

Nursing · Post-operative pain management

SPK-NUR-01 | Original simulated candidate card

Setting: Surgical ward

You are a nurse on a surgical ward. Mr Daniel Brooks, aged 58, is on day 2 after an open bowel resection. He is charted regular paracetamol 1 g four times a day and oral oxycodone 5–10 mg every 4 hours as needed, plus regular laxatives. He has refused all oxycodone doses since his epidural was removed yesterday. Overnight staff noted he is reluctant to move, is taking shallow breaths and rated his pain 7/10 when sitting up. The physiotherapist wants him to walk this morning.

Interlocutor: PATIENT

Your tasks

1. Assess Mr Brooks's pain (location, severity, effect on breathing, coughing and moving)
2. Find out why he has been refusing the prescribed pain relief
3. Explain why good pain control is important after surgery (deep breathing, coughing, walking; preventing chest infection and blood clots)
4. Reassure him about his concerns regarding the pain medication
5. Explain the pain relief plan and encourage him to take the medication before the physiotherapy session

Nursing · Community visit: patient removing compression bandages

SPK-NUR-02 | Original simulated candidate card

Setting: Patient's home (community nursing visit)

You are a community nurse. Mrs Beryl Hutchins, aged 79, has a venous leg ulcer above her left ankle that has been present for four months. Her ankle-brachial pressure index is normal, so she is suitable for compression therapy. Two-layer compression bandages were applied at your last visit three days ago, but today you find she has taken them off. The ulcer is not healing and the leg is swollen.

Interlocutor: PATIENT

Your tasks

1. Find out why Mrs Hutchins removed the bandages, in a non-judgemental way
2. Explain how compression helps the ulcer to heal and what may happen without it
3. Discuss options to make compression more comfortable (different system, footwear, timing of visits)
4. Advise on other self-care measures (raising the leg, walking, ankle exercises, skin care)
5. Agree a plan with her and check her understanding

Nursing · Bronchiolitis: father wants antibiotics and to take his baby home

SPK-NUR-03 | Original simulated candidate card

Setting: Paediatric ward

You are a nurse on a children's ward. Mia Mensah, aged 7 months, was admitted last night with bronchiolitis. She needs low-flow oxygen through nasal prongs because her oxygen saturation remains persistently at 88–89% in room air, and she is taking less than half her usual bottle feeds. The medical team has suggested a nasogastric tube for feeding. Her father, Mr Ryan Mensah, has just arrived and is asking why she has not been given antibiotics and when he can take her home.

Interlocutor: PARENT

Your tasks

1. Find out what Mr Mensah understands about Mia's illness and what he is expecting
2. Explain bronchiolitis (common viral chest infection in babies, usually worst on days 2–3 of breathing difficulty, improves over 7–10 days)
3. Explain why antibiotics will not help and what the treatment is (oxygen, fluids or feeding support, monitoring, superficial nasal suction only if secretions interfere with feeding or breathing)
4. Explain the nasogastric tube and the criteria for going home (stable breathing and oxygen levels in room air, feeding enough)
5. Respond to his concerns and discuss how he can be involved in Mia's care

Nursing · Discharge after a heart attack: medicines and recovery

SPK-NUR-04 | Original simulated candidate card

Setting: Cardiology ward

You are a nurse on a cardiology ward. Mr Graham Turnbull, aged 67, is being discharged today, four days after a heart attack treated with a coronary stent. His new medicines are aspirin 100 mg once daily, ticagrelor 90 mg twice daily (for 12 months), atorvastatin 80 mg at night, metoprolol 25 mg twice daily and a glyceryl trinitrate (GTN) spray as needed. He has been referred to a cardiac rehabilitation programme. You need to complete his discharge education.

Interlocutor: PATIENT

Your tasks

1. Find out what Mr Turnbull understands about what happened and about his new medicines
2. Explain the importance of taking aspirin and ticagrelor every day and not stopping them without the cardiologist's advice
3. Explain how and when to use the GTN spray, and when to call an ambulance
4. Explain the cardiac rehabilitation programme and the general advice on returning to activity, work and driving
5. Find out if he has any other concerns and check his understanding

Nursing · Postnatal home visit: a mother who is not coping

SPK-NUR-05 | Original simulated candidate card

Setting: Patient's home (child and family health nursing visit)

You are a child and family health nurse. You are visiting Ms Chloe Bennett, aged 29, and her first baby, Leo, aged 7 weeks, for a routine check. Leo is gaining weight well. Ms Bennett completed a postnatal depression screening questionnaire (Edinburgh Postnatal Depression Scale) at the start of the visit and scored 15, which suggests she may have depression. She has answered 'sometimes' to the question about thoughts of harming herself.

