

A Falls Day at Work (v2) – Facilitator Guide

Participants:

At least one registered nurse, clinical support worker, PT, OT and doctor. If a clinical support worker is not available, then the CSW cards can be removed from the deck.

Facilitators required:

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Equipment:

- Table
- Action cards
- Event cards x 7
- Full summary of the 4 ward patients x 5 (one for each participant group)
- Patient summary cheat sheet x 5 (one for each participant group)
- Summary of the rules of the game x 5 (one for each participant group)
- Stopwatch

Approximate running time:

1 hour:

- 15 minutes for the pre-brief
- 15 minutes for the game
- 30 minutes for the debrief

Setting:

A room with one table that will fit all participants around it. Therefore, it needs space for at least six people. Each space should have a summary of the four patients and a print-out of the rules.

Intended Learning Outcomes:

- Discuss roles and responsibilities of different members of the MDT in the management of falls.
- Demonstrate appropriate task prioritisation.
- Demonstrate workload sharing.
- Discuss the workplace pressures on different professional groups.
- Discuss interprofessional communication.

Aim:

The aim of the game is to safely care for four patients on the ward by completing tasks that are required to effectively look after them. The team will not have the resources to complete all the tasks, so must prioritise and share their workload to ensure essential actions are completed.

Types of cards:

Action cards

The list of all the tasks that can be performed is represented by action cards. Each task is represented by one action card. The card has an 'activity points' allocation which is broadly based on the time it may take to perform that action.

Event cards

Event cards will generate new actions that need to be shared between the team. There are seven event cards. The cards will be drawn every 2 minutes. There will be four types of event card.

- Falls alarms – a falls alarm has been activated and a participant needs to check on the patient.
- A patient walking with purpose – when this card is drawn, all participants will be informed that there is a patient walking with purpose on the ward who is a high falls risk.
- A patient with agitation – a patient has become increasingly agitated and is now shouting out from their bedroom. A staff member is required to verbally de-escalate the situation.
- A relative phoning for an update – GL's son has phoned looking for an update about his father post transfer.

Pre-brief

It is important at the start of the session to create an environment of psychological safety. This means that the participants feel comfortable to express their ideas and opinions without fear of repercussions from the facilitator or their colleagues. To develop a psychologically safe environment we recommend:

- A round of introductions
- An ice-breaker to create a relaxed environment
- A statement to assure participants that what they do and say will remain confidential. It is important to emphasise that you are looking for everyone to take learning from the session, rather than specifics of what anyone does or says.
- An explanation that the exercise is in the service of learning. The exercise is challenging and it is meant to be hard. It is OK if it doesn't go right as this will allow rich discussion and learning during the debrief.
- An explanation of why we are doing this – we are looking to generate a discussion and ideas about how we can work together to reduce inpatient falls.

The facilitator should then go over the structure of the session and the rules of the game before offering an opportunity for questions. The game can then begin.

Gameplay

Each player has 20 points that they are able to use. These points represent all the activity they are able to complete in the day. Over the course of the game, they must choose which tasks to spend their points on. As they will not have enough points to complete all the tasks, they will need to prioritise.

The simulation will start with a handover from the facilitators to the whole group of participants. During this handover, each patient will be summarised, the group will be updated on events of the previous night, and tasks required for the day will be described.

All the action cards will be shuffled and randomly dealt face-down between the participants. A fifteen-minute timer will be started. Once the timer has started, the participants will turn over their cards. They will then re-distribute the cards based on who they feel may be best placed to complete each task. Each player must then decide which of the action cards they have that they will spend their points on. Action cards that they are going to spend points on will be placed face-up in the middle of the table. Some action cards will only be able to be played if another player has played an associated action. The game finishes when each participant is happy with the action cards that they have played, or the 15 minutes have passed. Players can change their mind about which action cards to play, and continue to redistribute cards between them, until the game has ended. The action cards that are face up on the table at the end of the game represent the tasks that have been completed.

Event cards act to complicate the above gameplay. An event card is drawn every 2 minutes, and one participant must volunteer to claim this. As soon as they claim the card, they must play it and it must be included in their points total at the end of the game. Hence, these event cards can prevent other tasks being prioritised.

End-of-session

The session will conclude with the debrief. The debrief should be led by someone with experience of facilitating small group discussions. At the end of each session, each group will describe which action cards they played and why they decided to play them. This will aim to stimulate discussion about the roles, responsibilities and workload pressures of the different professional groups. We want to bring out discussions about workload sharing and improving interprofessional communication. We also want to collaboratively develop ideas about how the MDT can work together to reduce falls in their clinical areas.

Different people will find their own way of debriefing the session. However, below are some general hints.

- Start with an open question such as asking participants what they were thinking during the game
- The distribution of who takes the event cards as they are drawn is often an interesting point for group reflection
- It can also be useful to discuss whether or not the participants chose to take their breaks.
- Link back what happened in the game to the participants' everyday practice
- If they discuss challenges with falls management, workload or interprofessional communication, ask them to think of some practical solutions to address these areas
- Ask curious questions
- Consider using the advocacy with inquiry approach, described [in this article](#).

Questions

If you have any questions about the game or this guide, please contact Toby Merriman (Andrew.Merriman@nhs.scot).