

EPP CAN meeting of May 24, 2023

**Interprofessional IDD Virtual Simulation of
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Some History and Context

Villanova University's Fitzpatrick College of Nursing (FCN) is located in a faith-based university on Philadelphia's *Main Line*, an informally delineated historical and social region of suburban Philadelphia.

FCN students are enrolled in BSN, accelerated, master's, DNP, and PhD programs. Faculty are expected to conduct and publish research as well as teach and provide service.

FCN is the only health-related college or program at Villanova University; it is not located on an academic health/medical center campus.

Most schools of nursing are more similar to Villanova's BSN program than to programs on academic health center campuses (~ 220 academic health centers vs. 1000-2600 colleges/universities offer nursing degrees)

Some History....

FCN faculty have taught and supervised students in multiple and varied acute care and community-based agencies and organizations but rarely in settings with individuals with IDD.

FCN faculty have integrated disability in its curriculum for over a decade; focus has largely been on physical disability with limited focus on IDD although the topic has been discussed in pediatric nursing courses.

Standardized patients with physical disability have been incorporated in simulations in the *FCN Simulation and Learning Resource Center*.

Interprofessional education in FCN has been based on TeamSTEPPS approach; TeamSTEPPS is integrated throughout the curriculum since 2016.

FCN faculty have worked with National League for Nursing (NLN) to make materials on disability available to others through its website: [Advancing Care Excellence.Disability \(ACE.D\)](#).

Overall Objectives of VU's PATH-PWIDD Project

To develop virtual IPE simulation (via Zoom) that addresses IDD, but does not require being on academic health center campus and can be used by other health care education disciplines and programs.

To obtain input and participation of persons with IDD in the simulation.

To engage faculty and students from healthcare disciplines in our efforts to address IPE approaches to IDD.

To explore use of NLN's website (ACE.D) to ensure that new materials on IDD and simulation are widely available and effort is sustainable.

Development of 7 modules to prepare students for participation in simulation

- Introduction to modules
- Communication
- Attitudes, bias, ableism, and stereotyping
- Social determinants of health
- IDD – Part 1: What it is
- IDD – Part II: Select health-related issues
 - Secondary conditions, causes of mortality, aging with IDD, challenging behaviors, abuse
- Note about IDD and ASD

Advisory committee members provided input into topics and several members reviewed modules and provided feedback.

St. Joseph's University (formerly University of Sciences) invited to plan and carry out simulation.

Strategies...

Previously successful collaborative virtual simulation format and mechanics conducted with St. Joseph's University's faculty served as model and format.

Most of the faculty and facilitators had participated in previous virtual simulations using the aforementioned format.

Pre-Simulation - Students

A simulation guide was sent to students ahead of time with the following:

- Instructions to read the 7 brief IDD modules and view Special Olympics Pennsylvania Inclusive Health Provider Video Training.
- Instructions to complete a pre-simulation 20-item T/F survey and the Robey Self-Attribution Scale of perceived competency and comfort in care of persons with IDD.
- An overview of events and request to read over scenarios in preparation for simulation with pre-assignments to groups to ensure equal distribution of students by profession: nursing, OT, PT, and pharmacy.
- Zoom link with instructions to log into Zoom on day of the virtual simulation.

Pre-Simulation - Facilitators

Faculty who were group facilitators received a facilitators' guide by email prior to the simulation and met immediately before the simulation to address any issues.

Faculty were preassigned to breakout rooms for the virtual simulation:
Nursing, OT, PT and Pharmacy.

Objectives for IPE Simulation on IDD

1. Summarize the challenges that people with intellectual and developmental disability (IDD) face when interfacing with healthcare providers.
2. Analyze mechanisms to support people with IDD in their interactions with healthcare providers in acute or community-based settings.
3. Demonstrate effective communication with people with IDD/caregiver and members of the healthcare team involved in their care.
4. Design strategies to promote positive attitudes about individuals with IDD among all healthcare disciplines.
5. Discuss ways to advocate for improved health care for people with IDD.
6. Consider how interprofessional collaboration can contribute to better health outcomes for people with IDD.

Pre-session reading and surveys**IPE Simulation Session**

Students move to one of 12 preassigned groups of 6-7 for Part 1 station

Part 1: Overview introduction (5 min)

Ice breaker in pre-assigned teams: “What’s wrong with this picture?” and “Check your attitudes and biases” (20 min)



Students in preassigned groups of 6-7 students for activities

Part 2: Students participate in one of 2 case scenarios (2A-1 OR 2A-2) and all students will participate in interact with person with IDD (2B) (Total of 60 min)



Students in preassigned groups of 6-7 students for debriefing

Part 3: Final Debriefing and Wrap-up and post-simulation surveys (30 min)

Details of the Simulation – Part 1

Part 1: (30 minutes)

Students participated in Ice breaker and “What’s wrong with this picture?”

An ED scenario (a debacle) in which Timothy, an adolescent, is brought to a hectic ED from a community event for individuals with IDD, with probable fx lower leg. He is largely ignored for 2 hours; spoken about rather than to; provider and students speak over him; stretcher is bumped periodically; he cries out and becomes increasingly apprehensive; begins hitting himself; person accompanying him is asked how severe Timothy’s pain is on a 10-point pain scale; no pain relief provided, Timothy is denigrated by provider to the students...etc.

In facilitator-moderated session, students in groups were asked to

- 1) identify problematic issues in the ED scenario.
- 2) identify possible factors resulting in problems identified (attitudes, bias, etc.).
- 3) Consider how social vs. medical model of disability may have a role in what transpired.

