**Facilitator session plan**

**About the simulation**

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| *Title:* | Medication and falls prevention  |
| *Date:* |  | *Duration:* | 2.5 hours |
| *Venue:* |  |

**Faculty**

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| *Facilitator/s:* |  |
| *Simulated patient/s:* |  |
| *Confederate/s:* |  |

**Participants**

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| *Name* | *Discipline* |
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**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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**Preparation checklist**

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| *Prior to simulation activity** Venue booked (including computer access)
* Debriefing room(s) booked
* Equipment checked (if applicable)
 | * Faculty recruited
* Simulated patient (s) recruited
* Props/materials in order/collected
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| *On the day of the simulation** Room is set up (including PowerPoint)
* Faculty briefing
 | * Confederate briefing
* Simulated patient briefing
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**Preparation for the simulation**

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| * It is important to finalise your simulated patients and confederates a few days prior to the workshop so that they can become familiar with the roles that they will be undertaking. Simulated patients should be given their own briefing information and information on how you expect them to be dressed and if they need any make up/wigs etc. Prepare a running sheet for the workshop so everyone knows when to arrive.
* The Nurse in Charge and RMO (if using in the scenario) should be given their own briefing information AND the medical notes or any other available information for the patients you will be using so they are familiar with all the scenarios. This is important in case the participants wish to ask any questions about the patient’s history or current clinical status during the simulation itself.
* Ensure each of the participants is given information about the workshop including timing and location.
* Ensure that all relevant paperwork has been downloaded and put into a folder for each patient you are using and a patient observation chart has been completed. Resources required to run the workshop are available for download from the HETI website, including :

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| * Medication and Falls PowerPoint presentation
 | * Medical progress notes for each patient
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| * Copy of pathology results for each patient
 | * Nursing handover sheet
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| * FRAMP falls risk assessment for each patient
 | * Running Sheet template
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| * Medication Chart for each patient
 | * Workshop evaluation forms
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| * Admission and Discharge Risk Assessment Tools
 | * Patient own medication list
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| * Summary of issues and recommended interventions to be used in discussion during debriefing
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* Complete the pre-reading for the workshop, including PowerPoint notes, so you are familiar with the educational content. The following pre-reading is available on the HETI website:

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| * Journal Articles
 | * Beers Criteria Updated 2012
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* Prepare the following, to be handed out to workshop participants after the workshop:

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| * Beers Criteria Pocket Guide
 | * PowerPoint presentation handouts
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* Prepare an observations chart for each patient based on the case notes prior to the workshop.
* Prepare the patient’s own medications as per the medication history in the notes OR you could print out a medication list if this is easier.
* The medical progress notes, medication charts, a blank medication management plan (if used at your hospital), observation charts and falls risk charts should be placed into an individual folder for each patient that features in your simulation session.
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**On the day of the simulation**

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| * Load the Medication and Falls presentation onto the computer you will be using.
* Print out the Post Workshop Evaluation Forms.
* Set up the simulation room as appropriate with all relevant patient documentation, blank progress notes, Medication Management plans and charts, beds and chairs for patients, available props and organise access to CIAP on a computer if possible.
* There should be a table or whiteboard area where the participants can receive handover from the nurse in charge.
* Each simulated patient or confederate should be briefed on their role and any issues they may have should be addressed or questions answered prior to the participants arriving.
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| **\_\_\_\_\_\_\_\_\_**  | **Introduction** |
|  10 minutes | Introduce all members of the faculty present ***(Slide 1)***Ask all participants to introduce themselves and what they doExplain the purpose of today’s activity and guide the participants through the learning objectives as above – ***(Slide 2)***Try and quickly gauge their current knowledge**Explain the following**:***(Slide 3 and 4)***Why do we use **SIMULATION** in the workshop? – simulation is a safe environment where mistakes can be made without fear of negative consequences, and that whatever happens will stay within the walls of the simulation.Explain about **CONFIDENTIALITY** – that whatever happens stays here but we will go over in detail during debrief what happens in the simulation. Explain the **FICTION CONTRACT** – that whilst we understand that we are all playing roles and may not necessarily be identical to “real life”, each participant should engage with the simulation and treat it as though it is real in every respect. NB: The briefing and debriefing area should be separate from the “ward” area where the simulated patients will be so as to maintain the “reality” of the simulation. | *Materials/props*PowerPoint PresentationComputer/laptopData projector |

