

# Student Pre-Work

## Interprofessional Collaboration:

### PEDIATRIC SIMULATION for Pre-licensure, Clinical nurse Specialist and Nurse Practitioner Learners

**TITLE:** Pediatric Interprofessional Practice across the Continuum of Care: Caring for Patients and Families with Congenital Heart Disease”

**Case Overview** Infant admitted to acute care with bronchiolitis; clinical deterioration requiring escalation of care due to undiagnosed congenital heart disease.

## Learning Objectives

### **Pre-licensure students:**

By the end of this simulation, the learner will be able to:

1. Identify the steps of a focused respiratory/cardiac assessment in an infant with respiratory distress.
2. Recognize signs and symptoms of respiratory distress.
3. Describe appropriate infection control measures.
4. Discuss appropriate interventions for an infant with respiratory distress.
5. Recognize priority signs of clinical deterioration.
6. Define the components of SBAR to be communicated with healthcare team members.
7. Discuss patient/family psychosocial support and teaching needs.

### **Clinical Nurse Specialist students:**

By the end of this simulation, the learner will be able to:

1. Perform a focused respiratory/cardiac assessment on an infant with respiratory distress.
2. Analyze data obtained from a respiratory/cardiac assessment to determine differential diagnosis(es) and formulate a prioritized plan of care.
3. Provide consultation for nurses and obtain additional team input and resources necessary to facilitate progress toward achieving desired outcomes of the plan of care.
4. Promote the delivery of clinically competent care by health care team members, utilizing education, role modeling, team building, and quality monitoring/improvement interventions.
5. Facilitate incorporation of the unique contributions of all health care team members in care delivery to achieve health outcomes while practicing collegiality.
6. Use coaching and advanced communication skills to facilitate the development of effective interprofessional clinical teams.
7. Recognize priorities for intervention with clinical deterioration in an infant in respiratory distress

### **Nurse practitioner students:**

1. Prioritize post-hospitalization needs of an infant diagnosed with congenital heart disease.
2. Promote interprofessional collaborative practice referrals and follow up.
3. Synthesize current best practice guidelines to implement a primary care practice plan for follow up care.
4. Model anticipatory guidance based on patient's age and determined neurodevelopmental stage.

**For All Learners: Discuss Core Competencies for Interprofessional Collaborative Practice** listed below:

**Competency 1: Values/Ethics**

- VE1.** Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- VE5.** Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.
- VE6.** Develop a trusting relationship with patients, families, and other team members.
- VE10.** Maintain competence in one's own profession appropriate to scope of practice.

**Competency 2: Roles/Responsibilities**

- RR2.** Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.
- RR3.** Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
- RR5.** Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective and equitable.
- RR9.** Use unique and complementary abilities of all members of the team to optimize health and patient care.
- RR10.** Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.

**Competency 3: Interprofessional Communication**

- CC2.** Communicate information with patients, families, community members, and health team members involved in a form that is understandable, avoiding discipline-specific terminology when possible.
- CC3.** Express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.
- CC5.** Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
- CC7.** Recognize how one's own uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships.
- CC8.** Communicate the importance of teamwork in patient-centered care and population health programs and policies.

**Competency 4: Teams & Teamwork**

- TT3.** Engage health and other professionals in shared patient-centered and population-focused problem-solving.
- TT4.** Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
- TT7.** Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
- TT10.** Use available evidence to inform effective teamwork and team-based practices.
- TT11.** Perform effectively on teams and in different team roles in a variety of settings.

**Pework:**

Please review the following information prior to participating in this simulation:

1. Read brief overview of the patient
2. Review the roles of each member of the team
3. Review the IPE competency material found in this module
4. Examine interprofessional care coordination and clinical principles in the assigned reading

**Required readings:**

***Pre-licensure Students:***

Silbert-Flagg J, Pillitteri A. (2018). *Maternal & Child Health Nursing: Care of the Childbearing and Childrearing Family*. Philadelphia: Walters Kluwer. (or similar pediatric nursing textbook for pre-licensure students)

Chapter 36. Nursing care of the family with an ill child

Chapter 40. Nursing care of the family when the child has a respiratory disorder

Chapter 41. Nursing care of the family when the child has a cardiovascular disorder

**Clinical Nurse Specialists Students:**

Bolick BN, Reuter-Rice K, Madden MA, Severin PN (Eds) (2021). *Pediatric Acute Care: A Guide for Interprofessional Practice*. St. Louis, Elsevier. (or similar pediatrics textbook for advanced practice nursing)

Chapter 22 Cardiac disorders, pages 215-248 Congenital heart lesions

Chapter 8 Patient and Family-Centered Care

Chapter 35 Pulmonary disorders, pages 929-932 Bronchiolitis

Douplik SK, Hill D, Palakshappa D, Worsley D, Bae H, Shaik A, Qiu M, Marsac M, Feudtner C. (2017). Parent coping support interventions during acute pediatric hospitalizations: A meta-analysis. *Pediatrics*. ;140(3):e20164171

Stremmer R, Haddad S, Pullenayegum E, Parshuram C. (2017). Psychological outcomes in parents of critically ill hospitalized children. *Journal of Pediatric Nursing*.;34:36-43.

**Nurse Practitioner Students:**

Burns, et al (2020). *Pediatric Primary Care*. St Louis, MO: Elsevier. Ch 38.

Knutson, S., Kelleman, M. S., & Kochilas, L. (2016). Implementation of developmental screening guidelines for children with congenital heart disease. *The Journal of Pediatrics*, 176, 135-141.

Lantin-Hermoso, M. R., Berger, S., Bhatt, A. B., Richerson, J. E., Morrow, R., Freed, M. D., & Beekman, R. H. (2017). The care of children with congenital heart disease in their primary medical home. *Pediatrics*, 140(5), e20172607.

Kostopoulou, E., Dimitriou, G., & Karatza, A. (2019). Cardiac Murmurs in Children: A Challenge For The Primary Care Physician. *Current pediatric reviews*, 15(3), 131-138.