



PEDIATRIC CODE WHITE!

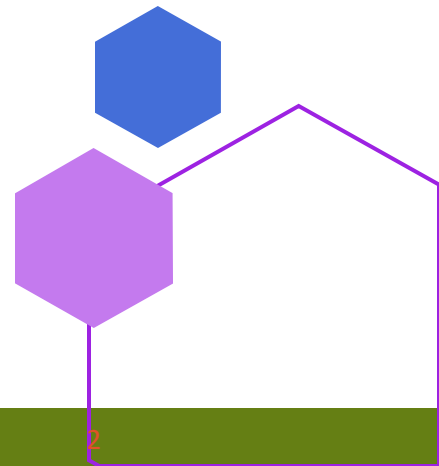
A SIMULATION PILOT WITH PROFESSIONAL HEALTH
SCIENCES LEARNERS

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PROGRAM FOR INTERPROFESSIONAL PRACTICE, EDUCATION AND RESEARCH
CENTRE FOR SIMULATION-BASED LEARNING
CHILD LIFE & PEDIATRIC PSYCHOSOCIAL CARE PROGRAM

BACKGROUND

- Learning Needs assessment sent in 2022 and 2024
 - Health professional students at Faculty of Health Sciences, McMaster University
 - ~60% of respondents felt uncomfortable and unprepared for handling *people with agitation*
- Agitation: an emotional state of increased restlessness
- Navigation requires healthcare professionals to effectively collaborate
 - Quick assessment and management
 - Avoid escalation
- Pre-licensure students felt unprepared
 - Wanted more learning opportunities
 - To inform their clinical application and future practices

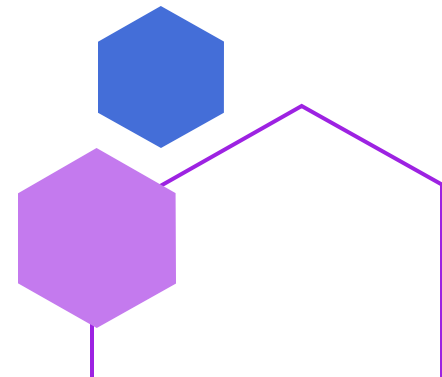
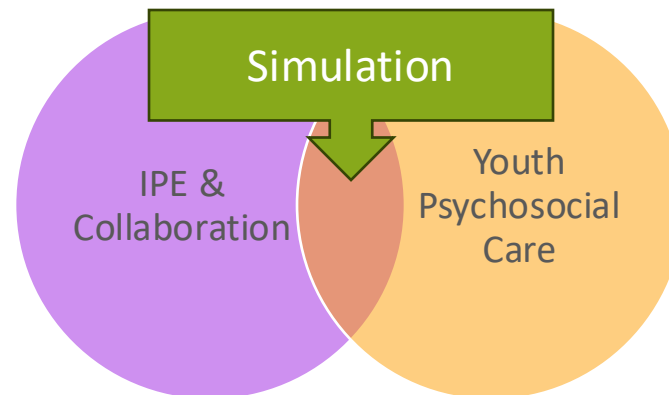


