**Simulation scenario development**

**About the simulation**

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| Title: | Medication and falls prevention | |
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**Identified need**

What is the issue and the need for training?

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| This simulation focuses in the identification of pharmacological and medication related issues that may contribute to a risk of falls. In particular it will:   1. Identify high risk patients with the aim of reducing number of falls 2. Identify patients who are potentially at a high risk of falls 3. Identify medications that may be associated with an increased falls risk 4. Identify drugs that may be associated with increased adverse outcomes if a patient does have a fall |

**Target audience**

Who is this simulation activity designed for?

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| This simulation is designed for early career or less experienced pharmacists. Other health professionals that could benefit are Physiotherapists, Occupational Therapists, Nursing and Medicine. |

**Learning objectives**

What do you intend for participants to learn?

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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. |

**Background**

List the background knowledge which needs to be reviewed or taught as well as any reference materials

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| * Beers Criteria 2012 (American Geriatrics Society) for potentially inappropriate medication use in older adults * STOPP (Screening Tool of Older Persons’ potentially inappropriate Prescriptions) * START (Screening Tool to Alert doctors to the Right Treatment) * [ISBAR communication tool](http://nswhealth.moodle.com.au/DOH/DETECT/content/00_worry/when_to_worry_06.htm) * NSW Health Policy Directive – Prevention of falls ([*PD2011\_029*](http://www.health.nsw.gov.au/policies/pd/2011/PD2011_029.html)) |

**Simulation activity**

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| Modality (select more than one if applicable):  ☒Simulated patient (or standardised patient) ☐Task trainer ☐Manikin/human patient simulator  ☐Computer based ☒Role play ☐Animal or cadaveric ☐Hybrid ☐Virtual reality ☐Objective Structured Clinical Examinations (OSCEs)  This simulation focusses on medication and falls prevention. The activity consists of a briefing, educational presentation and a twenty minute simulated scenario followed by a debriefing session. Participants will see either one or two patients during the simulation, depending on local resources available. Once the simulation begins, there should be an initial 2 minute handover by the Nurse In Charge and participants will have 20-30 minutes to review clinical notes and medication charts, talk to the patients then make recommendations on their current treatments plans and situation. If pathology results or observations are requested – these should be provided by the Nurse In Charge. These will be supplied along with handover sheets. The Nurse In Charge should stay on the “ward” to also answer any questions the participants may have regarding the patients. The participants will then be asked to handover any recommendations to the Nurse In Charge and/or Resident Medical Officer if available either verbally or via written handover.  The participants should be grouped into two groups (only if using two patients) to encourage interprofessional collaboration (if there is more than one health profession represented at the workshop) to aid problem solving and encourage learning about other professions roles with regards to falls. Each team should focus on one of the patients and discuss their recommendations during the handover.  The participants will be expected to maintain the scenario fidelity throughout the simulation phase of the workshop however they will be allowed to ask facilitators any questions that will assist them to problem solve and resolve issues individually without disturbing the reality of the scenario for other participants.  The simulated patients should be sitting in a bed/chair with notes and medication charts available and blank progress notes or Medication Management Plans MMP for the participants to write on if needed. The participants should be directed to focus on reviewing the current clinical status, disease states and their current medication profile and link this to their potential falls risk prior to admission (assess if any medications have been implicated), during their admission and any potential problems with the medications and falls risks when they are discharged back into the usual home environment.  Once the simulation phase has been concluded, the participants should be directed back to the briefing/debriefing area with the main focus of the debriefing being the learning objectives. Each of the simulated patients will be supplied with an “actors brief” to ensure they have sufficient information to play the role properly. The ‘simulated patients’ may attend the debriefing session in order to provide feedback to participants, however this feedback should not be focused at an individual but addressed to the group in general. |

**Setting/environment**

In what context is the simulation occurring in? e.g. ward/home visit/acute/rehab/metro/rural/regional.

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| Context: This simulation is set in an aged care / rehab ward/ medical ward.  Environmental set up: Ideally this simulation should be set up as two beds/chairs in the same room. |

**Staff/faculty/confederates**

List the staff/faculty/confederates required including tasks.

