

Pediatric Code White!

**– a Simulation with
Professional Health
Sciences Learners**



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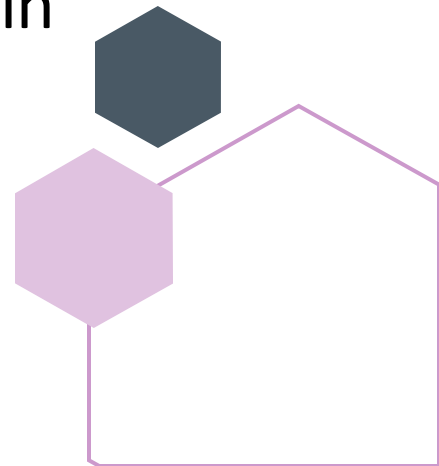
Land Acknowledgement

McMaster University recognizes and acknowledges that it is located on the traditional territories of the Mississauga and Haudenosaunee nations, and within the lands protected by the ‘Dish with One Spoon’ wampum agreement.

Session Objectives

By the end of the session participants will be able to:

1. Discuss ideas for an interprofessional simulation that is adaptable and scalable to your population and context.
2. Discuss an interprofessional simulation (Code White!) developed to address student identified learning needs; and adapted for in situ learning.

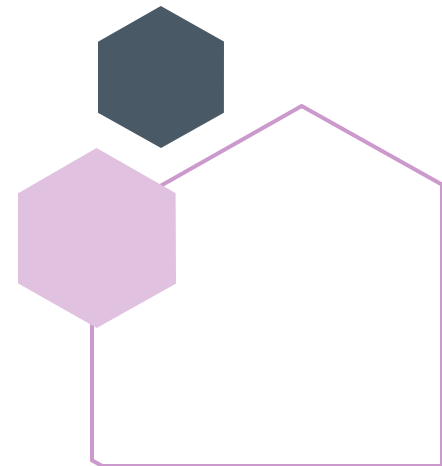


Background

- Needs assessment sent in 2022 and 2024
 - Health professional students at Faculty of Health Sciences, McMaster University
 - ~60% of responders felt uncomfortable and unprepared
- Pre-licensure students felt unprepared
 - Wanted more learning opportunities
 - Especially managing youths who are agitated
 - To inform their clinical application and future practices
- An IPE simulation experience was created



Health Sciences



Pediatric Psychosocial Care



- Improved understanding of how to handle high-stress situations
- Important for emerging clinicians interested in pediatrics
- Emphasizes the need for understanding how to manage children and youths' emotional health
- Interprofessional collaborative effort!