SIMULATION EDUCATION IN YOUTH PSYCHOSOCIAL CARE

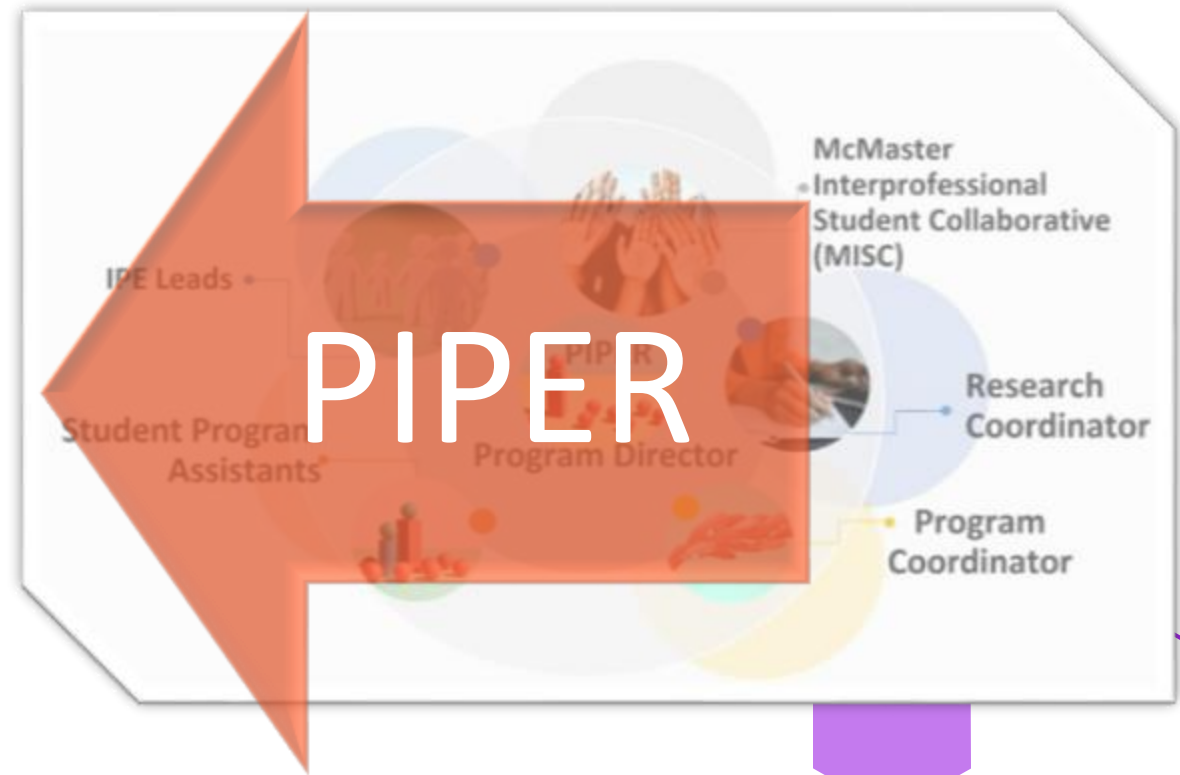
- Practice knowledge, skills and behaviours to improve patient care
 - Replicates real-world settings to improve preparedness in emerging clinicians
 - Helpful for developing critical thinking and decision-making skills
- Simulation offers opportunity to simulate infrequently observed patient interactions
- Limited exposure to youth psychosocial care during health professional programs
 - Healthcare professionals report the lack of skill and confidence in working with this age group



Youths may be managed and de-escalated without pharmacological intervention. Knowledge and skills to apply such methods are crucial.

