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Reflections on an inter-professional simulation event for paramedic science and learning disability nursing students.

Format.

Two educational activities were developed the first was a simulated learning experience which took place in the simulation suite at St Georges University Hospital. The second educational activity was facilitated in a seminar room and included a case discussion that encouraged problem based learning across small groups of students from the two healthcare disciplines.

Target audience.

Second year student nurses for people with a learning disability working towards registration on the Nursing and Midwifery Council, part 5 (n= 18) and third year paramedic science students (n= 48) from Kingston University and St George's University of London.

Objectives.

The most commonly accepted definition of the term learning disability in the UK includes the presence of a "significantly reduced ability to understand new or complex information or to learn new skills; a reduced ability to cope independently; and an impairment that started before adulthood, with a lasting effect on development" (Department of Health, 2001). People with a learning disability are more likely to experience health inequalities compared to the general population (Emerson and Baines, 2010); are more likely to be admitted to hospital and are more likely to be admitted for an ambulatory care sensitive condition (ACSC) (Glover and Evison, 2013). ACSCs are conditions that should not require admission to hospital given effective management in the community. Glover and Evison (2013) conclude that common ACSCs in people with a learning disability include epilepsy, complications of diabetes, constipation and pneumonia; with trends suggesting that emergency admissions for these ACSCs are increasing over recent years.

Constipation is more frequently reported in children and adults with a learning disability compared to those without a learning disability, with estimated prevalence ranges varying from 17 to 70% dependent on research methods used (Public Health England, 2016). This is thought to be due to lifestyle factors, side-effects of polypharmacy and secondary cause to health conditions such as diabetes and cerebral palsy that are found at an increased occurrence (Public Health England, 2016; Heslop et al, 2013). Thus it was felt appropriate by lecturers from the different professions to incorporate teaching on this subject for both paramedic and nursing students with the objective of improving competence in managing the health of people with a learning disability.

A second objective to manage pain was due to evidence that individuals with a learning disability may not request or verbally consent to analgesics to manage their pain. In the UK this has resulted in no pain relief or non-opioid being administered compared to cognitively neuro-typical' s who are more likely to be given opioid based pain relief (Heslop et al, 2013). Reasonable adjustments should be taken to ensure that pain is adequately managed this can involve communication aids such as the

hospital communication book (Surrey Health Action, 2006), through liaising with families and carers, or by closely observing for non-verbal signs of pain and discomfort using systematic tools such as DISDAT, monitoring of indicators documented in hospital passports. Monitoring of pain using these techniques have been shown to reduce inequity in the care provided (National Institute of Health and Care Excellence, 2010). The learning disability student nurses had previously completed a module looking at these tools and reasonable adjustments with one aim of the simulation being to share this knowledge with other professionals in a professional and respectful manner to facilitate inter-professional learning.

Further objectives identified by the facilitators included enhancing inter-professional working and collaboration in order to make clinical decisions to improve the quality of service user's care and strengthen health systems (as supported by the World Health Organisation, 2010; Grapczynski et al, 2015; Reeves et al, 2013; Fox et al, 2018). The World Health Organisation expands on the principles required for effective learning and collaboration stating that methods are required which reflect the real world practices and enables good interaction amongst students. This enables team working, understanding of each other's roles and how services can work together, reflection and ethical consideration and person centred care.

Summary of learning objectives.

- To increase collaborative inter-disciplinary working.
- To empower students to use shared clinical reasoning to inform decision making.
- To facilitate peer learning regarding mental capacity act, augmentary and alternative communication systems, pain management and person centred care.
- To increase confidence in supporting people with a learning disability presenting with a physical health need.

Activity description.

Educational design.

Simulations that are authentic and have high fidelity are appropriate to support interprofessional learning and acquisition of essential attitudes, skills and behaviours required for healthcare professions (DoH, 2008; Stow et al, 2017). To further increase authenticity and fidelity actors who have a learning disability role played the scenarios in a mock self-contained flat. There is a dearth of literature around the impact of using people with a learning disability in simulations to promote changes in clinical practice. However, Saunders and Berridge (2015) and Gillett (2014) both report that simulations alongside reflection can reduce anxiety and increase confidence in dealing with individuals with a learning disability who are expressing a need for emergency hospital care.

