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Featured Article

An Interprofessional Simulation for Child Abuse Reporting

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Abstract

Background: Health care providers applying for a license or certification issued by licensing boards in many states are identified as mandated child abuse reporters and must submit documentation of training.

Method: A Child Abuse Reporting Interprofessional Simulation-Based Experience (CAR-IBSE) was developed to augment mandatory online training for undergraduate pharmacy and nursing students. The goals of the CAR-IBSE were to provide opportunities for nursing and pharmacy students to (a) be immersed in a realistic yet safe situation in which child abuse needs to be reported, (b) work together to problem solve, and (c) collaborate and communicate to effectively assess, provide care, and evaluate family dynamics in a community setting.

Results: Fifty-five nursing and 74 pharmacy students participated in the CAR-ISBE which included planning, performing, and debriefing stages (20 minutes each). Seventy-four students responded to an online postsimulation survey. More than 90% of students agreed that the simulation objectives were met, and 88% of the respondents agreed that the quality of the experience was high. All the faculty facilitators who responded to a postsimulation survey agreed that the simulation was effective.

Conclusions: Simulation-based learning experiences are a unique and effective way for students to learn about child abuse and its reporting.

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According to the U.S. Department of Health and Human Services (2013), in the United States and its territories, members of designated professions, including nurses and pharmacists, are mandated by law to report suspected child abuse. Individual states have specific statutes governing both reporting and training on reporting of suspected infringements to a child's welfare. Some states identify individuals applying for a specific license or certification issued by a licensing board as mandated reporters and as such, these individuals must submit documentation of 3 hours of training.

Needs Assessment and Goals

This new law governing entry into practice has created a need for colleges and universities who prepare individuals

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for entry into professional practice in the health care setting to address the requirement for its upcoming graduates. In response to this need and an ongoing commitment to interprofessional education, Wilkes University's Schools of Pharmacy and Nursing developed a Child Abuse Reporting Interprofessional Simulation-Based Learning Experience (CAR-ISBE). The goals of the CAR-ISBE were to provide opportunities for nursing and pharmacy students to (a) be immersed in a realistic yet safe situation in which suspected child abuse needs to be reported, (b) work together to problem solve, and (c) collaborate and communicate to effectively assess, provide care, and evaluate family dynamics in a community setting.

Key Points

- Interprofessional simulation based education experiences provide opportunities for collaboration, communication, and problem-solving.
- An interprofessional simulation on child abuse reporting is a novel approach to prepare students for entry into professional practice.
- Efforts must be made to maintain a high levels of fidelity and realism.

Participants

The participants for the CAR-ISBE were sixth-semester baccalaureate nursing students and third-year Doctor of Pharmacy students. Nursing students were enrolled in Nursing Care of the Family at the time of the simulation-based learning experience, whereas pharmacy students were enrolled in a Pharmacy Care Lab. The simulation-based learning experience was timed to occur shortly after participation by both groups in a regional interprofessional education program, which focused on team building. Students were arranged in teams consisting of one nurse and one to two pharmacy students. There were a total of 129 participants: 55 representing nursing and 74 representing pharmacy. Clinical faculty from the schools of pharmacy and nursing served as the facilitators for the experience.

Design and Implementation

Pharmacy and nursing faculty met to create scenarios that would enhance online child abuse reporting education and expose students to a realistic yet safe situation in which reporting is mandatory. Once the objectives of the simulation were set, individual team objectives were written. The CAR-ISBE was designed as a formative learning experience. Two parallel simulation scenarios, one in a home environment and one in a walk-in clinic setting, were developed to control crosstalk, which is a form of academic dishonesty in which participants who have completed the simulation discuss the scenario with participants who have not yet completed the simulation (INACSL, 2013). Each simulation scenario contained a situation in which medication diversion was occurring. In each of the unfolding simulation scenarios, the narcotic medication that was being diverted from the client (grandmother) was being taken by the client's daughter, a new single mother who was breastfeeding her 7-week-old infant (the client's granddaughter). A simulation specialist at the university was the standardized patient who assumed the role of the grandmother. The mother was not present during the scenario. The infant was a low-fidelity manikin.

The CAR-ISBE was divided into four phases, according to the experiential learning simulation model: thinking, planning, performing, and debriefing (Victor-Chmil, Turk, Adamson, & Larew, 2015). In the thinking phase, participants gained knowledge of child abuse and the regulations and resources related to reporting by completing the Pennsylvania state—approved online mandatory child abuse reporting training (https://www.reportabusepa.pitt.edu/). This online learning was self-paced and lasted up to 3 hours. The remaining three phases were 20 minutes each. Completion of the online training was both a course and program requirement for both pharmacy and nursing students.

In the planning phase, the pharmacy and nursing students introduced themselves to each other, described their professional roles, and shared their experiences, expectations, and anxieties related to caring for a family in the community setting (home or clinic). This phase also included the specific objectives and scenario. A confidentiality statement was signed by the participants in an additional effort to reduce crosstalk. In addition, in the planning phase, the facilitators reviewed with the participants the fiction contract, an agreement to act in the scenario as though it were an actual clinical encounter, and then allowed time for planning (i.e., role assignments; INACSL, 2013).

In the performing phase, students executed the plan they devised to assess the client and the family situation. As participants focused on the ineffectiveness of the current prescription, the standardized patient began giving specific clues. When questioned about her prescription, the grandmother noted that the medication was working until she had the prescription refilled. She also reported that her daughter was now picking up her prescriptions for her. Further clues were given throughout the unfolding scenario. She reported her granddaughter being a "really good sleeper" who she had to "wake up to feed." She also reported that her daughter was breastfeeding/pumping. Participants collaborated and communicated to problem solve and intervened as appropriate. They were observed by the faculty facilitators from the adjacent control room through a one-way mirror.

During debriefing, students were encouraged to self-evaluate (Mariani, Cantrell, Meakim, Prieto, & Dreifuerst, 2012). Facilitators helped the participants to address gaps in performance and to identify areas for improvement. Time was also provided to discuss personal feelings regarding child abuse and mandatory reporting.