Appendix B For facilitator only

Snapshot of Case of Baby Boy Blue

Case Title: Baby Boy Blue for IPE

Target Audience: Nurse educators, Attending Faculty OB, EM, FM. Clinical content may be modified for Medical Students, Residents, Nursing, Social work

Primary Learning Objectives: key learning objectives of the scenario

1. Team identifies roles and responsibilities to manage care of mother and newborn while maintaining open team communication and optimizing care according to the NRP resuscitation algorithm
2. Participant is able to successfully assess mothers' past medical history via verbal discussion or clinical assessment of newborn to identify pinpoint pupils to establish diagnosis of neonatal opiate overdose
3. Apply interprofessional communication techniques during an ethically stimulating case to support a team approach to patient care.
4. Team is able to delineate a differential diagnosis for a delivery of a newborn from a mother with substance abuse issues while maintaining an environment of open communication and respect.

Clinical care critical actions checklist – a list to ensure the clinical patient care goals are met during resuscitation.

Newborn Clinical Critical Actions:

- ❒ Dries, Warms, Stimulates
- ❒ Clears the airway as necessary
- ❒ Ventilates by bag/valve/mask within 30 seconds if baby not breathing (should be preceded by any intubation attempt)
- ❒ Appropriate and timely performance of chest compressions if necessary (If HR <100/min)
- ❒ Starts epinephrine in appropriate dose (0.01 mg/kg IV/IO), or umbilical line if newborn not immediately resuscitated with warm/dry/stimulate (If HR <100/min)
- ❒ Initiates appropriate treatment of opiate toxicity: Treats with naloxone, 0.1mg/kg IV/IO
- ❒ Appropriate interprofessional communication of services such as OB, NICU and/or social services

For facilitator only

COMPLETE CASE Baby Boy Blue

This case is complex with multiple critical actions required to resuscitate a precipitous delivery born to a drug addicted mother.

SYNOPSIS OF CASE

This case involves a precipitous term delivery born to a mother with substance abuse issues. Mother has a relapse to heroin use after five years of recovery. Her husband knows of her prior substance abuse history and is shocked by her relapse and imminent delivery of his opiate addicted newborn.

No chart or vital signs will initially be available. The learner will find a woman in the passenger's seat, with a baby crowning. She does not know when her water broke and appears to have altered mental status. Her duration of labor and other past medical history are unknown at presentation until the team has the opportunity to obtain this information from the father. Two teams should be assigned: one to the resuscitation of the mother and the other to manage the resuscitation of the baby.

The mother requires only supportive care and a single dose of naloxone. Social services needs to be involved as her newborn is born in an opiate addicted state and requires resuscitation.

SYNOPSIS OF HISTORY/ Scenario Background

Learner is alerted by a terrified man who runs into the ER yelling that something is very wrong with his wife who is giving birth in their car in the ambulance bay. You find a woman in the passenger's seat, with a baby crowning. She does not know when her water broke and appears to have altered mental status. Her duration of labor and other past medical history are unknown at presentation. Two care teams should define themselves with one managing the resuscitation of the mother and the other to manage the resuscitation of the baby.

The cord must be clamped and cut to begin the resuscitation.

SYNOPSIS OF PHYSICAL

On assessment, the baby is cyanotic, floppy, wet, and apneic. Pulse is 50. No injury is apparent.

This is a synopsis of the information provided to the learner.

HISTORY

Onset of Symptoms:	Precipitous ED Delivery (Newborn is cyanotic, floppy, wet and apenic)
Background Info:	Mother has a relapse to heroin use after five years of recovery. Her husband knows of her prior substance abuse history and is shocked by her relapse and imminent delivery of his opiate addicted newborn.
Chief Complaint:	"I think I just had my baby."
Past Medical Hx:	G5 P3, Substance Abuse was in recovery for five years.
Past Surgical Hx:	None.
Family Medical Hx:	Unknown (mother was adopted)
Social Hx:	Marital Status: Married
	Children: 2 children from previous marriage, who had been taken away by social services
	Education: Grade 11 then dropped out of high school returned for high school equivalent diploma.
	Employment: None
	ETOH: None during pregnancy
	Drugs: Mother of baby has relapsed into heroin use. She had been drug free for five years after recovery from six years of heroin addiction.

PHYSICAL EXAM

Patient: Baby Boy Blue **Age and Sex**: Male, Newborn 36 week gestation

General Appearance: Term, cyanotic, apneic, floppy, wet.

Vital Signs:

BP: 40/p

P: 50

R: 0

T: 97ºF

Head: moderate coning, no lesions**.**

Eyes: closed, pupils sluggish, pinpoint 1mm

Ears: Full of fluid

Mouth: normal

Neck: Normal, supple

Skin: Wet, covered in vernix. No meconium visible

Chest: Normal, but apneic

Heart: Normal S1, S2; no murmur, but bradycardic

Abdomen: Soft, normal. Umbilical cord clamped.

