

Uptake of Bereavement Principles Among a Diverse Cohort of EMS Providers Using the COPE Curriculum: A Simulation-Based Approach.

Benjamin Lang, MD, MPH, Annabel Cramer, MD, Sean Vajgrt, EMT-P, and Kate Remick, MD

Department of Pediatric Emergency Medicine, Research Mentors: Rebecca Floyed, MD; Matt Wilkinson, MD

BACKGROUND

- The AAP, ACEP, ACS, and NAEMSP released a joint policy statement in 2014. It included recommendations for the termination of resuscitation for pediatric patients who experience traumatic out of hospital cardiac arrest (OHCA).
- Studies find that parents and other family members want more communication and compassion from prehospital professionals than they typically receive.
- EMS professionals have minimal training on how to effectively communicate death with family members while also quickly attending to the pressing medical needs of patients and would like more training.

THE COPE CURRICULUM

- In 2016 a team from the University of Louisville School of Medicine developed Compassionate Options for Pediatric EMS (COPE), a cellular phone digital application designed to train EMS providers in principles of bereavement and family centered care in the setting of pediatric OHCA. The initial COPE study was a prior EMSC Targeted Issues grant.
- Using simulation techniques, the researchers showed the COPE curriculum improved communication skills and self-insight immediately following use.
- Of paramedics participating, 90% would recommend the curriculum to their colleagues and 67% wanted the app to be publicly available for use in the field as they felt it would improve communication in both pediatric and adult termination of care

OBJECTIVES

Objective:

- The goal of our study is to examine the reproducibility, self-efficacy, and retention of bereavement principles using the COPE curriculum across a diverse cohort of EMS providers and diverse levels of prehospital training.

Specific Aims:

- To evaluate whether use of the COPE curriculum increases provider comfort with communication about pediatric death.
- To determine whether pre-defined confounding variables impact initial uptake and retention of bereavement skills.
- To assess for discrepancies between performance and provider self-efficacy.

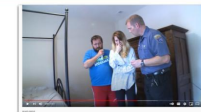
METHODS

- A diverse group of EMS providers from EMS agencies stationed in rural and urban areas will be recruited to participate in continuing education regarding pediatric death.
- Demographics and provider self assessment of comfort will be collected via survey prior to their participation in simulation.
- EMS providers will participate in pediatric death simulation in which they interact with standardized patients acting as patient's parents after education with the COPE web app.
- These simulations will be recorded and graded using standardized GKCSAF scores by professionals familiar with in-hospital pediatric death.
- Prehospital providers will complete a self assessment of their communication abilities, comfort with declaration of pediatric death, and their assessment of the curriculum.

EXAMPLES



Example of the webapp that prehospital providers will use in the training.



Example of video curriculum contained in the COPE curriculum demonstrating communication techniques.



Example of simulation, with one provider communicating to standardized parent while the other assesses the infant.

EXPECTED RESULTS

- EMS providers will be asked to assess their comfort in delivering the news of a pediatric death before and after the scenarios and curriculum
- EMS providers will self assess their communication abilities in a simulation and this will be compared to the assessment of a recording of that provider's communication by a palliative care trained in-hospital provider
- Self assessment of comfort and external scoring of communication measures will be compared to demographics, level of training, and in-field experience to assess for confounders and important variables in communication.

INITIAL OUTCOMES

- Greater focus from prehospital staff on the psychological effects of pediatric death in the field on prehospital providers.
- We have engaged the assistance of a local mental health and trauma counselor who is focused on first responders to help address any PTSD and secondary trauma effects this curriculum may bring up.
- Prehospital providers participating in this curriculum who have experienced pediatric declaration of death in the field have volunteered to help support this curriculum
- Initial feedback from participants is that this curriculum is helpful and needed

ACKNOWLEDGEMENTS AND REFERENCES

Thank you to Mary Fallat, Aaron Calhoun, Anita Barber, Johnathan Lee, Matthew Wilkinson, Sierra Holt, Chris Dunn, and the INSPIRE team for contributing your time and expertise to this project.

References

1. Fallat ME. Withholding or termination of resuscitation in pediatric out-of-hospital traumatic cardiopulmonary arrest. *Pediatrics*. 2014 Apr;133(4):e1104-16. doi: 10.1542/peds.2014-0176. Epub 2014 Mar 31. Review. PubMed PMID: 24685948.
2. Calhoun AW, Sutton ERH, Barbee AP, McClure B, Bohnert C, Forest R, Tallae P, Fallat ME. Compassionate Options for Pediatric EMS (COPE): Addressing Communication Skills. *Prehosp Emerg Care*. 2017 May-Jun;21(3):334-343. doi: 10.1080/10903127.2016.1263370. Epub 2017 Jan 19. PubMed PMID: 28103120.
3. Peterson EB, Calhoun AW, Rider EA. The reliability of a modified Kalamazoo Consensus Statement Checklist for assessing the communication skills of multidisciplinary clinicians in the simulated environment. *Patient Educ Couns*. 2014 Sep;96(3):411-8. doi: 10.1016/j.pec.2014.07.013. Epub 2014 Jul 19. PubMed PMID: 25103180.

CONTACT INFORMATION

Benjamin Lang, MD, MPH
 Pediatric Emergency Medicine Fellow, PGY5
 Dell Children's/ University of Texas at Austin

✉ Benjamin.lang@ascension.org

☎ 512-324-0093

📍 4900 Mueller Blvd., Austin, Texas 78723