



Featured Article

# The Use of Interprofessional Simulation among Chronic Pediatric Populations: A Review of the Literature

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## KEY WORDS

interprofessional communication; teams; chronic/acute; pediatric; multidisciplinary; simulation

**Abstract:** Interprofessional communication and collaboration among health care professionals are necessary to meet the complex needs of chronic pediatric patients. However, communication between health care professionals is often deficient or inconsistent. We performed a literature review to identify the best practices in the utilization of simulation to aid interprofessional communication and collaboration within the chronic pediatric health care setting. Results revealed that simulation can be effective in preparing health care providers to perform tasks in emergency situations involving pediatric populations that can be applied to chronic populations; however, gaps in research do exist regarding the utilization of simulation among chronic populations.

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Advances in neonatal, critical, general medical, and nutritional care have improved survival rates of fragile infants, resulting in increased numbers of pediatric patients who suffer from complex medical problems (Burns, Casey, Lyle, Bird, Fussell, & Robbins, 2010). According to the U.S. Department of Health and Human Services, Health Resources and Services Administration (2013, p. 10),

“15.1 percent, or approximately 11.2 million children under age 18 in the United States are estimated to have special health care needs.” This figure represents an increase from 13.9%, or approximately 10.2 million children <18 years old with special health care needs reported in the 2005-2006 National Survey of Children with Special Health Care Needs (U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2007). In addition, the complexity of hospitalized pediatric patients continues to increase, resulting in children with complex chronic conditions utilizing a larger number of inpatient hospital days

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and incurring higher cost expenditure (Burns et al., 2010; Simon et al., 2010). An essential element of care coordination to support the needs of these complex pediatric patients is communication between all members of the care team, including the patient and his or her family members, to avoid fragmented and uncoordinated patient care.

### Key Points

- Active learning strategies, such as the use of simulation, enable adult learners to take responsibility for their own learning while applying previous experiences and collaborating with others.
- Simulation has proven effective to prepare health care providers to perform tasks in emergency situations, as well as to communicate and collaborate with other members of the team.
- By applying the existing body of evidence that supports the use of simulation within the acute pediatric setting, the same benefits may be seen in the chronic pediatric population.

Given the high level of complexity that accompanies pediatric chronic illness and disability, health care professionals must communicate and collaborate with one another to ensure safe patient care and optimal patient outcomes. Policymakers have identified interprofessional communication and collaboration as fundamental building blocks and solutions for improving patient safety and meeting the demands of increasingly complex patient care (Rice, Zwarenstein, Conn, Kenaschuk, Russell, & Reeves, 2010). The Institute of Medicine (2013) reports that interprofessional collaboration not only enhances the quality of patient care, but also lowers costs, decreases patients' length of stay, and reduces medical errors by increasing provider communication (Institute of Medicine, 2013). To advance

effective communication, as well as cultural competence and patient- and family-centered care, The Joint Commission (2010) has issued new and revised standards for patient-centered communication and has advised hospitals to provide training opportunities for staff to improve communication between providers through varying methods, such as case studies, in-service sessions, and online modules.

Interprofessional collaboration is vital to guarantee safe, effective, and patient-centered health services (Baker, Pulling, McGraw, Dagnone, Hopkins-Rossee, & Medves, 2008). Reeves and Lewin (2004) explain that enhancing collaboration between different health and social care professionals is a key aspect of modernizing health and social care systems. This statement is reinforced by Manthey (2012), who reports that "communication and collaboration skills are important now among health professionals and are likely to become absolutely vital in the future" (p. 64). Effective collaboration across health and social care sectors requires explicit, appropriate tasks and goals; clear, meaningful roles for each individual; clear leadership; and feedback on

performance. In practice, however, factors such as insufficient time for team building, confused team roles, the effects of professional socialization, power and status differentials, and the vertical management of professionals can all undermine attempts to work collaboratively (Reeves & Lewin, 2004). These factors may negatively hinder the efficiency of health care teams, which is indicated by Manthey (2012) as the "hallmark of clinical and financial success" (p. 64).

Adult learners are self-directed and assume responsibility for their own learning. They use their experiences as resources for both their own learning and others' learning and rely upon life tasks and problems as a readiness to learn (Billings & Halstead, 2012). The use of simulation as a teaching modality enables the learners to actively engage in their learning environment, use previous experiences, and collaborate as a team. In addition, hospitals can present a case study in a simulated learning environment to uphold The Joint Commission (2010) training suggestions.

Recently, acute pediatric areas of practice have largely utilized simulation as an educational tool to support collaboration among the health care team. However, the use of such techniques is often nonexistent among pediatric chronic populations, leading to increased fragmented care and resulting in health care providers who work independently of one another without a collected focus or purpose related to the chronic pediatric patient. According to the National Quality Forum (2010), poorly coordinated or fragmented care can often result in increased medical errors, inappropriate use of the emergency department for primary care concerns, and increased hospital readmissions after discharge. In fact, families of children with special health care needs have reported that the health care system lacks family-centered care, and is fragmented in the sense that each discipline treats the child separately, rather than looking at the whole person, and does not provide them with information freely (Ray, 2002). These concerns continue to be expressed by families and caregivers. According to Golden and Nageswaran (2012), "the most important aspect of care coordination was to ensure adequate information transfer and communication between providers and agencies caring for their children with complex chronic conditions (CCC)" because a "lack of communication among all providers involved adversely affects the quality of care of children with CCC" (p. 727). The purpose of this literature review was to determine the effectiveness of simulation as an educational intervention to support interprofessional collaboration for health care providers who care for chronic pediatric patients.

### Search Criteria

Five electronic databases were searched for prospective articles published from January 2007 to June 2013: Academic Search Complete, CINAHL, ERIC, HealthSource:

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