will be asked to wait in the corridor until they are called into the room.

The physio will initially assess and manage the patient but supportive interventions such as increase in FIO2 and sitting up, will only improve her clinical state marginally. The physiotherapy should call for help and handover using ISBAR to nursing and medical staff, after their intervention has not improved the patient's status. Georgie will state she is feeling more short of breath and also feels itchy, initially in the arms on both sides, and then later all over.

The social worker will be talking to Ivy during this time, while the physio is seeing Georgie. As Georgie begins to deteriorate and develop anaphylaxis, Ivy will become anxious and worried, asking lots of questions about what happened. Ivy will herself start to feel faint once the cue

"**Code Green'** is given from the control room. She will also require some assistance from the participants, but will recover quite quickly and brush it off, and refuse to go to the ED. Ivy will also be very concerned that Georgie has been given medication she is allergic to. The team will have to support and reassure her as well as manage Georgie. Georgie will start to feel better once IM adrenaline has been administered.

The scenario will end at this point.

Patient Details	
"Georgie" is a 71-year-old female who suffered a broken her hip yesterday whilst on holidays in a rural area. "Georgie" was taken by ambulance to Goldfields private hospital but was transferred to Sunshine Hospital late yesterday and underwent an open reduction and internal fixation (ORIF) for left fractured NOF (Neck of Femur) with a DHS insertion (Dynamic Hip Screw). She is day one post-op. She had an indwelling urinary catheter overnight due to urinary retention but has been complaining of burning and discomfort ever since, and apparently these symptoms were present prior to fall but she had not been to get this treated by her GP. She also has rib fractures on the left side, which is causing significant pain and difficulty with breathing.	
Past History	Paroxysmal AF Type 2 diabetes – retinopathy Osteoarthritis – R) knee replacement 5 years ago No AMI, but angiogram 30% blockage to RCA 3 years ago Recurrent UTI's
Social History	Widowed, lives alone in 2-storey house with cat, quite independent with ADL's, and does own banking. Drives locally during the day. Was a librarian, is now retired. Has a younger sister Ivy (69 year old), who lives nearby and is very close to Georgie. Member of a book club Alcohol – 1 -2 glasses of wine/night
History of presenting illness	Has been commenced on oral antibiotics (Trimethoprim) today for a UTI
Presenting symptoms	Has begun to feel short of breath with mild wheeze and decreasing oxygen saturations
Medication	Sulphonamide allergy – anaphylaxis Ramipril 10mgs daily

	Frusemide 40mgs daily Aspirin 100mgs daily Warfarin 3mgs daily (restarted post-op) Metformin 1000mgs BD Lantus insulin 23 units nocte Atorvastatin 40mgs nocte Digoxin 62.5 microgram daily

General Set up		
Patient	SimMan 3G (female version)	
Setting	In single room in ward environment	
Patient attire	Gown & TED stockings	
Monitoring	IV cannula insitu	
Documentation	Trainer instructions Confederate instructions Scenario template Debrief guide Evaluation tools Sign on sheets and confidentiality agreement	
Equipment/Props	**Number**	**Sourced From**
Grey wig with knitted headband	1	Sim Centre
Dressing gown laying over bed	1	Sim Centre
Slippers	1	Sim Centre
Patient gown	1	Sim Centre
Urinary catheter insitu	1	Sim Centre
TED stockings (on manikin)	1	Sim Centre
Bed	1	Sim Centre
Patient locker	1	Sim Centre
Over bed table	1	Sim Centre
Thermometer	1	Sim Centre
Pulse Oximeter	1	Sim Centre
NIBP	1	Sim Centre
Stethoscope	1	Sim Centre
Patient history in folder at nurses station	1	Sim Centre

Patient charts in folder at bedside	1	Sim Centre
Bradma labels	5 sheets	Sim Centre
Fake flowers on bedside locker	1	Sim Centre
Moulage wound L) hip	1	Sim Centre
Glucometer	1	Sim Centre
ECG machine	1	Sim Centre
Gloves & debug	1	Sim Centre
Water jug and glass	1	Sim Centre
Books and magazines	1	Sim Centre
Medications	Various	Sim Centre
XRAY – Chest with no consolidation, 2 rib fractures	1 each	Sim Centre
ECG – Sinus Tachycardia	1	Sim Centre
Pathology results	1	Sim Centre
Resuscitation trolley with ALS drugs	1	Sim Centre
Adrenaline ampoules 1mg/ml	4	Sim Centre
IV Hydrocortisone 250mgs vials	4	Sim Centre
Salbutamol Nebulisers	2	Sim Centre

Roles

All faculty involved in the scenario need to be aware of the roles they play and the roles of other, to ensure the scenario progresses appropriately The Scenario Director (Lead debriefer) is overall responsible for ensuring the flow of the scenario and directing the team. At times, a faculty member may need to go into the room to 'rescue the scenario' if it is felt this is necessary. The scenario director makes this decision in conjunction with the other faculty members.

