

# Are Nursing Students Appropriate Partners for the Interdisciplinary Training of Surgery Residents?

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**BACKGROUND:** Interdisciplinary team training in a simulation center recreates clinical team interactions and holds promise in improving teamwork of clinicians by breaking down educational silos. The objective of our study was to assess the appropriateness of interdisciplinary training with general surgery residents and nursing students.

**METHODS:** Over 2 consecutive academic years (2012-2013 and 2013-2014), general surgery residents participated in interdisciplinary team-training simulation-based sessions with senior nursing students. Scenario objectives included demonstration of appropriate teamwork and communication, and clinical decision making; sessions incorporated interdisciplinary debriefing of the scenarios. Participants were asked to assess their team-training experience and the appropriateness of their team-training partner. Responses were compared.

**RESULTS:** A total of 16 team-training sessions were conducted during the study period. Overall, 12 surgery residents (67%) and 44 nursing students (63%) who had participated in at least 1 session responded to the survey. Although both residents and nursing students indicated that the knowledge and team skills acquired during these sessions were useful to them in clinical practice (73% vs 86%, respectively;  $p =$  not significant), residents rated their educational value lower (3.3 vs 4.3 on a 5-point scale, respectively;  $p < 0.01$ ) and only 18% of the residents felt that these sessions should be continued compared with 90% of nursing students ( $p < 0.05$ ). Most useful components of the sessions were participation in the scenario (73%) and

debriefing (54%) for residents and for the nursing students, debriefing (91%), observation of others (68%), and interaction with resident physicians (66%) ranked highest; 48% of student nurses preferred residents as team-training partners whereas 100% residents preferred practicing nurses and 0% with nursing students owing to their limited clinical experience.

**CONCLUSIONS:** Interdisciplinary team training and debriefing of surgery residents with nursing students is feasible and highly valued by nursing students. Nevertheless, our experience indicates that residents do not prefer nursing students as team-training partners owing to their limited clinical experience and would rather train with experienced nurses. (J Surg Ed 72:823-828. © 2015 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

**KEY WORDS:** interprofessional education, team-training, surgery residents, nursing students

**COMPETENCIES:** Patient Care, Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice-Based Learning and Improvement, Systems-Based Practice

## INTRODUCTION

Although the safe delivery of health care requires the effective collaboration of multiple teams, training traditionally has occurred in silos. Physicians, nurses, and other allied health professionals have trained within their own discipline with minimal interaction with other disciplines. The assumption of this training paradigm that, team skills will be acquired during clinical practice, however, leaves the development of these skills to serendipity and may

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**TABLE 1.** Team-Training Objectives

1. To demonstrate effective communication skills during clinical information transfer among health care team members using a standardized approach (SBAR)
2. To demonstrate effective teamwork and situational awareness using well-established strategies (TEAMSTEPS)
3. To demonstrate effective team leadership

negatively affect patient safety. Indeed, the literature suggests that team training can positively affect health care team processes and patient outcomes, which argues for formal implementation of team training in the early stages of one's professional career.<sup>1</sup>

The importance of interdisciplinary team training has been recognized by multiple entities. In 2010, the American College of Surgeons interdisciplinary ad hoc Committee on Development of High Performance Teamwork through Education released a statement that all health care organizations have a responsibility to promote teamwork with the following 4 critical components aimed at success: (1) institution-approved training for all staff, (2) opportunities to practice team-based skill in an environment that includes feedback and encourages experiential learning (e.g., simulation), (3) creating items that can be integrated into the institutional workflow, and (4) institution-supported ongoing training, monitoring of performance, rewards, and instatement consequences for noncompliant team members.<sup>2</sup> In 2014, the Agency for Healthcare Research and Quality identified team training and simulation as 2 of the 10 strongly encouraged patient safety practices<sup>6</sup> and the Joint Commission's National Patient Safety Goals include interprofessional/interdisciplinary practices to improve the effectiveness of communication among care givers.<sup>3,4</sup>

Given the importance of interdisciplinary team training, it was our goal to incorporate such training into our resident curriculum. As a result we established interdisciplinary team-training simulation-based sessions with our general surgery program and our senior nursing students when the opportunity arose in 2012.

The objectives of this study were to assess the appropriateness of interdisciplinary training with general surgery residents and nursing students and to identify the associated challenges.

## METHODS

Over 2 consecutive academic years (2012-2013 and 2013-2014), general surgery residents participated in interdisciplinary simulation-based team-training sessions with senior nursing students. Each session was attended by 4 to 6 junior surgery residents (postgraduate year I-III) and by 15 to 22 senior nursing students (total number = 21 and 95, respectively). The sessions lasted for 1.5 hours and included 1 or 2 scenarios. Not all the members of the groups actively participated in the scenarios for logistical and efficiency

reasons; 2 or 3 senior nursing students and 2 general surgery residents participated actively in the scenarios whereas the rest of the group viewed a live feed of the scenario in an adjacent classroom.

Each scenario had clear common objectives pertaining to team training (Table 1) and to clinical decision making; the latter objectives were dictated by the individual scenario. A surgical instructor directed each scenario and assumed the patient voice, one confederate nurse (embedded actor) participated in the scenario (connected via a walkie-talkie to the control room), a simulation specialist operated the simulator and modified its parameters, and 1 or 2 instructors observed the scenario and kept notes on participant performance for the following debriefing session. For some of these scenarios family members (actors) were also introduced into the scenario. Scenarios were followed by an immediate debriefing session that was led by a surgeon educator and a nursing instructor. With the exception of 2 scenarios, the debriefers were always the same (D.S. and K.W.).

Each scenario began with nursing students assessing a surgical patient (Laerdal SimMan 3G) with a specific complaint (i.e., shortness of breath, abdominal pain, etc.). Nursing students had to perform a thorough assessment of the patient, including history and physical examination, and obtaining the vital signs; they also had to determine when to notify the on-call physician for further care. When the call for the doctor was made, the first responder was usually an intern. Upon arrival, nursing students were expected to give a report to the physician detailing the patient's clinical situation following a standardized communication approach (Situation, Background, Assessment, Recommendation [SBAR] report).<sup>5</sup> The intern assessed the clinical situation based on the information provided by the nursing students and his/her own examination of the patient and gave orders to the students. The intern had to develop a treatment plan and determine when to call the upper level resident for assistance with the management of the patient; the timing of this call was variable depending on the acuity of the scenario. Upon arrival of the senior resident (postgraduate year II or III) the intern had to report his/her assessment and plan again using an SBAR approach. This arrival also signified a transition in team leadership to the senior resident. The team was expected to work effectively together to address the clinical situation and the leadership skills of the residents. The scenario facilitators determined when to stop the scenario based on whether its objectives had been met or not. All scenario participants then joined the rest of

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