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| **\_\_\_\_\_\_\_\_\_**  | **Warm up activity** |
| 10 minutes | ***(Slide 5)- What are we hoping to find out?***Reiterate the main purpose of the workshop – what are they there for? How do we alleviate risks and prevent falls?***(Slide 6) – Can they actually identify any risks?***Use the photo of an elderly patient in bed with various falls risks around them – can the participants identify the various risk factors present in the photograph? E.g slippers, pool of water, bottle of frusemide etcThis should encourage the pharmacists (or other health care professionals) involved in the workshop to think about a patient’s environment and not just focus on medications in isolation.***(Slide 7) – What can contribute to falls?***What are the main risks or factors that may contribute to falls? * Inherent patient risks e.g sedation, cognition, delirium, gait issues
* Hospital Factors e.g environmental hazards, staff to patient ratios
* Medications – main focus of workshop and will discuss in detail
 | *Materials/props*PowerPoint Presentation |
| **\_\_\_\_\_\_\_\_\_**  | **Background information/educational presentation** |
| 25 minutes | The following slides form the basis of a presentation on drugs and disease states that are commonly implicated in patients who fall and those medications that cause additional issues and complications in patients deemed to be a falls risk e.g anticoagulants.Hand out copies of the Beers Criteria summary to each participant.***(Slide 8) – Introduction*** ***(Slide 9) – Things to Consider***This slide is designed to highlight the essential information we need to think about when looking at falls and medications***(Slide 10) – NSW Health Policy***NSW Health already has policies in place to help with falls prevention and risk minimisation.One of the strategies that is used is screening and assessment:Hand out copies of the two forms commonly used in your hospital – Ontario Falls Risk Screen (or equivalent) and FRAMP***(Slide 11) Ontario Modified Stratify Falls Risk Screen***This form is used when patients are admitted to hospital to identify if they are at risk of falls. It may form part of the Nursing Care Plan or Admission and Discharge Risk Assessment Tool (depends on the individual hospital). This information will include assessing the patient for use of medications including **antipsychotics, antidepressants, sedatives/hypnotics, or opioids.** If a patient is determined to be at risk of falls – a FRAMP form (or equivalent) should be completed***(Slide 12) FRAMP – Falls Risk Assessment and Management plan***The FRAMP is used as an action plan when the patient has been assessed as high risk of falls.Run through the FRAMP form quickly paying particular attention to the medication section.***(Slide 13) CEC Flowchart***The Clinical Excellence Commission has produced a flowchart focusing on falls prevention – the use of the two NSW Health forms is included in this***(Slide 14) Revisit Risk Factors for Falls***During this presentation – the focus is on age related pharmacokinetic and pharmacodynamics changes, use of medications with side effects that can adversely affect the elderly and disease states that may predispose a patient to falling.*Background information/educational presentation continues…**Background information/educational presentation continued…****(Slides 15 and 16) Age Related Pharmacokinetic changes***Explain about the issues that can affect the pharmacokinetics of medications when used in the elderly including:Alterations in body weight and fat/muscleChanges in total body waterReduced serum albuminReduced liver and renal functionReceptor sensitivity***(Slide 17) Age Related Pharmacodynamic Changes***Explain about the issues with pharmocodynamic changes in the elderly including homeostasis mechanism impairment, increased confusion, sedation and cognition risks, postural sway etcEmphasise a “Start Low and Go Slow” approach***(Slide 18) Side Effects that contribute to falls***Ask the participants which medication side effects are commonly implicated in falls prior to showing them the slide. Ask if they can think of examples of medications that commonly cause these side effects?***(Slide 19) Medications commonly associated with increased risk of falls***This slide covers the groups of drugs that are commonly associated with an increased risk of falls and an insight into why this can happen***(Slide 20) Other medications less commonly associated with falls***This slide highlights groups of drugs that are also linked to an increased risk of falls and an insight into why this may happen***(Slide 21) Medical conditions that may predispose a patient to falling*** This slide identifies and explains why certain medical conditions can also contribute to an increased risk of falls***(Slide 22) Factors that may increase the risk of patient harm from falling***This slide will prompt participants to think about what kind of patient factors may be implicated in poorer outcomes for patients who have had a fall ***(Slide 23) References for Further Information*** | *Materials/props*PowerPoint PresentationPresentation handout for each participantCopy of Beers CriteriaCopy of Falls assessment documentation used in your hospital |

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| **\_\_\_\_\_\_\_\_\_**  | **BREAK** |
| 15 minutes |  |  |

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| **\_\_\_\_\_\_\_\_\_**  | **Activity briefing** |
| 10 minutes | It is important that participants are fully briefed as to what to expect during the simulation phase of the workshop and how they should interact with the simulated patients. Remind them of the timeframe allocated to interact with the patients.***(Slide 24) So what happens now?**** Give the participants a brief overview of the simulation. Advise them they will be seeing either ONE or TWO patients during the workshop depending on your set up.
* The patients will be in a bed/chair in a separate simulated ward area and participants will have access to patient’s medical notes and medication charts as well as be able to interview the patients themselves as they would in their normal clinical role.
* Explain about the nurse handover at the beginning and end of the simulation phase.
* You should group participants into two equal teams if you are using two patients – try and encourage Interprofessional collaboration (if more than one profession) to aid problem solving and encourage learning about other professions roles in falls prevention. Each team should then focus on one of the patients.