Faculty required	
Scenario Director & Lead Debriefer	**Scenario director and lead debriefer**, who will observes the scenario from the control room and be primary debriefer. Scenario director may also have to play the role of the orthopaedic registrar and respond to phone queries from the sim room if called.
Nurse Confederate	Will play the **ANUM role** on the ward, and start the scenario and give brief handover to all participants. The ANUM will be available to assist if need be, but generally seem quite busy and preoccupied with other tasks. If a code is called, the ANUM will be required to go and assist as part of the team. This person will be

	present in the debrief.
ICU Liaison Nurse Confederate	Play the role of **ICU Liaison Nurse**. They may be called by sim phone and/or be asked to review the patient in person. They will be the second debriefer at the end of the scenario.
Simulation Technician	A **simulation technician** will be required to operate SimMan 3G. The technician is responsible for ensuring SimMan 3g is set up for each scenario and the set is redone between scenarios. The technicians are also responsible for ensuring audio-visual equipment is set up and ready, and trouble shoots any related issues.
Ivy, the younger sister (Actor)	Plays the role of **Ivy, Georgie's younger sister**. The person playing this role should read the Actor Instructions (confederate instructions) to learn more about Ivy and the script. Ivy is present in the room with Georgie at the beginning of the scenario.
Patient Voice	A member of the simulation team, usually faculty, will play the voice of Georgie. Needs to be aware of Georgie's condition, history and details of the scenario flow. Should be played by a female.
Senior Social Worker	This person is a **qualified social worker** who will provide support to the social worker participants and others in the team, as appropriate. This person will be present in the debrief.
Participants' Roles	
Nursing Graduates	Play the role of nursing graduates
Medical Interns	Play the role of medical interns
Physiotherapist (junior)	Play the role of physiotherapists
Social Workers (junior)	Play the role of a social workers

Scenario States

Baseline State: ~0 mins: Georgie is resting in bed, Ivy is sitting in chair.

A. Airway patent, speaking normally
B. RR 24, SaO2 92% on 2L nasal prongs, chest - slight wheeze
C. BP 142/67 HR 110, T37.4
D. Alert, orientated, GCS 15, BSL 8.1
E. Not unwell

Expected actions

- Social W enters room to speak to Georgie & Ivy
- Physio enters room to treat Georgie

Verbal cues from Georgie

- *"I feel a bit short of breath, is it my ribs again?" (Georgie) – to physio (to focus attention on chest)*
- *"No phlegm – dry cough"*

- NS –waiting outside
- Medical – waiting outside
- Physio to do an initial assessment of patient condition before considering mobilising i. e: auscultation, SaO2 BP, HR, obs, may look at hip
- Social worker will introduce self to patient and Ivy, get verbal consent from Georgie to discuss information

State 1: ~ 5 mins: Georgie starts to feel SOB and itchy-start of anaphylaxis

A. Airway patent, speaking normally
B. RR 24, SaO2 88-93% (depending on amount of interventions) chest- slight wheeze
C. BP 142/67 HR 110, T37.4
D. Alert, orientated, GCS 15, BSL 7.9
E. 'Feeling funny'

Expected actions

- Physiotherapist to start initial assessment and management of patient.
- Reward interventions with minor increase in saturation (e.g. sit patient up, deep breathing, checks SaO2, increases oxygen)
- Social Worker talking to Georgie & Ivy

Verbal cues from Georgie

- *"I'm feeling more short of breath"*
- *"It's hard to get my breath'*
- *"I feel a bit itchy – would you mind scratching my arm?"*

Verbal cues from Ivy

- *"She looks a bit red. Is that normal?"*

- Get nurse +/- medical help/ISBAR
- Reassure Ivy

State 2: ~10-15 mins: Georgie gets worse!

