Simulation scenario development

About the simulation

Title:	Delivering difficult news to children's famillies	
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Identified need

What is the issue and the need for training?

There are many situations in therapeutic environments where allied health professionals need to have difficult conversations with families and/or carers, requiring a level of complexity of communication skills beyond those needed in regular therapeutic interactions. For example, in the delivery of difficult news about a child's slow progress with therapy. Often these conversations are managed in a team situation.

Target audience

Who is this simulation activity designed for?

This simulation is targeted towards qualified occupational therapists, physiotherapists, social workers and speech pathologists who are working in multidisciplinary teams with children, young people and their families. It is assumed participants will have an understanding of their discipline specific role and interventions required when working with children.

Learning objectives

What do you intend for participants to learn?

At the conclusion of the simulation, participants will be able to:

1. Identify the communication skills required in effectively delivering difficult news.
2. Identify the key aspects of their own communication style.
3. Demonstrate the communication skills required in effectively delivering difficult news.

Background

List the background knowledge which needs to be reviewed or taught as well as any reference materials

It is recognised that allied health professionals regularly meet with families and/or carers to discuss assessment and management decisions regarding their children. The complexity of the interactions between the allied health professionals and families can, however, vary greatly. Participants will require a basic understanding of:

Motivational inquiry skills including:

- Asking open questions
- Reflective listening
- Collaborative goal setting

Therapeutic communication skills:

- Open body language
- Physical positioning of participants
- Reframing issues to check understanding of all participants
- Importance of closure of the conversation with negotiated clear plans/action
- Management of other family members in attendance

Supporting resources:

- '*Breaking Bad News*' online module (available HETI Online)
- '*Introduction to motivational interviewing*' online module (available HETI Online)

Supporting literature:

Lamiani, G., Meyer, E., Browning, D., Brodsky, D. and Todres, I. (2009). Analysis of enacted difficult conversations in neonatal intensive care. *Journal of Perinatology*, *29*(4), 310-316.

Little, J. and Bolick, B. (2013). Preparing prelicensure and graduate nursing students to systematically communicate bad news to patients and families. *Journal of Nursing Education*, *53*(1), 52-55.

Marken, P.A.P., Zimmerman, C.M.S.N., Kennedy, C.M.D., Schremmer, R.M.D. and Smith, K.V.P (2010). Human simulators and standardized patients to teach difficult conversations to interprofessional health care teams. *American Journal of Pharmaceutical Education, 74*(7):1-120.

Starr, J. (2008). *The coaching manual*. Harlow, England: Pearson Prentice Hall.

Simulation activity

Modality (select more than one if applicable):
☒Simulated patient (or standardised patient) ☐Task trainer ☐Manikin/human patient simulator ☐Computer based ☒Role play ☐Animal or cadaveric ☐Hybrid ☐Virtual reality ☐Objective Structured Clinical Examinations (OSCEs)

This simulation requires 8 participants and 2 simulated parents. The participants are divided into 2 groups of 4. Participants to play appropriate clinical role relevant to their profession.

There are 4 parts to this simulation:

1. Group A participates in simulation activity initially with Group B observing
2. Groups A and B debrief (parents not involved in this debrief)
3. Group B participates in simulation activity and Group A observes
4. Groups A and B debrief again (parents involved in this debrief)

The simulation starts in a meeting room with (simulated) parents and therapists (participants) discussing the client's current situation. Allow time for each therapist to deliver assessment results to parents and then proceed with conversation regarding assessment and referral. The simulation focuses on skills of therapists in communicating their findings and recommendations to the family. Follow up with discussion of participant's experience in final debrief.

Setting/environment

In what context is the simulation occurring in?

Any health facility where children are seen.

Participants

- Physiotherapist *
- Speech pathologist*
- Social worker*
- Occupational therapist*
- The group not involved in the current simulation scenario will observe.

*These roles may vary according to allied health professionals participating. The scenario can also be expanded to include nursing and medical professionals as required. One participant will be identified as the team leader.

Staff/faculty/confederates

List the staff/faculty/confederates required including tasks.

- Simulated parents x2
- Facilitator - Introduction of teams and parents, present educational content, lead briefing of simulation activity, lead debriefing of simulation activity.

Equipment, tools and resources

List the equipment and resources required for the activity including details of what needs to prepared prior to the simulation?

