

Lab rules

General Rules of the Simulated Clinical Learning Environment

1. Students will be issued with nametags at the commencement of the learning activity. These should be worn at all times.
2. Students participating in a simulation scenario must wear their clinical uniform.
3. Students are not to bring food or drink into the simulation laboratories.
4. To prevent tripping hazards, all bags and coats must be stored in the bag racks/lockers provided.
5. For your safety we recommend that you wear protective clothing (lab coat, gown, goggles, mask and/or gloves) relevant to the task being undertaken.
6. Wash your hands upon entering and leaving the simulation laboratories.
7. Immediately report any injury or near miss to a member of staff.
8. In the event of damage to or malfunction of equipment, immediately stop using it and advise staff.
9. Do not remove equipment or models from the laboratories without prior approval of staff.
10. Be considerate: keep noise to a minimum, as there is often more than one group working in the labs.
11. Consult staff about any lost or found property.
12. Any deliberate damage, defacing or theft of University property must be dealt with as outlined in the Incident Reporting and Investigation policy; <http://policy.unimelb.edu.au/UOM0364>
13. You may be asked to leave the laboratories if your behaviour is inappropriate.
14. Mobile phones must be placed on silent and conversations with external parties during laboratory lessons are to be avoided.
15. If you are unsure of something, please ask staff.

Dress Code

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

- **Shoes** must be clean and in good repair, sensible, flat-soled and comfortable shoes are encouraged to promote safety and prevent trauma. For Occupational Health and Safety reasons, open toed or slip-on backless (open back) shoes are not considered suitable.
- **Jewellery** is plain and restricted to minimum usage.

The following items of jewellery are permitted:

- Wrist or fob watch
- Wedding ring
- Stud earrings may be worn – for Occupational Health and Safety reasons earrings of any other description are not permitted.
- Facial rings are not permitted for Occupational Health and Safety reasons. If necessary they may be replaced by studs.
- Nail rings are not permitted

- **Nails** are to be kept short (less than ¼ cm), natural fingernails with fresh clear nail polish or none at all. Please note that artificial / acrylic nails harbour pathogens, especially gram-negative bacilli and yeasts and are not suitable for clinical nursing practice.
- **Hair** is clean, neat and tidy. Hair should be kept off the face and secured as to not interfere with patient care procedures. To facilitate this, hair should be tied back once it is collar-length. Hair accessories should be plain / neutral and in keeping with a professional image.

Target Audience: 2 x Master of Nursing Science, Speech Pathology, Social Work Students

Estimated pre briefing time: 30 minutes

Estimated simulation time: 60 MINUTES

Estimated debriefing time: 45minutes

Setting: Inpatient Adolescent Mental Health Ward

Simulation method: Standardised Patient

Brief summary of scenario

This case presents Taylor a 15 year old girl who has several health issues. She has Type 1 diabetes, learning difficulties and an emerging personality disorder. Taylor is feeling overwhelmed and alone in her day to day living and things have come to a critical point where she has harmed herself. Several things have been highlighted about Taylor's health, which will require ongoing support from her Interprofessional health team.

The impact of Mental Health illness in young people can have long term affect on families, communities and society in general. Data from the Australian Bureau of Statistics and the Australian Institute of Health and Welfare show that 25% of young people will experience a mental disorder in any 12 month period. Mental health is a key health Concern facing many young Australians. Mental Health Disorders account for over 60% of health issues faced by young Australians in the 15-24 year age group.

<http://oyh.org.au/why-youth-mental-health/evidence> Orygen Youth Health, Victoria Australia

Learning objectives**Interprofessional**

- ☐ **Interpersonal and Communication Skills:** Consistently communicates sensitively in a responsive and responsible manner demonstrating the interpersonal skills necessary for Interprofessional collaboration
- ☐ **Patient-Centred and/or Family-Focused Care:** Through working with others negotiates and provides optimal integrated care by being respectful of and responsive to patient/client and/or family perspectives, needs and values
- ☐ **Collaborative Decision Making:** Establishes and maintains effective and health working partnerships with other professionals whether or not a formalised team exists
- ☐ **Roles and Responsibilities:** Consults, seeks advice and confers with other team members based on a clear understanding of everyone's capabilities, expertise and culture
- ☐ **Team Functioning:** Uses team building skills to negotiate, manage conflict, mediate between different interests and facilitate building of partnerships within a formalised team setting

(Source: The British Columbia Competency Framework for Interprofessional Collaboration, 2008)

Discipline Specific - Speech Pathology

- ☐ Speech Pathology to conduct a communication interview with Taylor and complete an initial screening of the patient's communication skills.