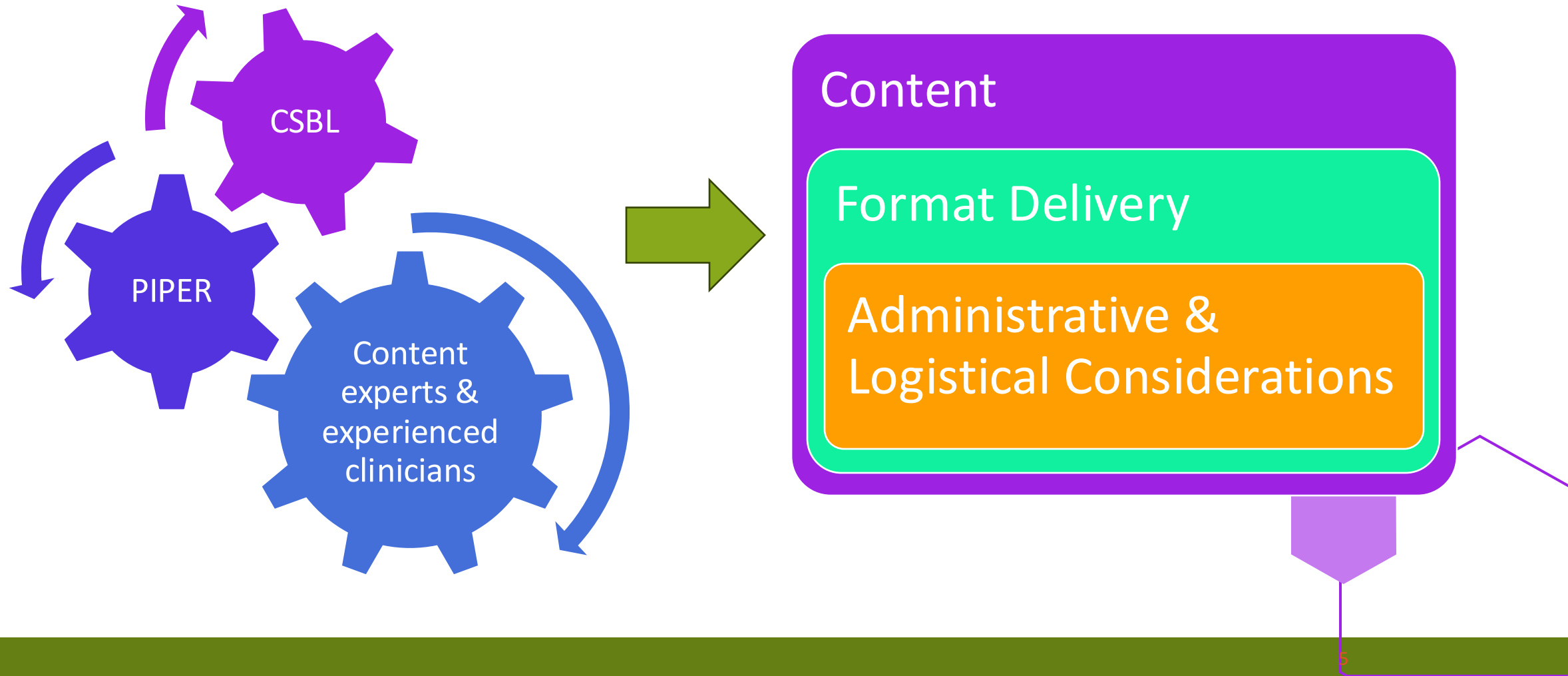


PARTNERSHIP



IMPLEMENTATION

- Creating the IPE experience to practice youth psychosocial care



IMPLEMENTATION

- **Activity Objectives**

To facilitate the development of students' knowledge, skills and IPE competencies in handling these situations.

Explore and describe students' comfort, preparedness and learning experiences after a simulation.

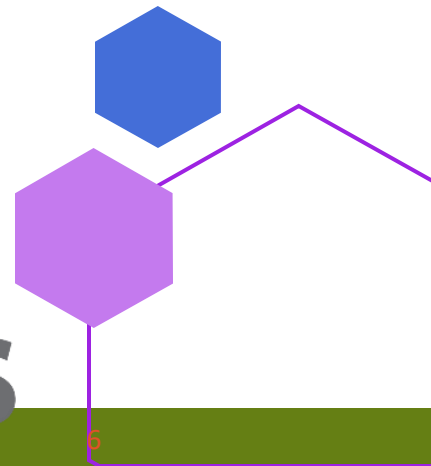
*Interprofessional
Education Competencies*



Knowledge



Skills



IMPLEMENTATION



Facilitators

Experienced experts

Maintained psychological
support and safety

Provided prompts

Standardized Patient

From SP pool

Played role of Youth with
agitation

Students

1st – 2nd year

Health professional
programs

Physiotherapy
(PT)

Occupational
Therapy (OT)

Speech
Language
Pathology (SLP)

