

# USING INTERPROFESSIONAL SIMULATIONS DESIGNED FOR COMPETENT-TO-EXPERT CLINICIANS IN ACUTE CARE TO PROMOTE EFFECTIVE TEAMWORK

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## DISCLOSURE STATEMENT

- The authors have no actual or potential conflict of interest in relation to this presentation.
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## LEARNING OBJECTIVES

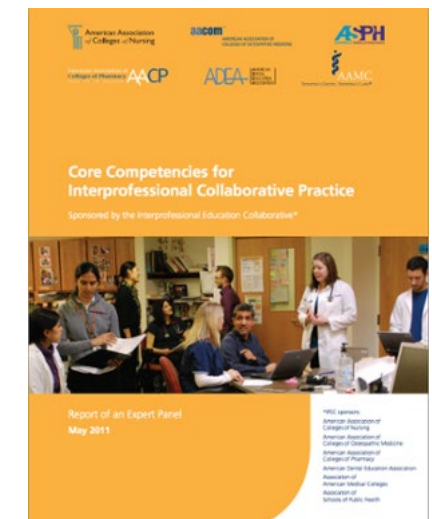
- Evaluate the use high-fidelity simulation scenarios that meets the learning needs of competent-to-expert level interprofessional clinicians.
- Appraise the benefits of using high-fidelity simulation scenarios to promote a healthier workplace environment through critical thinking, teamwork, and collaboration among interprofessional clinicians.

# BACKGROUND ON INTERPROFESSIONAL SIMULATIONS

- Interprofessional simulations promote healthy work environments, teamwork, and collaboration (James, Page, & Sprague, 2016; Nagelkerk et al., 2014; Sexton & Baessler, 2016).
- Research, guidelines, and core competencies exist to guide interprofessional simulation education (INACSL, 2016; IPECEP, 2011; O'Rourke et al., 2018; Olson & Bialocerkowski, 2014; WHO, 2010).
- Most simulation education available has been aimed towards educating novice and advanced beginner practitioners in the areas of assessment and clinical skills (Palaganas, Epps, & Raemer, 2013; Sittner et al., 2015).
- **Limited tools exist in high-acuity simulation scenarios aimed towards competent-to-expert level, hospital-based clinical teams.**

# SIMULATION FOR COMPETENT-TO-EXPERT CLINICIANS

- Designed an innovative interprofessional simulation program to meet the educational needs of competent-to-expert-level clinicians in the acute care setting at a small rural hospital (part of a larger health system).
  - Benner's Novice-to-Expert Theory
  - Bloom's Taxonomy: Analysis and Evaluation
  - QSEN competencies
  - Core Competencies for Interprofessional Collaborative Practice



# CONSTRUCTING THE SIMULATION SCENARIOS

- Participation from interprofessional team in each scenario:
  - Nurses, physicians, nurse technicians, pharmacists, respiratory therapists
  - Each discipline played a role in critical thinking
- Scenarios consisted of high acuity patients with deteriorating statuses
- Simulation schedule accommodating of day and night shifts
- Support from the hospital's leadership team



# PRE-BRIEFING SESSION

- Expectations and information regarding the simulated patient are discussed.
  - *“The role of pre-briefing in developing students’ abilities to notice aspects of the clinical situation, anticipate patient needs, and focus on the application of existing knowledge to meet simulation objectives may be beneficial for forming essential skills such as clinical judgment and thinking”* (Page-Cuttrara, 2014, p. 140).
  - Understanding of scope and anticipation during simulation scenarios can yield bedside results of quicker response times, reduction of errors in communication, and create healthier relationships.
- Orient to room
    - Follow orientation sheet
  - Review equipment
  - Give scenario background information
    - Set stage for scenario and assist participants in achieving scenario objectives
  - Review objectives, instructions, implementation of scenario, other resources used in the scenario.
  - Roles, expectations
    - Limitations of each role
  - Evaluation criteria
  - Questions



## SCENARIO EXEMPLAR:

You are working in the ER and report is called by EMS. A 27-year old male was snowmobiling on the frozen lake in Culver when he fell through the ice. Friends were able to pull him out of the lake. Patient is unresponsive upon arrival. Bystanders had initiated CPR on the scene.

- Each scenario is an opportunity for cognitive, technical, and behavioral reflection during debrief. Scenarios are selected by the simulation leadership with input from real cases, low-volume high-risk cases, physician input, and multidisciplinary input.



# DEBRIEFING SESSION

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## Guided Reflection and Learning

- In a sentence or two, what was the scenario about?
- What went well?
- What would you change about what you did?
- What were your primary concerns?
- What guided your decision making?
- What would you change about what you did?
- What were your primary concerns?
- What guided your decision making?

## InterProfessional Teamwork

- How would you describe the communication among team members?
  - Health team members
  - Patient and family
- Identify specific examples of where you prioritized the needs of the patient.
- How well did you anticipate potential problems or complications?
- How would you describe your competence at performing interventions?

**There is value in hearing the thought process of other disciplines during the debrief, as well as their scope of practice.**

# OUTCOMES

- Improved interprofessional communication
- Stronger and healthier interprofessional team relationships
- Better understanding of scope of practice of each team member
- Lean to anticipate actions from the scenarios
  - Quicker response times
  - Reduction in errors especially in relation to communication
  - Higher quality of care provided



## RECOMMENDATIONS FOR PRACTICE

- Use high-fidelity simulations in the acute care setting;
- Form partnerships with local colleges and universities;
- Reduce over-reliance on pre-packaged scenarios;
- Use established standards to guide the development high-fidelity simulations for competent-to-expert interprofessional clinicians;
- Engage bedside clinical interprofessionals to collaborate with simulation lab coordinator for the creation of relevant simulations;
- Engage administrators to support high-fidelity simulations for competent-to-expert interprofessional clinicians.



**RECOMMENDED**

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