

Objectives

- To plan, deliver and evaluate an educational intervention focussed on improving the knowledge, skills and attitudes needed to care for a sick child with bronchiolitis
- To utilise the principles of IPE to improve competence and confidence across core specialities involved in the care of a sick child with bronchiolitis

Introduction & Aim

Bronchiolitis is the most common cause for paediatric respiratory hospital admissions in young children in the UK. Following the relaxation of international SARS-Cov-2 lockdown measures a potential national surge in cases was predicted, highlighting a need for more collaborative working across core specialities^{1,2}.

This prompted the use of the principles of Inter-Professional Education (IPE) to prepare and deliver an intervention aiming to improve outcomes for these patients³.

Methods

A team from the Adult Intensive Care Unit (AICU) and the Paediatric High Dependency Unit (PHDU) from the Royal Berkshire Hospital in Reading delivered an inter-professional teaching session focussed on caring for the sick child with bronchiolitis. The patient journey was utilised as a framework to teach the core knowledge, skills and attitudes needed to clinically manage a child from the Emergency Department (ED) to the Intensive Care Unit (ICU) to await retrieval to PICU. Each session included a lecture about bronchiolitis; a skills and drills tutorial; and a practical simulation scenario.



Figure 1: Team simulation

Results (1)

135 healthcare professionals from a range of disciplines involved in the care of children across the patient journey attended one of fourteen teaching sessions provided between September to December 2021. Attendees completed a feedback questionnaire. One hundred and twenty-two (90%) reported an extremely high degree of satisfaction overall, with many saying they would recommend the teaching session to others. Areas of personal and professional development were highlighted across the following main themes: **gaining theoretical knowledge; understanding key equipment; performing drug calculations; preparing for intubation and ventilation; assessing the need for chest physiotherapy techniques; and more collaborative team-working.**

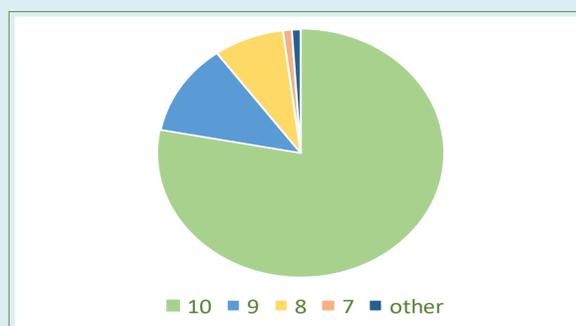


Figure 2: Feedback satisfaction scores (10=high, 1=low)

Results (2)

In addition to the areas of development identified by the attendees, many added free text comments that demonstrated that they also felt the teaching sessions:

- **built confidence through the sharing of new or improved knowledge and skill**
- **facilitated a safe space to practice using simulation**
- **provided the opportunity to learn about and from each other.**

Discussion & Conclusions

On-going evaluation is taking place as the teaching sessions continue throughout the year, facilitating the inclusion of additional inter-professional groups from across core specialities.

In addition, these sessions have been used as a template for the development of further planned IPE with a more varied range of paediatric clinical cases and presentations. These will continue to build on the transferable knowledge and skills that increase competence and confidence.

References

1. Friedman JN, Reider MJ and Walton JM. Bronchiolitis: recommendations for diagnosis, monitoring and management of children one to 24 months of age. *Paediatric Child Health* 2014; 19(9): 485-491.
2. Limb M. RSV: the year the respiratory infection "took its gloves off". *British Medical Journal* 2021; 374(2078): 1-2.
3. Guraya SY and Barr H. The effectiveness of interprofessional education in healthcare: a systematic review and meta-analysis. *Science Direct* 2018; 34(3): 160-165.