



Team Communication

1-Improving Critical Care Teamwork: Simulation-Based Interprofessional Training for Enhanced Communication and Safety

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Abstract

Background: This study evaluates a simulation-based interprofessional education (IPE) program implemented at the National Cheng Kung University Hospital between 2018 and 2023. The program aimed to improve teamwork, communication, and collaboration among healthcare professionals in high-acuity environments such as emergency departments and intensive care units (ICUs). **Methods:** A prospective, mixed-methods approach was used to assess the program's effectiveness. The study enrolled 237 participants, including postgraduate medical trainees, nurses, respiratory therapists, and administrative staff. Two high-fidelity clinical scenarios-multiple trauma and respiratory distress with shock-were designed to simulate real-world emergencies. Participants' teamwork performance was evaluated using the Team Emergency Assessment Measure (TEAM), while qualitative feedback was collected via structured questionnaires and thematically analyzed. **Results:** Quantitative analysis revealed significant improvement in leadership communication ($p = 0.0328$) and positive trends in teamwork dimensions such as completion and effective communication. However, global team performance showed only modest numerical gains. ($p=0.5201$) Qualitative feedback highlighted recurring themes such as unclear task delegation, delayed recognition of patient condition changes, and inconsistent use of communication techniques like call-outs and check-backs. **Conclusion:** The simulation-based IPE program significantly enhanced interprofessional collaboration and clinical competencies among participants. However, specific areas, particularly communication, leadership, and situational awareness, require further attention in future training sessions. These findings underscore the importance of continuous refinement of simulation programs to prepare healthcare teams for high-stakes clinical scenarios effectively.

Keywords

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[interprofessional educationsimulation-based learningteamworkhealthcare collaborationpatient safety](#)

Keywords Plus

[PATIENTFACILITATIONLEADERSHIPFIDELITY](#)

2-How to communicate with families living in complete isolation

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Abstract

Importance During the SARS-CoV-2 pandemic, a complete physical isolation has been worldwide introduced. The impossibility of visiting their loved ones during the hospital stay causes additional distress for families: in addition to the worries about clinical recovery, they may feel exclusion and powerlessness, anxiety, depression, mistrust in the care team and post-traumatic stress disorder. The impossibility of conducting the daily meetings with families poses a challenge for healthcare professionals. Objective This paper aims to delineate and share consensus statements in order to enable healthcare team to provide by telephone or video calls an optimal level of communication with patient's relatives under circumstances of complete isolation. Evidence review PubMed, Cochrane Database of Systematic Reviews, Database of Abstracts and Reviews of Effectiveness and the AHCPR Clinical Guidelines and Evidence Reports were explored from 1999 to 2019. Exclusion criteria were: poor or absent relevance regarding the aim of the consensus statements, studies prior to 1999, non-English language. Since the present pandemic context is completely new, unexpected and unexplored, there are not randomised controlled trials regarding clinical communication in a setting of complete isolation. Thus, a multiprofessional taskforce of physicians, nurses, psychologists and legal experts, together with some family members and former intensive care unit patients was established by four Italian national scientific societies. Using an e-Delphi methodology, general and specific questions were posed, relevant topics were argued, until arriving to delineate position statements and practical checklist, which were set and evaluated through an evidence-based consensus procedure. Findings Ten statements and two practical checklists for phone or video calls were drafted and evaluated; they are related to who, when, why and how family members must be given clinical information under circumstances of complete isolation. Conclusions and relevance The statements and the checklists offer a structured methodology in order to ensure a good-quality communication between healthcare team and family members even in isolation, confirming that time dedicated to communication has to be intended as a time of care.

Keywords

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[communication](#)[family management](#)[hospital care](#)[psychological care](#)[social care](#)

Keywords Plus

[INTENSIVE-CARE-UNIT](#)[IMPROVE COMMUNICATION](#)[PATIENTS RELATIVES](#)[ICU EXPERIENCE](#)[INFORMATION](#)[LIFE SATISFACTION](#)[BROCHURE](#)[NEED](#)