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Featured Article

# An Interprofessional Simulation for Child Abuse Reporting

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**KEYWORDS**
simulation;
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**Abstract**

**Background:** Health care providers applying for a license or certification issued by licensing boards in many states are identified as mandated child abuse reporters and must submit documentation of training.

**Method:** A Child Abuse Reporting Interprofessional Simulation-Based Experience (CAR-IBSE) was developed to augment mandatory online training for undergraduate pharmacy and nursing students. The goals of the CAR-IBSE were to provide opportunities for nursing and pharmacy students to (a) be immersed in a realistic yet safe situation in which child abuse needs to be reported, (b) work together to problem solve, and (c) collaborate and communicate to effectively assess, provide care, and evaluate family dynamics in a community setting.

**Results:** Fifty-five nursing and 74 pharmacy students participated in the CAR-ISBE which included planning, performing, and debriefing stages (20 minutes each). Seventy-four students responded to an online postsimulation survey. More than 90% of students agreed that the simulation objectives were met, and 88% of the respondents agreed that the quality of the experience was high. All the faculty facilitators who responded to a postsimulation survey agreed that the simulation was effective.

**Conclusions:** Simulation-based learning experiences are a unique and effective way for students to learn about child abuse and its reporting.

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According to the U.S. Department of Health and Human Services (2013), in the United States and its territories, members of designated professions, including nurses and pharmacists, are mandated by law to report suspected child abuse. Individual states have specific statutes governing both reporting and training on reporting of suspected infringements to a child's welfare. Some states identify individuals applying for a specific license or certification issued by a licensing board as mandated reporters and as such, these individuals must submit documentation of 3 hours of training.

## Needs Assessment and Goals

This new law governing entry into practice has created a need for colleges and universities who prepare individuals

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for entry into professional practice in the health care setting to address the requirement for its upcoming graduates. In response to this need and an ongoing commitment to interprofessional education, Wilkes University's Schools of Pharmacy and Nursing developed a Child Abuse Reporting Interprofessional Simulation-Based Learning Experience (CAR-ISBE). The goals of the CAR-ISBE were to provide opportunities for nursing and pharmacy students to (a) be immersed in a realistic yet safe situation in which suspected child abuse needs to be reported, (b) work together to problem solve, and (c) collaborate and communicate to effectively assess, provide care, and evaluate family dynamics in a community setting.

**Key Points**

- Interprofessional simulation based education experiences provide opportunities for collaboration, communication, and problem-solving.
- An interprofessional simulation on child abuse reporting is a novel approach to prepare students for entry into professional practice.
- Efforts must be made to maintain a high levels of fidelity and realism.

## Participants

The participants for the CAR-ISBE were sixth-semester baccalaureate nursing students and third-year Doctor of Pharmacy students. Nursing students were enrolled in Nursing Care of the Family at the time of the simulation-based learning experience, whereas pharmacy students were enrolled in a Pharmacy Care Lab. The simulation-based learning experience was timed to occur shortly after participation by both groups in a regional interprofessional education program, which focused on team building. Students were arranged in teams consisting of one nurse and one to two pharmacy students. There were a total of 129 participants: 55 representing nursing and 74 representing pharmacy. Clinical faculty from the schools of pharmacy and nursing served as the facilitators for the experience.

## Design and Implementation

Pharmacy and nursing faculty met to create scenarios that would enhance online child abuse reporting education and expose students to a realistic yet safe situation in which reporting is mandatory. Once the objectives of the simulation were set, individual team objectives were written. The CAR-ISBE was designed as a formative learning experience. Two parallel simulation scenarios, one in a home environment and one in a walk-in clinic setting, were developed to control crosstalk, which is a form of academic dishonesty in which participants who have completed the simulation discuss the scenario with participants who have not yet completed the simulation (INACSL, 2013). Each simulation scenario contained a situation in which medication diversion was occurring. In each of the unfolding simulation scenarios, the narcotic medication that was being diverted from the client (grandmother) was being taken by the client's daughter, a new single mother who was breastfeeding her 7-week-old infant (the client's granddaughter). A simulation specialist at the university was the standardized patient who assumed the role of the grandmother. The mother was not present during the scenario. The infant was a low-fidelity manikin.

The CAR-ISBE was divided into four phases, according to the experiential learning simulation model: thinking, planning, performing, and debriefing (Victor-Chmil, Turk, Adamson, & Larew, 2015). In the thinking phase, participants gained knowledge of child abuse and the regulations and resources related to reporting by completing the Pennsylvania state—approved online mandatory child abuse reporting training (https://www.reportabusepa.pitt.edu/). This online learning was self-paced and lasted up to 3 hours. The remaining three phases were 20 minutes each. Completion of the online training was both a course and program requirement for both pharmacy and nursing students.

In the planning phase, the pharmacy and nursing students introduced themselves to each other, described their professional roles, and shared their experiences, expectations, and anxieties related to caring for a family in the community setting (home or clinic). This phase also included the specific objectives and scenario. A confidentiality statement was signed by the participants in an additional effort to reduce crosstalk. In addition, in the planning phase, the facilitators reviewed with the participants the fiction contract, an agreement to act in the scenario as though it were an actual clinical encounter, and then allowed time for planning (i.e., role assignments; INACSL, 2013).