Details of the Simulation – Part 2A

Part 2A: (total of 30 minutes)

Students participated in one of two Case Scenarios:

Written case scenario 1: 17-yr-old female with Down Syndrome being seen in pediatric practice; 35-lb weight gain in last 6 months; little interest in usual social activities; recently started Synthroid and Metformin for insulin resistance; reluctant to participate in health promotion activities and very dependent on mother.

OR

Written case scenario 2: 4-year-old child born with multiple severe genetic issues that require multiple medical specialists; has several developmental delays including moderate intellectual disability and profound hearing loss; learning ASL along with his family; receives total parenteral nutrition because of short-gut syndrome; cared for at home by parents. Family is exploring availability of resources for the future.

Details of the Simulation – Part 2A...

Part 2A Written Case Scenarios:

Instructions to students:

In facilitator-moderated session, students in groups were asked to

Use principles of communication, interprofessional collaboration, and informed consent and supportive decision making for adults with intellectual or developmental disabilities, discuss healthcare issues in the scenario and your approaches to addressing them.

Details of the Simulation – Part 2B

Part 2B: (total of 30 minutes)

A person with IDD (“standardized patient” [SP]) was introduced by each facilitator to group of 6-7 students.

Person with IDD was in the role of a patient new to a clinical practice. Students were asked to:

1. communicate with and get to know the person with IDD (SP)
2. obtain information from SP that would be helpful in future health care visits.

Topics to be addressed: person’s priorities and those of family member or support person (if present); to complete a “patient passport” to promote positive interactions with HCPs: preferred method of communication; what they want HCPs to know about them; how they communicate pain, distress, fear, etc.; their self-care needs; previous health-related experiences; strategies the person with IDD recommends for future health-related visits.

Emphasis was on students’ communication skills in interacting with the individual with IDD.

Details of the Simulation – Part 2B

Part 2B: (total of 30 minutes)

At the end of the interaction, persons with IDD were asked to general provide feedback to the health care students.

Details of Simulation – Part 3

Debriefing – (30 minutes)

Facilitator-led debriefing focused on

- What the students found most helpful (with input from each category of student [OT, PT, Nursing, Pharmacy])?
- What went well? What could have been better or different?
- What topics might you be least comfortable and most comfortable talking to the person with IDD?
- How could the team work together to determine if and when to talk with the family rather than the patient and to communicate effectively to accomplish goals for the patient with IDD?

Details of Simulation – Part 3...

Debriefing – (30 minutes)

Facilitator-led debriefing focused on

- What are some of the key issues and problems related to IP communication?
- How did interaction with other professionals contribute to care of the person with IDD and what impeded it?

Details of Simulation – Part 3

Post-test

After the simulation, students were asked to complete a

- 20-item T/F quiz and a few open-ended questions
- Robey Healthcare Provider Self-Attribution Scale
- IPE survey (UWE Interprofessional Questionnaire)

Post-test

- 20-item T/F quiz
 - No difference in pre- and post-test scores on 20-item T/F quizzes
Pretest: 76.% Posttest: 77.2%
- IPE survey (UWE Interprofessional Questionnaire)
 - No pre-test data to compare to post test data
- Robey Healthcare Provider Self-Attribution Scale...

Robey Healthcare Provider Self-Attribution Scale

3 very brief scenarios with patient with respiratory infection:

- 1) respiratory infection only,
- 2) with respiratory infection and physical disability;
- 3) respiratory infection, and physical and moderate intellectual disability;
person uses alternate communication approaches

Semantic differential scale in which students rate their level of comfort, confidence, competence, etc. in providing care for these 3 persons.

Possible scores range from 1 = low and 7 = high

Pretest and posttest ratings were compared.

Post-Simulation Evaluation Robey

No disability scenario

- Self-rating scores were similar (pretest and posttest of 5.5) with no significant differences ($p > .05$) on any of the 6 self-attribution scale scores

Physical disability scenario

- Self-rating scores were moderate at pretest (5.4) and increased to 6.0 at posttest with significant differences ($p = < .05 - < .001$) on all 6 self-attribution scale scores

Physical, intellectual and communication disability

- Self-rating scores were on lower side (4.6) at pretest and increased to 5.7 at posttest with significant differences ($p = < .001$) on all 6 self-attribution scale scores

Overall Post-Simulation Evaluation

80 students participated in IPE IDD simulation

Students were from 4 healthcare disciplines (Nursing, OT, PT, Pharmacy)

Students' open-ended responses indicated that simulation was valuable, especially interaction with persons with IDD

Facilitators provided positive feedback with some suggestions about managing multiple steps

Complexity of Format

- Requires tech skill and/or support to move students and facilitators from one scenario to the next; lots of moving parts
- Unknown if and how simulation will work in other settings

Timing in Semester and Program

- Classroom vs. clinical time?
- Placement in curriculum?
- Early vs. late in semester?

Lack of Diversity

- Of students AND of individuals with IDD

Need for Faculty Buy-in and Knowledge about IDD

And faculty willingness to learn about IDD (requires recognition that they may not know what they don't know).

Future Goals and Activities

Refine and simplify simulation and procedures going forward.

Consider two rather than one interaction with persons with IDD.

Make 7 modules on IDD available to faculty and students for CE credits.

Add new revised IDD simulation to NLN's ACE.D site to make available to other schools of nursing AND other health care disciplines educational programs.

Disseminate to other health professions programs and faculty.

Comments, questions and suggestions?

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