

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

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# SESSION OBJECTIVES

- ◉ *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*

# BACKGROUND

- 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 FOR CLINICAL EXCELLENCE

## ○ 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.***



# SIMULATION 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*



# IPV FACTS



- 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%.*

# IPV SCENARIO

- ❖ **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



# IPV SIMULATION





# HARD QUESTIONS

- “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”

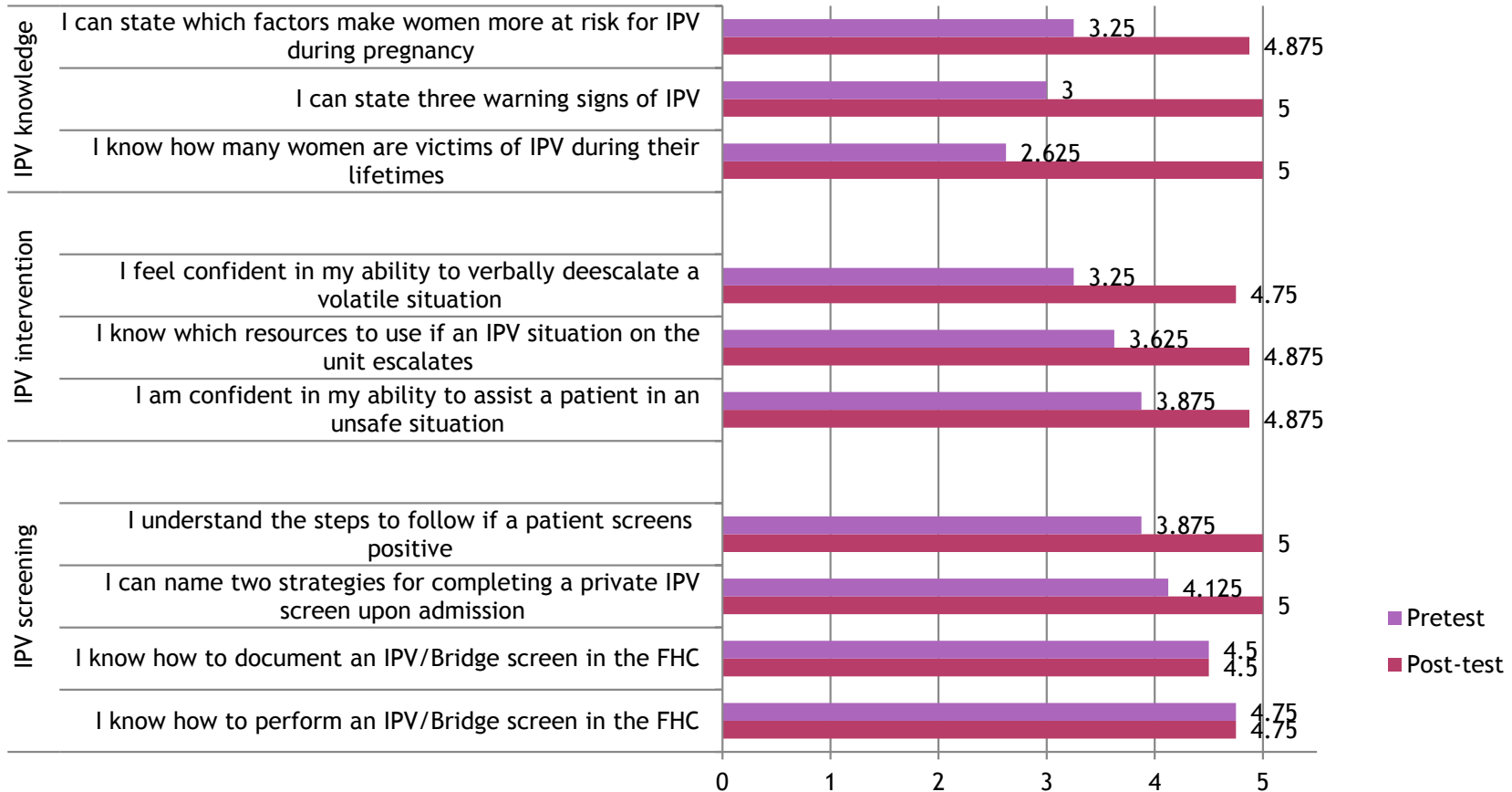
- “Everybody fights with their husband, right?”

*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.”

# OUTCOMES:



# 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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