A. Airway patent, speaking, funny sounding voice 1+ tongue oedema,
B. RR 34, SaO2 89% on oxygen, chest- widespread bilateral wheeze
C. BP 90/54 HR 125
D. GCS 15, BSL 7.7, No chest pain
E. Clammy looking slightly anxious and feeling light headed. Feeling itchy

Expected actions

- Physiotherapist or SW to escalate
- use of ISBAR
- Nursing +/- medical staff called into room
- ABCDE assessment: recognise anaphylaxis +/- Code Blue call
- If code blue called – team at another code, ICU liaison available on phone or 1-2 minutes away as rescue
- ICU LN to model ABCDE approach when they arrive to see patient

Verbal cues from Georgie

- *"I'm feeling very lightheaded/dizzy"*
- *"I feel so itchy all over, what's going on?"*

Verbal cues from Ivy

- *"What's happening, why is she so red?"*
- *"She's very clammy?"*

State 3: ~10-15 mins: Management of Georgie's anaphylaxis & Ivy's fainting episode

A. Airway patent, difficulty speaking funny sounding voice as 1+ tongue oedema
B. RR 33, SaO2 87% on oxygen, chest-widespread bilateral wheeze
C. BP 87/54 HR 128
D. GCS 15, BSL 7.7
E. Still clammy and pale, rash, feeling very itchy

Expected actions

- Manage anaphylaxis
  - **IM Adrenaline 500micrograms** IM +/-anti-histamine
  - If **IV adrenaline** given to Georgie – need to show consequences (^HR ^BP, ?VT)
  - Treat hypoxia /increase O2/+/- salbutamol
  - Monitor closely-reg obs
  - Treat hypotension/IV fluids
- Ivy then becomes very **anxious and distressed** and then complains she feels a bit

faint/dizzy (*cue Code Green*). They may want to take Ivy out of room or lay her down on the floor. Ivy begins to feel better quite quickly once she sits down and gets a glass of water

- Social Worker & Physio to support Ivy but need to inform others of this issue (NB: all Ivy vitals normal, BSL 6.2).

Resolution State: ~15 20 mins: Recovery-Georgie improves and Ivy feels better

A. patent, speaking, tongue swelling resolving, less anxious
B. RR 22, SaO2 95%, chest -faint wheeze
C. BP 121/74 HR 105
D. GCS 15, BSL 7.7
E. Less pale, rash subsiding

Expected actions

- Reassess ABCDE

Verbal cues from Georgie

  - *"I'm feeling much better, what happened"*

Verbal cues from Ivy

  - *"Why caused this problem?"*
  - *"Why did she get given a drug she is allergic to?"*
  - *Silly me, I rushed in here today without breakfast, I feel fine now"*

- Ivy may be angry that Georgie has been given a medication that she is allergic to and demand an explanation

Discussion points for debrief

1. Recognition of patient deterioration
2. Timely and appropriate intervention and escalation
    a. Management of Anaphylaxis
    b. Methods of escalation
3. Receiving handover/ISBAR
4. Teamwork & communication
    a. Did a clear leader emerge?
    b. Who should be the leader?
    c. Did everyone have a clear idea of what was happening
    d. What type of communication was happening i.e.: closed or open, directive?
5. Open disclosure
    a. What is our duty of care if we make a mistake?
6. Managing a crisis / challenging situations and prioritising

Module Three - Confederate Instructions for the Role of Ivy for Anaphylasix Scenario

Summary/Overview

Your are Ivy, a 65 year old woman visiting your older sister, Georgie (71), who has fractured her hip and had an operation yesterday at Western Hospital.

Georgie will be played by a simulation mannequin and will be able to respond by talking to you and other participants in the scenario (she is linked up to a microphone in the control room).

The scenario will last for approximately 20 minutes. During the scenario, Georgie will suffer from anaphylaxis (allergic reaction) to a medication she has been given. You will become worried about this and will feel dizzy and light-headed, needing to lie down.

The participants in the scenario are junior doctors, physiotherapists, nurses and social workers. They will be responsible for identifying and responding to Georgie's anaphylaxis and also helping you when you become dizzy.

There will be faculty available to assist participants.

Scenario Outline / Events

The scenario begins with you in the hospital room visiting your sister. Junior nurses/physios/social-workers and doctors will be entering and exiting the room to assess and provide treatment for your sister. They are likely to ask you some questions about your sister and her health and living arrangements (see below for detail which will assist in your replies).

After about 5minutes, Georgie will begin to complain of itchiness. You must notice a few "small red bumps" appearing on her arms and chest. You should tell the staff this. (This is the beginning of her allergic reaction).

Georgie will then become increasingly unwell and it is expected that the participants will medically manage her. (Your sister is having a reaction to an antibiotic that she is actually allergic to that particular group of drugs she has been given). Participants will have to identify and treat this – if needed the faculty staff will assist participants to give her adrenaline which will stabilize her).

When this begins, you will become anxious and worried, asking lots of questions about what is happening. If anyone asks you if she has any allergies, you must tell them that you think she has an antibiotic allergy but are not sure what type it is.

When you hear “CODE GREEN” called over the speaker, you need to begin to feel dizzy and faint. (The reason this happens is to challenge the participants to work as a team to manage your sister and her allergic reaction as well as you having a faint/episode)

> “I’m feeling a little dizzy”
>
> “Can someone get me a glass of water”?