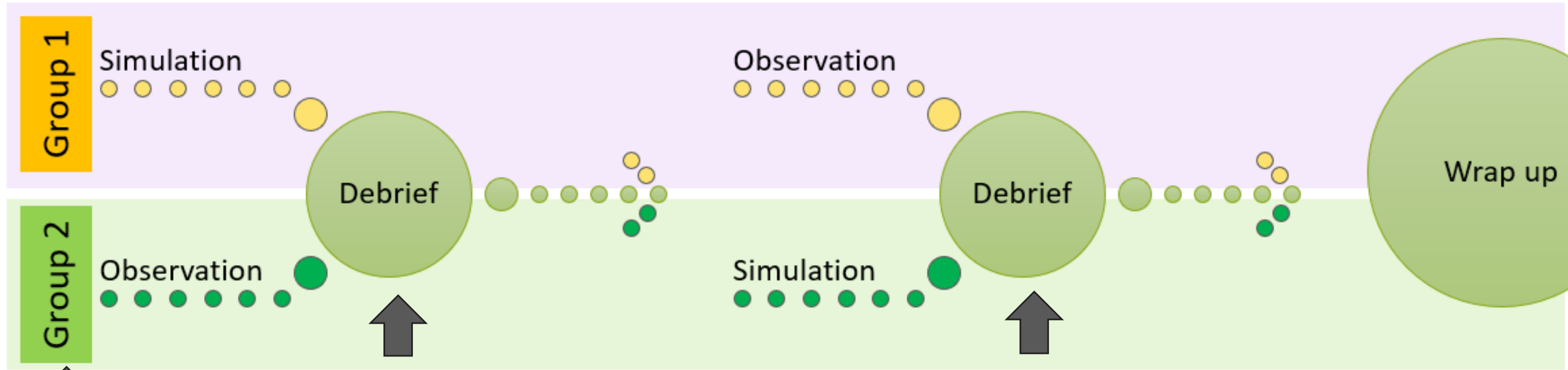
Child Life (CL)

Medicine (MD)

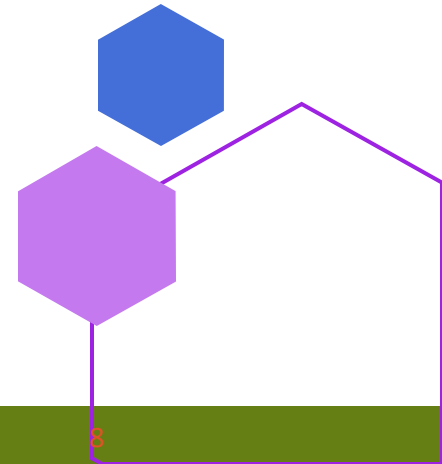
Nursing (RN)

Physician
Assistant (PA)

METHODS

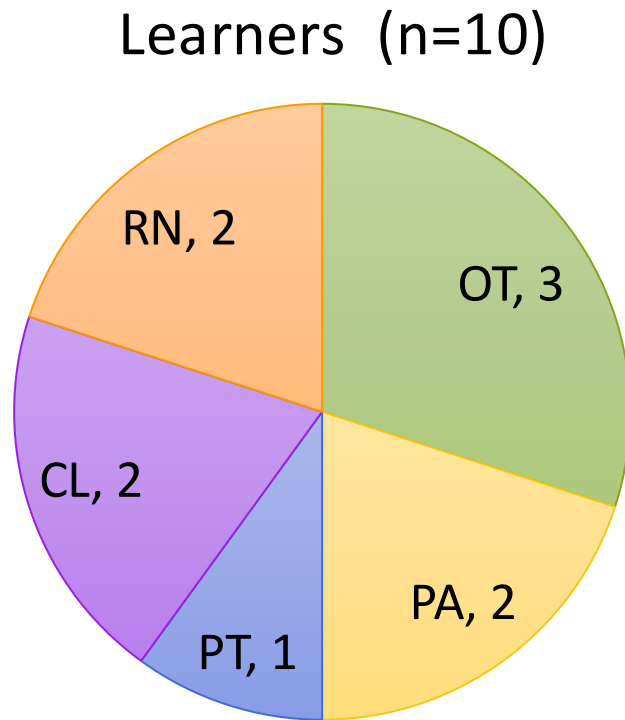


- First offering in June 2024
- 2-h in-person IPE workshop
- Case scenario of youth under distress



