Using simulation to teach child protection.

Emily Payne ¹, Fran Norris ², Matthew Obaid ³, Torsten Hildebrandt ⁴

¹. Child Health, Cardiff & Vale University Health Board ². Paediatrics, Cardiff and Vale University Health Board ³. Community Paediatrics, Abertawe Bro Morgannwy University Health Board ⁴. Paediatrics, Abertawe Bro Morgannwy University Health Board

Corresponding author: Emily Payne, emilyrpayne@hotmail.co.uk

Categories: Pediatrics, Medical Education, Medical Simulation
Keywords: safeguarding, child protection, simulation, multidisciplinary teaching, education

How to cite this poster

Abstract

Background:

Addressing child protection concerns is a daunting task but there often is little opportunity to practice required skills. We felt this challenge could be aided using simulation. Simulation is used frequently and effectively to improve management of resuscitation situations but is rarely used for child protection.

Aim:

To develop a multidisciplinary delivered simulation course for paediatric junior doctors to develop and practice skills in child protection.

Method:

The course was aimed at paediatric trainees in the latter SHO years or early middle grade years. The faculty consisted of a senior Social worker, a senior Police officer, a Consultant Community Paediatrician, a Consultant General Paediatrician and two Paediatric Community grid trainees. The programme incorporated two structured talks and table top exercises in the morning.

The afternoon consisted of simulation scenarios conducted in a simulation suite, arranged mimicking a paediatric assessment unit. Three medical actors took various roles with one candidate actively running the scenario. The scenario was observed by all other participants in an adjacent seminar room linked via audio-visual stream from the simulation suite. The
scenarios lasted approximately 15 minutes with feedback for 30 minutes. Scenarios covered were: seeing a baby with bruising, sexual abuse disclosure and a strategy meeting. The bruising scenario was divided into three parts; meeting the family for the first time and history taking, discussing the child protection process and then discussing results of investigations. This case was then discussed at a simulated strategy meeting.

Results:

Twenty one paediatric trainees attended the course. The overall feedback was very positive. Using a scale from 1-5 with 5 being positively "completely agree", participants rated all feedback questions 4-5. Comments from the trainees showed that they enjoyed the simulation scenarios and multidisciplinary teaching the most.

Conclusions:

Child protection is a challenging issue for trainees to address. The skills required can be taught and practised using simulation. We found multidisciplinary delivered simulation to be a popular way to teach child protection to our trainees.
Using Simulation to teach Child Protection
Payne E, Norris F, Obaid M, Hildebrandt T
Department of Paediatrics, Princes of Wales Hospital, Bridgend, Wales, United Kingdom

Abstract
To help trainees gain confidence and skill in dealing with child protection cases we developed a course based on simulated child protection scenarios using actors and multidisciplinary input. The feedback has been very positive. This novel way of teaching child protection has the potential to enhance current training throughout the UK.

Background
Child protection cases often demand excellent interpersonal skills. There is little opportunity for trainees to establish these skills in a safe environment. Simulation is a well-established tool in General Paediatric Training but rarely used in Community Paediatric Training. Simulation is a new resource with significant potential for multi-professional learning in the area of child protection.

Objectives
To establish a multi-professionally delivered simulation course to allow participants to develop practical skills in child protection.

Methods
Target audience: Paediatric trainees (ST3-8)
Faculty:
Senior Social worker,
Senior Police Officer,
Safeguarding liaison nurse,
Consultant Community Paediatrician,
Consultant General Paediatrician
2 Paediatric Community Grid trainees
Programme:
Structured Talk (Multi-agency):
The rights of the child & the responsibilities of all doctors. The child protection process. The roles of the different agencies.

Table Top Exercises:
Neglect, sexual abuse, fractures and sexual abuse. Relevant ROPCH Child Protection Committee/Deo/Clinical Practice points were covered during each.

Simulation Scenarios:
Conducted in a simulation suite with medical actors. One candidate actively ran the scenario. Other participants observed in an adjacent room linked via audio-visual stream. The scenarios lasted 15 minutes with feedback for 20 minutes.

1. A Baby With Bruising. The scenario was divided into three parts:
   i) The initial meeting with child and family & communicating the need for the child protection process.
   ii) A difficult history from the mother who had experienced domestic violence and the effects of drugs and alcohol in the family.
   iii) The challenge of relaying the results of the investigations to the parents which showed/related of different ages.

2. Sexual Abuse/Pregnancy: Teenager requests contraception in locked-after clinic and discloses sexual abuse. The candidate must address the child's safety and the need to inform Social Services.

3. Harassment: Family attend general paediatric clinic. Elder sibling is caring for the baby and parents are intoxicated. The candidate must gather information and ensure the child's safety.

4. Vulnerable Teenager: A troubled teenager, who frequently goes missing from home, is referred for child protection medical after alleged assault whilst being intoxicated. She is difficult and defensive. The objective is to gather as much history as possible and decide on your next step.

5. The Strategy Meeting: The baby with bruising was discussed at a simulated multi-agency strategy meeting. Participants took on different roles and experienced the meeting from a different professional perspective.

Results
Thirteen paediatric trainees attended the course. The overall feedback was very positive.

Chart of ratings provided (1 = completely disagree to 5 = completely agree) on a number of questions about the course by 13 candidates.

“An excellent day – you know very much. Fantastic opportunity to learn practical procedures and processes, ask questions and experience real life scenarios – very useful & learnt a lot.”

“This day motivated me to look at things from a distance and think laterally.”

“Excellent course, very practical. Thank you, very useful for clinical practice in an area/role which currently is very poorly taught / trained. More days like this please.”

“Excellent day, valuable insight into CP procedures and medics in safe environments. Please could you try to repeat this course – maybe every year?”

“Great insite from the social worker and police officer present.”

“Overall, really excellent course which has helped to demystify child protection.”

Conclusions
The course was very successful with the highest level of candidate participation. Using simulation with the help of professional actors works well. The inclusion of social services and the police adds depth and realism. Candidate numbers have been reduced to eight to further enhance active participation in scenarios. This course will be run six monthly.

Using simulation within a multi-agency led course is a new method of providing child protection training. It has the potential to strengthen current training provisions in the UK.

References
ROPCH Child Protection Committee 2013.
CCRE Info www.cre-infocardiff.ac.uk

IPSS
8th International Pediatric Simulation Symposium and Workshops 2016
9-11 May, Glasgow, UK