Poster Number: W7
Poster Title: Rapid Teams, Real Impact: Interprofessional NP Simulation for Ad-Hoc Pediatric Sepsis Response
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Problem Statement:
Clinical practicum variability in pediatric acute care programs limits consistent exposure to ad-hoc team experiences, yet competence in ad-hoc team performance is essential for safe, high-quality pediatric care.
Purpose:
The purpose of this project was to evaluate the impact of an interprofessional, cross-track nurse practitioner (NP) simulation on NP students' preparedness, communication, and clinical decision-making during ad-hoc team management of pediatric sepsis.
Background & Significance:
Ad-hoc teams form rapidly in emergent situations, requiring effective communication and collaboration among providers unfamiliar with one another (Hautz et al., 2020; McGhee et al., 2022). For NP students, deliberate practice in ad-hoc team roles during training supports readiness for acute care practice and promotes patient safety.
Methods:
A hybrid simulation was implemented using a high-fidelity SimJr™ manikin and an embedded actor parent. NP students from pediatric acute care, pediatric primary care, and family nurse practitioner–emergency tracks participated in an unfolding pediatric sepsis scenario involving a 16-year-old female presenting with fever, rash, and menstrual history concerning for toxic shock syndrome. Simulation roles spanned outpatient triage, emergency department management, and pediatric intensive care consultation. Pre-simulation preparation included review of Surviving Sepsis Campaign guidelines and international pediatric sepsis criteria. Structured debriefing was conducted using the PEARLS framework (Bajaj et al., 2018).
Results:
Thirty-two NP students participated across two academic semesters. Learner feedback indicated increased perceived preparedness for ad-hoc team participation, improved communication across care settings, and enhanced recognition of early sepsis management priorities, including timely antibiotic administration, fluid resuscitation, and escalation to vasoactive support.
Conclusions:
An interprofessional, cross-track NP simulation is a feasible and effective educational strategy to support development of ad-hoc team competencies in pediatric sepsis care. Future iterations will

incorporate structured team communication tools (e.g., I START END) and expanded evaluation measures to further assess competency development across NP training pathways.

Key Words: Simulation, Interprofessional Collaboration, Pediatric Sepsis