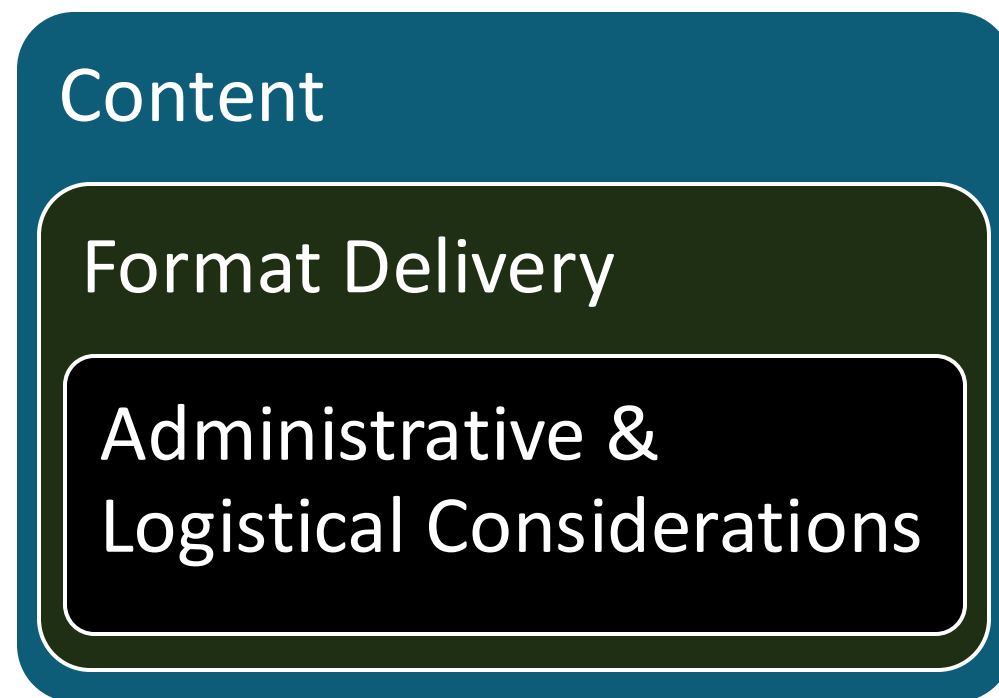
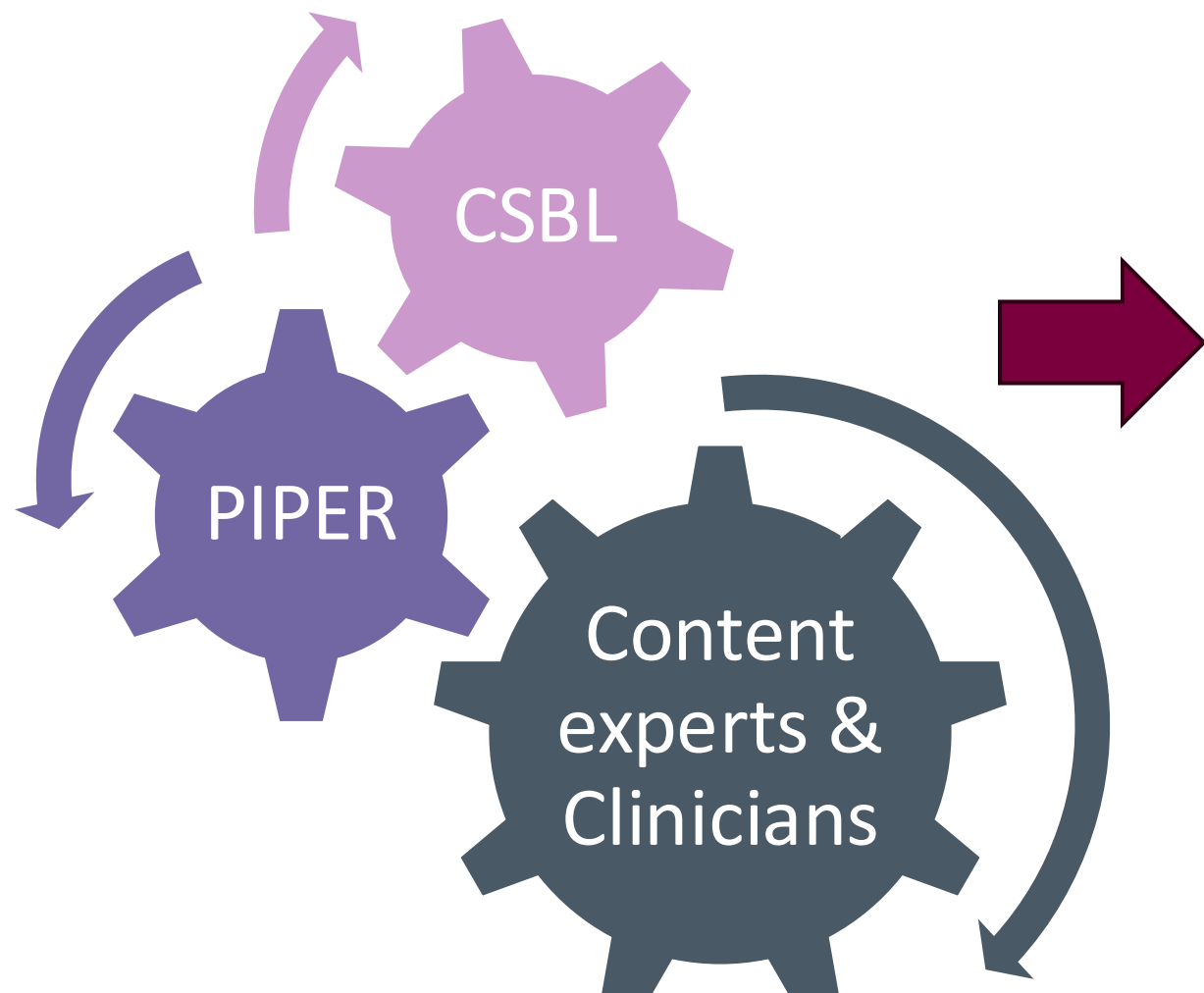
Designing and Implementing a Simulation

Partnership



Considerations

- Creating the IPE experience



Simulation objectives

*Interprofessional
Education Competencies*

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.



Knowledge



Skills



Target Audience



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)