RESULTS

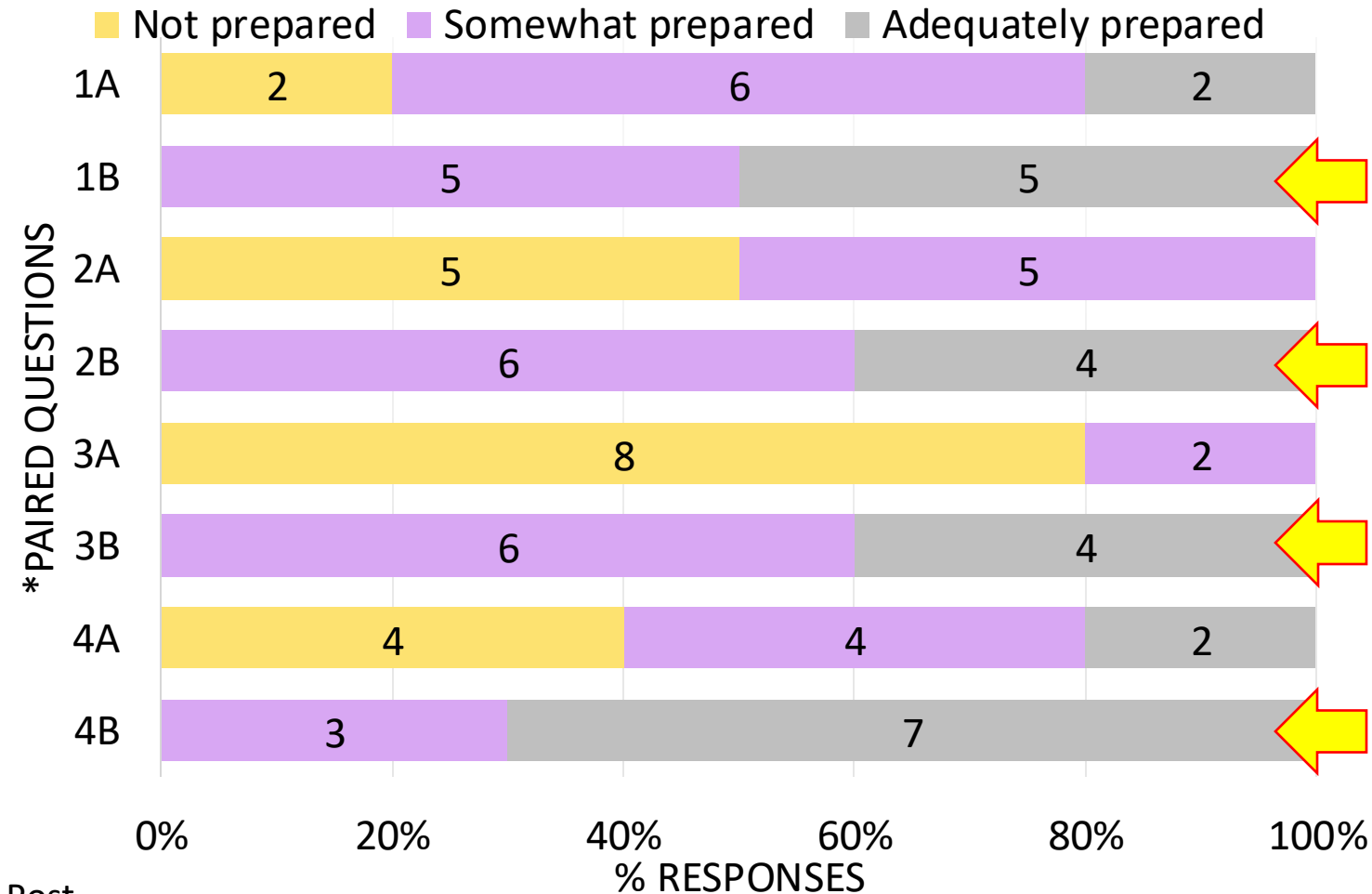
- Participants' Characteristics



Characteristics (n=10)	Median (Q1, Q3), n (%)
Program Year	1 (1, 1.75)
Previous healthcare training prior to program of study (yes)	3
Clinical rotations to date (yes)	7
Interaction with agitated patient (yes)	4 (57%)
If yes, did you feel prepared? (n=4)	2.5 (2, 3)
If no, would you be prepared? (n=3)	1.5 (1, 2.25)