It is likely the staff will check your blood pressure and may lay you to the floor. You will recover relatively quickly:

> “I feel better already… silly me didn’t eat breakfast after my morning walk… I really wanted to get here to visit Georgie”

If questioned about your health:

This has never happened before

You have no significant medical history

You will go and see your GP and tell him what happened

You DO NOT want to go to the emergency department “I will be fine”

You and your sister will both recover. You need to ask questions about what happened to your sister. You are shocked and even more worried about her, asking “how could this have happened”. The participants will explain this and the scenario will end.

Learning objectives

1. Communication between inter-professional groups
2. Responding to deteriorating patients
3. Teamwork
4. Open disclosure

Setting

Orthopaedic ward.

Ivy affect/behaviours

Your main feelings are worry and anxiety:

You want information about what happened to your sister and the current plan

You are worried because she lives by herself in a 2 story house and are not sure how she will cope now

You are worried because she is stubborn and never asks for help

You are careful about what you say in front of your sister because you think she may be insulted by your judgment about her ability to cope.

Underneath you are a bit annoyed and upset still because she did not invite you on the holiday to the Goldfields. You think that maybe if you were invited you could have prevented her from falling.

Opening lines/questions/prompts

The scenario begins with you talking to your sister. There may not be anyone else in the room. You can begin by asking your sister what happened: e.g.….

"Tell me how you fell…?"

"Did you forget to take your walking stick…?"

"You know I wanted to go to the Goldfields with you…"

When different staff members enter (e.g. nursing / doctor / physiotherapist / social-worker) you will ask them about the plans and how she is going to get home again: e.g.…

"Do you think my sister will be able to get home?"

"How long will she be in hospital?"

"Will she need rehab?"

About You

Your (Ivy's) social information (work, lifestyle, habits)

You are a 65 year old woman.

You have never married..

You only just retired from a life of teaching.

Your (Ivy's) Medical information

You are healthy, fit and love your bushwalking.

No problems with blood pressure, no heart conditions. Nothing!

Your Knowledge about Your Sister Georgie

Your (Ivy's) understanding of Georgie's hip fracture:

You got a phone call yesterday afternoon from a nurse at the Goldfields hospital. She told you your sister had a fall and fractured her hip and that she was being transferred to Western Hospital for an operation.

You don't know any other details. You just arrived to find out what was happening today.

Your (Ivy's) understanding of Georgie's past medical history

You know she has:

Minor heart troubles, diabetes, some knee problems and is allergic to an antibiotic, but you forgot the name.

Your (Ivy's) understanding of Georgie's social history and social information

Lives alone a few doors down from you in the same street

She lives in a 2 storey house with a cat

Her husband passed away 5 years ago

She was a librarian and is now retired

She is independent and drives during the day

How you think your sister copes

She doesn't cope as well as she used to and can be stubborn at times.

You think she needs help with the heavy cleaning – she's not as strong as she used to be and she struggles on the stairs if she forgets her stick.

You would like to help her more but she often refuses. You have been noticing she has been getting older lately.

You have been spending more time with her since you retired last year.

Life/Death and Legal Issues

You have had some discussions with your sister lately and she told you that if anything happens to her, she would not want to be kept alive. The last thing she wants is to be burden or in a nursing home.

You have signed “some paperwork” after her husband died – you think this is ‘enduring power of attorney’ but are not really sure.

Considerations in playing this role including wardrobe, makeup and challenges

Not overly important. It is important that all actors playing this role are consistent and wear 1 key clothing piece/colour. (TBC)

Module Three - Cardiac Arrest Simulation Scenario

Simulation Learning Objectives

1. Recognize the deteriorating patient and escalate care appropriately and in a timely fashion
2. Awareness of roles in a crisis situation
3. Teamwork and leadership
4. Communicate effectively, to promote a safe environment
5. Understand the principles of treatment of cardiac arrest

Scenario Design

This scenario focuses on a patient 'Georgie' (manikin) who has been in hospital following a fractured left neck of femur with dynamic hip screw repair. Georgie has already been diagnosed with a catheter related urinary tract infection (UTI), which was treated by oral antibiotics, and resulted in an episode of anaphylaxis post-operatively. She has now recovered on the ward and it is later in the day. Her younger sister Ivy has returned after having some lunch and is present in the room.

The physiotherapist has come back to mobilise Georgie as requested by the ANUM in charge. The social worker has come back to speak to Georgie and Ivy about ongoing rehabilitation.

Georgie will complain of chest pain and associated shortness of breath. Ivy, her sister, will become very concerned during this time and ask a lot of questions. The physiotherapy or/and Social Worker should call for help and handover using ISBAR to nursing and medical staff.