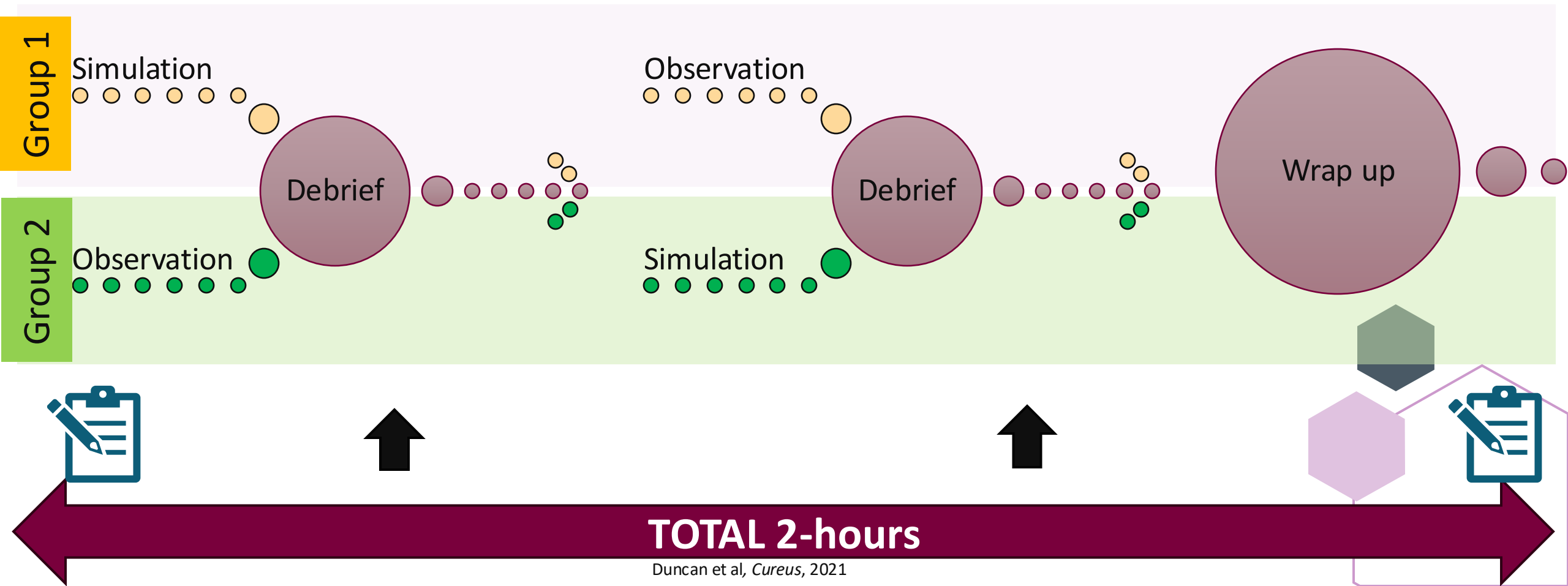
Child Life (CL)

Medicine (MD)

Nursing (RN)

Physician Assistant (PA)

Activity Format and Delivery



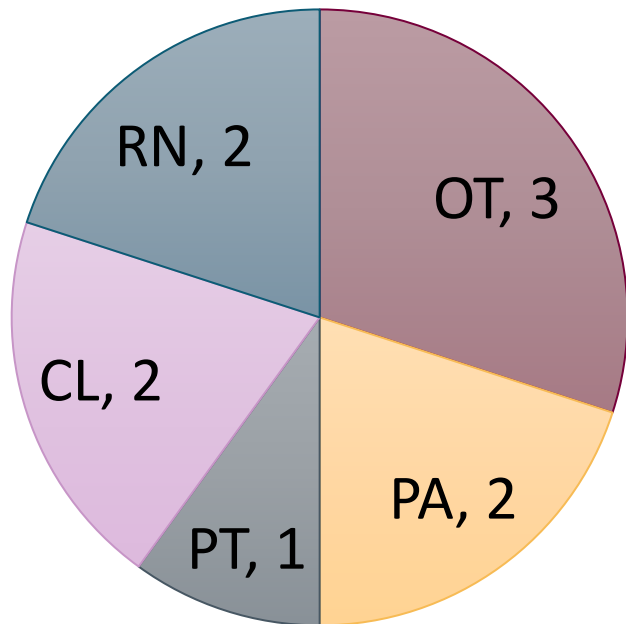
Pilot

Findings from our Pilot trial – June 2024

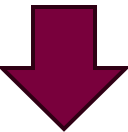
Results

- Participants' Characteristics

Learners (n=10)