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| For a group with 4 – 6 participants   * 1 x facilitator * 1 x confederate (Nurse In Charge) * 2 x simulated patients |

**Equipment, tools and resources**

List the equipment and resources required for the activity including details of what needs to prepared prior to the simulation?

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| Tools: ☐Audio/ video capture (ensure consent forms are signed)  ☐Moulage ☒Props ☐Other - Details: (see Facilitator’s plan for further details)   * Bed/Chair * Hospital gowns * Handover sheet * Medical Notes * Observation charts * Progress notes * Medication charts * Walking Stick * Patient’s own medications or patient medication list * Access to CIAP via Computer if possible * Patient result sheets * Actors brief – Nurse In Charge and simulated patients |

**Costs**

List the cost required for the activity including details of individual charges, *in kind* support or not applicable.

*Note: check with LHDs and Specialty Health Networks regarding appropriate approval process*

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| Venue |  |
| Faculty/staff |  |
| Actor hire |  |
| Equipment hire |  |
| Consumables |  |
| Catering |  |
| Other – Details |  |
| Total |  |

**Subject details (profile of simulated patient, details of task trainer, details of confederate, etc.)**

e.g. Condition, presentation, history, age, demographic.

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| There are two patient scenarios that could be utilised for this workshop. Facilitators may use one or both scenarios as applicable to available space and faculty.  **Patient 1**: **Michael Lewis** is a 75 year old man admitted to hospital with dizziness and palpitations. The dizziness is becoming a problem as it seems worse when he stands up and he is afraid he will fall. He walks with a stick. He is diagnosed with Paroxysmal Atrial Fibrillation in hospital and commenced on Dabigatran. He has a background history of Parkinson’s Disease, hypertension and heart failure. He is also the sole carer for his wife who has severe COPD and is anxious to get home. Michael is also a bit forgetful and is sometimes not compliant with medication. See actors brief for further background information.  **Patient 2: Julie Mayer** is a 70 year old lady who is admitted to hospital from a hostel with a fractured neck of femur. She has a prior medical history that includes early Alzheimers Disease, Type 2 diabetes, hypothyroidism, IHD, Macular Degeneration, osteoporosis, urinary incontinence and hypertension. Julie is to have an operation to fix the fractured hip using a long gamma nailreplacement and then be discharged back to the hostel following a short stay in rehabilitation. Julie is mildly cognitively impaired. She has just been treated for a urinary tract infection by the GP. She is to be commenced on VTE Prophylaxis following the surgery. See actors brief for further background information. |

**Timing**

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| Introductions  Warm up  Educational presentation  Briefing for simulation  BREAK  Briefing  Simulation  Debriefing  Evaluation  Faculty evaluation (optional) | 15 mins  10 mins  20 mins  10 mins  15 mins  10 mins  20 mins  40 mins  10mins  10 mins |
| TOTAL | 150 mins  **(2.5 hrs)** |

**Briefing of participants**

What needs to be discussed before the activity?

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| 1. Reiterate the learning objectives 2. Explain that there will be three parts to the simulation  * Initial handover from the nurse * Clinical assessment and interaction with patients * Clinical handover back to the nurse with recommendations for optimising treatment  1. What they can do (eg. write notes). They should interact with the patients as they would normally do so in their clinical role 2. Duration of the simulation and need for using the time effectively 3. Replace with Participants should determine whether to work individually or collaborate as a group to identify issues and make recommendations. |

**Debriefing and reflection**

What needs to be discussed after the activity? Think about specific questions.

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| * Ward environment (ie. potential for falls) * What issues have been identified as potential problems relating to an increased falls risk for each of the patients? Why are these a problem? * What treatment recommendations have they made with regard to any identified issues? * Medication management of conditions using drugs associated with falls * Which other health professionals would they need to liaise with or refer to with regards to recommendations they need to make. What methods of communication may be used to do this? * How communication used may be perceived by other health professionals * Timing of medications and impact on roles and activities of other HCP |

**Evaluation**

How might you evaluate the simulation?

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| Defined points regarding:   * Number of medications implicated in increasing potential risk of falls or increased adverse outcomes post fall * Ability of participants to make appropriate treatment interventions and be able to effectively communicate their recommendations regarding falls risks to the relevant health professionals * Ask participants to fill out a Post workshop evaluation form |