

**Patient and Family Faculty Program
Case Overview and Scenario Logistics
Scenario: Speak Up**

Objectives	<ol style="list-style-type: none"> 1. Understand communication challenges and best solutions when a family practices a questioning attitude 2. Learn the importance of validating concerns and empowering families to speak up
Family Information	Mother: Veronica Davenport, Father: Miles Davenport, Patient: Jason Davenport, 3 years old
Case Background	<p>Jason Davenport is a 3 year old boy who has a diagnosis of acute lymphoblastic leukemia and has a central line. Most of Jason's care is done in the outpatient setting. Jason was recently brought to the pediatric ED and then admitted to the general pediatrics inpatient unit for a fever and neutropenia. He was not admitted to the oncology unit because there were no available beds.</p> <p>Jason's parents are aware about the importance of safe access procedures to prevent central line associated blood stream infection. Veronica and Miles have been observing / participating when Jason's nurse accesses his line.</p> <p>This morning Jason's CBC and blood culture all came back within acceptable limits and he is expected to be discharged in the next 24 hours.</p> <p>This morning the Medical Director and Nurse Manager are conducting Leadership Rounds.</p>
Learner Tasks	The Medical Director and Nurse Manager are conducting Leadership Rounds, where they will meet Veronica and Miles.

Patient and Family Faculty Program
Patient and Family Centered Competency Scorecard

Learning Session: Speak Up

As you observe the live scenario, use the following competencies to identify strengths and areas for improvement

Observer Name: _____ Role: _____ Date: _____

Patient and Family Centered Competencies	Needs Significant Improvement	Needs Some Improvement	Competent	Strength	Outstanding Strength
Respect and Valued <ul style="list-style-type: none"> Acknowledges emotions Thanks the family for speaking up Assures speaking up was the right thing to do 	1	2	3	4	5
Communication and Information Sharing <ul style="list-style-type: none"> Listens attentively without interrupting to gather information 	1	2	3	4	5
Participation in Care and Decision Making <ul style="list-style-type: none"> Encourages the family to speak up about any safety concern they have going forward 	1	2	3	4	5
Follow Up and Next Steps <ul style="list-style-type: none"> Makes a plan for ongoing observation 	1	2	3	4	5
Working as a team <ul style="list-style-type: none"> Transparently shares safety risks and takes accountability Supports fellow clinicians' expertise 	1	2	3	4	5

Notes

Patient and Family Faculty Program
Standardized Patient Guide
Scenario: Speak Up

You are Miles and Veronica Davenport, the parents of Jason (3 years old). Miles is a graphic designer and Veronica is a interior designer in Manhattan, where you both live with Jason and your two other children, aged 5 and 7. Veronica speaks English, but Spanish is her first language.

Jason was diagnosed with acute lymphoblastic leukemia 6 months ago.

Since Jason's diagnosis, Jason has been through multiple rounds of chemotherapy, mostly conducted in the outpatient setting. While you are devastated about Jason's diagnosis, you feel as though you receive outstanding care and phenomenal support from your oncology team. Your oncologist has spent much time with you discussing Jason'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 Jason's care team and they have even worked with Jason's siblings (ages 5 and 7). Jason's course of treatment has gone as planned.

Jason has a central line and your oncology nurse explained to you both that a central line has a risk of becoming infected, so the hospital adheres to a very strict "bundle" of safety practices to prevent any possible infection. These include hand hygiene, wearing gloves and cleaning the "hub" of the central line EVERY time the line is accessed (accessing = drawing blood from it, or infusing medicine or fluids into it). This cleaning process consists of scrubbing the hub for 30 seconds with an antiseptic called CHG. The nurse encourages you to observe / participate when the central line is being cared for or accessed, to help ensure Theo's line is always accessed safely.

A few days ago Jason spiked a fever so you brought him to the pediatric emergency department. You were told that he was going to be admitted to the general pediatric inpatient unit because there were no available beds. You understand. You do not know the team on the general pediatric unit and are worried.

For the past several days, you both have been switching off spending time with Jason in the hospital. You are relieved because he seems to be doing better and the tests they had run all came back normal. He is expected to go home in a day or two.

When his nurse accesses his line, you both observe/participate as you were taught. This morning only Veronica is at the hospital. Jason has a new nurse named Kelly. When Kelly accessed Jason's central line this morning to draw blood for lab tests that the doctor had ordered, Veronica noticed that she just wiped the hub of the central with an alcohol wipe, but did not scrub in the way that you were taught (did not use CHG, scrub for a full 30 seconds or let it dry). Veronica speaks up and reminds Kelly about the proper procedure to access the line. She curtly tells you that the bundle does not apply in this case and she knows what she is doing. This goes against what you were taught. When you ask her to explain, she scoffs and rolls her eyes at you. She then sassily says, "Don't worry, I know how to do my job" and leaves the room.

Veronica feels that she was misunderstood as she could not remember the word "scrub" in English and so potentially was not taken seriously. Miles arrives at the hospital and Veronica shares what has happened. Miles is upset by the way that Kelly dismissed the concerns. Miles and Veronica are now both concerned that Jason's central line could become infected, right when he was starting to do better.

Patient and Family Faculty Program
Standardized Patient Notes
Scenario: Speak Up

Notes for the Standardized Patient playing the role of Miles

Notes for the Standardized Patient playing the role of Veronica

Prior to the Interprofessional team entering the room, Miles and Veronica engage in a short dialog: Veronica is upset about this mistake, how her concern was dismissed, and potentially was not taken seriously because of a language barrier. Miles is very upset that this happened and wants to say something but Veronica expresses her concern about Miles saying something to the doctor because she doesn't want to be perceived as a 'difficult family.' Miles and Veronica both are worried about an infection.

- You both already were anxious about being on the general inpatient floor.
- You pay attention to details. You were taught that anytime a staff person accesses Jason's line, they must use CHG, scrub the hub and let it dry.
- You are very upset that Kelly was so rude and dismissive to Veronica.
- Say that you thought you were supposed to speak up—and then emphasize how dismissive Kelly was of you.
- When the doctor tries to ask or explain why Kelly may not have adhered to the CLABSI prevention bundle, you should become moderately angry.
- Ask something like, "How was this ever allowed to happen?"
- Say something like, "From now on Jason's central line is only to be accessed by you" (the Nurse Manager)
- If the doctor doesn't offer concrete plans to address your concerns, demand a plan: "What are you going to do about this?"

- You both already were anxious about being on the general inpatient floor.
- You speak English, but Spanish is your first language.
- When the doctor and nurse manager enters the room you are visibly upset but you stay more or less quiet.
- You share Miles' concerns but don't want to be perceived as a 'difficult parent' - that's why you didn't ask for an interpreter in the first place when Kelly was in the room.
- You worry that Miles speaking up may cause the medical team to dislike Jason and you worry about what will happen when you leave the bedside.
- If directly asked about your concerns you express how you are worried about an infection but that speaking up as a parent to someone on the medical team is not easy. You may mention your fear of retribution.
- You are very worried that Jason's central line may become infected.
- If time permits, you can move on to your concern that Jason's line may become infected because of Kelly's careless behavior. Ask questions like, "What will happen if the line gets infected?"

Patient and Family Faculty Program Facilitator Guide

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	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> • 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	<ol style="list-style-type: none"> 1. Invite the patient/family faculty to share initial observations 2. Ask the clinician observer about their overall reactions 3. Ask the immersive learners for their reactions 4. Ask the standardized patients for their reactions 5. 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 6. Use the remaining time to reflect on variance in perceptions shared 7. Summarize key take away points