Georgie will have a cardiac arrest and survive after 2-4 defibrillation attempts and regain consciousness.

Ivy will disclose that Georgie had told her recently she *'did not want to be resuscitated and be a vegetable'.* She will state that she has EPOA of Georgie.

Scenario Starting Point

Handover

The scenario starts with Georgie and her sister Ivy in the room. Ivy is reading a magazine while Georgie is resting quietly. The ANUM is outside the room with the participants in the corridor and updates the participant's ion Georgie's condition from the patient's history.

The plan is to get Georgie active to prevent post-operative complications. She has been receiving regular analgesia for pain and has been stable for the past few hours.

The ANUM asks the social worker to talk to Ivy (NOK) – she has come back and wants to talk to you.

"Can you please talk to Ivy? She seems anxious after the events this morning and wants to discuss some of the paperwork she has signed"

Ivy will raise the issue of EPOA with the social worker at some stage during their conversation but the ANUM is not aware if this at this stage

At the same time, the ANUM asks the physiotherapist to try and mobilise the patient, as per the orthopaedic registrar instructions.

"Can you please review Georgie with a view to mobilise, the ortho reg is really keen to get her up as they've stabilised her after her anaphylaxis this morning."

Nursing and medical staff will be asked to wait in the corridor until they are called into the room.

The physio will assess Georgie for mobility, but Georgie will start to develop central crushing chest pain, which will get progressively worse along with some shortness of breath. The physiotherapy and/or social worker should call for help and handover using ISBAR to nursing and medical staff. Ivy will become increasingly distressed and continue to say Georgie would not want to be a vegetable. The participants may take Ivy out of the room at any stage during the scenario.

Georgie will require CPR with up to 3-4 shocks, before regaining consciousness.

The scenario will end at this point

Patient Details:

"Georgie" is a 71-year-old female who suffered a broken her hip yesterday whilst on holidays in a rural area. "Georgie" was taken by ambulance to Goldfields private hospital but was transferred to Sunshine Hospital late yesterday and underwent an open reduction and internal fixation (ORIF) for left fractured NOF (Neck of Femur) with a DHS insertion (Dynamic Hip Screw). She is day one post-op. She had an indwelling urinary catheter overnight due to urinary retention but developed a urinary tract infection (UTI). She received antibiotics to which she was allergic and had an anaphylactic reaction this morning which was successfully treated by IM adrenaline. She also has rib fractures on the left side.

Past History	Paroxysmal AF Type 2 diabetes – retinopathy Osteoarthritis – R) knee replacement 5 years ago No AMI, but angiogram showed 30% blockage to RCA 3 years ago
Social History	Widowed, lives alone in 2-storey house with cat, quite independent with ADL's, and does own banking. Drives locally during the day. Was a librarian, is now retired. Has a younger sister Ivy (69yo), who lives nearby and is very close to Georgie. Member of a book club Alcohol –1 - 2 glasses of wine/night
History of presenting illness	Has been anxious today about rehab possibilities and her inability to return to home. Now feeling short of breath
Presenting symptoms	Central crushing chest pain becoming worse radiating down her left arm and into her jaw. Associated shortness of breath.
Medication	Sulphonamide – anaphylaxis Ramipril 10mgs daily Frusemide 40mgs daily Aspirin 100mgs daily Warfarin 3mgs daily (restarted post-op) Metformin 1000mgs BD Lantus insulin 23 units nocte Atorvastatin 40mgs nocte Digoxin 62.5 microgram daily

General Setup	
Patient	Actor/SimMan 3G (female version)
Setting	In single room in ward environment
Patient attire	Gown & TED stockings

Monitoring	IV cannula insitu
Documentation	Trainer instructions Confederate instructions Scenario template Debrief guide Evaluation tools Sign on sheets and confidentiality agreement

Equipment/Props	Number	Sourced From
Grey wig	1	Sim Centre
Dressing gown laying over bed	1	Sim Centre
Slippers	1	Sim Centre
Patient gown	1	Sim Centre
TED stockings (on manikin)	1	Sim Centre
Bed	1	Sim Centre
Patient locker	1	Sim Centre
Over bed table	1	Sim Centre
Thermometer	1	Sim Centre
Pulse Oximeter	1	Sim Centre
NIBP	1	Sim Centre
Stethoscope	1	Sim Centre
2WF	1	Physio Dept.
Patient history in folder at nurses station	1	Sim Centre
Patient charts in folder at bedside	1	Sim Centre
Bradma labels	5 sheets	Sim Centre
Fake flowers on bedside locker	1	Sim Centre
Moulage wound L) hip	1	Sim Centre
Glucometer	1	Sim Centre
ECG machine	1	Sim Centre
Gloves & debug	1	Sim Centre
Water jug and glass	1	Sim Centre
Books and magazines	1	Sim Centre
Pathology results	1	Sim Centre
Resuscitation trolley	1	Sim Centre
Adrenaline minijets 1 mg	4	Sim Centre