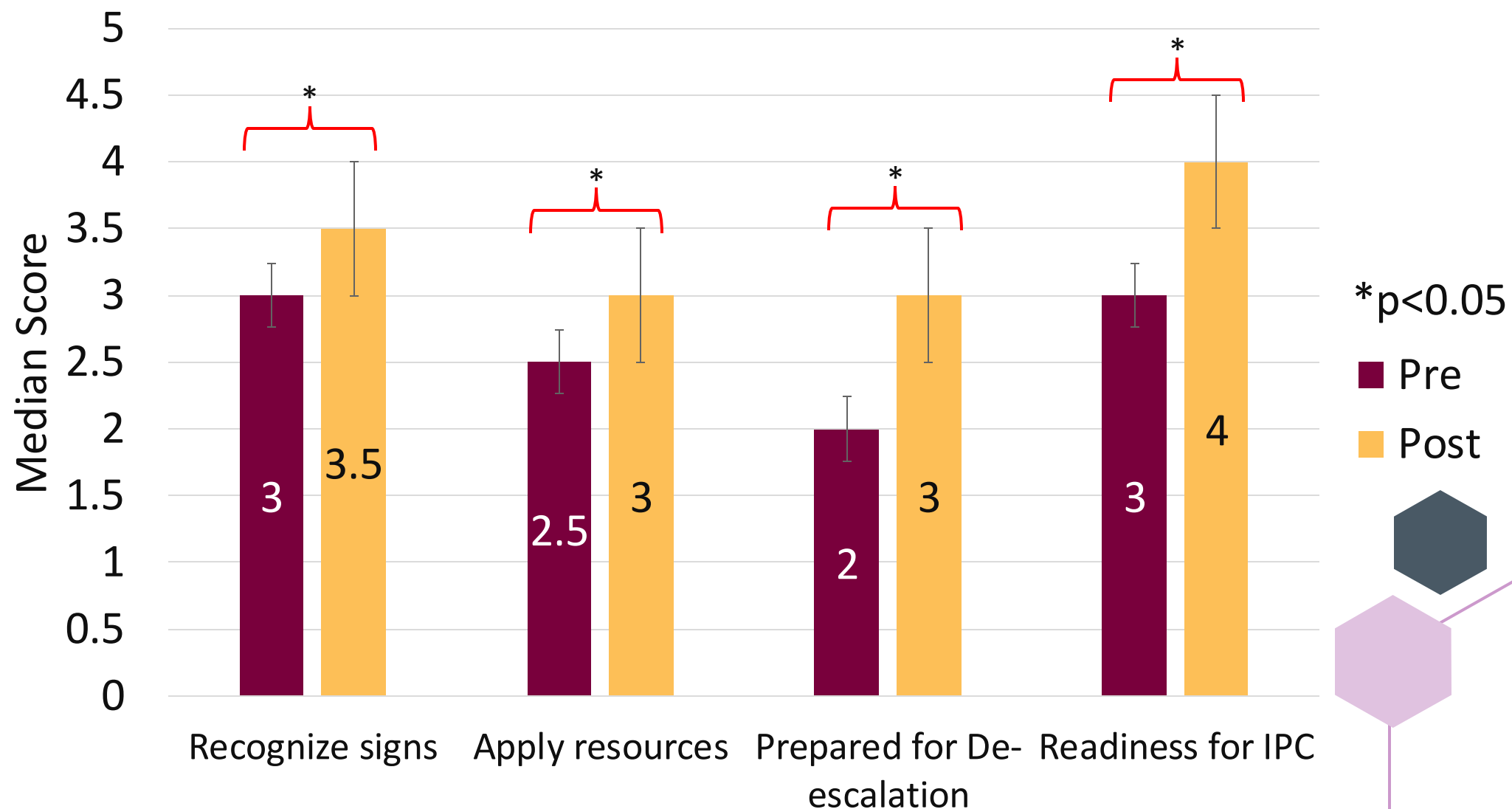


Characteristics (n=10)	Median (Q1, Q3), n (%)
Program Year	1 (1, 1.75)
Previous healthcare training prior to program of study (yes)	3
Clinical rotations to date (yes)	7
Interaction with patient with agitation (yes)	4 (57%)
If yes, did you feel prepared? (n=4)	2.5 (2, 3)
If no, would you be prepared?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



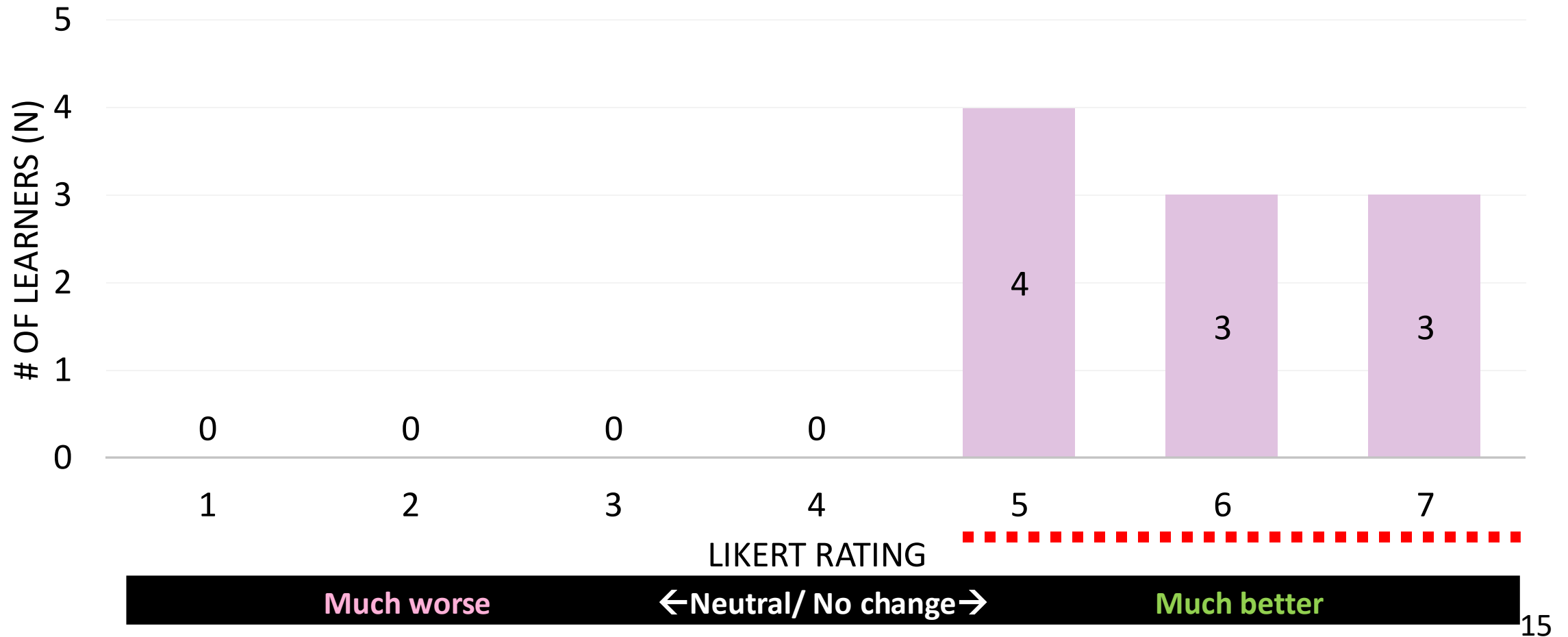
1	2	3	4	5
Not prepared at all	Not prepared	Unsure	Prepared	Very prepared