Good problem solving and clinical reasoning skills are essential for both paramedics and nursing staff for which simulations have been found to be a powerful learning medium when dealing with emergency situations in the community (Gotwals and Yeager, 2014; Unsworth et al, 2011). Thus the

role of the educators was to provide a safe environment to facilitate learning, promote problem solving and clinical reasoning skills in an environment where students can do no harm (Crea, 2011).

Clinical reasoning is frequently reported to be more difficult when supporting service users with a communication barrier which impedes thorough assessment and identification of people's wishes. Given that 90% of people with a learning disability have communication difficulties and half have significant barriers to either expression or comprehension careful thought and reasonable adjustments are needed to enable safe and effective care (Baker et al, 2010). Student's consideration of clear accessible communication was encouraged in the scenario through provision of hospital passports which included information on communication abilities and support needs. This was provided to the learning disability student nurses in advance so that they were familiar with the individuals care as would be reflected in practice. Sharing of this information with the paramedic students would then be vital to enhance safety and person centred care (Northway et al, 2017).

Scenarios developed needed to ensure an equitable contribution across disciplines to enable understanding of how services are able to support each other towards the common goal of improved patient care (Stow et al, 2016). This aim embeds the World Health Organisations (2010) objective to gain an understanding of each other's roles and how services can work together in order to improve interprofessional coordination and collaborative working.

Following from the simulated practice all students and actors with a learning disability were involved in a debrief to learn from their own and other peoples reflections. Facilitated de-briefing has been shown to be critical in meeting, assimilating and reinforcing the learning objectives when used as part of a simulated learning experience (Krogh et al, 2016). This gave the different professionals the opportunity to be open and honest in explaining what information they required and about their roles in the situation in order to promote good team working in the future. Reflections on simulated practice such as described here have been found in previous studies to support applying clinical judgements as rated by undergraduate healthcare students (Kelly et al, 2014) and interprofessional collaborations (Reese et al, 2010).

Design of case studies.

The simulations involved a service user with a learning disability from the Baked Bean Theatre Company role playing that they were experiencing stomach cramps, flatulence and unable to defecate. The role player was lying on a bed in a mock self-contained flat supported by the student nurses for people with a learning disability who had been instructed to read the hospital passport in order to know the individuals previous medical history, abilities and preferences. The student nurses were informed that the paramedics were on route who would require a handover on their arrival.

A second case study involved a service user with a profound and multiple learning disability who had fallen and fractured their femur. This gave nursing and paramedic students a unique insight into the management of individuals with a learning disability through different aspects of the care system and allowed them opportunity to discuss clinical, ethical and legal decision making collaboratively. This partnership working also allowed the space for discussion around the roles of their different professions to promote mutual understanding.

The scenario considering assessment and treatment of a service user who had a fractured femur was portrayed on a hospital passport to replicate documentation found in clinical practice which aims to aid information sharing. The service user was able to communicate through pointing to cue cards with his left hand (contractures in right elbow and wrist) or basic needs through Makaton signs. He is able to express pain through verbal utterances and body language and can understand short simple sentences using 2-3 keywords. In addition he was portrayed as needing mechanical support to mobilise around his environment and a history of dysphagia. This encouraged students to consider how they would assess a service user with a learning disability who has significant communication barriers, issues related to capacity to consent and management of pain.

Students were prompted to consider application of the Mental Capacity Act (Department of Health, 2005) by different health professionals, in different contexts and with different service users in mind. As warranted within educational training programs as many health professionals still assume that people who have a diagnosis of a learning disability are unable to consent and therefore do not provide the reasonable adjustments required in order to support them to understand options available (Goldsmith et al, 2008; Stevens and Hebblewhite, 2014).

Assessment.

Students were asked to reflect on the interprofessional simulation event and consider how this would impact their future practices as qualified professionals. Following from this two paramedic science students (PS) and two learning disability student nurses (SN) agreed to write their reflections on the educational learning event. The two role players from the Baked Bean Theatre Company also gave verbal feedback to be included in the evaluation.

Evaluation: Students reflections of completing an interprofessional learning simulation.

PS1: The scenario involving the use of the amazing baked bean theatre actor was a highly immersive, realistic and informative form of clinical education. As a student paramedic communication is a very important aspect of work, as with all healthcare roles. But we have relatively little experience with patients with learning disabilities. A form of patient where communication is of even more importance and the collaboration with different services is key. The scenario taught me to speak clearly, to use words that were easily understandable and to minimise any jargon or abbreviations. I found it highly beneficial to be able to experience the scenario while collaborating with the learning disability nursing students. Their feedback at the end of the simulation also allowed me to improve my abilities and to learn methods of treatment and communication I otherwise would not have. Sharing expertise in this way is an important part of health care and collaboration between services allows a more beneficial and holistic experience for the patient.

