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An interprofessional day of hi-fi simulation of Family and Domestic Violence with midwifery students and social work students

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ABSTRACT

An interprofessional simulated learning day with standardized patients (hired actors) was held for student midwives and student social workers in a simulated hospital ward in response to a situation involving Family and Domestic Violence (FDV). Two scenes were pre-written and an unplanned scene was also improvised.

Initial evaluation of the session was conducted by questionnaire, with capacity for quantitative responses using a five point Likert Scale and qualitative replies to questions via textbox. A focus group with the six midwifery students offered an opportunity to provide feedback the following week.

Overall findings suggest that students found the simulation a realistic, valuable and safe experience. Student midwives felt less prepared than the social work students and some were confronted by the realism when faced with a scene of FDV; all valued the interprofessional experience and found it useful to discover the role of their professional counterparts in responding to FDV.

Format

Hi-fidelity simulation using simulated patients, held on a simulated a hospital ward.

Target audience

Second year undergraduate midwifery and social work (SW) students. All SW students had completed some study related to biopsychosocial assessments in the context of risk situations and were enrolled in a counseling unit. None of the SW students had been on field placement at the time of the simulation. All midwifery students had been on clinical placement for 18 months but none had any work experience with FDV.

Objectives

The scenarios were developed to meet the following learning objectives: 1) Increase awareness of FDV in hospital settings. 2) Understand the interprofessional roles of social work and midwifery. 3) Understand the screening tool and risk assessment application. 4) Develop interprofessional communication skills. 5) Reflect upon processes used to make decisions in the context of FDV.

Activity description

Interprofessional education (IPE) continues to be considered an important focus in health care training[1] and enables health care professionals to develop understanding of different roles[2] which enhances positive, collaborative, working relationships.[3] When this is introduced at an undergraduate level it is associated with interprofessional awareness and collegiality.[4]

One method of interprofessional education is simulation, used in the health care setting across numerous allied health professionals, including midwives and social workers. It is widespread in undergraduate study and varies in complexity from the use of task trainers to hi-fidelity (closely representing real-life), simulation with standardized patients (actors).[5] Integration of simulation into the current healthcare curricula is evidenced by enhancement of student confidence and clinical skills[6,7] and has developed over the last decade to provide a safe environment in which learners are also able to develop an understanding of different colleagues' roles.[4]

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A high fidelity interprofessional simulation using actors was planned for midwifery and SW students in order to allow them to practice skills by collaboratively responding to a situation of FDV in a safe environment.

Second year midwifery and SW students were recruited via an email announcement. All students were volunteers and participation was based on availability, willingness to join an interprofessional simulation activity, and an interest in the subject of FDV. Most of the students had previous experience with simulation, but not all with standardized patients. A total of 15 students were recruited but only 13 (6 midwifery and 7 SW) were able to participate.

All of the students received pre-brief instructions and reading material to prepare for the activity, which consisted of articles regarding pregnancy and partner violence.[8,9] They were also given access to screening and assessment tools; a basic biopsychosocial assessment form for the SW students developed specifically for the simulation session. The SW assessment form included prompts such as family history details, social history, risk factors, strengths (consider her ability to care well for child/bond with the child; willingness to be protective; self-belief; problem solving abilities): and plan to address any notes risks (consider safety planning; outside agency support; family support). The screening tool used by the student midwives was the Edinburgh Postnatal Depression Scoring (EPDS) system.[10]

A simulation laboratory comprising of 4 teaching suites replicating a hospital ward was the setting including a waiting room, which was modified to facilitate professional consultations. All rooms were equipped with cameras that allowed the facilitators and non-participating students to watch the scenes unfold in real time in an adjacent room. Actors were employed to play the role of the abused woman and her partner, to enhance the realism in order to optimize learning outcomes.[11,12] The actors were briefed about their characters and given scripts with scene descriptors, but there was no scripted dialogue. The actors were experts at improvisation, which was encouraged.