Roles

All faculty involved in the scenario need to be aware of the roles they play and the roles of other, to ensure the scenario progresses appropriately The Scenario Director (Lead debriefer) is responsible for ensuring the flow of the scenario and directing the team. At times, a faculty member may need to go into the room to 'rescue the scenario' if it is felt this is necessary. The scenario director makes this decision in conjunction with the other faculty members.

Faculty required	
Scenario Director & Lead Debriefer	**Scenario director and lead debriefer**, who will observes the scenario from the control room and be primary debriefer. Scenario director may also have to play the role of the code blue team and respond to phone queries from the sim room if called.
Nurse Confederate	Will play the **ANUM role** on the ward, and start the scenario and give brief handover to all participants. The ANUM will be available to assist if need be, but generally seem quite busy and preoccupied with other tasks. If a code is called, the ANUM will be required to go and assist as part of the team. This person will be present in the debrief.
ICU Liaison Nurse Confederates	Play the role of **ICU Liaison Nurse**. They may be called by sim phone and/or be asked to review the patient in person. They will be the second debriefer at the end of the scenario. If a code blue is called they will enter the scenario (the Code team will be busy at another code).
Simulation Technician	A **simulation technician** will be required to operate SimMan 3G. The technician is responsible for ensuring SimMan 3g is set up for each scenario and the set is redone between scenarios. The technicians are also responsible for ensuring audio-visual equipment is set up and ready, and trouble shoots any related issues.
Ivy, the younger sister (Actor)	Plays the role of **Ivy, Georgie's younger sister**. The person playing this role should read the Actor Instructions (STRIPE PHASE 2) to learn more about Ivy and the script. Ivy is present in the room with Georgie at the beginning of the scenario.
Patient Voice	A member of the simulation team, usually faculty, will play the voice of Georgie.
Senior Social	This person is a qualified social worker who will provide support to the social worker participants and others in the team, as appropriate. This

Worker	person will be present in the debrief.
Participants Roles	
Nursing Graduates	Play the role of nursing graduates
Medical Interns	Play the role of medical interns
Physiotherapist (junior)	Play the role of physiotherapists
Social Workers (junior)	Play the role of a social workers

Scenario States

<u>Baseline State: ~0 mins: Georgie is resting in bed; sitting semi-upright Ivy is sitting in a chair.</u>

A. Patent, speaking normally
B. RR 18, SaO2 93% chest clear
C. BP 142/67 HR 105
D. Alert, orientated, GCS 15, BSL 7.9
E. Not unwell, looking, T 37.3

Expected actions

- SW enters room to speak to Ivy
- Physio enters room to mobilise Georgie
- NS –waiting outside
- Medical – waiting outside
- Physio to do an initial assessment of patient condition before considering mobilising i. e: auscultation, SaO2 BP, HR, obs, may look at hip
- Social worker will introduce self to patient and Ivy, get verbal consent from Georgie to discuss information

<u>State 1: ~ 5 mins: Georgie starts to complain of chest pain</u>

A. patent, speaking, starts to complain of L) sided chest pain 6/10
B. RR 24, SaO2 93%, chest - clear
C. BP 140/70 HR 105
D. Alert, orientated, GCS 15, BSL 7.7
E. Clammy and pale, T37.4

<u>NB.: We do not want to PT to mobilise Georgie. Complain of pain++ to avoid this.</u>

Expected actions

- Physio –abandon plan to mobilise to focus on onset of chest pain
- Ivy– fussing around Georgie asking her if she's ok.

- Call for help, uses ISBAR.
- Nursing staff +/- medical staff enter room after call for help
- 12 lead ECG, anginine, oxygen, +/- IV Morphine, GTN patch, bloods-Troponin
- Regular observations

- ***Verbal cues from Georgie***
    - *"I'm feeling a bit short of breath too"*
    - *"The pain is going down my left arm"*
    - *"My jaw aches"*
    - *"is it my heart playing up again"*
- ***Verbal cues from Ivy***
    - *"What's happening to her now?"*
- Reassure Ivy

State 2: ~10 mins: Chest pain gets much worse

A. patent, groaning due to chest discomfort,
B. RR 28 SaO2 90%, widespread bilateral crepitation's
C. BP 90/45, HR 110 (anterior ST elevation)
D. GCS 15, BSL 7.7, pain getting much worse, radiating L) arm and jaw
E. Clammy looking, feeling light headed, starting to lose consciousness