Discipline Specific - Social Work

- ☐ To discuss with the client ways to manage her behaviour

Discipline Specific - Nursing

- ☐ Mental health assessment and ISBAR hand over to the Interprofessional team.

Patient story

Taylor, 15, lives with her mother and 13 year old brother Seb, in a rental property in Footscray Victoria. Taylor has not been attending high school classes as she states that she has been feeling extremely stressed out about her studies for the upcoming VET. Taylor also states that she feels people are constantly making fun of her. Taylor says she is dumb because she doesn't understand the preparation and instructions for her school work. Taylor stated that she gets very confused when reading and writing, she states that all she can visualise are the letters forming words and most of the time it often doesn't make sense to the content of what she is attempting to read. Taylor stated that it was almost like the sequencing of the letters that form words, somehow rearrange to become another word (i.e. reverse becomes reserve)

Taylor also expressed that she feels extremely self-conscious when she has to inject herself with insulin while at school. Taylor believes that her inability to cope with her school work and her health issues are the reason why no one likes her and her peers call her a freak and make nasty comments to her most of the time.

Taylor stated it all became too much with the pressure of the exams, other kids teasing her, not understanding what was required of her in the preparation of the exams, and generally feeling unwell, she said she doesn't feel like doing anything, has no interest at all, the only thing that felt good was an overwhelming urge to hurt herself...to cut herself

Patient Information

During Taylor's initial acute admission it was established /diagnosed that Taylor has an emerging personality disorder-

Taylor was re admitted to the psychiatric unit for 1 week, where she was transferred to the adolescent Mental Health facility as an inpatient. Taylor was transferred from the acute ward where she has made a remarkable recovery from self inflicted lacerations to her left wrist and hand. The wounds to her left hand and wrist required 5 sutures. Taylor has good range of movement and sensation in her left hand and a crepe bandage remains Insitu for support and comfort.

Taylor also has Type 1 Diabetes, which up until her acute admission was not managed well resulting in Taylor having many hypoglycaemic events.

Initially it was noted that Taylor did not adhere to her Diabetes regime and it was further noted that Taylor had great difficulties in reading the literature on her Diabetes Care plan. Taylor stated that she doesn't care much about her diabetes management and that she hates that she has to inject herself; she wishes everyone would just leave her alone.

The diabetes nurse was able to help Taylor with education and a greater understanding of the importance of effectively managing her diabetes.

Since the self inflicted wrist wounds, Taylor's mother (Anna) has stated that she is very concerned for Taylor's mental health and wellbeing. Taylor's mother states she is very concerned about Taylor and fears she may do something really terrible- worse than slashing her wrists/hand.

Taylor's mother also stated that she feels she is constantly "nagging" Taylor to get up and do something- she feels that she is continually "at" Taylor- she also states Taylor is generally withdrawn from "life" Taylor spends the vast majority of her time alone in her bedroom, watching TV.

Anna also states that Taylor has in general been a difficult child to deal with throughout her childhood. Although she is absolutely devastated by Taylor's self-harm, it certainly has not come as a surprise as she has been unsettled and different since she was a young child. Anna stated that Taylor has a distrust of people, frequent mood swings she has an explosive temper, poor impulse control and has great difficulties in making and then maintaining friendships- she barely gets along with her brother. Mrs Swift states that Taylor has not been settled or a "usual" kid since, around the time of divorcing Taylor's father eight years ago.

