OVERCOMING AWKWARD SILENCES: THE UNCONVENTIONAL USE OF SIMULATION TO IMPROVE IPV SCREENING AND OTHER BEHAVIORAL COMPETENCIES

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Identify how improving nursing communication skills can improve overall completion rates with a multitude of behavioral competencies

Describe the methods used to construct unconventional simulation scenarios designed to address specific communication skills.

Discuss common barriers to simulation education implementation
In 2011, Children’s Mercy Hospital opened a labor and delivery unit for high-risk newborns.

High-fidelity simulation was used to develop the new program and identify learning and equipment needs.

In 2013, FHC leaders began customizing simulation scenarios for specific outcomes, including hard to teach behavioral competencies.
Simulation Overview

- Video recording and playback are used to facilitate learning and review issues.
- Two neonatology scenarios and two obstetric scenarios (one hybrid simulation) per month and are customized for identified outcome improvement.
- Loosely scripted standardized patients are used for many behavioral scenarios and are included in the debriefing process.
1. **Prebriefing:** Set learning objectives and clarify any questions that learners have.

2. **Simulation:** Engage learners in a simulated scenario.

3. **Debriefing:** Discuss & summarize the session and capture learning points

4. **Information Sharing:** Videos, simulation summary notes
1 in 3-4 women experience Intimate Partner Violence during their lifetimes

The perinatal period can be particularly dangerous for a woman and her children

Abusers may become jealous/angry at their pregnant partner for a variety of reasons (she’s not as focused on me anymore, male obstetrician, she loves the baby more than me), increasing the potential for IPV

Women are at highest risk for death from domestic violence when they try to leave their abusers

*The FHC IPV Screen completion rate was consistently 40-60%.*
Jessica - 29 year old first time mom, admitted for a scheduled cesarean

Jorge - the boyfriend

FHC care providers (nurse, charge nurse, attending, Social Work, security)

- Positive Bridge Screen
- Early warning signs
- Escalation
- Intervention
“If I tell you about this, are you going to take my baby away?”

*Great answer:* “Our goal is to keep families together in a safe environment”

“Everybody fights with their husband, right?”

*Great answer:* “Everyone deserves to feel safe. It’s not okay for anyone to hurt you.”

Partner: “Why are you asking all these questions? It’s invasive.”

*Great answer:* “This information helps us take the best care of your loved one. It’s our protocol to ask every patient these questions.”
<table>
<thead>
<tr>
<th>IPV knowledge</th>
<th>Pretest</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can state which factors make women more at risk for IPV during pregnancy</td>
<td>3.25</td>
<td>4.875</td>
</tr>
<tr>
<td>I can state three warning signs of IPV</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>I know how many women are victims of IPV during their lifetimes</td>
<td>2.625</td>
<td>5</td>
</tr>
</tbody>
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<thead>
<tr>
<th>IPV intervention</th>
<th>Pretest</th>
<th>Post-test</th>
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</thead>
<tbody>
<tr>
<td>I feel confident in my ability to verbally deescalate a volatile situation</td>
<td>3.25</td>
<td>4.75</td>
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<tr>
<td>I know which resources to use if an IPV situation on the unit escalates</td>
<td>3.625</td>
<td>4.875</td>
</tr>
<tr>
<td>I am confident in my ability to assist a patient in an unsafe situation</td>
<td>3.875</td>
<td>4.875</td>
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<thead>
<tr>
<th>IPV screening</th>
<th>Pretest</th>
<th>Post-test</th>
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<tr>
<td>I understand the steps to follow if a patient screens positive</td>
<td>3.875</td>
<td>5</td>
</tr>
<tr>
<td>I can name two strategies for completing a private IPV screen upon admission</td>
<td>4.125</td>
<td>5</td>
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<tr>
<td>I know how to document an IPV/Bridge screen in the FHC</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>I know how to perform an IPV/Bridge screen in the FHC</td>
<td>4.75</td>
<td>4.75</td>
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IMPLICATIONS FOR PRACTICE

- Competency overhaul
- Culture of safety
- Debrief everything
DISCUSSION: SIMULATION BARRIERS

- Money
- Staff Resistance
- Time
  - Planning
  - Implementing
  - Teaching out
QUESTIONS?

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