Expected actions

- If code blue called – team at another code, ICU liaison available on phone or 1-2 minutes away as rescue
- Arrival of ICU LN
- DRSABCD assessment
- Allocate roles, determine leader
- SW with Ivy who is very upset and distressed. They may want to take her out of room. (She should initially refuse, but if pushed will leave the room with social worker)
- ***Verbal cues from Ivy***
    - *"What's happening, she's not talking?"*

State 3: ~15 mins: Georgie has a cardiac arrest

A. Not speaking, unconscious
B. RR 0, unable to measure SaO2
C. Ventricular Tachycardia (VT) rate 160bpm, nil output (Rhythm will change to VF after delivery of first shock)
D. GCS 3 (eyes closed), BSL 5.2
E. Nil of note

Expected actions

- Team notice cardiac arrest state

    - DRSABCDE- calls code blue if not already done so
    - Shockable rhythm algorithm
    - 4Hs 4Ts assessment
    - Allocate roles, team le
    - Documentation
    - Leadership and team work
- Ivy mentions to someone she has EPOA and that Georgie ***"not wanting to be a vegetable"*** at some stage. SW to support Ivy may either stay in room and provide support, or leave with Ivy who is very anxious and distressed.
- PT- may want to leave room, but should be asked to stay and help do compressions, as need to change over regularly

State 4: ~15 20 mins: Return of spontaneous circulation (following 2-4 shocks)

(Scenario director to make decision re: timing of ROSC)

A. Patent, groaning, slightly confused
B. RR 24, SaO2 91%, widespread bilateral crepitation's
C. BP 105/75 HR 105 (Sinus tachycardia)
D. GCS 14 (eyes half open), BSL 7.7
E. clammy looking, complaining that chest is really sore now

Expected actions

- Reassure patient
- Reassess ABCDE
- Discuss management. E: ICU/cardiology review
- SW – bring Ivy back in to show Georgie in resolved state (may need confederate prompting)
- NS to continue monitoring obs
- PT may be in room
- MS- explain to Ivy what has happened

Discussion points for debrief

1. Recognition of patient deterioration
2. Timely and appropriate intervention and escalation
    a. Management of cardiac arrest
    b. Methods of escalation
3. Receiving handover/ISBAR
4. Teamwork & communication
    a. Did a clear leader emerge?
    b. Who should be the leader?
    c. Did everyone have a clear idea of what was happening
    d. What type of communication occurred i.e.: closed or open, directive?
    e. Was everyone on the shame page at the end?
5. Family presence during resuscitation
6. Managing a crisis / challenging situations and prioritising
7. Issues surrounding patient choices, NFR and EPOA

Module Three - Confederate Instructions for the Role of Ivy for Cardiac Arrest Scenario

Summary/Overview

You are **Ivy, a 65-year-old** woman visiting your older sister, Georgie (71), who has fractured her hip and had an operation yesterday at Western Hospital. You are her next of kin. You have come to visit her in hospital and it is the day after her hip surgery

Georgie will be played by a simulation mannequin and will be able to respond by talking to you and other participants in the scenario (she is linked up to a microphone in the control room).

The scenario will last for approximately 20 minutes. During the scenario, Georgie will suffer from a cardiac arrest (heart attack). She will develop the initial symptoms of this while you are in the room – chest pain and shortness of breath – this will deteriorate to an arrest requiring Cardiopulmonary Resuscitation (CPR).

You become very worried and concerned about this, because you had talked with your sister about 'not wanting to be kept alive' in the event like this. You will become somewhat distraught and it is likely that the social worker will ask you to leave the room so they can console you.

The participants in the scenario are junior doctors, physiotherapists, nurses and social workers. They will be responsible for identifying and responding to Georgie's heart attack.

There will be faculty available to assist participants.

At the end of the scenario, Georgie will have been resuscitated and will be OK. It is likely you will be asked into the room again where the participants will explain what happened. If not, insist that you want to see her.

Scenario Outline / Events

The scenario begins with you in the hospital room visiting your sister. Junior nurses/physios/social-workers and doctors will be entering and exiting the room to assess and provide treatment for your sister. They are likely to ask you some questions about your sister and her health and living arrangements (see below for detail which will assist in your replies).

After about 5 minutes, Georgie will begin to complain of shortness of breath.

At first you are not too worried but as Georgie becomes more breathless you start to fuss around her then become very concerned that she is unwell and start asking lots of questions to the staff around her. You are not really listening to people talking to you and are aware that you are being asked to leave the room. You are really concerned about Georgie and the only thing you can think of is that Georgie had once told you she didn't want to be a vegetable if "anything ever happened"

A part of you is annoyed that if she had listened to you in the past about getting help, she would never have ended up in hospital.

