Using Simulation to Teach Family-Centred Care in an Interprofessional Environment

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Caring
Providing exemplary care and service, we are dedicated to enhancing the quality of life of clients, families, volunteers and staff

Excellence
Striving for excellence, we are committed to safety, accountability, evaluation and continuous quality improvement

Client and Family Centred Care
Applying the principles of partnership, respect and communication, we are committed to a family-centred approach in all we do

Innovation
Fostering a culture of inquiry and innovation, we aspire to lead the way in clinical care, education and research in the field of childhood disability

Partnership
Working in partnership with clients, families, staff, volunteers and key external partners, we take a team approach to clinical care, education and research

Respect
Embracing diversity, we seek to empower people and treat everyone with empathy and respect
Presentation Objectives

Identify how engaging system voices early in the design and development process enhances authenticity

Describe how simulations can be used to teach patient family-centred care in an interprofessional environment

Outline the process for facilitating a simulation

List challenges and opportunities when using simulation to teach patient and family-centred care
Presentation Agenda

Present model of co-creating simulations

Engage in a live simulation and debrief

Practice developing a scenario

Discuss challenges and opportunities of simulation
What is Simulation?
Definition of Simulation

Simulation is the imitation or representation of one act or system by another.

Healthcare simulations can be said to have four main purposes – education, assessment, research, and health system integration in facilitating patient safety.

(Society for Simulation in Healthcare)
Engaging system voices early in the design and development process enhances authenticity.
Preparation for our build day

Review
Conducted an external scan and review of literature

Reflect
Generated behaviour statements illustrating the four core principles of CFCC

Plan
Drafted clear learning objectives
Developed simulation design template
Core Client and Family Centred-Care Concepts

Here’s how staff can demonstrate **Respect and Dignity** every day:

- Knock on the client’s door, introduce yourself, then describe your role
- Ask the client and family how they would like to be addressed
- Respect the different perspectives the client and family may have, without judgment
- Listen attentively when the client and family are talking, sharing observations or expressing their needs and concerns
- Acknowledge and greet the client at their height level and make eye contact

Here’s how staff can demonstrate **Information Sharing** every day:

- Let the client and family know what you are doing before and during an intervention
- Tell the client and family if what you are doing might be painful for the client
- When ending a conversation, let the client and family know when you will return, what will happen next and who to contact with questions
- Ask the client and family “What questions do you have?” and then wait …
- Provide information verbally and in writing to help the client and family make informed decisions

Here’s how staff can demonstrate **Partnership** every day:

- Engage the client and family as equal members of the team – think of their role as the experts in their experience
- Work as a team to support the client and family during transitions and difficult situations
- Partner with the team to ensure healthcare recommendations are not overwhelming – provide coordinated care
- Respond to issues as a team, promptly and directly
- Encourage the client and family to share their ideas, comments and compliments about care in order to improve our hospital

Here’s how staff can demonstrate **Quality of Care** every day:

- Actively find out who is part of the family and ask who will be involved in care at home so you can plan together
- Look for strengths and unique insights that come from the client and family’s lived healthcare experiences
- Be patient and help the client and family understand what to expect
- Incorporate the client and family’s perspective in goal planning and treatment decisions
- Use the latest research materials to help inform practice and methods

Key behaviours based on our Patient Declaration of Values, the Institute for Patient and Family-Centred Care, and input from our Family Advisory Committee and Youth Advisory Committee.
Methodology of our build day

31 participants: Interdisciplinary group, including families, management and front-line staff

Goal for each group: generate two simulation scenarios (one outpatient and one inpatient)

Participants shared their personal and professional experiences

Assigned to groups based on principles of CFCC

Follow Up Exercise: Reflections on the Build Day
Output of the Build Day

8 Scenarios Designed

5 Outpatient
3 Inpatient

Certified Simulationist Training

2 additional staff members
2 Family Leader

4 Scenarios Further Developed

Co-creative design process with Build Day Participants
Launched December 2013 orientation – training for new and existing staff
Reflections on the Build Day

**SIMULATION BUILD AS EDUCATION**

- 70% of respondents indicated that the day **significantly increased their understanding** of the principles of client and family integrated care.

**ENABLERS OF SUCCESS**

- **Story telling** from multiple perspectives and the use of the **templates** were identified as the most helpful components of the day.

**CONTINUING COMMUNITY ENGAGEMENT**

- Over half of the participants indicated that they wanted to **continue with the development** and implementation of the scenarios.
Interprofessional education at Holland Bloorview

How can they work together if they don’t learn together?
Using these simulations to teach Family-Centred Care in an Interprofessional Environment

Day 3 – New Staff Orientation

8:45 – 9:15  Introductions and overview
9:15 – 10:00  Client and family centred care (CFCC)
10:00 – 10:15  Break
10:15 – 11:00  Collaborative practice
11:00 – 11:15  The Teaching and Learning Institute
11:15 – 11:45  Introduction to simulation
11:45 – 12:30  Lunch
12:30 – 3:30  Simulation learning
Current Statistics:
using simulations to teach Family-Centred Care

