Using simulation to enhance patient safety through interprofessional care

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Background
Interprofessional care (IPC) is achieved by teams who work well together with strong understanding of the roles/responsibilities of team members, purposeful dialogue about issues and concerns, and organizational systems that support this work. Research findings indicate that these factors help advance the patient safety agenda by enabling professions to engage in dialogue that enhances communication and, ultimately, access to safer care.

Purpose
1. Outline an organizational approach to the development of interprofessional teams to enhance patient safety.
2. Demonstrate how simulation may be used to develop greater skill in IPC practices to improve patient safety.
3. Share the qualitative methods and results of a comprehensive evaluation we undertook.

Method
Clinical simulation scenarios applicable to evaluating IPC practices were developed in primary care, emergency, cardiac and oncology care. The focus was on IP dialogue, collaborative relationships and trust (Figure 1). Following the simulation activity, a structured de-brief took place.

Simulation Scenario: The Fall
Mrs Valentine had a fall at home last week. Her husband called 911 and the paramedics came to their house and brought them to the ER. She remained in ER on the paramedic stretcher for 8 hours and then was admitted to the ortho unit for potential surgery. The transfer from ER happened just after shift change and so the information was sparse and incomplete. You are aware that Mrs. Valentine fell at home and broke her hip. She did end up having surgery and her husband is concerned post surgery about her hip.

Participants
Clinicians from a community general acute care hospital (n=154) and health professional students from an academic setting (n=87).

Evaluation
Qualitative evaluation of the process was conducted through 3rd party analysis of videotapes of the IPC simulations.

Implications
• Methods to decrease cognitive dissonance due to role fidelity need to be explored
  “L: As I sat here and I was like, ‘You’re a social worker, you’re not a nurse, you’re a social worker, you’re not a nurse, you’re a social worker’. But I kept thinking in my head, I’m not a social worker, I’m a nurse’. So it was very hard. (22Jul08, G4A, S1, 18:00)”
• Preparatory work is essential for learners to be familiar with role play environment
• Repetition of scenario does not always lead to deeper understanding
• Multiple facilitators more often catch teachable moments
  “L: I feel that my input is very important and I guess for me because I’m the nurse and feel it’s the most important, I feel that it’s important for me to contribute. (23Jun08, G2, S1, 11:10)”
  “F2: I just noticed <Sally>, when you said that I’m the nurse and I feel like I’m the most important because I’m the nurse…I was just wondering how the non-nurse <Jane>, how that made you feel? (23Jun08, G2, S1, 20:20)”
• Strategies used to build rapport with learners are essential to engage them in the learning process
• Stereotypes help stimulate discussion and reflection however more subtle descriptions may be appropriate with longer timeframe

Take Away Messages
• Simulation is an effective tool to promote interprofessional communication and understanding.
• Debriefing is a key factor in increasing interprofessional understanding.
  • Limit stereotypical misunderstandings.
  • Maximize teachable moments to enhance interprofessional understanding.
• Patient safety issues can be addressed in simulation exercises with interprofessional teams.

Figure 1. Sample clinical scenario used with clinicians and health professional students.

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