RESULTS: CHANGES IN PREPAREDNESS

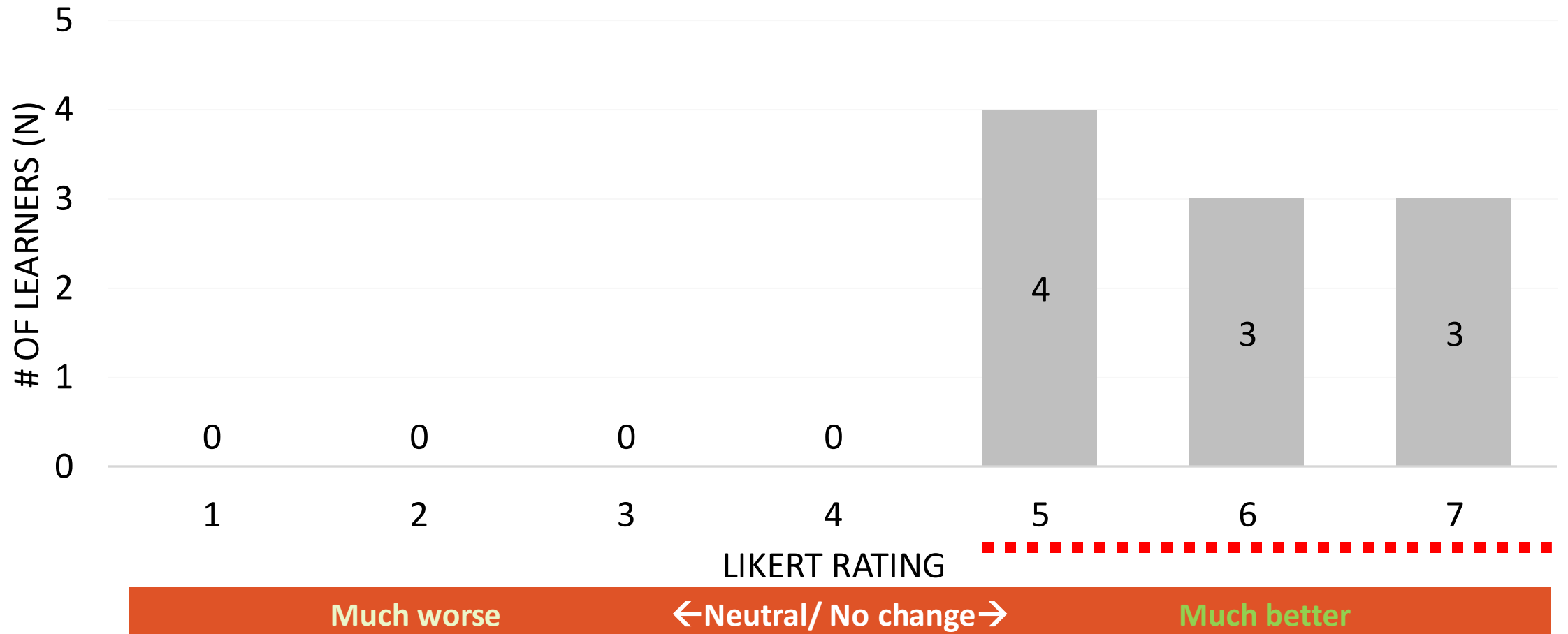
1	How prepared do currently you feel to recognize signs of recognition / distress with a patient/client/family member?
2	How prepared do you feel to apply resources and /or strategies to maintain your personal safety when responding to an agitated or distressed patient/client/family member?
3	How prepared do you feel to deescalate an agitated or distressed patient/client/family member?
4	How prepared do you feel to work with other healthcare professions to address an agitated or distressed patient/client/family member?



