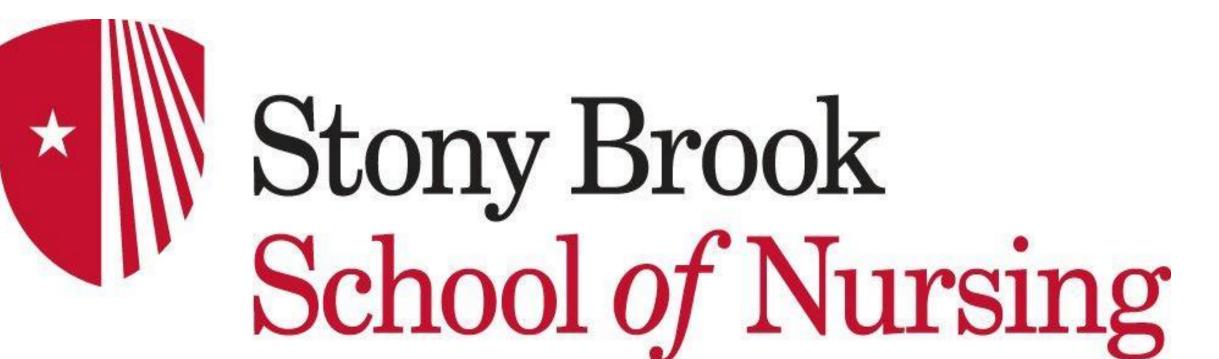
Development of a Simulated Patient Safety Program to Increase



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Background

- Ineffective healthcare teamwork skills and communication are associated with medical errors and poor outcomes.
- Increased emphasis on patient safety and Interprofessional (IP) team training.
- Simulation can be used as a training method to reduce errors and improve safety.

Methods

Design: Quasi-experimental

Sample: Convenience

Procedure: 2.5 hour simulation session/3 simulations followed by debriefing. Data collected pre/post.

Data Collection Tools:

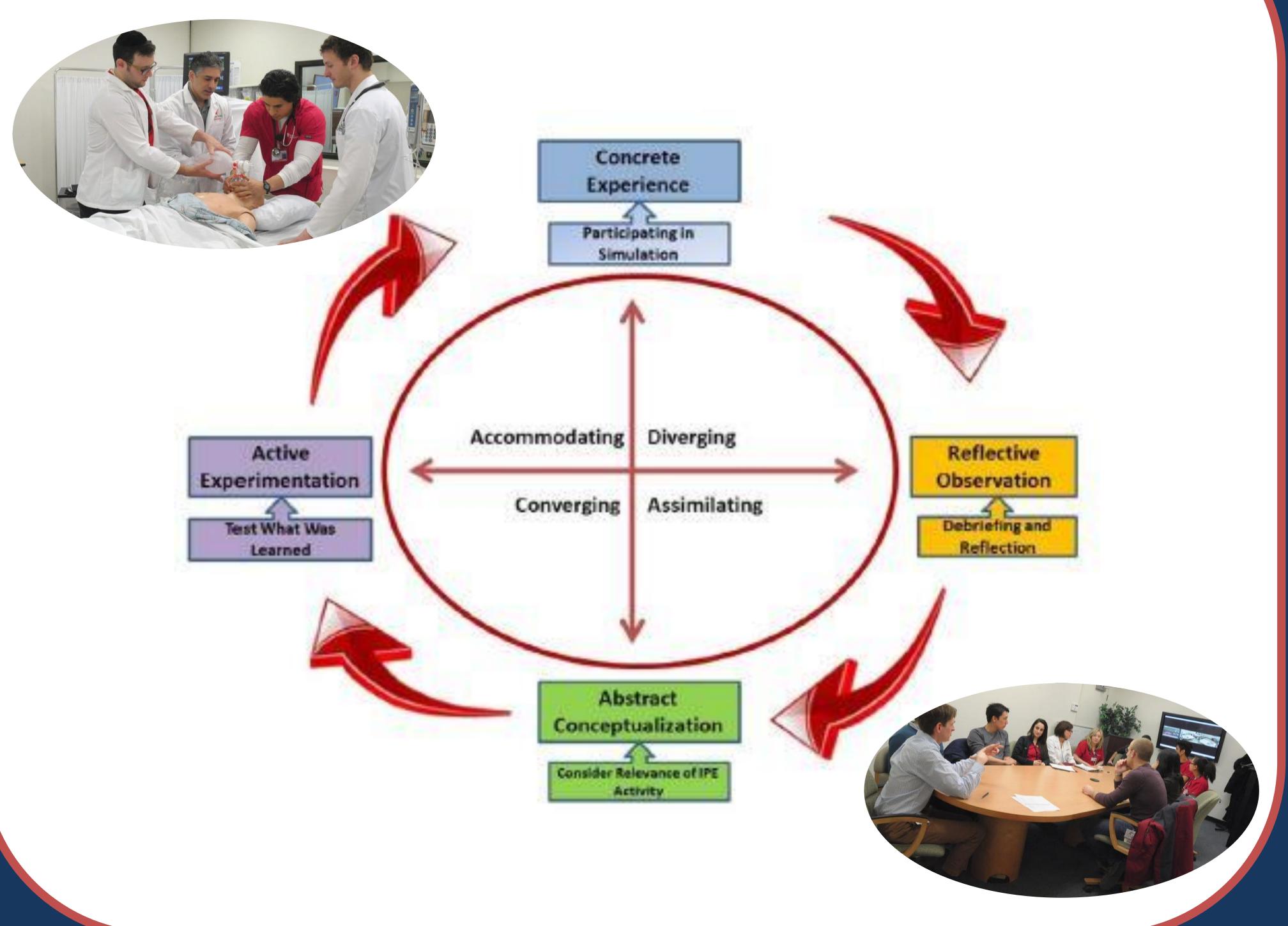
- TeamSTEPPS Teamwork
 Attitudes Questionnaire (TAQ)
- Attitudes, Motivation, Utility, and Self Efficacy (AMUSE)
- Patient Safety and Communication Knowledge Quiz
- Team Performance/
- Communication Checklist

