

Pediatric Interprofessional Education (IPE) Simulation; A Pilot Study

2. Abstract (250 words or less summary of the educational research project)

The National League of Nurses (2015) challenges nurse educators to collaborate with other health professions to produce meaningful team-based learning. Professional organizations and accrediting bodies recommend simulation experiences as a viable teaching method to enhance interprofessional education (IPE). Little evidence exists regarding pediatric IPE simulation. The aims of this pilot study are to 1) evaluate teamwork and communication among an interprofessional pediatric health care team, 2) evaluate the use of a standardized compassion scale in IPE simulation, and 3) determine feasibility of a pediatric IPE simulation and provide insight into future simulations. A convenience sample of students from medicine, pharmacy, and nursing will participate in two pediatric simulation experiences. Pre-post, novice, and expert Performance Assessment for Communication and Teamwork (PACT) will measure teamwork and communication. The Schwartz Compassionate Care Scale will evaluate compassion exhibited by participants during the simulation. Additionally, participants will complete a survey to evaluate the simulation experience and use of standardized compassion scales. Data will be analyzed using descriptive statistics. Findings from this study will add to the science of IPE education and may support IPE simulation as a means to educate pediatric health care teams to deliver compassionate, high-quality, patient-centered care.

3. The study aims are:

1. To evaluate teamwork and communication among an interprofessional pediatric health care team.
2. To evaluate the use of a standardized compassion scale in Interprofessional Education (IPE) simulation.
3. To determine feasibility of a pediatric Interprofessional Education (IPE) simulation and provide insight into future simulations.

4. Background or Literature Review of the Topic

Very little evidence regarding pediatric IPE simulation education exist. Addressing this knowledge gap is imperative to improving pediatric healthcare team efficacy that ultimately may result in improved patient outcomes.

5. Methodology

A. Subjects (Who will participate, how long and when?)

Participants for this pilot study will be recruited using a convenience sampling plan. Senior nursing, first-year medical, and pharmacy students will receive volunteer hours for participating in this study. Simulation dates scheduled for Wednesday, October 24, at 1 PM and November 28, at 1PM. Wednesday afternoon was identified as a mutually convenient time among the schools, and October and late November dates will allow recruitment of students from Medicine block two and three. Recruitment success will dictate if each date (October and November sessions) will run the two-scenario simulation experience once or twice. The goal is to have 1-2 students from each school for every two-scenario simulation experience. Time commitment for each student is an estimated 2 - 2 1/2 hours. This estimated time includes completing pre and post evaluations, participating in two scenarios, and debriefing.

B. Data collection procedures (How and what data will be collected?)

Data pertaining to teamwork and communication will be collected from all participants using Performance Assessment for Communication and Teamwork (PACT). Information

related to the assessments may be found at: <https://nexusipe.org/informing/resource-center/pact-performance-assessment-communication-and-teamwork-tool-set>

Students will be asked to complete the Pre and Post PACT using Learning Space.

Principal and/or co-investigators will complete the expert PACT.

All other observers, including live patient(s)/family members, will complete the novice PACT.

The Schwartz Compassionate Care Scale (Lown, B., Muncer, K., & Chadwick, R., 2015) will evaluate the compassion demonstrated by participants. The aim of this 12-item tool is to evaluate how healthcare providers relate to patients and families and address their concerns and distress.

Each participant involved in the IPE experience will be evaluated using the scale by live patients and simulation facilitators. Participants will receive their confidential compassion score, reflect on results, and complete a short survey. The survey will include three Likert scale questions and one open-ended question (pasted below). Additionally, one month following the simulation a short follow-up survey will be emailed to participants to gain how/if receiving compassionate care scores changed their clinical practice.

1. How well do you rate your overall experience of learning your compassionate care score?
Very positive, somewhat positive, neither positive or negative, somewhat negative, very negative
2. How well did your compassionate care score correlate with your perceived demonstration of compassion during this IPE experience?
Extremely well, Very well, somewhat well, Not so well, not well at all
3. How likely are you to change/augment your practice based on your compassionate care score?
Extremely likely, very likely, not sure, slightly likely, not likely at all
4. In the following space, please describe how learning your compassionate care score will or will not impact your clinical practice.

Students will complete this survey and an overall evaluation of the simulation experience using Learning Space.

C. Confidentiality (How will you ensure student confidentiality for both verbal and written dissemination of the project's results?)

Strict confidentiality measures will be implemented to protect all participants. Identifying information will be removed. Computer files housing deidentified information will be secured by a password protected database in a private locked home office. No identifiers will be used in verbal or written dissemination of results.

D. Potential risks or discomforts to participants

Psychological distress is a potential risk. The conceptual understanding of psychological safe environment will be employed (Turner & Harder, 2018) to minimize the risk of psychological distress and promote a positive learning environment. These interventions include: a) reinforcing mistakes are acceptable and dealing with mistakes in a respectful manner, b) maintaining quality leadership by facilitators by displaying respect, answering questions openly and honestly, and maintaining professionalism, and c) applying

foundational principles, such as offering pre-learning activities, providing clear objectives and role assignments, and orienting to simulation environment. Additionally, a psychological distress action plan will be followed. This plan will include: being alert to cues indicating psychological harm, providing support and opportunity to talk, following up with student, and if applicable, referring to Carruth Center at WVU, 304-293-4431.

E. *Identify any potential financial or other conflicts of interest*

No potential financial or conflict of interest to disclose.

F. *Data analysis (How will data be analyzed to achieve the purpose of your study?)*

Data are categorical. Thus, descriptive statistics will be used to analyze data. An experienced statistician working in the School of Nursing will be consulted prior to data collection to review forms and tools. Subsequently, he will conduct data analysis and assist in interpretation.

G. *Timeframe (How long will it take to collect data for research purposes?)*

Approximately two months. Anticipated simulation dates are October 24, 2018 and November 28, 2018.

6. List Principal and Co-Investigators (All investigators must fulfill the IRB CITI Training)

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Co-I: Brad Phillips, Christy Barnhart

References

- Education, N. C. f. I. P. a. (2013). PACT: Performance Assessment for Communication and Teamwork Tool Set.
- National League of Nurses (2015). Interprofessional Collaboration in Education and Practice. A Living Document from the National League for Nursing. Retrieved from: <http://www.nln.org/docs/default-source/default-document-library/ipe-ipp-vision.pdf?sfvrsn=14>
- Lown, B., Muncer, K., & Chadwick, R. (2015). Can compassionate healthcare be measured? The Schwartz Center Compassionate Care Scale™. *Patient Education and Counseling*, 98(8), 1005-1010.
- Turner, S. & Harder, N. (2018). Psychological safe environment: A concept analysis. *Clinical Simulation in Nursing*, 18, 47-55.