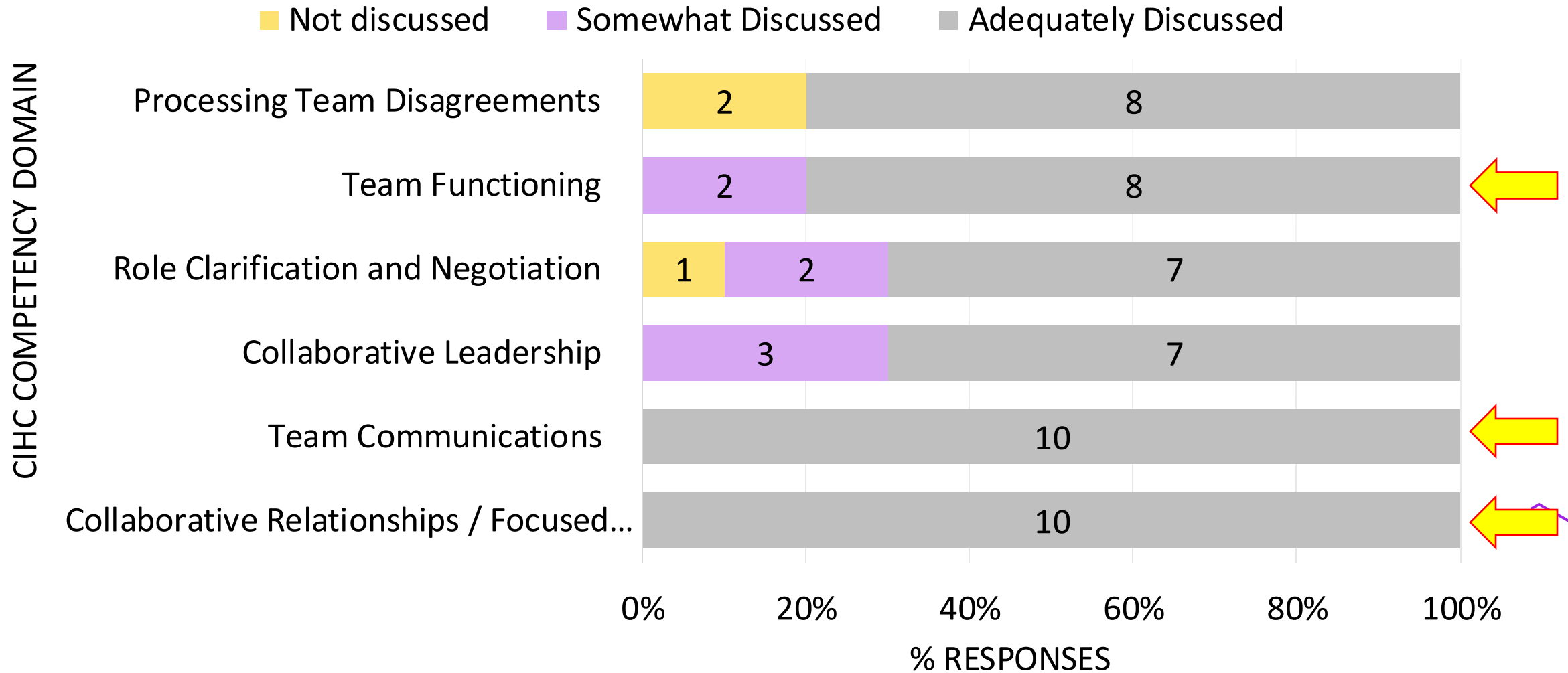
*Questions delivered pre and post dissection; A = Pre; B = Post

Global Change Scale in Comfort

"Please rate your overall change in comfort level for working with youths who are agitated after this simulation experience."

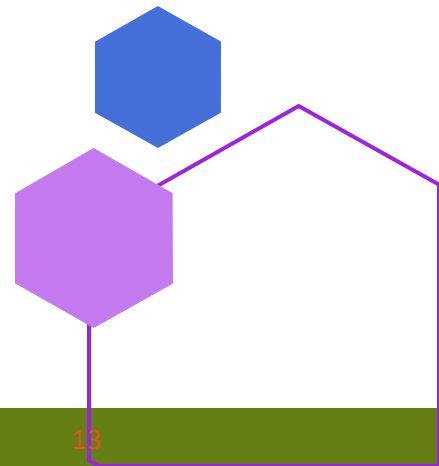


INTERPROFESSIONAL DOMAINS DISCUSSED



DISCUSSION

- Increased proportion of learners felt prepared
 - Recognize signs of agitation
 - Maintain personal safety
 - De-escalate situations
- Past simulation studies reported similar findings
 - Gain knowledge and skills to manage patients
 - Support problem solving and decision-making skills
- Facilitators were important for delivery
 - Supported the flow and progress of scenario
 - Guided debriefs



CONCLUSION

- *Pediatric Code White!* Improved students' confidence and preparedness
 - Improved comfort in handling youths with agitation
 - Simulation as a tool for medical health education
- **Simulation offers opportunities:**
 - To learn with interprofessional peers
 - To learn and experience specialized topics
 - To develop knowledge and skills to inform future practices

Limitations

- Missing perspectives
- Small sample size



Acknowledgements

Students

Facilitators

PIPER and CSBL team



CONNECT WITH US!

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