**Nurse In Charge briefing notes**

**Title**

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| Medication and fals prevention |

**Summary/overview**

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| This is a 2 hour 30 minute workshop focusing on medications and falls. The workshop consists of a briefing, educational presentation and a twenty minute simulated scenario followed by a debriefing session. Participants will be seeing either one or two patients during the simulated patient scenario depending on local resources available. Once the simulation scenario begins, there should be an initial handover by the Nurse In Charge and participants will then have 20 minutes to review clinical notes and medication charts, talk to the patients then make recommendations on their current treatment plans and situation. The participants will then be asked to handover any recommendations to the Nurse In Charge and/or RMO if available either verbally or via written handover. They should also think about other relevant health professionals that may benefit from the knowledge e.g. physiotherapists and occupational therapists. Each of the simulated patients will be supplied with an “actors brief” to ensure they have sufficient information to play the role properly. |

**Learning objectives**

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| By the end of this simulation, participants will be able to:1. Identify medications associated with an increased risk of falls,
2. Identify medications that may be associated with increased adverse outcomes if a patient does have a fall,
3. Recognise patient characteristics and disease states that may predispose a patient to falls,
4. Expand knowledge of medication management in patients with falls,
5. Develop skills to effectively communicate to other health professionals increased falls risks that are associated with medications.
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**Scenario**

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| This simulation is set in an acute medical ward.  |

**Participants’ tasks**

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| The participants should fully engage in the simulation and interact with the patients as they usually would in a ward environment. The participants will usually be pharmacists although this simulation may also include other health professionals including nurses, doctors, occupational therapists and physiotherapists.The participants will be expected to interview the patients, review the patient case notes and medication charts and identify any issues that may arise. The area of focus for this workshop is the identification of issues that may either contribute to a risk of falls (previous or future) or identifying drug therapy that may pose an increased risk of adverse events if the patient does have a fall in the future. The risks may be related to medications, current medical conditions or environmental risks. Once any risks or issues have been identified, the participants need to communicate those issues and their recommendations to mitigate the problem to the relevant health professionals via the Nurse In Charge at the handover meeting. |

**About your role**

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| *Name:**Designation:**Opening line:* *Wardrobe/makeup:* | Nurse In Charge“Good Morning everyone and welcome to Ward 2B. My name is…….. and I am the nurse in charge of the shift today. We have two patients for you to see today, both of whom need to be seen this morning. In bed 1 is…. (use Handover sheet to relay the appropriate information to the participants). In bed 2 is…..(Use Handover sheet ). You will only have twenty minutes to see the patients as I need to get a handover back from you before I head off to an important meeting. I’ll be on the ward if you need me for anything. Do you have any questions?”You are wearing a NUM uniform. You have a clipboard with handover notes. |

**Your tasks**

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| Journey Board Meeting* The Nurse In Charge will give a 2 minute handover of the patient utilising the patient handover sheet and be available to answer any questions throughout the simulation. If pathology results or observations are requested – these should be provided by the nurse in charge at the appropriate time. These results will be available for you to give to the participants verbally.
* Handover sheets for each patient are supplied for use by the participants and to facilitate the handover.
* The Nurse In Charge should stay in the “ward” to answer any questions the participants may have regarding the patients.
* The Nurse In Charge must be familiar with the patient case scenarios and it is advised that they read the prepared medical notes and actors briefs to make sure they have an understanding of the patient’s current clinical status.
* The Nurse In Charge may be asked to participate in the debriefing session to offer any perspective on how the participants resolved issues with patients in the scenarios and communicated essential information back to the nurse to ensure appropriate patient care.
* It is important for the Nurse In Charge to ensure the scenario keeps moving and participants maintain the reality of the simulation. Ensure that any equipment or documentation that the participants may need is supplied if available e.g. walking frames, walking stick, blood pressure monitor, progress notes or Medication Management Plan (MMP).
* After the allocated 20 minutes is over – call the participants back to the table or handover area and ask them to hand over any recommendations they may have about each of the patients (including referrals to other health professionals).
* Once handover is finished – advise them to head back to the debriefing room.
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