

# Quick Guide

## Simulation Two – Scenario 1

### TTPSS OVERVIEW

Sim 2/Scen 1

- Roles**
- The Director
  - Patient (Protagonist)
  - Cast members
  - Audience members
- Tagging**
- Tagging occurs when cast members exchange roles
  - Tagging can be initiated by either the Director or cast members
  - When tagged, the new cast member takes over where the previous cast member finished
- Cue Cards**
- Given to audience members at the beginning of the simulation
  - They provide points to consider during the simulation and provide feedback on during debrief
- Antagonist Cards**
- Given to cast members at the Director's discretion to increase the complexity of the scenario and to promote critical thinking and resilience
- TTPSS Rules**
- Demonstrate professional behaviours (including the use of mobile devices)
  - Imagine that the simulation is real
  - Participate enthusiastically
  - Provide meaningful, honest and constructive feedback to your peers
  - Learn from what went well during the simulation and from the mistakes
  - Maintain respect and confidentiality during and after the simulation (this includes taking and sharing photos and videos)

This simulation comprises two scenarios that focus on acute deterioration in cognition.

<b>Learning Outcomes</b>	<p>At the completion of Scenario 1, learners will be able to:</p> <ul style="list-style-type: none"><li>• Accurately assess, interpret and respond to individual patient data in a systematic and timely way</li><li>• Apply relevant screening processes to identify cognitive, behavioural, mental and physical conditions, issues and risks of harm and the circumstances that may compound these risks</li><li>• Collaborate and communicate effectively with members of the healthcare team</li><li>• Reduce the risk of patients acquiring healthcare-associated infections</li></ul>
<b>NSQSHS standards</b>	<p>This scenario focuses on the following NSQHS Standards:</p> <ul style="list-style-type: none"><li>• Recognising and responding to acute deterioration</li><li>• Comprehensive care</li></ul>
<b>Significance of the scenario to patient safety</b>	<ul style="list-style-type: none"><li>• Recognising and responding to a patient who is clinically deteriorating is essential if optimal patient outcomes are to be achieved (ACSQHC, 2012)</li><li>• People experiencing delirium are at increased risk of death, increased risk of falls, a greater chance of being transferred to higher dependency care and greater likelihood of developing dementia (ACSQHS, 2016)</li><li>• A contributor to undetected patient deterioration is a lack of understanding regarding the significance of physiological changes patients exhibit preceding clinical decline (ACSQHC, 2012)</li><li>• Delirium is potentially preventable in more than one-third of older people with risk factors. Early identification of people at risk through timely screening, assessment and risk identification is important to allow the effective implementation of interventions (ACSQHS, 2016)</li></ul>

## ACT 1

## Sim 2/Scen 1

- Preparation**
- Allow cast members 5 minutes to prepare for their role
  - Distribute briefing cards to cast members
  - Distribute Cue Cards to audience members
  - Deliver the handover to open the scene
  - Signal the commencement of the simulation by saying 'begin'
- HANDOVER Introduction** Alex Thorn is a 92 year old resident (male or female, depending on actor playing the role)
- Situation** Alex has been a resident in this residential care facility for five years.
- Background** Alex has been feeling off-colour the past few days, with a reduced oral intake. Staff from the morning shift reported that Alex has been irritable and he has offensive smelling urine.
- Assessment** Alex requires settling for the evening.
- Recommendations** The bedside environment needs to be prepared for the evening, making sure the commode chair is conveniently situated.

## INTERMISSION

- Pause & reflect** The Director facilitates discussion highlighting what went well in Act 1 and areas for improvement in Act 2, with reference to the Cue Cards. The following issues provide the focus of discussion:
- Clinical handover
  - The various clinical assessments facilitating the recognition of acute deterioration
  - The application of ISBAR in communicating concern

## ACT 2

Repeat Act 1

**Learning Outcomes**

- Accurately assess, interpret and respond to individual patient data in a systematic and timely way
- Apply relevant screening processes to identify cognitive, behavioural, mental and physical conditions, issues and risks of harm and the circumstances that may compound these risks
- Collaborate and communicate effectively with the healthcare team
- Reduce the risk of patients acquiring healthcare-associated infections

**Ask:**

- What went well?
- What could have been done differently?
- What actions will you transfer to your clinical practice?

**What if Questions****Recognising and responding to acute deterioration**

- What if you are confronted with a person who appears confused? What will you do?
- What if you attempt to collect assessment data but are unable to?

**Comprehensive care**

- What if you have a feeling that things are not quite right with the person, but you are unsure where to start their assessment?
- What if there is no preceding assessment data?