SN1: During the debrief we discussed how we could have improved on and adapted our communication in order to meet the service user's needs. By involving the service user more in discussions about what type of aftercare she would like would give her choice and ensure person centred care. We discussed the use of medical terminology but decided that simpler terms would be preferable, so the service user can understand what she is experiencing for example; instead of

saying constipation use her own words to describe this. Reflection for future practice is the importance of teamwork and to make sure the service user feels involved in their care. As a qualified professional I will improve my practice by working together and communicating with other professionals to advocate the needs of the service user and making sure they involve them in the decision making process.

PS2: There were moments during the scenario where clinicians almost spoke over each other, and didn't share information quite as efficiently as they could have, which might have stemmed from a lack of familiarity with each other's core competencies. Simulation practice, provides a safe learning environment in which abilities and skills are put into practice without deleterious effects on the patient. The level of immersion created a higher validity environment. I feel this is an important example of simulated education that should continue to be used in the future. Skills like the ones mentioned above in regard to this patient group cannot be learnt simply in lectures alone.

SN2: The paper case study exercise discussing a case of a child with a fractured femur has value to both me as a student and as a future qualified professional. It serves as a reminder about safeguarding; the value of medical knowledge in assessing risk with the type of fracture, or the behaviour of the parents and the child and how people's perceptions and cultural norms and values can complicate assessing a safeguarding risk. Nurses, paramedics and other healthcare professionals will carefully piece together the evidence to minimise risks that can have tragic consequences.

SN2: As a student nurse I was able to gain an increased understanding of professional journeys; what they have experienced and how they apply this knowledge in their practice. Paramedics time in the ambulance is crucial for pain management, urgent diagnoses and clinical judgements. They can adapt to changing situations but are not always in contact with people with learning disabilities and so are not as versed in communication adaption or modified assessments. Student learning disability nurses are able to inform other professionals of the hierarchy of communication; the value of supplementing explanations with objects of reference, when conversing with people with limited comprehension of verbal language. Furthermore, the exercise allowed me to impart knowledge to other professionals; to practice this skill before qualification. I was able to teach some basic but useful Makaton signs: medication, tablets, nurse, doctor and pain. Simple words that could help when talking to someone who has learning disabilities and can allow them to help in asking a vital question. The task boosted my confidence as a future professional who is required to support colleagues to develop their confidence and competence (Nursing and Midwifery Council, 2015).

PS2: Hearing the actor's comments during the debrief reassured me that our approach was indeed appropriate and considerate given the patient's needs in terms of communication and care. Perhaps more importantly, the unique opportunity to have direct feedback from service users with a learning disability and engage in constructive criticism about models of consultation was hugely beneficial in improving my confidence as a clinician.

Evaluation: A service user's perspective about being involved in an interprofessional simulation.



The actors from the Baked Beans Theatre Company (BB) reported that they had enjoyed the simulations and felt that it was important for them to support student nurses and paramedics about the needs and wishes of people with a learning disability. The role players commented that "I really enjoyed the day. The set was amazing and made it easier to be in role." (BB1) "It was like seeing a part of a new world to me. It was very well organized. I had to play someone who was ill and felt very looked after while there. I enjoyed giving the students new challenges." (BB2)

Impact.

It is important to facilitate learning for healthcare student's to endorse good attitudes, values and behaviours regarding the benefits of collaborative working and supporting people with a learning disability. Educational providers should promote the use of immersive simulations that involve people with a learning disability to gain authenticity and familiarity with this marginalised population. Challenges for facilitators due to resource and timetabling constraints need careful consideration in the planning of any simulation that involves students from different professional areas, though the learning outcomes are numerate. Furthermore, simulations that incorporate joint debriefing which treat all students equally, with respect and acknowledges their unique skill set allows students time to reflect and consolidate their learning.

Required materials.

One simulation lab designed to replicate a self-contained bedsit with open view windows for peers to observe was used and a seminar room. Documentation provided included completed hospital

passports, templates for which can be accessed at <https://www.nhs.uk/conditions/learning-disabilities/going-into-hospital/>

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