Patient and Family Faculty Program Case Overview and Scenario Logistics

Scenario: Engaging Families in Sepsis Huddles in the Emergency Department

Objectives

- 1) Successfully engage families as member of the sepsis huddle
- 2) Identify benefits of having families as part of the sepsis huddle
- 3) Identify challenges of having families as part of the sepsis huddle and explore solutions to these challenges

This exercise is **not** intended to validate the sepsis bundle. This exercise is meant to train for best practices of family engagement.

Family Information

Case Background

Mother: Taylor Silverheart; Patient: Theo Silverheart, 5 years old

Theo Silverheart is a 5 y/o male with history of acute myeloid leukemia (AML) who presents to the pediatric ED with a complaint of fever. Theo was well with no symptoms during the day. This evening after a nap Theo woke up feeling "achy" and then was noted to be warm. A temperature was checked at home and was found to be 102.1. Theo's mother, Taylor Silverheart, called the on-call oncologist who referred them to the ED for further evaluation.

On presentation, Theo is noted to be awake but appears tired. He is pale. Vital signs reveal T-39.9, HR-165, RR-30, POX 95% RA, PP-75/34

Theo is noted to be tachypneic and tachycardic. He is responsive but sleepy. Skin shows mottling in the extremities. Cap refill is >4 secs. Pulses are bounding.

As you gather your team for the sepsis huddle, you are distracted because a new patient in critical condition arrives in the ED.

Learner Tasks

- Introduce members of the team
- **Huddle** to share important and transparent information about sepsis with family
- **Gather information** from family about patient's current symptoms
- Manage critical timeline of sepsis interventions
- Balance the pace of the ED, clinical needs of patient and questions/concerns of family
- **Discuss** intervention implementation with family
- **Outline** clear next steps, delineate roles and establish a clear next check-in point with timeline with the family



Patient and Family Faculty Program

Patient and Family Centered Competency Scorecard

Scenario: Engaging Families in Sepsis Huddles in the Emergency Department

| Patient and Family Centered Competencies | Needs Significant Improvement | Needs Some Improvement | Competent | Strength | Outstanding Strength |
|--|----------------------------------|---------------------------|-----------|----------|-------------------------|
| Prompts the family to share their observations and concerns Values and validates family's observations and concerns | 1 | 2 | 3 | 4 | 5 |
| Communication and Information Sharing Transparently shares information about the safety risks of sepsis, data about the child's current medical status and the importance of timely next steps | 1 | 2 | 3 | 4 | 5 |
| Participation in Care and Decision Making Includes family and child's insight and preferences in the team's decision making process | 1 | 2 | 3 | 4 | 5 |
| Follow Up and Next Steps Shares the plan of care including next steps Confirms a point of contact for the family and provides a timeline for the next check-in | 1 | 2 | 3 | 4 | 5 |
| Working as a team Clearly defines roles Supports each other's expertise | 1 | 2 | 3 | 4 | 5 |
| Notes | | | | | |



Patient and Family Faculty Program Standardized Patient Guide Scenario: Engaging Families in Sepsis Huddles in the Emergency Department

You are Taylor Silverheart, the mother of Theo Silverheart, a 5 year old boy, who was diagnosed with acute myeloid leukemia (AML) just 6 months ago.

Since Theo's diagnosis, Theo has been through multiple rounds of chemotherapy. While you are devastated about Theo's diagnosis, you feel as though you are receiving outstanding care and phenomenal support from your oncology team. Your oncologist has spent much time with you discussing Theo's diagnosis, potential treatment plans and clear next steps. She always validates your concerns and responds quickly to your messages on MyChart. The oncology team has included Child Life as part of Theo's care team and they have even worked with Theo's siblings (ages 3, 7 and 10). Theo's course of treatment has gone as planned.

Today, Theo was feeling alright through the day until he woke up from a nap this evening. You checked his temperature, which was 102.1 and immediately contacted the on-call oncologist, as Theo's primary oncologist is out of town. The on-call oncologist prompted you to bring him to the ED. You asked if you could wait until tomorrow morning to bring him to Stephen H. Hassenfeld Children's Center for Cancer, but she urged you to bring him to the ED right away. Upon arrival to the ED, you feel unprepared and anxious because you have never been through the ED with Theo and are so used to having everything in order for Theo's oncology appointments. You are hesitant to do anything until the oncologist on call arrives.



Patient and Family Faculty Program Standardized Patient Notes Scenario: Engaging Families in Sepsis Huddles in the Emergency Department

Notes for Standardized Patient playing the role of Taylor

- You are knowledgeable about Theo's diagnosis but are unfamiliar with sepsis and have a lot of questions.
- When the team approaches you, you ask that the ED team waits for the oncology team to arrive before doing anything.
- You are insistent that the team manages Theo's pain by using numbing cream on the access site.
- Your husband is at home with the other children, but you try to keep him in the loop as much as possible (exchange texts).
- You respond well when the team communicates clearly, hears what you have to say and outlines the plan of care.
- If/when the team asks you about any recent concerns, you mention something like, "Earlier in the week when Theo was getting his labs drawn the blood didn't come easily at first and the nurse mentioned something that she may be worried about a clot, but then she was able to get it when his arm was lifted so the concern dissipated."
- Ultimately, you want what is best for Theo with as minimal pain as possible.



| Patient and Family Faculty Program Facilitator Guide | | | |
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| Facilitation Aim | The focus of this program is to learn directly from patient and family faculty. Prioritize the time to ensure patient and family faculty observations are shared and other members of the team have time to explore solutions with the patient and family faculty. | | |
| Session Flow | Pre-brief Scenario Complete Patient and Family Centered Competency Scorecard 360 Debrief Repeat Scenario Complete Patient and Family Centered Competency Scorecard Repeat 360 Debrief | | |
| Pre-brief Tasks | Provide overview of the Patient and Family Faculty Program aim and the session specific learning objectives Review case background with learners and orient learners to their roles Ask all participants to complete Patient and Family Faculty Competency Scorecard after scenario | | |
| Debrief Flow | Invite the patient/family faculty to share initial observations Ask the clinician observer about their overall reactions Ask the immersive learners for their reactions Ask the standardized patients for their reactions Using the Patient and Family Faculty Core Competency Scorecard as your guide, encourage organic back and forth sharing with focus on team exploring successes and solutions to challenges Use the remaining time to reflect on variance in perceptions shared Summarize key take away points | | |

