

## **UC Irvine**

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#### **Title**

TeamSTEPPS in Clinical Simulation Cases

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#### **Authors**

Cao, K  
Lawson, L  
Brewer, K

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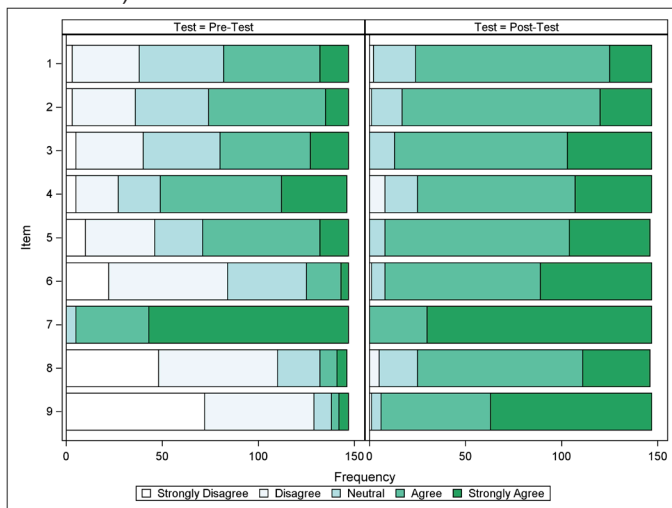
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learning scenario designed to teach and assess closed-loop communication when caring for a pulseless patient. All students completed pre- and post-intervention surveys prompting them to define an EPA and report their comfort performing EPA 10 functions.

**Results:** Descriptive statistics were collected for each item. Wilcoxon rank-sum tests were used to test for a significant difference in pre- and post-intervention responses for each item. 147/147 responses were collected (100% response rate). Students reported improvement in comfort in all nine EPA 10 related functions (Figure). Free text comments revealed that learners enjoyed the simulation experience, felt safe in the training environment, and reported increased awareness of their roles and limitations as providers.

**Conclusions:** Novice medical students who completed simulated clinical cases reported increased comfort with functions directly related to entrustment for EPA 10. This training was feasible to implement and well-received by learners.

**Figure.** Bar chart of pre- and post-training responses by item (listed below).



1. As a medical student I feel comfortable being a first responder in my community.
2. I can be trusted to determine when someone is sick and needs additional medical care immediately.
3. I know how to recognize abnormal vital signs.
4. I know how to apply basic life support principles.
5. I have a strategy for assessing an unconscious patient.
6. I can apply the elements of closed-loop communication as a member of a medical team.
7. I feel comfortable asking for help (calling 911 or activating a rapid response team or a code team) when a patient needs more care than I can offer.
8. When assessing a trauma patient I know how to complete a primary survey.
9. I can define the components of the AMPLE history.

Greenville, NC

**Background:** Teamwork and communication issues have been described as the most common contributing factor to medical errors and adverse events. Despite this, few medical or nursing schools incorporate formal interprofessional team training into the curriculum. Nursing and Medicine Faculty collaborated to design a Transition to Practice simulation curriculum for senior medical and nursing students focused on interprofessional teamwork and communication skills using a modified TeamSTEPPS program.

**Objectives:** This study attempted to determine if there was an improvement in self-assessment and trained expert assessment of students' teamwork behavior from pre and post TeamSTEPPS clinical simulation cases.

**Methods:** Medical and nursing students in Pre and Post intervention groups were compared, but all students received the identical educational intervention on the day between simulated cases. Using the first group of students was used as the control group prior to the educational intervention. Using a validated TeamSTEPPS teamwork assessment, teamwork skills were assessed by students and trained faculty. Statistics used Chi Square Analysis with significance defined as  $p < 0.05$ .

**Results:** 76 medical students participated in the study. Trained faculty assessment demonstrated significant improvement in the teamwork subscales of mutual support ( $p=0.009$ ) and communication ( $p=0.021$ ). When comparing post test of students vs faculty assessment, faculty saw significant improvement in communication ( $p=0.05$ ).

**Conclusions:** TeamSTEPPS training significantly improved faculty assessment of teamwork skills in the communication and mutual support subscales that could be useful to improve teamwork and patient care. However, students in the post educational intervention group did not demonstrate higher self-assessment scores compared to the pre-intervention group. Limitations include multiple faculty assessors and unbalanced student teams that may skew assessment.

## 55 The CORD-EM Speaker Evaluation Form

Phillips A, Diller D, Williams S, Park Y, Fisher J, Biese K, Ufberg J / Stanford University, Stanford, CA; Oregon Health Sciences University, Portland, OR; University of Illinois at Chicago, Chicago, IL; Maricopa Medical Center, Phoenix, AZ; University of North Carolina, Chapel Hill, NC; Temple University, Philadelphia, PA

**Background:** No formal, validated speaker evaluation form currently exists to help conference planners make future decisions on speakers.

**Objectives:** Create a concise, effective evaluation form to be filled out by audience members to aid conference planners.

## 54 TeamSTEPPS in Clinical Simulation Cases

Cao K, Lawson L, Brewer K / East Carolina University Brody School of Medicine, Vidant Medical Center,