Interlocutor: PATIENT

Your tasks

1. Find out how Ms Bennett has been feeling and coping since Leo's birth
2. Ask sensitively about her answer on self-harm, including any thoughts of harming the baby
3. Reassure her that postnatal depression is common and treatable and respond to her worries about asking for help
4. Agree a plan for today (same-day assessment by a GP or perinatal mental health service, someone to be with her)

Nursing · Aged care: son unhappy about his father's modified diet after a stroke

SPK-NUR-06 | Original simulated candidate card

Setting: Residential aged care facility

You are the registered nurse in charge of the shift. Mr Albert Novak, aged 88, moved into the facility six weeks ago after a stroke that left him with swallowing difficulty (dysphagia). The speech pathologist has prescribed a minced and moist diet and mildly thick fluids, with supervision at meals. Two weeks ago he was treated for aspiration pneumonia. Today a care worker found his son, Mr Peter Novak, giving his father a ham sandwich and a cup of tea. You have asked to speak to Mr Novak.

Interlocutor: RELATIVE

Your tasks

1. Find out what Mr Novak understands about his father's swallowing problem and why he brought the food
2. Explain the risk of choking and aspiration pneumonia with normal food and thin drinks
3. Acknowledge his concerns about his father's quality of life and enjoyment of food
4. Explain the options (speech pathology review, making modified food more appealing, family meeting to discuss his father's wishes and the risks)
5. Agree on what Mr Novak can safely bring in and how he can help at mealtimes

Nursing · Day surgery: angry patient whose operation is delayed after eating

SPK-NUR-07 | Original simulated candidate card

Setting: Day surgery unit

You are a nurse in the day surgery unit. Ms Natalie Price, aged 38, is booked for a laparoscopic cholecystectomy (gallbladder removal) at 9:30 am. On admission at 8:30 am she told you she had toast and a coffee with milk at 6:30 am. The anaesthetist has reviewed her and decided the operation cannot go ahead at 9:30; she has been moved to a later theatre slot at approximately 1:30 pm. She may have clear fluids until 11:30 am. She is upset.

Interlocutor: PATIENT

Your tasks

1. Acknowledge Ms Price's frustration and find out what she understood about the fasting instructions
2. Explain why her operation has been delayed (risk of stomach contents entering the lungs during anaesthesia)
3. Explain the new plan (new time, clear fluids allowed until 11:30 am and what counts as a clear fluid)
4. Find out about any other concerns and respond to them
5. Check her understanding and explain what will happen next

Nursing · Practice nurse: quitting smoking after a high blood pressure diagnosis

SPK-NUR-08 | Original simulated candidate card

Setting: General practice (practice nurse clinic)

You are a practice nurse. Mrs Sandra Lowe, aged 51, was diagnosed with high blood pressure two weeks ago and started on perindopril by the GP. She smokes about 20 cigarettes a day. The GP has asked you to see her for a lifestyle review and to support her to stop smoking. Her blood pressure today is 146/92 mmHg.

Interlocutor: PATIENT

Your tasks

1. Find out about Mrs Lowe's smoking history, previous quit attempts and how ready she is to stop
2. Explain the benefits of stopping smoking for her heart and blood pressure
3. Explain the support options available (combination nicotine replacement therapy, prescription medication from the GP, quitline counselling)
4. Respond to her concerns about stopping
5. Agree a quit plan and arrange follow-up

Nursing · Emergency: mother frightened after her toddler's first febrile seizure

SPK-NUR-09 | Original simulated candidate card

Setting: Emergency department

You are a nurse in the emergency department. Ms Aroha Leota brought her 2-year-old son in by ambulance after he had a seizure at home lasting about two minutes. He has had a runny nose and cough for two days, and a fever since this morning. The doctor has examined him, diagnosed a simple febrile seizure caused by a viral infection, and says he can go home. He is now alert, drinking well and playing, but his mother is very anxious about taking him home.