Changes in Preparedness

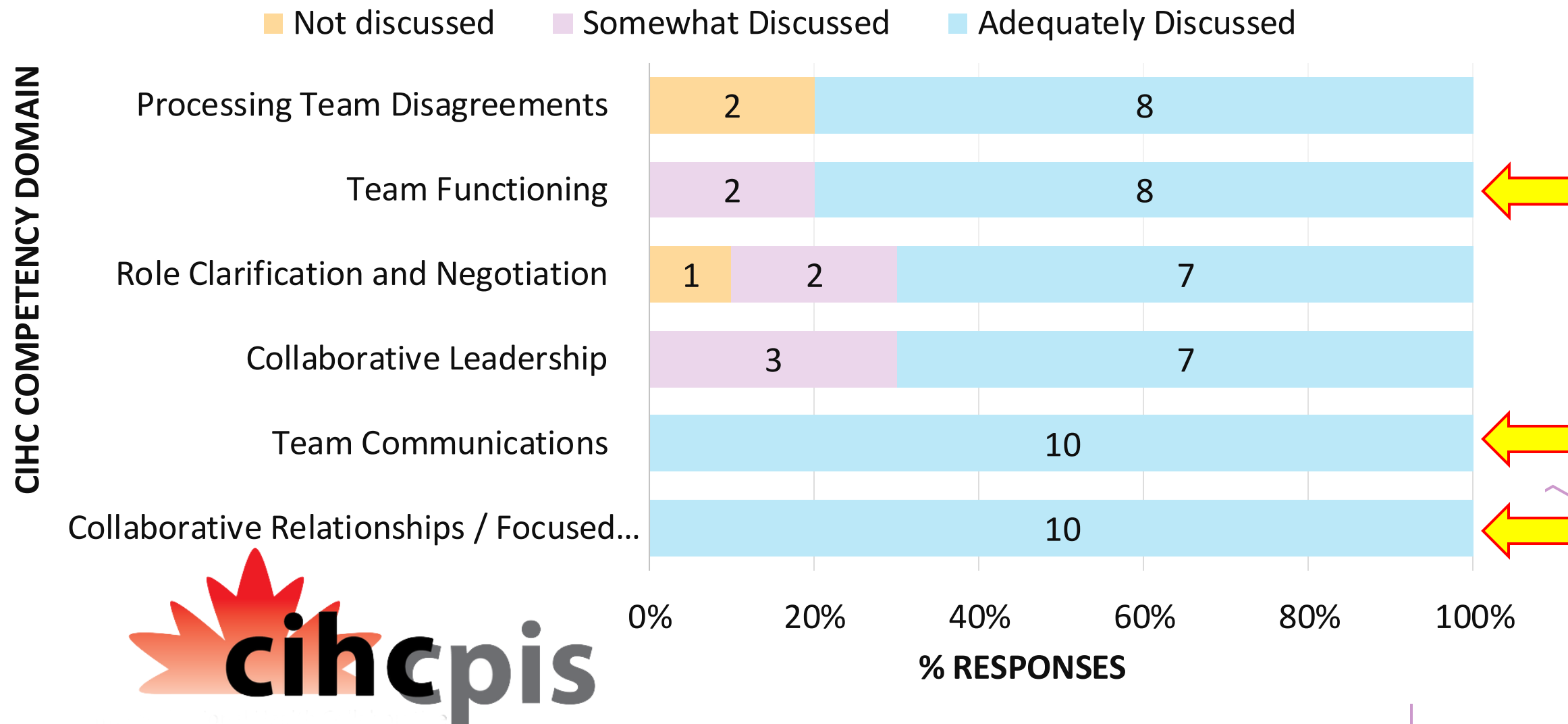


Global Change Scale in Comfort

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



Interprofessional Domains Discussed



Participant Feedback

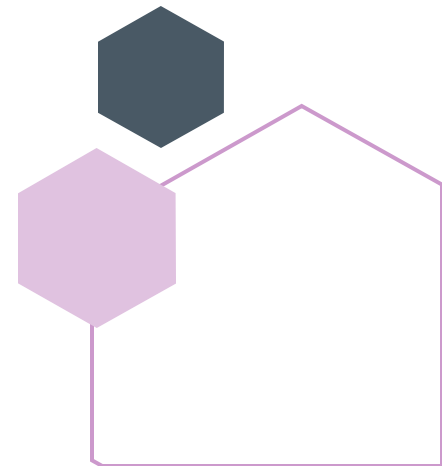
- Facilitators
 - Observe, try and apply!
 - Debriefing
- Barriers
 - Large groups
 - Limited time
 - Role unclarity