In the performing phase, students executed the plan they devised to assess the client and the family situation. As participants focused on the ineffectiveness of the current prescription, the standardized patient began giving specific clues. When questioned about her prescription, the grandmother noted that the medication was working until she had the prescription refilled. She also reported that her daughter was now picking up her prescriptions for her. Further clues were given throughout the unfolding scenario. She reported her granddaughter being a "really good sleeper" who she had to "wake up to feed." She also reported that her daughter was breastfeeding/pumping. Participants collaborated and communicated to problem solve and intervened as appropriate. They were observed by the faculty facilitators from the adjacent control room through a one-way mirror.

During debriefing, students were encouraged to self-evaluate (Mariani, Cantrell, Meakim, Prieto, & Dreifuerst, 2012). Facilitators helped the participants to address gaps in performance and to identify areas for improvement. Time was also provided to discuss personal feelings regarding child abuse and mandatory reporting.

**Table 1** Learner Feedback on Simulation Goals and Objectives

| | Strongly Disagree (%) | Disagree (%) | Neutral (%) | Agree (%) | Strongly Agree (%) | Total |
|---|---|---|---|---|---|---|
| Identify the role of the pharmacist and nurse in the community setting | 1.37 | 2.74 | 5.48 | 47.95 | 42.47 | 73 |
| Collaborate with interprofessional team members to problem solve for optimal patient outcomes | 1.37 | 2.74 | 4.11 | 46.58 | 45.21 | 73 |
| Value the role that a pharmacist and nurse can play when working as a team in a community-based environment | 0.00 | 2.74 | 2.74 | 45.21 | 49.32 | 73 |
| Articulate the process for handling suspected cases of child abuse and/or neglect | 0.00 | 4.11 | 0.00 | 42.47 | 53.42 | 73 |

Percent distribution (raw number) of individuals who responded to the statement "after participation in this simulation, I am better able to."

Faculty received preparatory information packets that included the needs assessment, objectives, fiction contract, checklists, and debriefing guide. Standardized patients were given scripts, and the CAR-ISBE was piloted. The facilitators used a checklist to assess each team's ability to meet specific objectives in each phase of the CAR-ISBE. Approximately 1 week after the simulation, faculty and students were asked to evaluate the CAR-ISBE via Survey Monkey.®

## Outcomes

The learning objectives of the CAR-ISBE were to provide opportunities for nursing and pharmacy students to (a) be immersed in a realistic yet safe situation in which child abuse needs to be reported, (b) work together to problem solve, and (c) collaborate and communicate to effectively assess, provide care, and evaluate family dynamics in a community setting. The participant survey was organized according to the learner objectives. Each of these objectives was evaluated in the postsimulation survey of the participants using a Likert Scale (Tables 1 and 2).

### Learners

There was a 60% overall response rate to the postsimulation survey among learners, with a 77% response rate from pharmacy and a 30% response rate from nursing students. Overall, 86% of the responding participants felt that the quality of the CAR-ISBE was high. Eighty-four percent reported that they would recommend this simulation to other students, and 77% expressed an interest in participating in more interprofessional simulation activities.

### Realism

Ninety-six percent of the responding learners agreed or strongly agreed that at the conclusion of the CAR-ISBE, they were better able to articulate the process for handling suspected cases of child abuse. Ninety percent agreed/strongly agreed that the scenario was plausible, and 82% agreed/strongly agreed that it was realistic. Ninety-six percent felt that the standardized patients performed well.

### Team

Eighty-one percent of the participants reported feeling a sense of "team" with the other students. Eighty-five percent reported that the activity improved their team skills, and 95% felt that the CAR-ISBE increased their understanding of the value of the role the pharmacist and nurse play in problem-solving. For example, one student responded, "Working together with other members of the health field can make it easier for everyone involved and allows for us to cover what one another may have missed," and another stated "with two different professions coming together you can come to a conclusion quicker and with more confidence."

### Collaboration and Communication

Ninety-two percent of the participants reported that at the end of the CAR-ISBE, they felt better able to collaborate in a professional team, and 89% reported the experience increased their appreciation of their teammate's role in the provision of care. For example, one participant stated, "While nurses seek important information and support patients psychologically, I can use my pharmacotherapy knowledge to come up with the best recommendation." Another noted, "Using the medical team can provide each individual member additional benefits than they would not have had alone, and can make better outcomes together."