***(Slide 25) What can you do in the simulation?**** Ensure the participants are aware that they are expected to interact with the patients and that they have access to all the medical notes, pathology, medication charts, CIAP etc. If they need extra information they can ask the Nurse OR facilitators.
* If there are other health professionals taking part in the workshop e.g. physiotherapy or occupational therapy, advise them that they are able to touch or examine the patients as they usually would.
* Inform them that there will be an initial handover by the Nurse and participants will have 20 to 30 minutes to review clinical notes, medication charts and talk to the patients.
* The participants are then encouraged to make recommendations on their current treatment plans and situation.
* If there is a confederate RMO in the simulation, ensure participants are aware that they should liaise with them as needed.
* After interacting with the patients, the participants will then be asked to handover any recommendations to the NUM.
* It is expected that any recommendations they make should be communicated to the other relevant health professionals either verbally or via written handover in the medical notes. They should indicate which other health professionals may need to be involved in the patients care.

*Activity briefing continues…**Activity briefing continued…****(Slide 26) What should they focus on?**** Participants should think about the current disease states and clinical status, patient environment, current medication profile and treatment plan and investigate any link to potential falls risk either prior to or during their admission. They should also consider prevention of future falls and potential problems on discharge back into their own home environment.
* Remind them of the time restrictions and to use their time effectively.
* Explain that they will be expected to maintain the scenario fidelity throughout the simulation phase of the workshop however are 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.
* At the conclusion of the simulation activity, the participants will be taken to the debriefing area.
 | *Materials/props*Whiteboard Mock patient rooms with bed and/or chairParticipant briefing notesSimulated patient clothes and accessoriesTable/chairs Telephone |

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| **\_\_\_\_\_\_\_\_\_**  | **Simulation activity** |
| up to 30mins | * The patients should be sitting in a bed/chair with notes and medication charts available.

 * The NUM will give a 2 minute handover of the patient and be available to answer any questions throughout the simulation.
* If pathology results or observations are requested – these should be provided by the NUM. These will be supplied.
* Handover sheets for each patient are supplied for use by the participants and to facilitate the NUM handover.
* The NUM should stay on the “ward” to also answer any questions the participants may have regarding the patients.
* The facilitators should also stay on the “ward” to ensure participants are comfortable and answer any questions they may have.
 | *Materials/props*Bed/ChairHandover sheet Medical NotesProgress notesMedication chartsWalking StickPatient’s own medicationsAccess to CIAP via Computer Patient result sheetsActors brief – NUM and simulated patients |

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| **\_\_\_\_\_\_\_\_\_**  | **Debriefing/feedback** |
|  45 minutes | The room should be set up with chairs in a semi – circle facing the facilitators. ***(Slide 27) Learning Objectives***During debriefing it is important to focus on the learning objectives as the structure of the discussion. Questions may be used as follows:***Remember to give the participants time to think about any questions that you pose and avoid rushing in to fill the silence.**** *How did you find the simulation exercise?*
* *What falls risk factors do you think these patients may have? Either medication, disease or situational related?*
* *What do you think might have been the main issues surrounding falls that either of these patients faced during their admission? What about when they are discharged home?*
* *What strategies could you use to minimise the risk of falls for**these patients? What recommendations could you make? For each of their recommendations regarding medications – ask them to explain why it is an issue? What alternatives may be available?*
* *Would medication counselling be of any benefit for our patients? When would it be most appropriate and why?*
* *How would you communicate your concerns to the relevant team members? Which team members would you need to liaise with? How would you do this?*
* *How can you make others easily aware of a medication related falls risk? What strategies could you put in place?*
 | *Materials/props*Debriefing questions and guidelinesRecommended interventions for each patient – facilitator guidelines |

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| **\_\_\_\_\_\_\_\_\_**  | **Closing and evaluation** |
| 10 minutes | ***(Slide 28) Key Falls Interventions***In closing it is important to re-iterate the main learning objectives of the workshop using the workshop summary sheet provided to the participants and to highlight the following:1. Which are the most common medications implicated in falls?
2. Which patient factors and disease states can predispose a patient to falling?
3. What precautions and patient information need to be considered when discharging a patient home on a medication that may contribute to adverse outcomes?
4. What is their role in preventing medication related falls?

Ask the participants to fill out the post workshop evaluation form. | Materials/propsSummary sheet provided to participants Post workshop Evaluation Forms |

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| **\_\_\_\_\_\_\_\_\_**  | **Faculty debrief** |
|  10 minutes | Once participants have left the room, the facilitator leads the faculty debrief covering:* What went well?
* What did not go so well?
* Were the participants engaged in the simulation?
* What might we as a faculty do differently next time?
 | *Materials/props*Pen and paper |

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|  | **Notes** |
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