



Online-only content for “Workplace Violence Training Using Simulation,” by Brown and colleagues in the *American Journal of Nursing*, October 2018, p. 56-68.

The enABLE Simulations Reference Tool for Instructors

I. INTRODUCTION

- A. Participants wear clothing that fits their role in the simulation.
- B. Groups are divided alphabetically by last name.
 - 1. Patients/Visitors
 - a. There should be one patient in each room, for a total of three patients.
 - b. There should be at least one visitor in each room, and the remainder outside rooms and in the main hall.
 - 2. Clinical Staff
 - a. This includes physicians, hospitalists, physician assistants, and nurse practitioners.
 - b. This group may be assigned to a room or the hall.
 - 3. Nursing Staff
 - a. This includes nursing assistants, techs, medical assistants, secretaries.
 - b. Nursing assistants, techs, and medical assistants may be assigned to a room or the hall. Secretaries may sit at the desk, but should feel free to move around when necessary.
- C. Roles in the simulation
 - 1. Unprofessional Unit Director/Manager
 - a. Will confront aggressor inappropriately
 - b. Contradicting
 - c. Escalates situation
 - d. If gun is present, yells “GUN!!” once to prompt participants to do the same and react accordingly.
 - 2. Aggressor
 - a. Makes a threat/attack
 - b. Provoked by unhappy treatment
 - c. Can be family, patient, or employee
 - 3. Protective Services
 - a. Will come in to officially deescalate the situation
 - b. When a code is called for their help, they should be delayed AT LEAST 30 seconds to create a realistic effect.
 - 4. Telephone Operator (two may be necessary to accommodate simulation)
 - a. Will be a communication link between participants and protective services
 - b. When called, operator will answer, “Operator, what’s your emergency?” or “Operator, how may I help you?”
 - c. Operator will also announce the code on the overhead—for example, “Code Violet, sim lab” repeated three times, or “Code Silver, sim lab—please stay clear of the sim lab” repeated three times.

- d. Observers can watch scenarios from the control room if they feel uncomfortable.
- e. Replica weapon demonstration
- f. Advanced warning
 - 1. Take scenario seriously.
 - 2. Dial “O” for operator to initiate a code Violet/Silver.
- 3. PLEASE DO NOT PHYSICALLY TOUCH AGGRESSOR.

II. FIRST SCENARIO: Aggressor will have a gun. This is the first time students are introduced to a harmful situation. This will be compared to the fourth scenario for grading. **Stem:** Husband has had a spouse or loved one expire on the floor. Does not like outcome. Demands to speak with CEO, physicians, or anyone he feels is responsible for the death of his loved one.

- A. Unit Director/Manager
 - 1. Will confront aggressor inappropriately
 - a. Contradicting
 - b. Escalates situation
 - i. Escalation phrase: “You need to calm down, sir!”
 - ii. Raises hand to aggressor, trying to force a halt
 - c. If gun is present, yells “GUN!!” once to prompt participants to do the same and react accordingly.
- B. Aggressor: Husband
 - 1. Comes in to find physician responsible for the death of a loved one
 - 2. Raises voice when asking questions and becomes more upset with answers he does not want to hear

Key for the timer to start

- 3. Is being loud, not listening, aggressive
 - **This should elicit a **Code Violet** from participants—
NO weapon
- 4. Situation escalates because of aggressor’s frustration with treatment
- 5. Aggressor pulls out gun.
 - **This should elicit a **Code Silver** from participants—
Weapon drawn

III. SECOND SCENARIO: Aggressor will NOT have a gun. **Stem:** Patient is in a different room than normally used in scenario. The assigned nurse will know the patient has been in the hospital for over a day. Angry patient wants pain medicine but has not gotten any since arriving on the unit. Patient feels she is being mistreated.

- A. Unit Director/Manager
 - 1. Will agitate patient
 - a. Not helpful

- b. Escalates situation
 - i. Escalation phrase: "Will you please relax?!"
 - ii. Makes the patient angrier about treatment

B. Aggressor: Patient

1. Patient states she is in extreme pain. Patient will begin to escalate.
2. Patient states she called her spouse, and he is coming.
3. Throws the plastic bedpan out of the room (low and controlled throw) and yells at staff

Key for the timer to start

4. Patient's spouse comes in but is not the aggressor.
5. Patient gets up and goes to doorway of the room.
6. Patient continues to carry on with anger, pushing stuff (controlled/preplanned, tray table), threatening staff, and is demeaning toward staff.