Interlocutor: PARENT

Your tasks

1. Find out what Ms Leota understands about what happened and what is worrying her most
2. Explain what a febrile seizure is and reassure her about brain damage and epilepsy
3. Explain what to do if her son has another seizure, including when to get urgent help or call an ambulance
4. Advise how to manage his fever at home (comfort, fluids, medicine for distress)
5. Agree a discharge plan, including when to come back and follow-up with the GP

Nursing · Ward: patient refusing anticoagulant injections after abdominal surgery

SPK-NUR-10 | Original simulated candidate card

Setting: Hospital ward (surgical)

You are a nurse on a surgical ward. Mrs Leila Demir, aged 63, is on day 2 after a laparoscopic bowel resection for recurrent diverticulitis. She is prescribed a daily enoxaparin injection to prevent blood clots, and she has just refused this evening's dose because of bruising on her abdomen. Her observations are stable, her wound is clean and she has been walking to the bathroom and along the corridor with assistance.

Interlocutor: PATIENT

Your tasks

1. Find out why Mrs Demir has refused the injection and what worries her about it
2. Explain why the injections are prescribed after her surgery, even though she is walking
3. Reassure her about the bruising and explain how it can be reduced (e.g. changing injection sites, not rubbing the area)
4. Encourage her to keep moving and explain the other things that help prevent clots (e.g. fluids, leg exercises, stockings if prescribed)
5. Agree a plan for tonight's injection and the signs she should report

Nursing · Home visit: husband caring for his wife with Parkinson's disease

SPK-NUR-11 | Original simulated candidate card

Setting: Home visit (community nursing)

You are a community nurse visiting Mr Joel Quiambao, aged 74, at home. He is the main carer for his wife, aged 71, who has Parkinson's disease; her medication chart lists levodopa tablets four times a day at 8 a.m., 12 noon, 4 p.m. and 8 p.m. She has had two near-falls this week, and the GP has asked you to review her medication routine and falls risk. Mr Quiambao is waiting for you in the kitchen while his wife rests.

Interlocutor: CARER

Your tasks

1. Find out how Mr Quiambao manages his wife's medication routine and what happened during the near-falls (dose times, missed doses, late mornings, dizziness on standing)
2. Explain why her Parkinson's tablets need to be given at her prescribed times (symptom control, possible link to near-falls, other possible causes)
3. Reassure Mr Quiambao that he is not being criticised and acknowledge the care he provides
4. Explain practical ways to reduce her risk of falling (home safety, getting up slowly, what to do if she falls)
5. Agree a plan for medication timing and falls prevention (reminders, carer support, follow-up)

Nursing · Community clinic: young man relying only on his asthma reliever

SPK-NUR-12 | Original simulated candidate card

Setting: Community clinic (general practice)

You are a practice nurse. Mr Javier Castillo, aged 19, is a university student with asthma who has come in for a repeat prescription of his salbutamol reliever (a pressurised metered-dose inhaler). His records show that last year he was prescribed a budesonide preventer dry-powder inhaler to take every morning and every night, but he has not requested a repeat for several months. The GP, who is in clinic today, has asked you to review his asthma before the prescription is written.

Interlocutor: PATIENT

Your tasks

1. Find out how Mr Castillo is using his inhalers, how his asthma has been recently and how he is today (reliever use, night symptoms, exercise, breathlessness now)
2. Explain in simple terms the difference between his reliever and his preventer and why relying on the reliever alone is a concern
3. Persuade him to use a preventer every day as the GP advises and respond to his doubts about it
4. Check and correct his reliever inhaler technique (spacer, one puff at a time, slow breath in, breath-hold)
5. Agree a plan, including seeing the GP today before he leaves for a treatment review and written asthma action plan, and when to call an ambulance

Nursing · Aged care: son angry his mother was given a sedative without his knowledge

SPK-NUR-13 | Original simulated candidate card

Setting: Aged care facility

You are the registered nurse in charge at an aged care facility. Mr Ramil Reyes, aged 55, is the son and nominated family representative of an 86-year-old resident with moderate Alzheimer's dementia. At about 2 am she became very distressed, tried to leave the building and struck a carer. For over an hour the night staff tried a quiet room, calm reassurance, walking with her, offering a drink and a snack, and taking her to the toilet. At about 3.15 am the night nurse gave one dose of an as-needed (PRN) antipsychotic medicine charted by her GP, then recorded her observations through the night, but did not contact the family. When you assessed her an hour ago, she woke when spoken to and answered simply, her breathing was normal and her observations were within her usual range, but she was drowsier and more confused than usual. You have asked the GP to see her today and have started regular observations, a food and fluid chart and supervision whenever she walks. Her records contain an admission consent form signed by Mr Reyes, but you cannot yet tell whether it covers this medicine, whether her own ability to make this decision was assessed, or who is legally authorised to consent for her. Mr Reyes has just found her drowsy and has asked to speak to you.