The simulation scenarios were developed through collaboration between the social work and midwifery unit coordinators. The two scenes were chosen to reflect a clinical experience that both social work and midwifery students were likely to encounter in their clinical practice.

Students were informed that at any stage of the simulation the scenario could be stopped if anyone felt unsafe.[13] The students were also advised that they would be offered an opportunity to participate in some scenarios and observe other scenarios to vary their experience.[14]

The students were given background to the first scenario prior to the simulation. They were told that the scene would involve a young mother (20 years old), financially and emotionally dependent on her older partner (30 years old) and recently having given birth to her unplanned first baby. Her partner had been unsupportive, angry and aggressive towards her and staff members. Following this background information students were offered the opportunity to choose whether to participate in or observe the first scenario. They were then advised to work inter-professionally in planning the best approach for helping the new mother.

Two midwifery students and two social work students volunteered to participate in the first scene, which started in the ward tea room. They were on break but discussing concerns about the partner's aggressive behavior in labor. The SW student was considering risk assessment and referral when the conversation was disrupted by them overhearing the father being verbally abusive to the mother. The simulation continued (after prompting by facilitator) with the student midwife entering the hospital room. The father continued to be abusive to both the mother and midwife before leaving the room angrily. The student midwife commenced the FDV screen (EPDS) with the mother and when completed, returned to have a discussion with the SW. This allowed an opportunity to discuss the FDV screen and risk factors for FDV which included the young age of the mother, financial dependence and verbal abuse,[9] and arrange a referral.

In the second scene the SW was introduced to the mother and used the SW assessment tool to discuss her history, problems, future plans and the father's anger. The actor playing the mother was told beforehand to continue to defend her partner. The SW explained her role regarding safety assessment and then discussed the situation.

The scenarios were run with flexibility, allowing students to stop the scenario to ask for advice from peers and facilitators. After each key scene interaction, students were rotated so that they all had an opportunity to participate. Students in the observation room were advised to take notes to aid participation in the mini debrief sessions between scenarios. On one occasion this resulted in the addition of an impromptu scene, because observing students suggested that it could be beneficial for an SW student to speak with the father alone. This resulted in a discussion between the SW and father in which it was explained that his behavior was not acceptable but there were strategies available to help.

Debriefing occurred at the end of key points/parts of scenarios and conclusion of each main scene because inter-simulation reflective debrief is key to simulated learning.[15] Meaningful discussion was given sufficient time to allow feedback and reflection, with the identification of performance gaps, strategies for future improvement, and strengths in performance,[16] following Garden, Le Fevre, Waddington and Weller's (2015) suggested method of three phases. Emotional venting, the first phase, allows participants to 'cool down' and vent strong feelings; analysis, the second, determines what happened and why, and third, generalization, integrates the simulation experience into “real world clinical practice” (p. 307) to improve future clinical care.

After the final scene, the last debrief included discussion around the personal impact to the students enabling personal reflection and insight, known to be linked to professional resilience.[17] The standardized patients participated in the final debrief which gave students awareness to their ‘patient view’ of the care they had received.[18]

Assessment and evaluation

Following the final debrief the students were asked to complete a post evaluation questionnaire, which all agreed to, in order to analyze achievement of the objectives. The generic (not discipline specific) questionnaire was developed by the simulation team for all activities within the simulation facility. The questionnaire comprised of 11 questions, some with radio button responses, some asking for numerical order of importance and some with free text answers. Demographic data, such as age and gender were obtained, specific questions about level of simulation experience were asked, benefits of the day and level of agreement with a list of statements around learning objectives were requested (see Table 1). The data were analyzed with SPSS via frequencies and percentages and NVivo10 was used for the qualitative free text results. There was no missing data.

Questionnaire responses (see Table 1)

Of the 13 students who participated, a strong positive reaction to the simulation was found. The pre-reading was considered to be adequate preparation for all but one of the students, however students were not assessed regarding completion or quality of the