Georgie will then become increasingly unwell and will eventually become unresponsive. The participants will have to resuscitate her with CPR. The resuscitation attempt will be successful.

You must ask to go back into the room to see your sister when she has been resuscitated.

Learning objectives

Communication between inter-professional groups

Responding to deteriorating patients

Teamwork

Open disclosure

Setting

Orthopaedic ward

Ivy affect/behaviours

Your main feelings are worry and anxiety:

You **want information** about what happened to your sister and the current plan

You are **worried** because she lives by herself in a 2-story house and you are not sure how she will cope now

You are **worried** because she is stubborn and never asks for help

You are **careful** about what you say in front of your sister because you think she may be insulted by your judgment about her ability to cope.

Underneath you are a bit **annoyed and upset** still because she did not invite you on the holiday to the Goldfields. You think that maybe if you were invited you could have prevented her from falling.

<u>You are terrified that Georgie is going to die</u>

<u>You are not happy that you are being asked to leave the room</u>

<u>You remember that you need to tell someone that you have EPOA and that Georgie has told you she wouldn't want to be resuscitated</u>

Opening lines/questions/prompts

You have requested to see the social worker because you have concerns about Georgie returning home alone. The social worker will enter the room and that during time you should mention you have EPOA (Enduring Power Of Attorney). The Social worker should then ask you for more details about the EPOA and whether you can bring in a copy for the file. You will be a little bit vague about whether it is an EPOA for finance or medical but you have the paperwork at home, and can't be sure about it without checking. While this is going on, Georgie will begin to develop chest pain and get short of breath and progress to a cardiac arrest.

About You:

Your (Ivy's) social information (work, lifestyle, habits)

You are a 65-year-old woman.

You have never married..

You only just retired from a life of teaching.

Your (Ivy's) Medical information:

You are healthy, fit and love your bushwalking.

No problems with blood pressure, no heart conditions. Nothing!

Your Knowledge about your Sister Georgie

Your (Ivy's) understanding of Georgie's hip fracture:

You got a phone call yesterday afternoon from a nurse at the Goldfields hospital. She told you your sister had a fall and fractured her hip and that she was being transferred to Western Hospital for an operation.

You don't know any other details except she has had the surgery already. You just arrived to find out what was happening today.

Your (Ivy's) understanding of Georgie's past medical history

You know she has:

Minor heart troubles, diabetes, some knee problems and is allergic to penicillin.

Your (Ivy's) understanding of Georgie's social history and social information

About Your sister Georgie:

Lives alone a few doors down from you in the same street

She lives in a 2 storey house with a cat

Her husband passed away 5 years ago

She was a librarian and is now retired

She is independent and drives during the day

How you think your sister copes:

She doesn't cope as well as she used to and can be stubborn at times.

You think she needs help with the heavy cleaning – she's not as strong as she used to be and she struggles on the stairs if she forgets her stick.

You would like to help her more but she often refuses. You have been noticing she has been getting older lately.

You have been spending more time with her since you retired last year.

Life/Death and Legal Issues

You have had some discussions with your sister lately and she told you that if anything happens to her, she would not want to be kept alive. The last thing she wants is to be burden or in a nursing home.

You have signed "some paperwork" after her husband died regarding her will but are not really sure what all that was.

Considerations in playing this role including wardrobe, makeup and challenges

Not overly important. It is important that all actors playing this role are consistent and wear 1 key clothing piece/colour. (TBC)

Module Three - Evaluation

Thank you for taking time to complete this course evaluation, your feedback is greatly appreciated and will be considered in future simulation planning and training. Please circle the number representing your opinion about each statement. For free text, please be as specific as possible.

1. **How would you rate the session's today? (please circle)**

   Poor Fair Good Very Good Excellent

2. **Learning objectives**

   Please consider if the session was successful in meeting the following learning objectives

Learning Objectives	**Strongly Disagree**	**Disagree**	**No Opinion**	**Agree**	**Strongly Agree**
Recognize the deteriorating patient, escalate care and treat appropriately	1	2	3	4	5
Awareness of roles in a crisis situation	1	2	3	4	5
Teamwork and leadership	1	2	3	4	5
Communication with other disciplines– sharing of information	1	2	3	4	5
Open disclosure	1	2	3	4	5

3. **What were the most positive aspects of the sessions today?**

4. **What were the most negative aspects of the sessions today?**

5. **From an educational perspective, is there anything you believe could be improved if the sessions were to be run again?**

Thank you for your feedback

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