Patient Admission Form

Surname Swift		URN 016897	
Given Name Taylor		DOB 04/02/1998	
Sex female		Country of Birth Australia	
Spoken Language English		Ab or TSI Status N	
Religion Methodist		Marital Status Single	
Residential Address 3/8 William Street		Suburb Fitzroy VIC	
Postcode 3568		Contact Telephone 0415 106 658	
Medicare Number 3315 68975 4	Medicare Expiry 08/2016	Pension Number na	
Insurance Fund na	Insurance Plan na	Insurance Number na	
NOK/ Contact Person			
NOK Name Anna Swift		Address 3/8 William Street	
NOK Phone 0409 010 112		Relationship mother	
GP Details			
Name Cohuna Clinic		Address 111 King George Street	
Suburb Footscray		Postcode 3568	
Ph number 5456 2605		Fax Number 5456 2051	
Admission Details			
Presenting Problem Emerging personality disorder SELF HARM		Admitting Unit CAMHS	

Taylor	Swift	016897
M	04/02/1998	English
3/8 William Street, Fitzroy VIC		

Current medications; LANTUS 5 UNITS BD. -----K Jones R.N

Patient Name: Taylor Swift

Diagnosis: Adolescent Mental Health

Student Guide

Medication Chart

Taylor Swift 016897
M 04/02/19 English
98
3/8 William Street, Fitzroy
VIC

Date 22/03/2013	Medication (Print Generic Name) lantus	Date											
Route s/c	Dose 5 units BD Self administered.	Hourly frequency	Time 08.00 20.00	<u>S</u>									
Indication Diabetes	Pharmacy Own medication	Dose											
		Route											
		Sign											
Date	Medication (Print Generic Name)	Date											
		Time											
Indication	Pharmacy	Dose											
		Route											
Prescriber signature		Sign											
Date	Medication (Print Generic Name)	Date											
Route	Dose	Hourly frequency	Time										
Indication Wheeze	Pharmacy	Dose											
		Route											
Prescriber signature	Print your name	Sign											
Date	Medication (Print Generic Name)	Date											
		Time											
Indication	Pharmacy	Dose											
		Route											
Prescriber signature	Print your name	Sign											

ISBAR HANDOVER TOOL

<div>I</div> <div>Identify</div>	<ul style="list-style-type: none"> ➤ Yourself: <ul style="list-style-type: none"> <input type="checkbox"/> name, <input type="checkbox"/> position, <input type="checkbox"/> location ➤ Receiver: Confirm who you are talking to ➤ Patient: name, age, sex, location
<div>S</div> <div>Situation</div>	<ul style="list-style-type: none"> ➤ State purpose “The reason I am calling is.....” ➤ If urgent – SAY SO, Make it clear from the start ➤ May represent a summary of Assessment and Requirement
<div>B</div> <div>Background</div>	<ul style="list-style-type: none"> ➤ Tell the story ➤ Relevant information only: <ul style="list-style-type: none"> <input type="checkbox"/> history, <input type="checkbox"/> examination, <input type="checkbox"/> test results, <input type="checkbox"/> management ➤ If urgent: Relevant vital signs, current management
<div>A</div> <div>Assessment</div>	<ul style="list-style-type: none"> ➤ State what you think is going on, your interpretation ➤ Use ABCDE approach <ul style="list-style-type: none"> <input type="checkbox"/> Airway <input type="checkbox"/> Breathing <input type="checkbox"/> Circulation <input type="checkbox"/> Disability <input type="checkbox"/> Exposure ➤ State any interventions e.g applied oxygen
<div>R</div> <div>Requirement</div>	<ul style="list-style-type: none"> ➤ What you want from them – BE CLEAR ➤ State your request or requirement <ul style="list-style-type: none"> <input type="checkbox"/> Urgent review (state time frame) <input type="checkbox"/> Give approval / recommendation for further course of action while awaiting attendance eg. ECG, bloods <input type="checkbox"/> Give opinion on appropriate management

Patient Name: Taylor Swift

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Resources

Orygen Youth Health Australia (2013) <http://oyh.org.au/why-youth-mental-health/evidence>

Patient Name: Taylor Swift

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Student Notes