1. Simulation room set up to reflect a generic clinic. If simulation is conducted in a normal meeting room a baby monitor can be used for observers to listen to the discussion.
2. Briefing/debriefing room set up with chairs in a horseshoe shape.
3. Adult chairs.
4. Faculty – debriefing. May require a whiteboard.
5. Professional actors and/or faculty to role play parents. Healthcare professional roles will be played by the participating allied health professionals. The purpose of the scenario is to focus on the adult conversation. The child does not need to be present for this scenario.
6. Props and costumes for faculty/actors.
7. Dummy client file.
8. Box of tissues.
9. Consent forms.

Costs

List the cost required for the activity including details of individual charges, *in kind* support or not applicable.
Note: check with LHDs and Specialty Health Networks regarding appropriate approval process

Venue

Faculty/staff

Actor hire

Equipment hire

Consumables

Catering

Other – Details

Total

Subject details (profile of simulated patient, details of task trainer, details of confederate, etc.)

- Thomas is an 18 month old male child with global developmental delay from a 2 parent family. His mother has 3 older children from a previous marriage. None of the children are present at the appointment.
- Social: Lives at home with parents and 3 older step-siblings. Father works shift-work and Mum has started working part-time recently.
- History:
    - Full-term, normal vaginal delivery with Apgars of 8 and 9
    - Low birth weight
    - Slow to establish feeding
    - Unsettled baby
- Presentation: Small for age, not yet walking independently – bottom shuffles. Delayed gross and fine motor skills, delayed speech and language and continued feeding delays.
- Currently receiving physiotherapy, occupational therapy, speech pathology and social work input.
- Thomas has recently commenced child care where his teachers have identified global delay and have raised these concerns with his parents. The parents have mentioned the teacher's concern to a number of the allied health professionals involved in Thomas' treatment but have indicated that they do not agree with the teacher's opinion as they believe he is progressing well.
- The treating therapists suspect that Thomas has cerebral palsy and agree that a referral to a developmental clinic or paediatrician specialising in cerebral palsy is essential.
- Previous discussion between parents and allied health professionals has indicated a refusal to acknowledge their child's lack of progress and a request that therapists' reports are kept confidential from the child care centre.
- Parents have failed to follow-up on a previous referral to a paediatrician from the family's general practitioner when Thomas was 6 months old.

Timing

Welcome and Housekeeping	10 mins
Introductions	10 mins
Educational Content	40 mins
BREAK	20 mins
Briefing (Group A & B)	10 mins
Simulation (Group A)	20 mins
Debriefing (Group A)	40 mins
BREAK	20 mins
Simulation (Group B)	20 mins
Debriefing (Group B)	40 mins
Evaluation (Group A & B)	10 mins
TOTAL	240 mins
	(4 hours)
Faculty Debrief	30 mins

Briefing of participants

What needs to be discussed before the activity?

- The intent of the simulation scenario is to focus on communication between the adults, not professional/clinical knowledge.
- The simulation is for education not assessment purposes.
- Explanation of the simulation procedure - 2 part activity and debriefing.
- Need for a safe, respectful learning environment.
- Explain that Group B will learn vicariously from Group A.
- Thank Group A for agreeing to participate first.
- Group rules.
- Learning objectives.

Debriefing and reflection

What needs to be discussed after the activity?

Think about specific questions.

- How did you find the simulation exercise?
- What worked well?
- What could be improved? Or what would you do differently if you had your time again?
- How well do you think you worked together as a team? What were your strengths?
- How did the team work with the family? How do you think the family experienced the team?

Responses to questions by:

1. Participants
2. Observers

Participants to complete post-simulation self-assessment tool and answer the following questions:

- If you were in this situation again, how might you manage it?
- How would you approach this situation in practice now?

Evaluation

How might you evaluate the simulation?

Evaluation of the simulation has 2 components:

1. Participant self-assessment
   Participants to complete the 'Inter-professional teams in difficult conversations self-assessment' before and after participating in the simulation activity. The aim of this assessment is to measure change in participant's awareness of, and perceived effectiveness in utilising the communication skills required in delivering difficult news to patients and families. (see Appendix for questionnaire)
2. Observer feedback
   Observers to use a 'Rubric for difficult conversations' to guide discussion of participant's performance in the simulation activity. (see Appendix for rubric)