A Novel Hybrid, High-Fidelity Simulation Focusing on Role Clarity and Patient-Centered Care in IPE Teams Consisting of Rural Paramedics and Emergency Nurses.

Ryan Brown 1, Cindy MacQuarrie 2

1. Emergency Medicine, Dalhousie University, Halifax, CAN  2. Interprofessional Practice Coordinator, Nova Scotia Health Authority

Corresponding author: Ryan Brown, ryan.brown@emci.ca

Categories: Medical Education, Medical Simulation
Keywords: paramedic, nurse, rural, ipe

How to cite this abstract
Brown R, Macquarrie C (October 06, 2016) A Novel Hybrid, High-Fidelity Simulation Focusing on Role Clarity and Patient-Centered Care in IPE Teams Consisting of Rural Paramedics and Emergency Nurses. . Cureus 8(10): a152

Abstract

Poster Topic: IPE

BACKGROUND/RATIONALE:
A wide range of knowledge and skills are required to safely manage the comprehensive needs of patients, families, and communities in Nova Scotia (NS). This, coupled with an increased emphasis on quality collaborative care, has resulted in an urgent health workforce requirement. A need was identified to enhance collaborative, person-centered care in a number of rural NS Emergency Departments (ED). Rural Paramedics and Emergency Nurses shared experiences where role confusion impacted their ability to participate in effective teamwork.

OBJECTIVE:
The Interprofessional Simulation Project (ipSIM) was designed to address the core competencies of role clarity, communication, shared leadership, conflict resolution, and collaborative care, as supported by the Canadian Interprofessional Health Collaborative (2010) education framework. A questionnaire and staff narratives were utilized to foster a spirit of inquiry and a commitment to quality interprofessional education.

DESCRIPTION OF THE INNOVATION:The simulation was a hybrid, high-fidelity, in-situ simulation utilizing a standardized family member and the Laerdal Sim Baby. Baby “John Francis” presents with mom to the ED, postictal following a prolonged seizure. He has a recent diagnosis of epilepsy. As the simulation progresses John Francis has subsequent seizures, becomes hypoxic and requires intubation. The simulation was debriefed with a combination of “Plus/Delta” and “Advocacy and Inquiry” methods along with a focus on family-centered care and practice development strategies.

IMPACT: ipSIM proved to be successful in many ways, most notably through the facilitated debrief, where health providers had an opportunity to reflect on their performance and learning that happened during the simulation. The simulation and debrief also provided experiences to assist the learners to look beyond the diagnosis and skills to the needs and desires of the mom and baby in the delivery of person-centered care. It was obvious that different health professionals struggled with having difficult conversations with mom during
the delivery of care. This gave rise to rich conversations on best practices for patient/family-centered care. The ipSIM questionnaire also measured health providers' attitudes about the team performance and experience. Narratives during the debrief were also collected. Health providers were more apt to critique individual performance vs. team performance.