IP Orientation by profession: May 2014 to April 2017

New Staff: 166
Existing: 193
Students: 104
Total: 463

- Nursing, 145
- OT/OTA, 56
- Other, 43
- HCP, 7
- CDA, 10
- Child Life/Intern, 4
- Music Therapist, 4
- Neuropsychologist, 2
- Psychologist, 14
- Psychometrist, 5
- PT/PTA, 35
- RT, 8
- SLP, 32
- SW, 26
- TR, 40
- Aquatics, 2
- Pharmacist, 11
- Neuropsychologist, 2
## EVALUATION OF THE CLIENT AND FAMILY CENTRED CARE SIMULATION SCENARIOS

<table>
<thead>
<tr>
<th>Did participating in simulations improve understanding of CFCC?</th>
<th>Type of staff</th>
<th>Total (N=48)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New staff (n=21)</td>
<td>Existing staff (n=9)</td>
</tr>
<tr>
<td>Not at all</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Somewhat</td>
<td>10%</td>
<td>44%</td>
</tr>
<tr>
<td>To a great extent</td>
<td>91%</td>
<td>56%</td>
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Holland Bloorview Kids Rehabilitation Hospital

Transform Care  | Lead the System  | Accelerate Knowledge  | Inspire our People
Evaluation Results cont’d
(Percent responses from participants)

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>Engaging?</td>
<td>24</td>
<td>38</td>
<td>33</td>
<td>66</td>
<td>86</td>
</tr>
<tr>
<td>Good use of time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Stimulated creativity?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use it again?</td>
<td></td>
<td></td>
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Evaluation Responses from end of day de-brief

• “An amazing day! Thank you for the opportunity to participate.”
• “It reminds me to "stumble" a little bit because if I am so practiced, so professional and so know-it-all, then I will miss out on a lot!”
• “I would love to participate in a scenario because it would be easier to "fail" in a safe setting rather than to learn on the spot.”
• “I feel that any new way that better facilitates care, given in the most productive way, helps to make a more meaningful workplace and rehab stay for our clients/families”
ONE MONTH FOLLOW-UP EVALUATION:

CLIENT AND FAMILY CENTRED CARE SIMULATION SCENARIOS

<table>
<thead>
<tr>
<th>Able to apply learnings?</th>
<th>Type of staff</th>
<th>Total (N=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New staff (n=8)</td>
<td>Existing staff (n=3)</td>
</tr>
<tr>
<td>Not at all</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Somewhat</td>
<td>37%</td>
<td>100%</td>
</tr>
<tr>
<td>To a great extent</td>
<td>63%</td>
<td>--</td>
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</table>

Reflecting back, learners commented that the training had:
- Raised their awareness about communication issues
- Taught them skills for communicating with clients and families
- Stretched their comfort zones, increasing their confidence
- Caused them to be more mindful about their own interactions with clients and families
Simulation time!
Critical Success Factors for Simulation

- Learning Objectives
- Observable Behavioural Anchors
- Authentic
- Debriefing
Briefing

Be specific and detailed
Explain situation and roles
Be clear about objectives
Discuss how the simulation will be run
Address any questions
Respect and Dignity
- Briefing

Dignity & Respect Learning Objectives

Staff Members:
- apply respectful relationship skills from onset of experience with clients
- apply effective listening skills and engage family members in conversation

Scenario:
A teenaged inpatient client with an acquired brain injury is going home for her the first time. She and her mother are quite anxious about this weekend leave of absence. The client’s nurse and physiotherapist have been, respectively, tasked with: 1) ensuring the client has her medications for the weekend; and 2) providing the client/family with a copy of the client’s exercises.

What did you observe? (don’t forget to record the time)
Running the simulation
De-briefing

“Effective Feedback may be defined as feedback in which information about previous performance is used to promote positive and desirable development”
Archer, 2010

As Facilitator:
Don’t make assumptions – comment on what you can observe
Speak to the goals
Allow for learner reflection
Live Sim – ask the Standardized Patients for learner feedback
Co-facilitated De-Brief
Respect & Dignity – Key behaviours

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- Respect the different perspectives the client and family may have, without judgment
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- Acknowledge and greet the client at their height level and make eye contact
Let’s build a simulation
Sharing our stories

- With the person next to you pick CFCC principle to work on
- Each person shares a story that illustrates their personal experience with that CFCC core concept
- Each person then takes a turn sharing their story (3-5 mins)
- Feel free to ask questions but make no judgements on what you hear
- Take notes as you hear the stories (What did you hear handout)
- Write down anything that impacts you or you feel is often an issue/area to consider
Co-creating a “shared” story

- Use the “Key Themes” sheet
- Each person takes a turn sharing their notes
- Discuss:

  What themes did you notice?
  What were some of the key elements that were pertinent to all stories?
  Was there anything unique that you feel should be included?
We will now take 10 minutes to build a simulation out of your shared story using the template provided.

Facilitators will circulate to answer any questions you might have.
Challenges and Opportunities:
Using Simulation to teach patient and family-centred care
The end!