# Fake it ‘til you make it – Friday 27th July 2018

#### Target audience

Experienced GP clinicians with variable experience in supervision.
Mostly inexperienced in using simulation.

#### Activity

Role play based

#### Time allocated

Min 30min (potentially a further 10min depending on the groups moving efficiently)

## **SIM#1 running sheet**

#### Learning objectives of this simulation

To identify and clinically manage anaphylaxis

To manage the safety issues of a patient wishing to inappropriately leave the clinic.

#### Setup/props

There will be a ‘waiting room’ zone (reception desk/table, and waiting room seats)
and a treatment area zone (2x chairs and desk, with the anaphylaxis management flowchart, 1x vial of adrenaline, a 3mL syringe, a sharps container and a 20gG needle – please use the floor if you need a ‘bed’).

#### Personnel

Lead educator: overseeing Simulation

Helper educator: the patient

Supervisor/participant roles: 1x doctor, 1x nurse, 1x reception, remaining participants as waiting room patients

#### Pre-briefing (5 min)

Focus on the scenario summary: management of anaphylaxis

Acknowledgement of artificial scenario but all asked to ‘suspend reality’ and buy into the story.

Orient everyone to the three zones: main clinic room, ‘treatment room/office, and waiting room/reception.
Pre-Brief the doctor with their suggested manner of dealing with anaphylaxis.
Safety around supporting colleagues – understanding they may be under pressure and are providing us with a ‘gift’ of the scenario acting out.

#### Simulation (7min-ish)

##### Part 1

Doctor in office doing paperwork, and patient comes into the waiting room

Reception rings, and advises “Doctor, there is an angry patient at the front desk, and they want to see you immediately”.

The patient’s arms and face are red, except for white welts, and they have a wheeze you can hear at 3 m. They don’t look well.

If vital signs asked for:

T – 37.0, RR 19, PR 105reg, BP – 100/60

##### Part 2

1 min after the adrenaline is given his skin has faded, and his wheeze has gone, and he gets up from the bed “Thanks Doc, I’ll see you later” and he attempts to leave.

End simulation once the registrar either lets the patient leave or convinces the patient to stay and wait for the ambulance.

##### Facilitator

Ensure the adrenaline is drawn up etc, dose verbally explained and all as realistic as possible (**not** including the actual injection).
watch out for how the registrar utilises the other staff (reception and nurse) and how clear these directions are.

#### Debrief (10 min)

Reinforce some of the key concepts from the morning’s session with Peter Martin. Participants involved, not observers.

Emotions
Focus will be on allowing participants to express how they felt and verbally reflect on how they reacted.

Content
Then explore what happened from each person’s perspective (quick runaround!).

The future

Exploration of areas for learning and 1-2 key actions to take away from the scenario.

Thank you

Thank the participants for their ‘gift’ of this simulation

#### SIM#1 Patient role – tasks

You are feeling very anxious and demand to see a doctor straight away. If the receptionist seems to block you, insist you need to see the doctor.
10 minutes ago, you took a ‘Voltaren Rapid’ (first time).
Remain short of breath, anxious feeling faint and ‘wheezy’ under the adrenaline has been ‘injected’.
Then recover within a minute, state that “Thank you SO much.” And get up to leave. If an ambulance is mentioned, state you don’t have cover and “I feel fine now – that’s a miracle drug – I’m going home.”
Only stay if the registrar clearly explains the risk of dying should you go home. Any other explanation, you brush off because you feel fine.

#### SIM#1 Registrar role

It’s Friday lunchtime. You are doing some paperwork whilst eating your lunch sandwich prior to starting a flu vaccination clinic shortly. Your supervisor stated they were ‘ducking out for lunch’ about 5 minutes ago. Apart from your clinic nurse (in another room), you are by yourself with the receptionist and a filling waiting room.

#### SIM#1 Nurse role

You are in your room writing up a draft care plan and about to set up for the afternoon’s flu vaccination clinic.
You’ll assist, if called.
You are excellent at following orders in emergencies but need to be clearly directed. You don’t take the lead and you don’t feel it’s your role to ‘undermine the doctors’. You Know where the doctor’s bag is and can provide equipment only if it’s asked for.

#### SIM#1 Receptionist role

You have had a busy Friday morning. Finally the session is complete, the supervisor has gone to the café for lunch and the registrar is in their office. The room is filling with the registrar/nurse’s flu vaccination clinic.

A patient comes up to the desk and looks red and angry. When they demand to see a doctor you question about whether they have an appointment.
You wish to ‘protect’ you registrar from this lunchtime disruption. You’ll phone the registrar if pressed to do so.

