# **A Simulation-based Intervention Teaching Illness** Management Skills to Caregivers of Children with Adrenal Insufficiency: a Randomized Controlled Study

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## Background

Permanent Adrenal Insufficiency (AI) is uncommon but potentially life-threatening

Patients at risk during stress, thus, caregivers need good illness management skills

Caregivers taught illness management, including IM injection, by Endocrine RN at diagnosis with regular review at clinic visits

## **Objective**

To compare the impact of illness management teaching delivered using SIM or traditional teaching on caregivers' knowledge, ability and confidence with managing illness (including intramuscular hydrocortisone injection) in children with AI

## Methods

Subjects were randomly assigned to SIM-based teaching or traditional teaching

All participants completed knowledge and self-confidence questionnaires and performance assessments using SIM scenarios, before and after teaching

Despite teaching & seemingly good knowledge – we still see a reluctance of caregivers to administer IM hydrocortisone at home as reported by colleagues in the US<sup>1</sup>

Simulation (SIM) shown be effective in improving caregiver competence & confidence in managing chronic conditions e.g. Cystic Fibrosis<sup>2</sup> & seizures<sup>3</sup>

SIM has not yet been evaluated in teaching illness management to caregivers of children with Al

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## Paired samples t-test compared scores within individuals, pre- and post-teaching

# Control Group

- Caregiver knowledge & self-confidence questionnaire
- Performance assessment
- CLINIC-BASED TEACHING
- Caregiver knowledge & self-confidence questionnaire
- Performance assessment

#### Intervention Group

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- Caregiver knowledge & self-confidence questionnaire
- Performance assessment
- SIMULATION-BASED TEACHING
- Caregiver knowledge & self-confidence questionnaire
- Performance assessment

Scenario Code	Reviewers Initials: Rese	als: Research Code			
Task	Not Done 0 points	Partially Done 1 point	Done 2 points	Comm ents	Score (max: 2
	III	ness Recognition and Decision	n making		
a) Recognizes mild illness	Doesn't recognize		Verbally indicates child is ill <b>OR</b> acts appropriately		
b) Decides to give oral stress dose	Does not give stress dose	Gives incorrect stress dose*	Gives correct* stress dose <b>OR</b> pages Endo MD on call		
c) Recognizes signs of inability to absorb oral meds	Does not recognize		Verbally indicates child is unable to absorb oral meds		
d) Decides to give IM steroid as not absorbing oral meds	Does not recognize		Recognizes need for IM steroid <b>OR</b> pages Endo MD on call (N.B. injection not actually demonstrated)		
e) Recognizes adrenal crisis	Doesn't recognize adrenal crisis Time: : :		Recognizes adrenal crisis Time::_:		
	Pre	eparation of Intramuscular Med	dication	<u> </u>	
f) Mixes powder with liquid in preparation for administration	Powder not mixed with liquid	Powder partially mixed with liquid	Powder completely dissolved In liquid		
g) Correct volume*	None drawn up	Incorrect volume* drawn up e.g. has air bubbles	Correct volume* drawn up		
	Adr	ministration of Intramuscular N	- Medication		
h) Gives correct medication dose	Does not give any Time: : :	Delivers part of dose Time: : :	Delivers correct dose Time: : :		
i) Administration technique	Gives in non- muscle area	Gives at wrong angle in thigh or arm	Gives at 90° angle into muscle (thigh or arm)		
<ul> <li>j) Engages safety cap on needle after inj.</li> </ul>	Does not engage cap		Fully engages cap		
k) Time from recognizing adrenal crisis to injection	> 5 minutes	3-5 minutes	< 3 minutes		
	Post	t Medication Administration Ma	anagement		
Activates 911 for adrenal crisis	Does not activate 911	Activates 911 > 1 min after administration	Activates 911 within 1 min of administration		
Can prompt caregiver	at the end to verbalize	what were the signs that sugge	sted an adrenal crisis		
Identifies signs of adrenal crisis (see appendix)	Recognizes 0-1 signs of crisis	Recognizes 2-4 signs of adrenal crisis	Recognizes 5 signs of adrenal crisis		
*Correct doses of	f oral and IM steroid w	vritten on child's "pink" illnes	s management sheet	Total	

# **Participant Demographics (n=39)**

		Traditional Teaching (n=19)	SIM-based Teaching (n=20)
Relationship	Father	6 (31.6%)	9 (45.0%)
N (%)	Mother	13 (68.4%)	9 (45.0%)
	Grandmother	0 (0.0%)	2 (10.0%)
Age (yr) mean (SD)		38.9 (8.1)	41.4 (9.2)



Duration of
Child's AI (yr)
mean (SD)

Results



Caregiver demonstrating IM hydrocortisone injection on SIM mannequin during an assessment

		Traditional	SIM	
	Pre-teaching	7.0 (2.2)	7.8 (1.7)	p=0.226
Knowledge Scores	Post-teaching	8.3 (1.6)	8.4 (1.0)	p=0.838
(Max score: 10)	Change observed	+1.1 (1.4)*	+0.5 (1.2)*	p=0.186
		p=0.005	p=0.076	
	Pre-teaching	29.3 (7.1)	31.5 (3.0)	p=0.225
<b>Confidence Scores</b>	Post-teaching	37.8 (3.0)	38.8 (1.6)	p=0.232
(Max score: 40)	Change observed	+8.6 (5.6)*	+7.4 (3.1)*	p=0.416
		p=<0.001	p=<0.001	
	Pre-teaching	18.7 (5.4)	16.8 (5.6)	p=0.298
SIM-scenario Scores	Post-teaching	23.4 (1.7)	21.7 (2.8)	p=0.024
(Max score: 26)	Change observed	+4.8 (5.8)*	+4.9 (6.3)*	p=0.944
		p=<0.002	p=<0.003	

## **Conclusions**

Caregiver performance in both groups was sub-optimal at baseline

Underscores the importance of on-going education of caregivers' of children with established Adrenal Insufficiency  $\checkmark$ 

Caregiver confidence and performance, as assessed using simulated scenarios, improved significantly in both arms with no difference observed between SIM and traditional teaching arms

Lack of difference may be due to both groups undergoing the assessment using the SIM scenarios (pre- and post- education session)  $\checkmark$ 

Would consider incorporating SIM scenarios into current standard of care teaching education

## **References:**

1. Fleming LK et al. Caregiver knowledge and self-confidence of stress dosing of hydrocortisone in children with congenital adrenal hyperplasia. J Pediatr Nurs. 2011;26:e55-60.

2. McDonald C et al. Self-efficacy: Empowering parents of children with cystic fibrosis. J Cyst Fibros 2013;12:538-43. 3. Sigalet E et al. A simulation-based intervention teaching seizure management to caregivers: A randomized controlled pilot study. Paediatr Child Health 2014;19:373-8.

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