****This should elicit a Code Violet from participants—
NO weapon**

When protective services arrive, spouse and patient tell them to get out of their way; they will leave while continuing to argue.

Post-Drill Discussion Points with Students:

Foster discussion, focus attention on students' feelings. Were they able to adjust their mindset to protect themselves and others from the violent situation? In between the discussion points be sure to ask, "How did you do that?" to follow up on the point being discussed.

- Gut feeling
- Dispatch/Multitasking
 - o How to report what just happened
 - o Describing aggressor
 - o Share information
 - o What was given?
- Closing door
- Moving to safety
- Safer positioning in room
 - o How to ensure an escape route from the patient's room (or other location); don't get trapped with perpetrator

IV. THIRD SCENARIO: Aggressor will return with a gun.

Stem: Husband finds out patient has a terminal illness. Comes to the unit upset because he had to leave work to return to the hospital after being in the ED for over 36 hours. There has been no change in health or treatments. Husband is furious.

A. Unit Director/Manager

1. Will confront aggressor inappropriately
 - a. Contradicting
 - b. Escalates situation
 - i. Walks toward the aggressor
 - ii. Escalation phrase: "You need to calm down, sir!"
 - iii. Raises hand to aggressor, trying to force a halt

B. Aggressor: Husband

1. Gets life-changing critical news about loved one
2. Comes in to see loved one after hearing bad news
3. Raises voice when asking questions and becomes more upset with answers he does not want to hear

Key for the timer to start

4. Is being loud, not listening, aggressive
5. Throws objects: paper, pillow, things that will not cause harm to others

****This should elicit a Code Violet from participants—
NO weapon**

6. Then leaves, blaming staff for "killing patient" or "not saving" patient. LOUDLY stating, "Someone is going to pay" or "You guys are dead," or some other threat that should cause participants to worry about a return.

Manager Prompt: Very nonchalant about situation: "What was that!?" or, "That was intense!"

****This should elicit a call to operator/dispatch from participants describing the aggressor and the situation that just took place.**

7. Aggressor comes back with a weapon and vengeance, firing at staff.

****This should elicit a Code Silver from participants—
Weapon drawn**

Post-Drill Discussion Points with Students:

Foster discussion, try not to tell them what to do, change their mindset to one of a survivor. In between the discussion points be sure to ask, "How did you do that?" to follow up on the point being discussed.

- Gut feeling
- Run/Hide
 - o When and where
 - o What to do if hiding
 - o How to hide
- Yelling "GUN!!," highlighting how important it is to repeat that there is a gun.
- Barricading
 - o Closing door
 - o Moving beds
- Moving to safety
- Room positioning
 - o How to ensure an escape route from the patient's room (or other location); don't get trapped with perpetrator
- What to do after an aggressor makes a threat, then leaves.
- Dispatch/Multitasking
 - o How to report what just happened
 - o Describing aggressor
 - o Share information
 - o What was given?
- Response time
- What to do in the meantime

V. FOURTH SCENARIO: Aggressor will have a gun. This scenario should be similar to the first scenario because student performance is being evaluated and compared with baseline.

Stem: Husband finds out patient has a terminal illness. Comes to the unit upset because he had to leave work to return to the hospital after being in the ED for over 36 hours. There has been no change in health or treatments. Husband is furious.

A. Unit Director/Manager

1. Will confront aggressor inappropriately
 - a. Contradicting
 - b. Escalates situation
 - i. Escalation phrase: "You need to calm down, sir!"
 - ii. Raises hand to aggressor, trying to force a halt
 - iii. When aggressor presents gun, yells "GUN!!" once to prompt participants to do the same and react accordingly.

B. Aggressor: Husband

1. Comes in to see loved one after hearing bad news
2. Raises voice when asking questions and becomes more upset with answers he does not want to hear

Key for the timer to start

3. Is being loud, not listening, aggressive
This should elicit a **Code Violet from participants—

NO weapon

4. Situation escalates because of aggressor's frustration with treatment.
5. Aggressor pulls out gun.

This should elicit a **Code Silver from participants—

Weapon drawn

End of drills: report back to classroom for hands-on lecture and review.