#### SIM#1 Waiting room patients

You have all just arrived for the afternoon’s flu clinic. You are sitting waiting. Passive role unless asked to do something.

## **SIM#2 running sheet**

#### Learning objectives of this simulation

To explore the how we react to high emotional content

To consider how the clinic responses to safety concerns.

#### Setup/props

The ‘room’ will include an ‘office’ (2x chairs and desk – with some props to look like an office) near
a ‘waiting room’ (reception desk/table, and waiting room seats),
plus a second room (two chairs) nearby.

#### Personnel

Lead educator: overseeing Simulation

Helper educator: the patient

Supervisors: 1x registrar, 1x reception, 1x supervisor in another room (ie nearby), 1x patient in the other room, remaining participants as waiting room patients (2 with roles to play)

#### Pre-briefing (5 min)

Focus on the scenario summary: angry patient and clinic response

Acknowledgement of artificial scenario but all asked to ‘suspend reality’ and buy into the story.

Orient everyone to the three zones: main clinic room, colleague’s clinic room and waiting room/reception.
Pre-Brief the ‘registrar’ with their suggested manner of dealing with an emotional patient.
Safety around supporting colleagues – understanding they may be under pressure and are providing us with a ‘gift’ of the scenario acting out.

#### Simulation (7min-ish)

##### Part 1

Registrar at desk and patient comes into the office.

Patient with unreasonable demand – addictive drugs and a medical certificate for a week “just because! I don’t have to give a reason!”
To assist with time, quick escalation to very angry – yelling at doctor, standing over, finger pointing

##### Part 2

Patient then storms out to reception and abusing reception staff member in front of full waiting room (“This is the worst clinic ever! You’ve made me SO angry. You are useless and should be ashamed of yourself. I was left waiting for ½ hour and got nothing of what I’ve come for. None of you actually care, do you?!”) etc.

1x Waiting room patient attempts to verbally intervene (“Calm down.” Etc). Main patient may turn on them. Another 1x waiting room patient sympathetic with patient (“What did they do to you? Are you going to sue them?”)
1x ‘other doctor’ comes out to work out what’s going on.
End simulation soon after.

##### Facilitator

Observe how the registrar deals with the angry patient and ensure they have an ‘escape’ if looking very stressed – can range from pausing the scenario through to getting the supervisor to come in early.
Watch out for how the registrar utilises the other staff and how the clinic staff work together, or not.

#### Debrief (10 min)

Reinforce some of the key concepts from the morning’s session with Peter Martin. Participants involved, not observers.

Emotions
Focus will be on allowing participants to express how they felt and verbally reflect on how they reacted.

Content
Then explore what happened from each person’s perspective (quick though!).

The future

Exploration of areas for learning and 1-2 key actions to take away from the scenario

Thank you

Thank the participants for their ‘gift’ of this simulation

#### SIM #2 - Patient role – tasks

To ensure there is an adequate level of verbal abuse and emotion firstly with the registrar, then with the receptionist +/- other patients/staff if they intervene. You will try to recruit any waiting room patient who seems to be on your side.

#### SIM #2 - Registrar role

You will be seeing a new patient in your office. The waiting room is full and you are running behind. You are clinically competent and confident but get stressed when you are running behind, like now. Your reception staff is managing the full waiting room and phones going off. You have your supervisor in another room who is also very busy. You are hoping this will be an ‘easy quick one’.

#### SIM #2 - Supervisor role

You are in your room seeing a patient. Your registrar is about to see a new patient.
Please silently pretend to be taking a history with your patient, but go ‘live’ if you hear anything loud from the waiting room.

#### SIM #2 - Receptionist role

You have a busy full waiting room. The two doctors are both running late and the phones are running hot. A new patient is about to see one of the doctors.

#### SIM #2 - Waiting room patient #1 role

You are waiting for your GP – a registrar who you’ve really liked in the few consultations you’ve had with them. You’ve been waiting but don’t mind as the service has always been fantastic and you know the registrar will spend the appropriate time with you – they are worth the wait. You don’t like violence or aggression but will check if someone’s OK if you witness it.

#### SIM #2 - Waiting room patient #2 role

You are waiting for a GP – who’s running late. The receptionist seemed to brush you off when you checked in 30min ago, speaking on the phone and waving you over to the chair you are sitting on. You are upset and are now looking for an opportunity to criticise to the waiting room audience. This is not the first time you’ve been left waiting.

#### SIM#2 Extra Waiting room patients

You have all just arrived for the afternoon’s flu clinic. You are sitting waiting. Passive role unless asked to do something.