

A Fall in the Night

High-fidelity simulation exploring comprehensive geriatric assessment (CGA) principles 'out-of-hours'

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INTRODUCTION

Night-shifts introduce compounding human and system factors that disproportionately affect care of frail older patients.

Falls and delirium pose a real risk, especially where comprehensive geriatric review is applied variably.

Frailty targeted simulation-based training is often poorly described, and Comprehensive Geriatric Assessment (CGA) is applied inconsistently.

WHY IT MATTERS

Falls and delirium remain among the most common and preventable overnight harms for frail inpatients; where care is shaped by low staffing, limited senior or multidisciplinary support.

REFERENCES

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METHOD

THE SCENARIO

A high-fidelity, ward-based night-time simulation featuring an older patient with established delirium who sustains an unwitnessed fall, staged with low lighting, limited staff, and a patient actor.

1. Participants conducted a structured post-fall assessment.
2. They identified reversible causes of delirium.
3. Agitation was managed using least-restrictive strategies.
4. Participants engaged with immediate falls prevention measures.

THE DEBRIEF

- ◆ CGA principles, clinical reasoning, patient safety
- ◆ Multidisciplinary working & impact of human factors out-of-hours

Evaluation: Confidence questionnaire and thematic debrief analysis.



Left: High-fidelity patient; Right: Post-fall review with a participating FY doctor

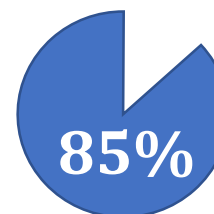
RESULTS



92 foundation doctors took part (48 FY1, 44 FY2)

100%

Agreed the scenario was pitched at an appropriate level



Reported improved confidence completing a CGA

23% of these feeling confident and competent

Key learning identified by respondents

- Physical assessment and falls risk (22%)
- Psychological assessment including delirium (17%)
- Planned implementation of structure e.g. RESPECT & falls proforma (19%)
- Holistic framing was a recurring theme.

CONCLUSION

This project supports simulation as an effective, standardised, scalable method of experiential frailty education; aligned with the updated NICE Falls guideline and postgraduate education priorities.