Interlocutor: RELATIVE

Your tasks

1. Acknowledge Mr Reyes's concerns and apologise that the family was not informed
2. Explain what happened overnight and how his mother is this morning (strategies tried, the medicine given, your assessment, monitoring and GP review)
3. Find out about any recent changes in his mother's health and what usually settles her
4. Address his concerns about the medicine (its risks and intended benefit, how consent will be checked, the medication review)
5. Agree how the family will be involved in future decisions and explain his options for making a formal complaint

Nursing · Emergency: man who wants to drive home alone after a head injury

SPK-NUR-14 | Original simulated candidate card

Setting: Emergency department

You are a nurse in the emergency department. Mr Karthik Venkataraman, aged 41, fell about two metres from a ladder at home this afternoon and hit his head. He drove himself to hospital. His CT brain scan is normal and he is alert, but he has a headache and vomited once on arrival. The doctor has cleared him for discharge with verbal and written head-injury advice, provided he does not drive for at least 24 hours and until fully recovered, and has a responsible adult with him for the next 24 hours.

Interlocutor: PATIENT

Your tasks

1. Find out how Mr Venkataraman plans to get home and spend tonight (e.g. transport, who lives with him, who could stay, alcohol)
2. Explain why he must not drive or be alone (e.g. concentration and reactions can be affected even with a normal scan; no driving for at least 24 hours and until fully recovered; adult with him for 24 hours; ask the doctor if unsure)
3. Explain warning signs and care at home (e.g. worsening headache, repeated vomiting, increasing drowsiness, confusion, slurred speech, weakness, vision problems, seizure: call an ambulance; no alcohol or sleeping tablets; paracetamol for headache)
4. Respond to his reluctance to ask anyone for help and his worries about work
5. Agree a safe plan (e.g. lift home, adult for the full 24 hours, postpone tomorrow's job, no ladders, electrical work or machinery until recovered, car collection, written advice for him and his supporter; if no one can stay, he remains in hospital)

Nursing · Ward: anxious woman going home with a wound drain after mastectomy

SPK-NUR-15 | Original simulated candidate card

Setting: Hospital ward (surgical)

You are a nurse on a surgical ward. Mrs Belinda Hazeldene, aged 52, had a left mastectomy for breast cancer two days ago. She is recovering well and is being discharged today with one wound drain still in place, which will be removed when the output is low enough. The community nursing team has confirmed daily home visits starting tomorrow morning; if the nurse has not arrived by the afternoon, she should ring the community nursing office. You have written drain-care instructions, an output chart and a contact card listing the breast care nurse (weekdays, office hours), the ward's 24-hour phone line for problems at any other time, and when to call an ambulance.

Interlocutor: PATIENT

Your tasks

1. Find out about Mrs Hazeldene's concerns about going home and the support she has at home
2. Explain how to look after the drain and record the output (keeping the bottle secure and below the wound, avoiding pulling, using the chart provided)
3. Explain the warning signs and who to contact (infection, bleeding, swelling, contact card)
4. Reassure her about managing the drain at home
5. Agree the follow-up arrangements (daily community nurse visits, drain removal, written instructions)

Nursing · Community clinic: father hesitant about his baby's MMR vaccine

SPK-NUR-16 | Original simulated candidate card

Setting: Community clinic (child health / immunisation)

You are a child health nurse running an immunisation clinic. Mr Ferdinand Pascual has brought his 12-month-old daughter for her scheduled 12-month vaccines, which include the measles, mumps and rubella (MMR) vaccine. She is healthy, well today and up to date with all her previous vaccines. Before you start, Mr Pascual tells you he has read online that the MMR vaccine is dangerous and he wants to put it off.

