

**WORKSHOP SESSION SUMMARY**  
**POST-CONFERENCE PROCEEDINGS**  
**2018 National Trainers' Exchange**

**1. Session Title and Presenter's Contact Information:**

Workshop title: **It Takes a Village: Benefits of Cross-sector Planning and Training for an Infectious Disease Response**

Presenter (s) Name: **Lisa McCormick, Matt Fifolt**

Presenter Organization: **Deep South Consortium/University of Alabama at Birmingham**

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**2. Workshop Summary:**

In 2015, six first responders in Birmingham, Alabama were exposed to an individual exhibiting signs and symptoms of the Ebola virus disease. Although the patient later tested negative for Ebola, this situation reinforced the importance of planning and training for an infectious disease response across multiple emergency response sectors including public health, emergency management, law enforcement, firefighters, emergency medicine, environmental, and media relations.

In order to reach these populations, the Deep South Biosafety Worker Training Program (WTP) developed a multi-state partnership between the University of Alabama at Birmingham (UAB) School of Public Health, UAB School of Medicine, the University of Mississippi Medical Center, and the Alabama Fire College's Workplace Safety Training Program to provide biosafety and infectious disease training to individuals working in these sectors. Through this strategic partnership, including its multisector advisory board, the Deep South Biosafety WTP leverages existing resources to deliver trainings to wide audiences across the Southeast. All trainings conducted by the WTP are available to professionals who are involved in responding to infectious disease outbreaks, including individuals from different departments as well as various emergency response sectors within the geographical area of the training. Trainings have been conducted within ESF-8 regions and at professional association meetings for nurses and other hospital workers, allowing health care professionals to network with others working in similar positions at other institutions. This session discusses the importance of cross-sector planning and training prior to an infectious disease outbreak.

**3. Methods:**

A case study and lecture around the need for interprofessional education and simulation were the methods employed in this workshop. The purpose of this workshop was to discuss the importance of cross-sector planning and training prior to an infectious disease outbreak.

The workshop started with a brief background of the 2014-2016 Ebola Virus Disease Outbreak and overview of an event occurring in Birmingham in August 2015, where

first responders, healthcare, and public health had to respond to a situation where an individual taken to UAB with Ebola-like symptoms. While the individual did not have Ebola, it did highlight the key players in an infectious disease response and helped the Deep South Consortium determine who needed to be included on the advisory board.

Following this presentation, PowerPoint slides were used to provide information on simulation, a brief history of simulation, interprofessional education (IPE), and InterProfessional Education Collaborative (IPEC) core competencies for interprofessional collaborative practice. Discussion centered on the need for Interprofessional Education and Simulation.

The advantage of this delivery method was to introduce the ideas and concepts to a wide audience and then elicit feedback from the participants to encourage them to think about how they can incorporate interprofessional education and simulation at their institution. This also served as an evaluation tool to determine if participants accepted the ideas presented.

#### **4. Main Points/ Key Points Raised from Participants:**

##### **Key Lessons**

- To ensure we are meeting the needs of the target audiences, we assembled a interprofessional team and conduct cross-sector planning for training.
- The role of the advisory board is to provide direct feedback to the Co-PIs/PD, Investigators and staff on identifying current needs, establish and modify training plans, assist in planning outreach to target populations, assess and maintain program curriculum, and ensure quality control and improvement of the program.
- Simulation is a technique – not a technology– to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.
- Healthcare simulation provides opportunities for novice and expert learners to develop, improve, and maintain competency in an environment that is safe for learners and patients. It is congruent with best practices for adult learning, and mitigates the effects of time and chance.
- Interprofessional education occurs when students/workers from two or more professions learn about, from and with each other to enable effective collaboration and improve outcomes.
- IPEC Core Competencies for Interprofessional Collaborative Practice include 4 domains 1) values/ethics for interprofessional collaborative practice, 2) roles and responsibilities, 3) interprofessional communication, and 4) teams and teamwork.
- Simulation is experiential learning as is grouping learners into interprofessional teams and having them work together to respond to and solve complex issues.

## Responses from the participants

- Several participants in the session thought the topic was very interesting and more time was needed for the presentation.
- Audience agreed that trust is key between organization involved in responding to an infectious disease outbreak as well as between the healthcare/first responders and the patient.
- One member suggested having a representative from a community health center on the advisory board to help develop trainings for healthcare workers on how to communicate with patients from different backgrounds (ethnic, cultural, minority populations, non-native English speakers, etc.). One advisory board member is part of a local Health Care Coalition and at a Federally Qualified Health Center.
- One attendee asked if any of the advisory board members currently still work at the bedside. Presenter stated there was a balance between those in leadership roles who could give direction and those still actively working in the field/clinics. Advisory board is made up of three nurses who are still actively practicing, 3 emergency room physicians, and several nurses in public health.
- Some commented that the large size of the advisory board seemed like it could become problematic in trying to reach a consensus. Duke Infectious Disease Response program partnered a biosafety professional with a nurse practitioner and together they co-teach all nursing students on how to communicate with a patient who might have a highly infectious disease while staying safe.
- One person asked about how long advisory board members serve on the board. Since the grant program is only 3 years, most members have remained on the advisory board for the length of the grant.

## 5. References:

Agency for Healthcare Research and Quality, AHRQ Issue Brief: Health Care Simulation To Advance Safety: Responding to Ebola and Other Threats, February 2015

Makary, M. A., & Daniel, M. (2016). Medical error-the third leading cause of death in the US. *BMJ: British Medical Journal (Online)*, 353.

Core Competencies for Interprofessional Collaborative Practice: 2016 Update - <https://www.ipecollaborative.org/resources.html>

Deep South Biosafety Worker Training Program - <https://www.soph.uab.edu/dsb>.

## 6. Workshop Handouts/ Resources:

**Handouts:** It Takes a Village: Benefits of Cross-sector Planning and Training for an Infectious Disease Response - PPT