Extremities: Normal

Neurological: Floppy, not responsive until epinephrine begun, then responds, becoming normally vigorous over 2 minutes.

Mental Status: Floppy, unresponsive, apneic until as above.

Faculty Discussion Points-- Debriefing Session [45 minutes]

The main goal of the debrief session is to discuss the interprofessional team experience. **Avoid allowing too much time discussing the diagnostics/therapeutics of the case, which will prevent adequate time to be spent on the discussion questions (Note: There is a sample team plan that you will handout at the end of the case that contains information and resources that students can explore should they want to look further into the medical issues in the case). Do not worry about covering *every* question and different issues may come up depending on the team dynamics or decisions made during simulation.**

I. Reactions Phase – Allow each participant to discuss their reaction or feelings about participation in the simulation Review the case objectives and briefly summarize the case so that all team members understand what the case was about

II. Discussion Questions This is focused on the IPE experience not the diagnostics/therapeutics of the case.

III. Suggested Questions:

1. What prior experiences have you had working as part of an interprofessional team?
2. How was your experience working with this team of health care professional students?
    a. How was your experience developing a treatment plan as a team?
    b. What strategies worked well in helping your team develop the care plan?
    c. Did any member become the leader? How did that evolve?
    d. What challenges did your team encounter? Were there any disagreements about the team plan? How were they handled?
    e. How effective was communication amongst your team?
3. What surprised you about the role of each team member? Their skills? What they contributed? What was consistent with your *prior* impression of each of the health care providers' role, skills, etc?
4. How do you think interprofessional learning experiences like this will prepare you as a future member of a health care team?
5. What did you enjoy most about the exercise? What worked well?
6. How could the exercise be improved?

IV. **Evaluations** [10 mins]

At the end of the debrief session:

- ☐ Allow each team member to identify what they will take to real patient care from the simulation experience
- ☐ Complete the on-line faculty evaluation of the experience.

V. Key Teaching Points

- As health professional students *and as health professionals in the future*, they all will practice as members of an interprofessional health care team. **(Note: It may help to bring in your own experiences working as part of an interprofessional health care team)**
- During urgent and emergent situations clear team communication and the creation of a shared mental model can optimize patient outcomes
- The interprofessional team achieves its purpose through the collaborative learning and working and the application the collective knowledge and skills of all team members.
- A well-functioning interprofessional team involves members who respect and value each other and have an awareness of each other's' shared and unique skills and scopes of practice.

  Recommended reading: Hammick M, Olckers, L., & Campion-Smith, C. (2009). Learning in interprofessional teams: *AMEE Guide no 38*. *Medical Teacher* 31(1), pp 1-12.

IPE Goals and Objectives are provided here as a resource to stimulate debriefing discussion[1]

General Competency Statement-VE. Work with individuals of other professions to maintain a climate of mutual respect and shared values. Specific Values/Ethics Competencies:

VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.
VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.
VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.
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.
VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
VE7. Demonstrate high standards of ethical conduct and quality of care in one's contributions to team-based care.
VE8. Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.
VE9. Act with honesty and integrity in relationships with patients, families, and other team members.
VE10. Maintain competence in one's own profession appropriate to scope of practice.

General Competency Statement-RR. Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served. Specific Roles/Responsibilities Competencies:

RR1. Communicate one's roles and responsibilities clearly to patients, families, and other professionals.
RR2. Recognize one's limitations in skills, knowledge, and abilities.
RR3. Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.
RR4. Explain the roles and responsibilities of other care providers and how the team works together to provide care.
RR5. Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.
RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.

[1] Core Competencies for Interprofessional Collaborative Practice, May 2011, Sponsored by the Interprofessional Education Collaborative; last accessed June 25, 2012; https://www.aamc.org/download/186750/data/core_competencies.pdf

RR7. Forge interdependent relationships with other professions to improve care and advance learning.
RR8. Engage in continuous professional and interprofessional development to enhance team performance.
RR9. Use unique and complementary abilities of all members of the team to optimize patient care.

General Competency Statement-CC. Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease. Specific Interprofessional Communication Competencies:

CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
CC2. Organize and communicate information with patients, families, and healthcare team members 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 with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions.
CC4. Listen actively, and encourage ideas and opinions of other team members.
CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.
CC7. Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).
CC8. Communicate consistently the importance of teamwork in patient centered and community-focused care.

General Competency Statement-TT. Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable. Specific Team and Teamwork Competencies:

TT1. Describe the process of team development and the roles and practices of effective teams.
TT2. Develop consensus on the ethical principles to guide all aspects of patient care and team work.
TT3. Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.
TT4. Integrate the knowledge and experience of other professions— appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/ preferences for care.
TT5. Apply leadership practices that support collaborative practice and team effectiveness.

TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families.
TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.
TT9. Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based 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.