Take-away messages

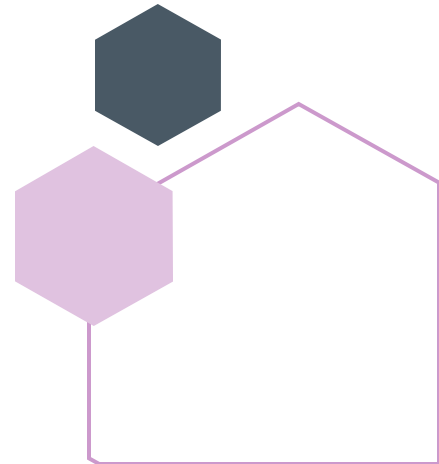
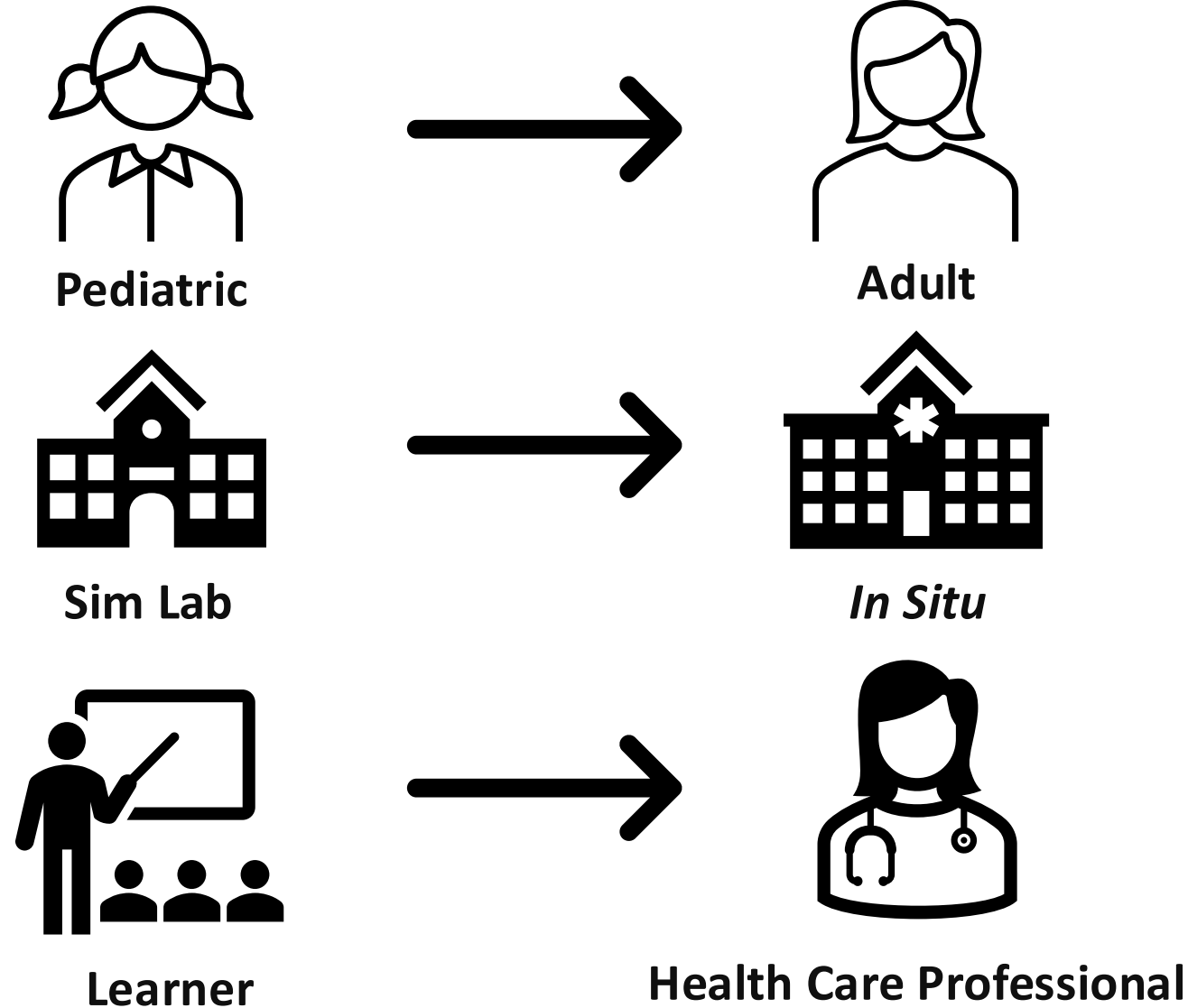
Patient centered approaches

Language & body positions

Resources & Safety



Translating Across the (Learning) Lifespan



How to Make it Work

- **Broadly Applicable Topic**

- Responsive behaviours and agitation are **relevant across the lifespan**

- **Flexible Design**

- Adjust case background and description to fit context and institutional policy
- Keep simulation and debrief framework constant