## Faculty Facilitators

Because this was a new project, open-ended questions were used in the postsimulation survey of the faculty facilitators. The faculty facilitator survey was organized according to the phases of the CAR-ISBE. Open-ended questions were used to evaluate each phase of the simulation-based activity in relation to time allotted, appropriateness of the scenario,

**Table 2** Overall Learner Perception on Simulation

| | Strongly Disagree (%) | Disagree (%) | Neutral (%) | Agree (%) | Strongly Agree (%) | Total |
|---|---|---|---|---|---|---|
| The patient scenario was plausible (something that may happen in real life) | 1.37 | 1.37 | 6.85 | 31.51 | 58.90 | 73 |
| The simulation was realistic (I felt like I was talking to a patient) | 1.37 | 4.11 | 12.33 | 28.77 | 53.42 | 73 |
| The standardized patient performed well | 1.39 | 0.00 | 1.39 | 23.61 | 73.61 | 72 |
| Through this learning activity, my appreciation of the value of interprofessional collaboration increased | 1.37 | 1.37 | 8.22 | 42.47 | 46.58 | 73 |
| Through this learning activity, my knowledge about the role of the other profession increased | 1.37 | 1.37 | 12.33 | 42.47 | 42.47 | 73 |
| Through this learning activity, my teamwork skills improved | 1.37 | 1.37 | 12.33 | 45.21 | 39.73 | 73 |
| Before this learning activity, I felt adequately prepared with my overall knowledge of the topics covered | 1.37 | 6.85 | 32.88 | 42.47 | 16.44 | 73 |
| After this learning activity, I feel adequately prepared with my overall knowledge of the topics covered | 1.37 | 1.37 | 8.22 | 45.21 | 43.84 | 73 |
| I felt a sense of "team" with the other student(s) in the simulation | 1.37 | 5.48 | 12.33 | 31.51 | 49.32 | 73 |
| The simulation day was well organized | 2.74 | 1.37 | 13.70 | 36.99 | 45.21 | 73 |
| I would recommend this simulation to other students | 2.74 | 2.74 | 10.96 | 30.14 | 53.42 | 73 |
| I would like to participate in more Interprofessional Education simulations | 4.11 | 4.11 | 15.07 | 24.66 | 52.05 | 73 |
| The overall quality of the experience was high | 2.78 | 1.39 | 8.33 | 34.72 | 52.78 | 72 |

Percent distribution of individuals responding to each statement.

interactions between learners, and facilitator materials provided.

There was a 73% overall response rate to the post-simulation survey among faculty facilitators, with a 77% response rate from pharmacy and a 66% response rate from nursing. Overall, 100% of the respondents felt that the CAR-ISBE was effective.

### Planning/Briefing

Seventy-eight percent of the faculty facilitators felt that the length of the planning/briefing session was appropriate, whereas 10% thought it could be shortened. All respondents felt that the scenario was appropriate and the materials provided to the facilitators, such as the fiction contract, were appropriate and beneficial. One respondent suggested providing a more detailed medical record to the participants; however, this was not done in an attempt to adhere to the realism of a walk-in clinic setting. Another respondent noted that with faculty present in the room during the planning phase, participants "seemed unnatural."

### Performing/Scenario

All respondents reported that the time allotted was adequate and the scenario was appropriate and realistic. Two respondents noted that groups having one pharmacy student and one nursing student seemed to collaborate and communicate more effectively than those with two pharmacy students and one nursing student. It was noted that when two pharmacy students were present, they tended to communicate among themselves rather than with the nursing student.

### Debriefing

Seventy-eight percent of the faculty facilitators felt that the length of the debriefing session was appropriate, whereas 10% thought that it could be shortened. All respondents felt that the debriefing was appropriate and the materials provided to the facilitators were appropriate and beneficial. One respondent felt that the debriefing session had the biggest impact on learning.

## Limitations

Owing to stringency in both the pharmacy and nursing curricula and syllabi, coordination of interprofessional efforts was difficult. In planning the simulation-based experience, the focus was on providing opportunities for collaboration between pharmacy and nursing, so efforts

were made to coordinate the experience with an interprofessional education program on team building. Completion of the online Child Abuse Reporting Training was a course requirement for both pharmacy and nursing students, but it was not stated as a prerequisite for the simulation. This led to differences in the timing of the online mandatory child abuse reporting training. All faculty facilitators and pharmacy student participants and some nursing student participants completed the online training before the simulation-based learning experience. Most of the nursing student participants completed the training after the experience. Although this was not noted as an issue by any of the student participants in their evaluations of the CAR-ISBE, coordinators and faculty facilitators noted the inconsistency and a recommendation was made and accepted to have all participants complete the online training before the simulation-based learning experience. In the future, the simulation-based learning activity will continue to be scheduled to coincide with the interprofessional team-building education program.

All efforts were made to maintain a high level of fidelity and realism and to limit academic dishonesty in the form of crosstalk. As a new simulation-based learning experience, this scenario was not evaluated for validity and reliability.

Postsimulation surveys were distributed via SurveyMonkey; however, there was no incentive for providing feedback. As a result, overall participation in the postsimulation evaluation was lower than desired with 60% participant return and 73% faculty facilitator return.

## Summary and Conclusions

The goals of the CAR-ISBE were to provide opportunities for nursing and pharmacy students to work together to problem solve and to collaborate and communicate effectively, in a realistic yet safe situation in which child abuse needs to be reported. Participant and facilitator evaluations show that overall program objectives were met for the learners. This interprofessional simulation is a novel approach to teaching about child abuse and will be further developed as an integral part of preparing pharmacy and nursing students for entry into professional practice.

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