

# COMMON STRUCTURE FOR HIGH FIDELITY SIMULATION SCENARIO

## SCENARIO TITLE

Safety when administering drugs

## SCENARIO OVERVIEW

DUMMY TYPE:

HEALTHCARE SERVICE: medicine service

TARGET GROUP<sup>1</sup>: 1<sup>st</sup> year students (initial level)

ESTIMATED SCENARIO DURATION: 15 minutes

SCENARIO SUMMARY<sup>2</sup>: medication error; prevention; safety

## EDUCATIONAL OBJECTIVES

GENERAL OBJECTIVES:

To be able to prevent medication errors using safety practices.

SCENARIO-SPECIFIC OBJECTIVES:

- To recognise a potential risk situation of medication error;
- To adopt prevention measures to avoid medication errors;
- To establish efficient communication with the patient and the multidisciplinary team.

## PARTICIPANTS' ROLE

STUDENT	Identify the medication error	Avoid the medication error	Administer drugs safely
PROFESSIONAL			
TRAINERS <sup>3</sup>	Pass the information (new shift)	Control the dummy	Guide the debriefing

<sup>1</sup> Skill level and number of participants

<sup>2</sup> Scenario key words

<sup>3</sup> Control of dummy setting / Debriefing/ Dummy voice/ Facilitator/ Disruptive element/ external stakeholder (phone speaker)

## EQUIPMENT LIST<sup>4</sup>

Medical supplies:

- Circulation<sup>5</sup>: subcutaneous needles; insulin syringe
- Ventilation<sup>6</sup>:
- Miscellaneous<sup>7</sup>: glucose metre, alcohol, compresses, sample collector; gloves; tray

Medicines and solutes: two insulin vials (fast and slow)

Documents<sup>8</sup>: **two patients' clinical file**

Accessories<sup>9</sup>: phone, refrigerator

Environment<sup>10</sup>: two patients, stretched out

## SCENARIO PREPARATION

SIMULATION TYPE:

DUMMY TYPE:

SIMULATOR PREPARATION:

- Setting: one patient with a 195 mg/dl blood sugar level and the other patient with a normal blood sugar level (100 mg/dl) (prior evaluation)
- Positioning<sup>11</sup>: patients stretched out
- Accessories<sup>12</sup>: room divider curtain; cardex or therapy sheet

ENVIRONMENT PREPARATION<sup>13</sup>:

Two unidentified insulin syringes with 10U each (one with insulatard, the other with actrapid)

PREPARATION OF ADDITIONAL EXAMINATIONS<sup>14</sup>: not applicable

PREPARATION OF STUDENTS/LEARNERS<sup>15</sup>: not applicable

## BRIEFING

TIME: 9 hours

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<sup>4</sup> Prefer Check-list for quick check-up

<sup>5</sup> Catheters, infusion lines, needles (IV, intraosseous, subcutaneous), blood collection tubes, tourniquet...

<sup>6</sup> Nasal cannulas, non-rebreather masks, intubation supplies...

<sup>7</sup> Capillary glycaemia, urinary catheter, thermometer, stethoscope, gloves, hand sanitizer....

<sup>8</sup> Patient medical file, transmission sheet, ECG, recommendation summary sheet

<sup>9</sup> Pen, phone, diagnostic penlight for pupils, work outfits (white coats...)

<sup>10</sup> Wig, basin, tissues with blood, **patient's suitcase...**

<sup>11</sup> Half sit-up, lying down

<sup>12</sup> Presence of oxygen, of a drip tube, already scoped...

<sup>13</sup> Raised bed rails, presence of patients belongings, tissues, needed information received (Displayed thermometer, glycaemia...)

<sup>14</sup> If foreseen in the scenario, prepare additional examinations to display (chest radiograph, blood test...)

<sup>15</sup> Preliminary analysis of documents if needed

#### SITUATION<sup>16</sup>:

Medical service; the patients are waiting for breakfast. The nurse of the previous team has **already measured the patients' blood sugar level and has prepared the insulin to administer**. When the following nurse arrives, the first nurse leaves the service.

#### DOCUMENTS<sup>17</sup>:

The **two patients' clinical file**, one with a slow insulin prescription and fast insulin in case of SOS, and the other with only fast insulin.

### PATIENT DATA<sup>18</sup>

Surname: Martins/Santos  
Name: António/Pedro  
Date of birth: 25-04-1943 / 12-11-1967  
Allergies: None  
History: Type I diabetes / Still healthy (dizziness, thirst, polyuria)  
Medical history: oral anti-diabetes / no treatment  
Surgeries: No surgical history for either  
Ob/gyn: Not applicable  
Personal treatment: cares / cares

Age: 74 / 50  
Weight: 82 kg / 75 kg  
Height: 1.70 / 1.80  
Gender: M / M

### FRAMES OF REFERENCE / EXPERTS RECOMMENDATIONS<sup>19</sup>

### DEBRIEFING IDEAS

For the student who has performed the scenario:

- How did you feel during this simulation scenario
- Describe the situation you have experienced
- What did you learn with this scenario
- What could be improved

For observer students:

- What are the procedures well performed by their colleague

For all students:

- Think about the five/ten certainties when administering drugs
- Cares when administering insulin

### SCENARIO PROGRESS

Monitor setting	Patient dummy	Students' interventions (what we would like to see...)	Messages
Beginning time of scenario:			

<sup>16</sup> Location where the scenario takes place, information before entering the simulation room

<sup>17</sup> Document handed during the briefing/ care record, biological results, written **transmissions** ...

<sup>18</sup> Care record layout or if not necessary to the scenario, voice memo for the trainer

<sup>19</sup> Quoted sources, bibliography

Initial state:	<p><b>Patient 1:</b> AP: 140/85 HR: 80 RR: 18 SpO<sub>2</sub>: 99% Blood sugar level: 100 mg/dl ECG curve: sinus</p> <p><b>Patient 1:</b> AP: 130/75 HR: 75 RR: 16 SpO<sub>2</sub>: 99% Blood sugar level: 195mg/dl ECG curve: sinus</p>	Evaluate the preparation of the two treatment (insulin)	<p>The nurse (teacher) makes way saying: "I have evaluated the patients' blood sugar level and prepared the insulin to administer before breakfast." "I haven't had time to administer the treatments."</p> <ul style="list-style-type: none"> <li>- ask them to be administered</li> <li>- say goodbye to your colleague (student) and leave the service.</li> </ul>
State 2:	<p>The patients put pressure on the nurse saying they want to take the treatment in order to start eating breakfast.</p> <p>No change in vital signs.</p>	Throw the treatment away because it is not identified; measure blood sugar levels again and prepare a new treatment if needed.	
State 3:	No change in vital signs.	Administer the right treatment to the patient.	
End time of scenario:			

## SCENARIO EVALUATION

POSITIVE ASPECTS:

TO IMPROVE:

REALISM:

USED PROTOCOLS:

PROTOCOLS TO IMPLEMENT: