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Title: capstone proposal

Instructions: capstone proposal attached files: file capstone proposal rubric.docx capstone proposal rubric.docx - alternative formats (17.388 kb) file problem statement template for change project.docx problem statement template for change project.docx - alternative formats (13.354 kb) complete your capstone proposal. criteria includes: 1. title page the recommended title length is 12 words and should include the topic, the variables and relationship between them, and the most critical keywords. double-space the title if it is more than one line of type, and center it under the word proposal. include your name, your program of study (and specialization if applicable), double-spaced and centered under the title. 2. problem statement provide a one- to two-paragraph statement that is the result of a review of research findings and current practice and that contains the following information: 1. identification of the specific problem 2. who/what the problem affects 3. impact of the problem 4. what is being done currently 5. factors contributing to the problem 6. your plan to address the problem (what your project will accomplish) please use the problem statement template to guide you in developing the problem statement. 3. significance of project provide one to two paragraphs, informed by the topic in the

problem statement, which describe(s): 1. why is it important that the project be done? 2. who benefits from your project deliverable(s). 4. background literature provide a discussion of at least 10 research based articles from the last five (5) years which will be used to help you develop your project. for each article: 1. identify the type of study 2. the problem which was addressed 3. the setting/population 4. type of data collected 5. findings and recommendations remember, this is just some basic background literature. your completed capstone should have a minimum of 25 scholarly references which are preferably research based. you may use quantitative, qualitative, and mixed methods as the majority of your literature. meta-analysis, meta-synthesis, reviews of literature, clinical guidelines, expert opinions (expert opinions are not from people you work with unless they have credentials to support them as being "experts"). 5. references page

Focus: using technology such as emrs, computerized charting, electronic medication administration, using cell phones to communicate, patient fall prevention devices,

Structure: apa 7th edition format

### **The Use of Digital Technologies to Improve Patients Safety**

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Department of Health Professions: Nursing

NURS 5011 Professional Nursing Role

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## **The Use of Digital Technologies to Improve Patients Safety**

### **Introduction**

The 21<sup>st</sup> century brings with it advance innovation of technology and the need to implement it in nursing practice. The means of communication using phone, pagers, email and social media continue to rise in both personal and professional world. However, before implementing this changes, we need to pause and ask ourselves an important question (Özer & Şantaş, 2020). Will technology help or hurt the quality of care we provide to our patients? When it is determined the technology usage will bring positive outcomes, then nurses should state applying technology in their day to day work. But when it comes to use technology, nurses are faced with some barriers hence need to explain the statement problem.

### **Problem Statement**

According to Miles (2019) a problem statement is a short, clear explanation of the issue to be researched. It sets up the context, relevance and aims of the project. By embracing the use of technology, nurses will be able to provide safe care to the patients. When patients comes to nurse, they expect to receive high quality nursing care and no harm. Unfortunately, this is not always the case. Patients ends up getting traumatized and their health affected by some actions from the nurses when they trust their care. This result in deteriorating health condition, longer hospitalization stay, increase in healthcare cost and even loss of life (Özer & Şantaş, 2020). There are various areas that patients are at risk of jeopardizing their safety in the hands of nurses. That is patient's charts, medication administration, falls, nosocomial infection, diagnostic testing, and health maintenance and so on. By using technology in these areas, nurse will be solving the problem hence improve patients safety in the hospital.

Research by Alotaibi & Federico (2017), most hospitals have decided to convert patient's

medical records that includes patient's demographics, diagnosis, past medical history, medication records, pharmacy, laboratory results, other healthcare discipline notes and referrals. They are converted to electronic health records (EHRs) that have transformed healthcare information technology today. The providers and other healthcare team members can access this information remotely and enter data in the real time. (EHRs) can improve patient health by allowing providers to make well-informed medical care decision effectively and save cost (Özer & Şantaş, 2020). Making updated patient data available to all healthcare providers and patients. It avoids duplication of electronic health record is a digital version of a patient's medical history. It can include progress notes, providers, problems, medications, lab data, etc. EHRs can improve patient care by improving the accuracy and clarity of medical records, and making data easily accessible to healthcare providers, doctors, and patients (Alotaibi & Federico, 2017).

### **Current Situation**

Research by Bates & Singh (2018) found that today, clinicians and health workers face a number of obstacles to meet global access to health care services from protecting patients' data to helping aged demographic groups, to understaffed, achieving strict deadlines and, inevitably, resolving concerns when mistakes are made. Protection of patients is a big global concern for the public. Research indicate that one in ten patients seeking hospital treatment were somehow affected in high-income countries, where almost 50 percent of injuries could be avoided. The cost of medicinal errors world is estimated at \$42 billion annually. The third largest cause of mortality after cardiovascular and cancer is believed to be medication errors. Another study report by Khan et al. (2017) reveals that there are over 250,000 deaths per year due to medical errors in the United States. The World Health Organization (WHO) reports that interventions which might help to avoid over 750,000 adverse medical errors annually, leading to over 3,2

million hospital admissions, 260,000 fewer cases of permanent injury and 95,000 fewer casualties each year, in reducing the number of adverse effects in the European Union.

Consequently, it is no wonder that demands for safer systems of health and increased patient safety regulations are rising. In improving patients' health and safety, technology plays a vital role (Bates & Singh, 2018). Proper use of technology can strengthen contact with doctors, improve safety of medication, minimize future medical complications and improve patient satisfaction as a whole. The use of printing technologies and mobile devices to eliminate human errors and ensure that data is used to the greatest advantage and cost efficient use, partially through the barcode is at the core of the information technology in the healthcare sector (Khan et al., 2017).

### **Significant of the Problem**

Low quality information processing is one of the key causes of medical errors. European hospitals also document vital patient data manually today, raising the likelihood that a patient will receive the wrong medication. Scan and processing technology can be used to reliably and easily capture and print patient data to identify and better take care of patients and to strengthen the condition (Carayon et al., 2018). This project will compare the quality of care provided with the use of technology at bedside and compare the level of patient's safety before using technology. Details including date of birth, management control and symptoms must be properly reported or can lead to complications when a patient is admitted to the hospital for the first time. It is important to properly get patient details quickly and any uncertainty caused by missing records, false letters or misleading may be fatal. People are aware that about 10% of blood bags are delivered wrongly due to negligence (Haddara & Staaby, 2018). For blood transfusions it could be possible to reduce the error margin to less than 1% by using an automotive ID system

that monitors the barcode from printers and digital devices.

### **PICOT Question**

Patient's safety has been compromised because of many factors happening when care is being provided. The current pandemic situation has affected the patient care and staffing. Hospitals are swamped with higher patient's population causing nursing shortages (Haddara & Staaby, 2018). This places patient at fall risk and going without their need met in timely manner. Medication errors also happens with patients and are underreported for many reasons. The basic goal in this effort is to set up a system that will hamper any error in the delivery of service and protect patients from any error, eliminating any possibilities of error (Ozer, 2020). The accessibility of patient's medical records during emergency as some hospitals are still using charts to store information. Some older nurses are reluctant to adapting to use of computers for documentation and lack of technology support when issues arises when using systems (Alotaibi & Federico, 2017).

The project should be done to help improve the quality and safe patient care provided to the patients. Patient are able to access their medical records and can correct any information that is inaccurate. The patient's providers are able to access the patient's records easily and make critical decision during emergencies. The provider work is automatic and streamlined for other healthcare team member to access at time the data is being entered (Carayon et al., 2018). It saves time for nurses who can see patient's laboratory results and intervene right away. Healthcare team are able to use digital technology such as iPads, smart phones, pagers and communicate more effectively. If a patient is climbing out of bed, the bed alarm goes off alerting the nurse who could be in another patient room and unaware of such impending fall. The same nurse might get a phone call in her cell phone and get warning from secretary in front office and

can go to the patient room right away (Haddara & Staaby, 2018).

The patient is the most beneficiary of the use of technology in delivering care. The patient end up not falling down, injuring himself and end up with prolonged hospitalization. The nurse is notified on timely manner and is able to lead no harm to the patient. Another example is using technology to prevent medication error by scanning patient wrist band and medication bar to verify 5 patients right to medication are adhered to (Haddara & Staaby, 2018).

### **Background Literature**

According to Zajac et al. (2020), healthcare technology encompasses a variety of tools from basic charting to sophisticated decision-making and medical digital integration. Information technology on health provides many ways to enhance and change health care including; the elimination of medication errors, enhancement of clinical results, delivery of care, improvement in the efficacy of practices and data monitoring over time. Ye (2020) adds that since the initial IOM report was released, the growth and implementation of health information technology has indeed been intensified, with various levels of evidence regarding its effect on patients' safety. Healthcare technology is a way of improving safety and comorbidities, such as drug defects, miscommunication, delays in care, and adverse events – such as intervention failures, readmission rates, pulmonary embolism, drops and median survival complications. However, technology also poses unanticipated consequences and failure possibilities (Walsh & Rumsfeld, 2017). Foley catheters, 57 percent, arterial catheters 17 percent, central venous catheters 17 percent, and central catheters peripherally inserted 7 percent were most often linked to adverse events.

### **The use of bar codes in healthcare**

Effective use of analysis and interpretation of data would mean a better future health



system. One method to strengthen healthcare is to investigate possible patient-care errors and draw up a "learned lessons" guide. Walsh & Rumsfeld (2017) articulates that Unfortunate incidents apply to nearly occurring medical mistakes (like inappropriate medication administration), and understanding from these events can help to promote better training for workers and increase patient safety. Technological advancement can contribute to global healthcare quality, protection, efficiency and transparency. Technology can save money, minimize mistakes and potentially minimize the atmosphere of litigation. Founded in 1952, motivated by the Morse code, barcode improves hospital and pharmacological processes, where manuscript documents are still relied entirely, resulting in potential mistakes (Walsh & Rumsfeld, 2017). The Barcodes and Scanners can be used together with a patient identity and access management remedy to accurately match clients' records, diagnosis and treatment rather than just manually documenting their treatment options. This ensures that errors are taken into consideration and patients are properly cared for.

A peer reviewed study by Slawomirski, Auraaen & Klazinga (2017) shows that the advantages can often be seen through a whole health facility, allowing treatment teams to collaborate and interact together to serve many patients through technological innovations for healthcare. These solutions allow hospital personnel to interact efficiently and to provide vital patient information easily and safely. In real-time, patient data can be accessed and exchanged and patient vital signs, diagnosis, image processing and much more available (Ye, 2020). All these developments lead to increases in process quality and a decrease in error rates and, above all, deaths. The bar code technology also monitors the fitness of the establishment by improving data sharing and analysis in high definition, rendering the facility much more efficient and productive – and more secure from property resources such as an MRI machine to personnel.

**Electronic physician's orders and E-prescribing**

As stated by Sharma et al. (2019), computerized medical inventory control requires the use of computer or electronic technology required to enter medical orders, including order for prescription on a web or handheld device platform. Originally, computerized medical input programs were designed to enhance the protection of medicine orders, but much more modern devices often allow the electronic sequence of tests, treatments and counseling sessions. Computerized physicians' order entry systems are generally combined with a Clinic Decision Support (CDS) system that serves as an error prevention mechanism to direct the physician on the preferential prescription doses, route and administrative pace.

Walsh & Rumsfeld (2017) added that certain CPOE systems can have the attribute of triggering the prescribing doctor to allergy, medication or treatment options, or complex systems to procedures that should be recommended based on clinical guidelines. A meta-analysis investigating the efficacy of CPOE to minimize medical error and adverse outcomes in hospitals showed a dramatic decrease of medication administration errors and medication errors effects by incorporating the COPE in clinical decision-making support (Mathews et al., 2019).

A study by Rodriguez-Villa & Torous (2019) articulates that in the same way, research in community based outpatient clinics have demonstrated comparable findings in drug error reduction. The use of hard stops in CPOE systems has indeed been tested and proved to be efficient in modifying prescription errors as a measure of the pressing function and error prevention.

According to Carayon et al. (2019), the use of hard-stops however caused substantial clinical delays in the procedure. The implementation of an individual CPOE without CDS does not appear to minimize drug errors. Studies testing a simple CPOE system without the need for a

system of support for clinical judgment have shown that overall patient's safety has not been improved or medical errors have not been reduced. Powell-Cope, Nelson & Patterson (2018) affirmed that scientific research indicates that COPE systems have a high degree of empirical evidence to minimize drug mistakes as among the most thoroughly tested health information technology, but this advantage only goes along if used along with a CDS system.

### **Clinical decision support**

According to Petrakaki, Hilberg, & Waring (2018), resources for clinical judgment provides knowledge and patient's health information to healthcare professionals. This knowledge is to enhance the health care provider's judgment and is rationally and logically filtered and provided at convenient stages to the healthcare provider. A variety of methods for enhancing decisions and medical efficiency are included in the support of treatment practice. These resources include notes, warnings, patient and caregiver prompts, clinical instructions, diagnosis order sets, patient clinical descriptions, report models, study support, and other resources (Ajami & Rajabzadeh, 2019).

In another study by Padgett et al.(2017) found that using screen recorders for doctors led to an increase in small to moderate changes in process compliance, ordering, immunization, lab ordering and care outcomes. Doctors occasionally disregard warnings from the support systems of treatment practice. In a survey, 18,115 drug advisories were analyzed in the region of Boston and 33% of warnings were disregarded. Several clinical studies<sup>1</sup>, 415 analyzed the results of various improvements to the CDS system to enhance doctors' compliance with warnings and found that "tiering" and "computerization of alerts" contributed to an improved compliance by doctors to CDS warnings (Rodriguez-Villa & Torous, 2019).

In a meta-analysis study Carayon et al.(2019) to analyze the factors why a CDS system

prosper, and why it improves the patient performance, concluded that while the likelihood of succeeding for CDS systems which require that the health provider explain why CDS systems that offer easy advice are less likely to succeed, the chances of success are higher. The chances of success for CDS systems, which offered patients and clinicians synchronized advice, were higher. Furthermore, CDS systems that have been tested more effectively by their programmers than by third-party programmers had high chances of succeeding (Özer & Şantaş, 2020).

### **Automatic medical dispensing technology**

ADCs are electronic pharmaceutical stores which store drugs at a regulated dispensing location for care and monitoring of the delivery of medicines. In the 1980s, automated dispensing cabinets are often used in health care facilities, but over time they developed to incorporate more advanced systems and software technologies in order to complement the high-risk method of drug distribution. According to Özer & Şantaş (2020), a tool for the drugs inventory control was employed effectively as automated drug dispensing cabinets, which helps to simplify the dispensing procedure by eliminating the burden in the main pharmacies and tracking how medicines are dispensed.

Mathews et al. (2029) stated that the effect of ADC on patient's safety is minimal because only limited controlled study found that the use of ADC has contributed to the rate of medication administration errors in a major hospital department decreasing by 28%. Detailed assessments found that processing errors were the most reduced. The automated distribution system did not minimize errors that caused harm. Automated dispensing cabinets tend to minimize mistakes in the handling of drugs. Although the validity level is high, it is constrained to intensive care units (Walsh & Rumsfeld, 2017). Additional controlled trials are required to establish the effect of ADC in other environments on drug safety.

**Factors influencing the use of technology in healthcare**

Organizational variables affecting the use of technological advances in healthcare include policies, funding, community, social values, dedication to leadership, skills development and employee engagement. As stated by Malgaroli, Hull & Schultebrucks (2021), the impact of technology implementation could differ considerably depending on the context, apparently due to variations in the individual and institutional environment including workflow, job tasks, procedures and people's environment. It is beneficial to have strong leadership and managerial expertise, supplies, training and cooperation with other departments before enforcing manual shifting through policies while implementing healthy patient mobility and management programs (Petrakaki, Hilberg, & Waring, 2018),

Research by Matricardi et al. (2020) found that, since the development of healthcare as a specialty in the 19th century, dynamic and sometimes troublesome relationship between technique and health care. Healthcare professionals have both become technology consumers and patient adoption mediators, but the technological advancement in their field has often been difficult to determine for nurses. Technology has been involved in the negotiations of the position of nursing in health care against care and high-touch versus advanced technology. In the 1970s, after learning psycho-social skills like communication and establishing a professional relationship, the knowledge of technology was always second (Bates & Singh, 2018).

Mahajan et al. (2021) added that nurses have been intensive evaluation to adopt safe patient care and other technology where feasible, easy to use, non-risk, cost and increased prevalence issues (e.g. falls), comply with department and/or organizational priorities, and are compatible with recent working patterns or have the ability to improve patient quality and time. The nursing features which influence the use of technological advances are probably unique to

this technology (Mackey & Nayyar, 2017).

### **Implication of technology use in improving patient's outcome**

Presently, technology has become an essential component of healthcare. The appropriate technology can help boost performance, quality and cost. As stated by Lupton (2017), the many benefits technology can offer include promoting healthcare provider interaction, enhancing medicine protection, reducing possible medical mistakes, enhancing access to health information, and promoting patient oriented- treatment (Espay et al., 2019).

Khan et al. (2027) articulated that, information sharing between physicians is simpler through technology as many healthcare experts are active in their treatment during a patient's medical process. Another study by Hurtig et al. (2029) found that, the risk of miscommunication or medical mistake may be greatly increased. Communication issues are among the most frequent causes of adverse events. The EHRs were designed to minimize these errors through a single easy to access database of compiling and preserving all patient information.

According to Haddara & Staaby (2018), medication error can be minimized through the use of healthcare technology. Another common medical mistake that can lead to significant health problems is medication errors. By enabling clinicians to submit prescriptions electronically to the pharmacy, e-prescription can aid in reducing prescription errors. Health alarms, clinical flags, and warnings also allow technology to minimize drug mistakes and increase the safety of patients. The consequences of physicians not providing enough knowledge about the patient or prescription are some severe medication errors (Ajami & Rajabzadeh, 2019).

In another research by Feldman, Buchalter & Hayes (2018), the access to reference materials has been enhanced significantly by information technology. Manufacturers now have access to a wide range of drug data source, enabling healthcare professional access to digital

databases, archives and many other medical resources efficiently. Additionally, the use of modern technology in healthcare settings improves patient oriented care and therefore it is essential for many justifications, including greater compliance or service quality, to allow patients to be more engaged in their treatment. Technology facilitates patient focusing through online services, text messages, and e-mails, improving contact between staff and service users. It also facilitates access to data including online health records, which can boost patient satisfaction and self-monitoring.

### **Conclusion**

Current practitioners could enhance the nursing practice in using technology by offering the quality of human factors for nursing education and including enhancing innovation to professional education for developers of human factors. A professional perspective sees health as a function that needs to be "technologically developed," and human mistakes come out of the interaction between humans and machines. Misuse of equipment can be seen as the designer's inability to adapt the device properly to individual user cognitive abilities and limitations. Technology is adequately intended to minimize medication mistakes and mitigate the impacts of mistakes by (1) reducing modifiable risk factors; (2) minimizing error/adverse event occurrences; (3) identifying errors even before injury happens; and (4) alleviating error implications when injuries happen to a minimum. Healthcare technology can generate positive benefits for nurses, patients, and organizations under this "desirable" scenario. While healthcare technology provides many possibilities for enhancing performance and effectiveness among nurses, performance outcomes, improved patients' satisfaction, quality and safety, limited research has assessed the effects of specific healthcare technologies. The reliability of barcoding, scan-and-robotics and decreased cost have been demonstrated. Barcode administrative program

was adopted successfully by the Veterans Health Administration (VHA). A remote, point-of-care infrastructure with an embedded barcode scanner is used for this revolutionary computerized framework.



### References

- Ajami, S., & Rajabzadeh, A. (2019). Radio Frequency Identification (RFID) technology and patient safety. *Journal of research in medical sciences: the official journal of Isfahan University of Medical Sciences*, 18(9), 809.
- Alotaibi, Y. K., & Federico, F. (2017). The impact of health information technology on patient safety. *Saudi medical journal*, 38(12), 1173.
- Bates, D. W., & Singh, H. (2018). Two decades since to err is human: an assessment of progress and emerging priorities in patient safety. *Health Affairs*, 37(11), 1736-1743.
- Carayon, P., Wooldridge, A., Hose, B. Z., Salwei, M., & Benneyan, J. (2018). Challenges and opportunities for improving patient safety through human factors and systems engineering. *Health Affairs*, 37(11), 1862-1869.
- Espay, A. J., Hausdorff, J. M., Sánchez-Ferro, Á., Klucken, J., Merola, A., Bonato, P., ... & Movement Disorder Society Task Force on Technology. (2019). A roadmap for implementation of patient-centered digital outcome measures in Parkinson's disease obtained using mobile health technologies. *Movement Disorders*, 34(5), 657-663.
- Feldman, S. S., Buchalter, S., & Hayes, L. W. (2018). Health information technology in healthcare quality and patient safety: literature review. *JMIR medical informatics*, 6(2), e10264.
- Haddara, M., & Staaby, A. (2018). RFID applications and adoptions in healthcare: a review on patient safety. *Procedia computer science*, 138, 80-88.

- Hurtig, R. R., Alper, R. M., Bryant, K. N., Davidson, K. R., & Bilskemper, C. (2019). Improving Patient Safety and Patient–Provider Communication. *Perspectives of the ASHA Special Interest Groups*, 4(5), 1017-1027.
- Khan, N., Marvel, F. A., Wang, J., & Martin, S. S. (2017). Digital health technologies to promote lifestyle change and adherence. *Current treatment options in cardiovascular medicine*, 19(8), 1-12.
- Lupton, D. (2017). Digital health now and in the future: Findings from a participatory design stakeholder workshop. *Digital health*, 3, 2055207617740018.
- Mackey, T. K., & Nayyar, G. (2017). A review of existing and emerging digital technologies to combat the global trade in fake medicines. *Expert opinion on drug safety*, 16(5), 587-602.
- Mahajan, S., Lu, Y., Spatz, E. S., Nasir, K., & Krumholz, H. M. (2021). Trends and predictors of use of digital health technology in the United States. *The American journal of medicine*, 134(1), 129-134.
- Malgaroli, M., Hull, T. D., & Schultebrucks, K. (2021). Digital Health and Artificial Intelligence for PTSD: Improving Treatment Delivery Through Personalization. *Psychiatric Annals*, 51(1), 21-26.
- Mathews, S. C., McShea, M. J., Hanley, C. L., Ravitz, A., Labrique, A. B., & Cohen, A. B. (2019). Digital health: a path to validation. *NPJ digital medicine*, 2(1), 1-9.
- Matricardi, P. M., Dramburg, S., Alvarez-Perea, A., Antolín-Amérigo, D., Apfelbacher, C., Atanaskovic-Markovic, M., ... & Agache, I. (2020). The role of mobile health technologies in allergy care: An EAACI position paper. *Allergy*, 75(2), 259-272.

- Miles, D. A. (2019). Problem Statement Development: How to Write a Problem Statement in A Dissertation.
- Özer, Ö., & Şantaş, F. (2020). Effects of electronic medical records on patient safety culture: The perspective of nurses. *Journal of evaluation in clinical practice*, 26(1), 72-78.
- Padgett, J., Gossett, K., Mayer, R., Chien, W. W., & Turner, F. (2017). Improving Patient Safety through High Reliability Organizations. *Qualitative Report*, 22(2).
- Petrakaki, D., Hilberg, E., & Waring, J. (2018). Between empowerment and self-discipline: Governing patients' conduct through technological self-care. *Social Science & Medicine*, 213, 146-153.
- Powell-Cope, G., Nelson, A. L., & Patterson, E. S. (2018). Patient care technology and safety. *Patient safety and quality: An evidence-based handbook for nurses*.
- Rodriguez-Villa, E., & Torous, J. (2019). Regulating digital health technologies with transparency: the case for dynamic and multi-stakeholder evaluation. *BMC medicine*, 17(1), 1-5.
- Sharma, A., Harrington, R. A., McClellan, M. B., Turakhia, M. P., Eapen, Z. J., Steinhubl, S., ... & Peterson, E. D. (2018). Using digital health technology to better generate evidence and deliver evidence-based care. *Journal of the American College of Cardiology*, 71(23), 2680-2690.
- Slawomirski, L., Auraen, A., & Klazinga, N. S. (2017). The economics of patient safety: Strengthening a value-based approach to reducing patient harm at national level.
- Walsh, M. N., & Rumsfeld, J. S. (2017). Leading the digital transformation of healthcare: the ACC innovation strategy.

Ye, J. (2020). The role of health technology and informatics in a global public health emergency: practices and implications from the COVID-19 pandemic. *JMIR Medical Informatics*, 8(7), e19866.

Zajac, S., Woods, A. L., Dunkin, B., & Salas, E. (2020). Improving Patient Care: The Role of Effective Simulation. In *Comprehensive Healthcare Simulation: InterProfessional Team Training and Simulation* (pp. 3-20). Springer, Cham.