Data Analysis: Paired T-Test for pre/post data. One-way ANOVA for observer ratings of team performance/communication.

Purpose

To explore the effectiveness of a simulated patient safety program to increase IP communication in health care professionals.

Kolb's Theory of Experiential Learning



Conclusions and Implications

- Increases in attitudes regarding teamwork, knowledge of team process and communication skills were noted.
- Evidence supports the participants had increases in attitudes, motivation, and utility regarding IP simulation training
- Observer review of team performance revealed an increase in the mean team communication scores
- Implementation of a simulated patient safety program can improve IP communication in the simulated setting

Results

Demographics

| | Medical N=52 (57%) | | Nursing N=40 (43%) | | Total N = 92 | |
|--------------------------|--------------------------|---------|--------------------------|---------|-----------------|---------|
| Gender | Total | Percent | Total | Percent | Total | Percent |
| Female | 26 | 50% | 34 | 85% | 60 | 65% |
| Male | 26 | 50% | 6 | 15% | 32 | 35% |
| Race | | | | | | |
| White | 29 | 56% | 23 | 57% | 52 | 57% |
| Black | 2 | 4% | 3 | 7% | 5 | 5% |
| Hispanic | 1 | 2% | 5 | 13% | 6 | 7% |
| Asian | 16 | 30% | 5 | 13% | 21 | 23% |
| Multiple/Other | 4 | 8% | 4 | 10% | 8 | 8% |
| Age | | | | | | |
| Mean | 25.7 | | 26.2 | | 25.9 | |
| Prior Sim Experiences | | | | | | |
| Mean | 8.0 | | 2.8 | | 5.7 | |

Surveys

| Instrument | Pre- Simulation Mean | Post- Simulation Mean | P value |
|-------------------------------|----------------------------|-----------------------------|---------|
| TeamSTEPPs Total Score | 123.1 | 127.1 | .000 |
| Team Structure | 26.1 | 27.0 | .002 |
| Leadership | 27.5 | 27.6 | .770 |
| Situation Monitoring | 26.2 | 26.9 | .005 |
| Mutual Support | 19.4 | 20.5 | .003 |
| Communication | 23.8 | 25.0 | .000 |
| AMUSE Total Score | 80.2 | 84.5 | .000 |
| Attitudes | 17.6 | 18.3 | .001 |
| Motivation | 22.7 | 24.7 | .000 |
| Utility | 12.3 | 13.5 | .000 |
| Self-Efficacy | 27.6 | 28.1 | .154 |
| Knowledge Test Total Score*** | 7.1 | 8.0 | .000 |

^{***}Greatest increases in understanding <u>TeamSTEPPS</u> and communication tools including call outs, team event tools, and "CUS" (all at p<0.05)

Team Performance Review

- One way ANOVA
- Statistically significant difference between groups (F (2,18)= 4.299, p=.030)
- Team Communication Score was statistically significantly higher for Case 3 (11.6 + 2.0, p=.031) compared to Case 1 score (9.0 + 1.15).
- No statistical difference when compared to Case 2



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