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Research

Constructive contact: Design of a successful introductory interprofessional education experience

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Abstract

Background: Interprofessional education (IPE) programs have been endorsed for health professions students to improve team function in health care delivery and optimize patient outcomes. Educators have had mixed success with IPE for entry-level health professions students, with some observing exacerbated interprofessional tension. This report describes an IPE mini-course for medical, nursing, and pharmacy students structured to meet the criteria of Allport's Contact Hypothesis.

Methods: Interprofessional education planners designed and implemented a constructivist exercise for medical, nursing, and pharmacy students examining scope of practice and team behavior. Assigned readings connected improved role knowledge and team behavior with the ultimate goal of enhanced patient safety. Role knowledge prior to the event was measured with a pre-test. Knowledge and attitudes were measured with a post-event survey.

Results: Prior knowledge was the highest for the physician role and the lowest for the pharmacist role. Following the mini-course, knowledge of professional roles and behaviors increased. Student groups expressed strong appreciation for IPE, with pharmacy students responding most positively.

Conclusions: Students emerge strongly affirming the importance of IPE in achieving quality care and patient safety. Positive outcomes are discussed in relation to predictions of the Contact Hypothesis and Social Identity Theory.

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Keywords: Contact theory; Interprofessional education; Stereotyping; Curriculum development; Teamwork

Introduction

Interprofessional education (IPE) is included in many health professions curricula and is increasingly required by

accreditation standards.¹ Within pharmacy, the most recent Accreditation Council for Pharmacy Education Standards and Guidelines (Standards 2016) has 46 mentions of interprofessional,² and includes Standard 11 -Interprofessional Education, with key elements such as interprofessional (IP) team dynamics, IP team education, and IP team practice.³ As IPE programs gain momentum in response to strong national and international drivers,⁴ questions remain about how best to achieve interprofessional practice competencies and meet these standards. Among these are the following questions: how early in professional education should IPE begin and

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what is the appropriate content for IPE directed at entry-level students.

Early IPE affords the important possibility of forging a culture of IP partnership before territorialism develops.⁵ It is important to note, however, that although several early IP interventions have reported positive outcomes,^{6–8} early IPE is not without risk. Students enter professional training with both positive and negative stereotypes about health professionals,⁸ and in some settings negative stereotypes may be exacerbated by IP training experiences.^{9,10} Concerns about aggravating IP tensions have prompted some educators to recommend that IPE wait until students have developed intraprofessional identities and/or have had clinical experience.⁹

The purpose of this study is to examine the response of medicine, nursing, and pharmacy students early in training to an intervention that first does no harm. Rather, the intervention emphasizes knowledge of professional roles and collaborative team communication, with the understanding that role knowledge and communication skills contribute to patient safety.¹¹ Parameters indicating success are that students achieve increased knowledge of roles and team behaviors, and emerge with positive attitudes toward IP learning and practice without exacerbation of IP tension. Success of the mini-course, titled *Interprofessionalism for Patient Safety* (hereafter *Interprofessionalism*), is discussed in relation to predictions of contact theory. This theory describes key conditions for achieving positive social contact, whereas social identity theory suggests that negative stereotypes can arise as individuals or groups seek to establish their own identity.^{12–16}

Background

The exercise described here has evolved through eight iterations since 2006, bringing students from medicine, nursing, and pharmacy together as early as possible in their professional training to begin learning with and from each other about their professional roles, and to teach attitudes and behaviors that contribute to effective health care team functioning.

In the first two years, the exercise engaged small IP groups in a team-building activity and discussion of professional stereotypes, and included a presentation and large group discussion of the elements of effective communication. Student feedback was very positive regarding bringing students from the different professions together to build social connections; however, the discussion of stereotypes proved contentious, eliciting strong negative emotions as indicated in student and facilitator feedback (unpublished). The tension around professional stereotypes was sufficiently pronounced that one year we gathered students in separate professional groups so that they would not be offended by discussion of stereotypes of their own profession.

In response to these early experiences, planners sought a theoretical framework for *Interprofessionalism* that would foster constructive interactions and avoid deleterious ones. Program improvements were informed by Allport's Contact Hypothesis and Social Identity Theory. The former describes parameters that promote positive social contact, including equal status, common goals, intergroup cooperation, and institutional support.^{12,15} The latter proposes that negative stereotypes arise from the need to establish an individual or group identity (the ingroup) that is defined positively relative to closely related outgroups.¹⁶ The resulting exercise reported here avoids pitfalls of early IPE, focusing away from directly addressing stereotypes to a guided exploration of professional roles and team behaviors. Learning objectives, including the expectation that students will gain better understanding of professional roles and recognize specific disruptive and constructive behaviors, are aligned with established Interprofessional Education Collaborative (IPEC) competency domains of "Roles & Responsibilities," "IP Communication," and "Teams & Teamwork."¹⁷

Methods

The Human Subjects Protection Internal Review Board approved this study.

Participants

Students from the University of Arizona Colleges of Medicine, Nursing, and Pharmacy participated in the *Interprofessionalism* mini-course. Medicine and pharmacy students were in their first semester of training. Nursing students came from two groups: the Bachelor of Science in Nursing students were in their second year of a 2-year program. Masters' Entry to the Profession of Nursing students were four months into their 15-month program. Participation was required for all students, with credit attached to a specified course in each program. Faculty facilitators were recruited from the three professions with an IP facilitator team guiding activities in each classroom. Of the 351 students who attended the live event, 341 completed the required online survey (97.2% response rate).

Mini-course design

Interprofessionalism takes place over four weeks in the fall semester. It includes online preparatory activities, a live event, and an online follow-up exercise and survey. Students prepare for the live event by reading the following: (1) the exercise learning objectives matched to IPEC Core Competencies, (2) a summary of scope of practice for their own profession, (3) a description of disruptive and constructive team behaviors, and (4) The Joint Commission Sentinel Event Alert describing behaviors that undermine patient safety.¹⁸ Preparatory activities also include an online

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