Interlocutor: PARENT

Your tasks

1. Find out about Mr Pascual's concerns about the MMR vaccine and where his information has come from
2. Explain why the MMR vaccine is recommended at 12 months and the risks of delaying it (seriousness of measles, recent outbreaks)
3. Reassure him about the vaccine's safety (e.g. no link with autism, common mild side effects and what to expect)
4. Agree a plan for his daughter's vaccination (e.g. vaccinating today or a follow-up appointment soon)

Nursing · Home visit: older man embarrassed by his new urinary catheter

SPK-NUR-17 | Original simulated candidate card

Setting: Home visit (community nursing)

You are a community nurse. Mr Luke Islington, aged 78, was discharged from hospital four days ago with an indwelling urinary catheter after an episode of acute urinary retention. His discharge summary states that he was started on an alpha blocker, a tablet to relax the prostate, to help the trial without the catheter planned at his urology appointment in two weeks. You are visiting to check how he is managing and to teach him catheter and drainage bag care.

Interlocutor: PATIENT

Your tasks

1. Find out how Mr Islington is managing with the catheter at home (daily routine, drinking, any problems)
2. Explain why the catheter needs to stay in until his urology appointment
3. Explain how to look after the catheter and drainage bags, and which warning signs need urgent help
4. Reassure him about his concerns and persuade him not to remove the catheter himself
5. Agree a plan for getting back to his usual activities and arrange follow-up

Nursing · Ward: husband alarmed by his wife's sudden confusion

SPK-NUR-18 | Original simulated candidate card

Setting: Hospital ward (medical)

You are a nurse on a medical ward. Mr Adebayo Abiodun's wife, aged 79, was admitted two days ago with a urinary tract infection and started on antibiotics. Overnight she became confused and agitated, tried to get out of bed and did not know where she was. The medical team has diagnosed delirium. Mr Abiodun, aged 80, has just arrived to visit and is very upset.

Interlocutor: RELATIVE

Your tasks

1. Find out how Mr Abiodun's wife usually manages at home (memory, daily activities, eyesight and hearing) and how she was before admission
2. Explain what delirium is and what the ward is doing to manage it (treating the infection, checking fluids and other causes, keeping her safe)
3. Reassure Mr Abiodun about his belief that his wife now has dementia and will not return home
4. Explain how he and the family can help her recovery (familiar items, glasses and hearing aids, calm reassurance)
5. Agree a plan for his visits and for keeping him informed

Nursing · Emergency: young woman who does not plan to carry her adrenaline autoinjector

SPK-NUR-19 | Original simulated candidate card

Setting: Emergency department

You are a nurse in the emergency department. Ms Xiaoling Mak, aged 24, came in last night with anaphylaxis after eating a restaurant meal that contained peanut sauce. She was treated with intramuscular adrenaline. She has mild asthma, and as a teenager her lips sometimes tingled after eating peanuts. She has recovered fully after observation, and the doctor has discharged her with a prescription for an adult EpiPen adrenaline autoinjector, a written anaphylaxis action plan and a referral to an allergy specialist. The hospital pharmacy can dispense the EpiPen before she leaves, and you have an EpiPen trainer to teach her how to use it.

Interlocutor: PATIENT

Your tasks

1. Find out what Ms Mak understands about last night's reaction and explore any concerns she raises
2. Explain why she needs to carry the EpiPen at all times and why antihistamines are not enough (hidden peanuts, unpredictable reactions, asthma)
3. Explain her action plan (warning signs, lie down or sit with legs out flat, give the EpiPen, call an ambulance, use a second EpiPen if available if there is no improvement after 5 minutes)
4. Demonstrate the EpiPen with the trainer and ask her to practise (pull off the blue safety cap, place the orange end against the outer mid-thigh, push down hard until it clicks, hold for 3 seconds, remove)
5. Reassure her and agree a plan before she leaves (collecting the EpiPen today, allergy specialist appointment, GP review)

Nursing · Aged care: resident refusing to use his walking frame

SPK-NUR-20 | Original simulated candidate card

Setting: Aged care facility

You are a registered nurse at a residential aged care facility. Mr Venkat Thampi, aged 91, has had three falls in the past month. Two were on the way to the dining room and one was in his bedroom early in the morning. He had a bruised hip and a skin tear on his forearm but no fractures. The physiotherapist has recommended he use a four-wheeled walking frame at all times when walking, but staff often see him leave it in his room. You have come to his room to talk with him about his falls.

Interlocutor: PATIENT

Your tasks

1. Find out how Mr Thampi feels about his recent falls and why he does not use his walking frame
2. Explain in simple terms why he is at risk of falling and what a serious fall could mean for his independence
3. Respond to his objections to the frame while respecting his right to make his own decisions
4. Discuss practical ways to make walking safer (e.g. physiotherapy review of the frame, footwear, standing up slowly, using the call bell)
5. Agree a plan he is willing to follow