- **Scaffolding Difficulty**

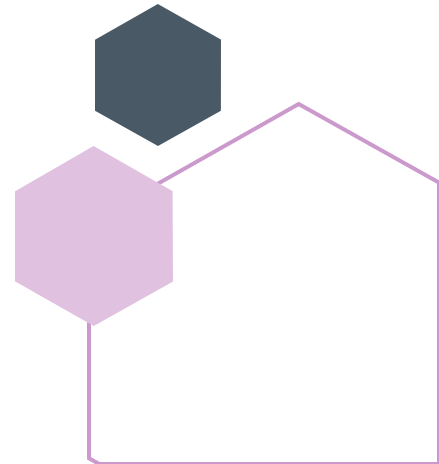
- Scale intensity and immersion “**in the moment**” depending on participant level
- “**Choose your own adventure**” with optional content for more experienced participants

- **Test for Relevance & Authenticity**

- Link to local/institutional priorities
- Involve institutional leaders & experts

Audience Participation

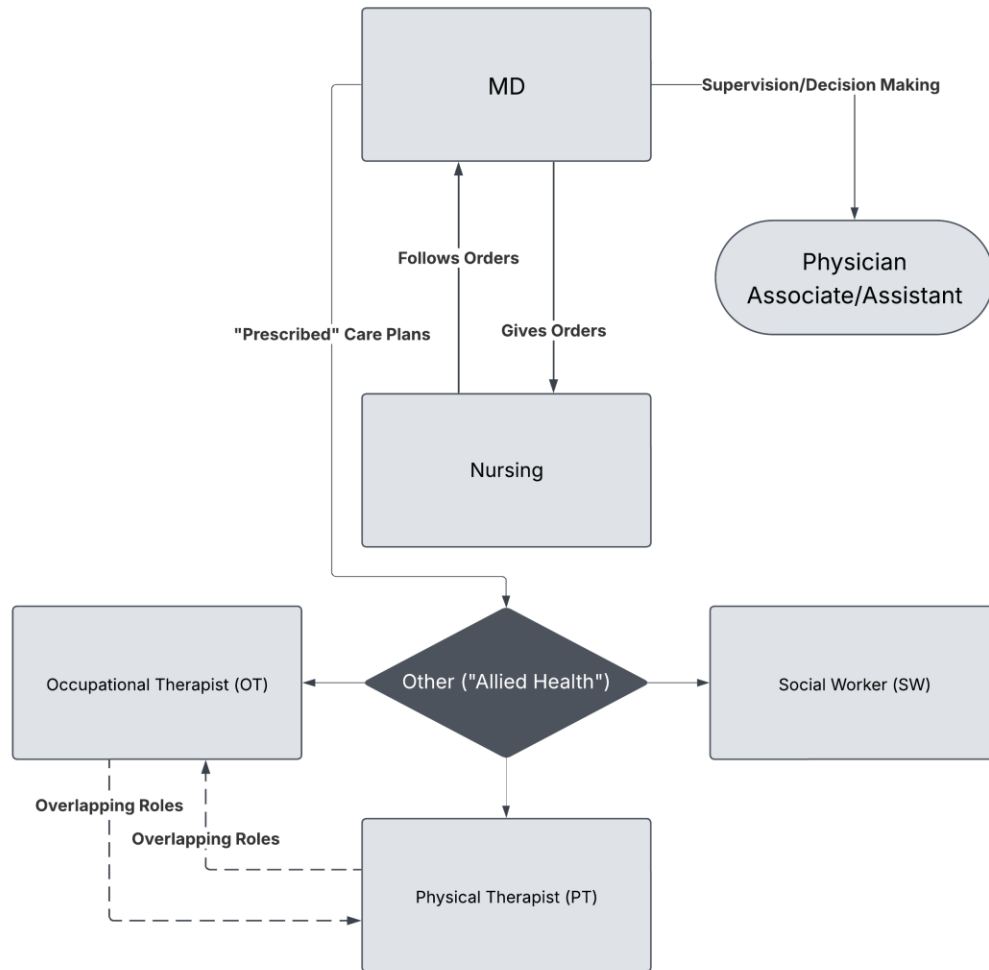
- How might you develop an interprofessional simulation that is adaptable and scalable to your population and context?
- Share ideas or examples within small groups
 - Consider how you might address some of the challenges or facilitators identified



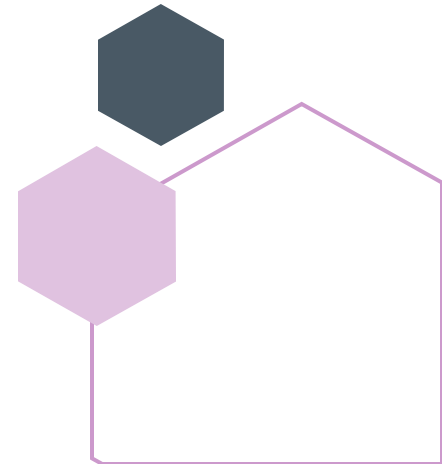
Taking a Deeper Look

Using The Social Identity Approach To Explore
Interprofessional Socialization during
Patient Agitation Simulation

