

Position Descriptions - Roles and Responsibilities

Pediatric Readiness Improvement and Simulation Mentor (PRISM)

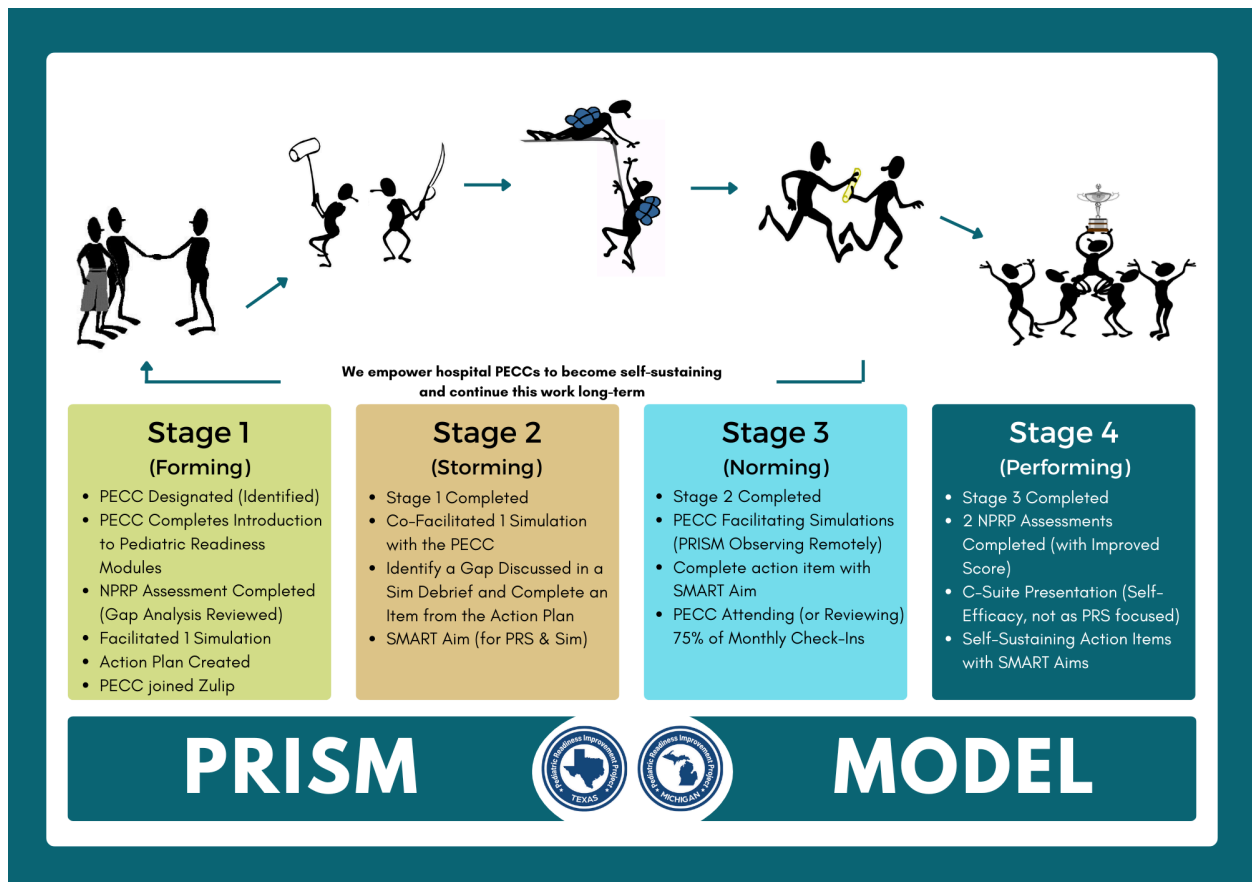
- Preferred background
 - RN, physician, advanced practice providers, EMT-P
 - Pediatric and/or ED clinical background
 - Previous experience working in the role of PECC or pediatric champion
 - Experience in facilitating scenario-based simulation such as PALS, ENPC, TNCC, ATLS/ATCN, mock codes, etc

- Expectations
 - Attend orientation sessions (in person and/or virtual), to include:
 - Review of Job Description and completion of contract, if not already done
 - Reviewing Pediatric Readiness in the ED (NPRP assessment) and use of Gap Analysis
 - Identifying and providing resources supporting PECCs (Pediatric Emergency Care Coordinators)
 - Simulation training using SimBox, including facilitator and participant feedback forms
 - Communication
 - Identifying, requesting, and/or accessing educational tools
 - Completing regular activity log with timely submission
 - Accessing and using Zulip or WhatsApp (or preferred phone app)
 - Manage a minimum of 5 active community ED sites and their site PECCs
 - Work with PECC to achieve independence
 - At least annually:
 - PECC co-facilitate one on-site (if necessary, otherwise virtual) sim day and NPRP assessment
 - Gap analysis-review with ED site and PECC at beginning of collaboration and at least yearly. Review plan to address gaps.
 - Provide an annual report on each ED site.
 - At least quarterly:
 - Quarterly simulations, PECC facilitating with learners in person and Academic Medical Center (AMC) Partner PRISM facilitating in person or virtually***
 - Monitor and support progress of PECC using [PECC milestones](#)***
 - Monthly, or as needed:
 - Timely sharing of additional education and resources
 - Update site tracker (minimum monthly)
 - Monthly one-on-one check-in to review PECC activity log, including #sims, #participants, work toward gap analysis and quality improvement initiatives, etc.***
 - Every-other-month virtual check-in between PRISM and all of their PECCs in a group video conference