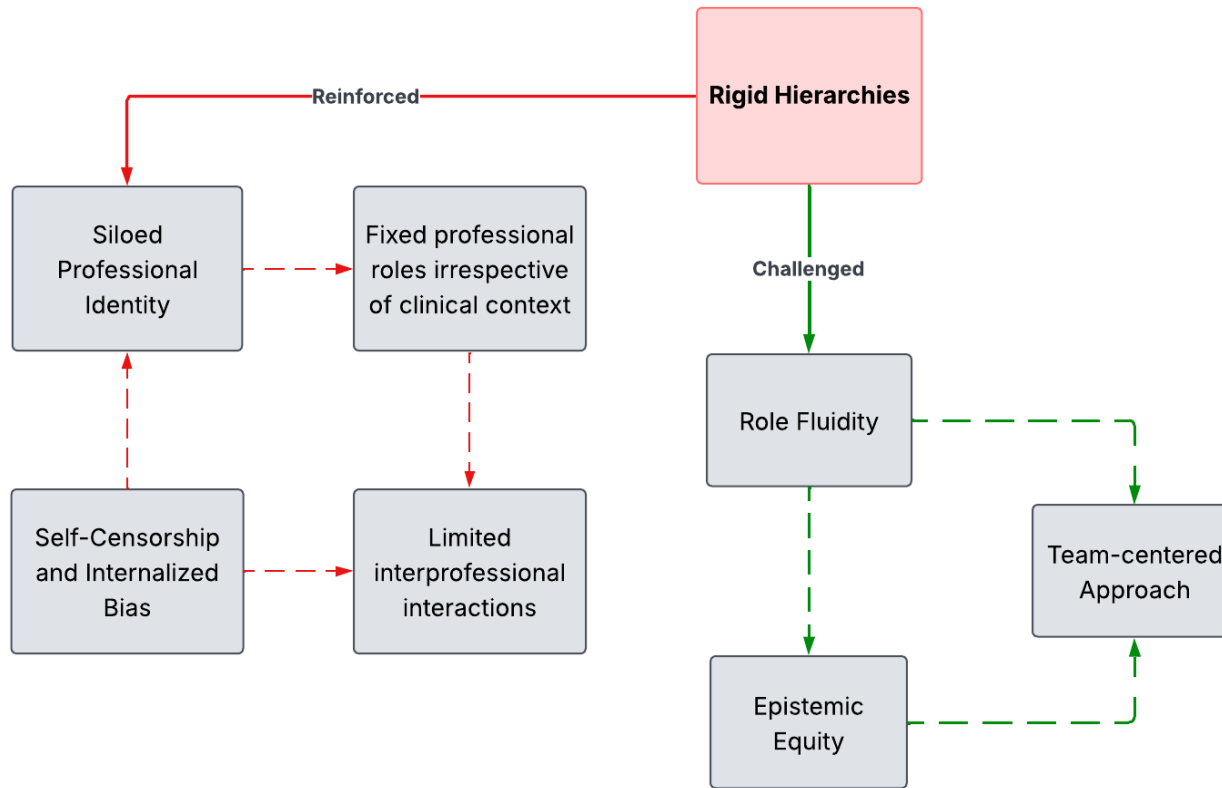
Rigid Hierarchies Limit Team Function



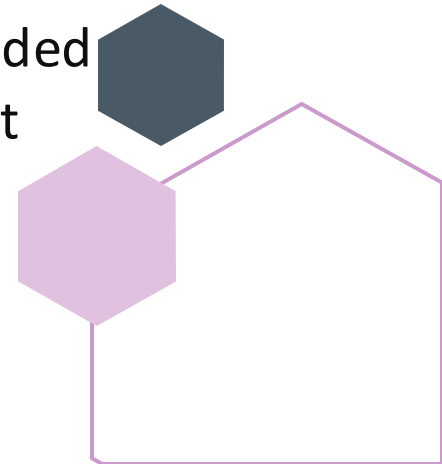
- Traditional medical structures **prioritize physician authority**, often sidelining valuable input from "others" despite increased expertise
- Power imbalance is noted **as early as pre-clinical training** wherein medical students are "assumed" to be in leadership positions
- Functioning with a mental model of traditional hierarchy **limits team function, communication and comfort** in high stress situations like patient agitation



Fluid Roles Challenge Rigid Hierarchies



- **Role fluidity** is the ability for interprofessional team members to **autonomously adapt their roles and decision-making authority** based on their expertise
- **Early clinical learners experience role fluidity where the most expert person(s) acts without delay**
- **Early role fluidity** provided confidence and comfort to pursue a team centered approach

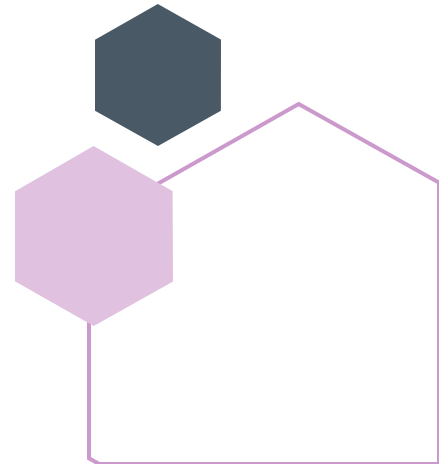


Take Away / Key Learning

- What are your take aways from what we have shared?



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Thank you!