- Communication check-in (including text and/or email) to ascertain educational or resource needs, assist with problems/opportunities, etc.***

*** These bullet points are variable. As the PECC becomes more independent, they will become a “mentor site”, requiring less frequent supervision. Activity log and PECC milestone resources can be used to monitor independence, with communication check-ins and timely sharing of additional education and resources ongoing.

- Collaborate with the entire Team
 - Bi-weekly meeting with all PRISMs, PRISM Trainers, Managers, AMC partners, Academic research team
 - Provide feedback on education, resources, and curriculum structure through surveys and 1:1 feedback opportunities
 - Quarterly check in with State Project Manager
 - Participate in ongoing Pediatric Readiness and PRISM education
 - Monitor Zulip Stream and respond as appropriate
 - Attend non-scheduled check-ins as needed
 - Respond to emails in a timely manner
 - Maintain careful possession of computer, speakers, simulation mannequins and other assigned equipment (equipment will be returned if no longer needed or you leave the role of PRISM)



Stage 1

In person:

- Email/visit to introduce PRIP.
- Ask for meeting with ED manager, PECC, representative from Trauma (if applicable) at minimum
 - If no designated PECC, discuss with ED manager alternatives to designate PECC.
- Send .pdf of NPRP assessment and ED checklist to help prepare for the meeting.
- PECC will complete [PECC learning modules](#) (3)
- After PECC identified (or alternatives established):
 - Complete NPRP assessment
 - Assist with Gap analysis-review and create a plan to address at least 1 gap.
- Simulation: Provide up to 3 simulations*** with PECC using ED staff.
 - 1st simulation, PECC participates.
 - 2nd simulation, PECC assists PRISM, completes checklist.
 - 3rd simulation (if possible), PECC completes checklist and assists with debrief.
- Site self-efficacy assessment for PECCs & their frontline providers

***If more than 3 simulations are required consult with state manager before continuing

Communication:

- Advocate use of Zulip and monthly PECC check-ins
- Discuss and arrange next steps, to include action plan, timing/cadence
- Update activity log
- Communicate with the project manager any issues or needs not addressed on activity log

Stage 2

According to timing/cadence addressed in Stage 1:

- Provide resources (to include website, printing booklet, arranging for mannequin, sending scavenger hunt information, etc.) to prepare for simulation.
- Assist PECC virtually (as needed) in running quarterly simulations, preferably with multi-disciplinary ED staff.
 - Available to assist with debrief and review of the checklist.
- Review action plan and updates.
 - If problems executing action plan, review/suggest alternatives in the action plan.
 - If action completed, determine how/when to review effectiveness.
 - Update gap analysis and determine the next action plan with SMART Aim.
 - Continue development of action plan, update timeline/next steps with measurable information, including simulation cadence, resource needs, communication needs, Review participation in Zulip and PECC check-ins.
- PECC sets regular timelines for simulations (assists in proficiency).

- Evaluations to be completed with each simulation, even if practicing alone for self-evaluation.
- Send timely/seasonal educational resources for PECC to share with ED staff (may include materials for a seasonal educational bulletin board, newsletters.)
 - Assist with ED perceived needs.
- Update activity log
- Communicate with the project manager any issues or needs not addressed on activity log

Stage 3

According to timing/cadence addressed in Stage 2:

- Share additional education and resources as requested.
- Monthly check-in with PECC, to include work toward gap analysis and quality improvement initiatives, timing of next NPRP assessment, etc. Receive updates from PECC and/or ImPACTS team on simulation numbers and evals. Offer virtual participation in simulation for issues or suggestions.
- Follow-up with Zulip and PECC check-in participation and observations.
- Set up quarterly meetings with PECCs that are at the same stage. Agenda items might include simulation challenges, additional educational needs, etc. (encouraging regional community of practice).
- Update activity log
- Notify the Project Manager of issues or suggestions with this site or results from meetings.

Stage 4:

According to timing/cadence addressed in Stage 3:

- Obtain results from second NPRP assessment. PECC should be independently creating own action plans and SMART aims
- Assist PECC in preparation for "publicizing" work, which might include, but isn't limited to:
 - Presentation to director/CNO
 - Poster presentation at regional/national conference
 - Article in state/national newsletter
 - Inclusion in clinical ladder documentation
 - Inclusion in Magnet/Lantern Award documentation
- Discuss timing/cadence of follow-up communication
- Ensure that you are available any time as needed.
- Update activity log.

- Notify program manager of completion
 - Communicate program graduation to PECC/ED manager, etc.
 - Create job description for dedicated role with succession plan for PECC turnover
- Site self-efficacy assessment for PECCs & their frontline providers