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Short Communication

An innovative interprofessional education program for university medical, nursing, and social work students learning in teams during sessions and visits with geriatric mentors



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ABSTRACT

This curricular resource describes a university interprofessional education program involving small teams composed of one first year medical student, one to two first year masters of social work students, and one to two traditional or accelerated nursing students. Case discussions framed by IPE competencies take place in a facility on campus with activities to be used with senior volunteer mentors. The main objective of using the Core Competencies for Interprofessional Collaborative Practice 2011 is because students have limited knowledge of IPE collaborative practice and little exposure to geriatric populations. The format includes a blended learning environment to work in teams and debriefing before and after sessions and visits. Students are given pretest and posttest surveys and short reflective writing assignments throughout and at the end of the program. A majority of the students agree to strongly agree that knowledge of IPE increased, teamwork strengthened, and attitude toward seniors changed.

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Format

Health care professions recognize that the quality of patient care improves, if collaboration between disciplines increases.¹ In 2011, our university created a pilot program with two components consisting of three, 2.5 h interactive IPE Developmental Sessions (IPEDS) and three, 3-h Senior Aging and Geriatrics Education (SAGE) mentoring visits (see Fig. 1 for model) providing an innovative interprofessional approach to learning. The content of each session is organized by a group of faculty from each discipline and the program director. The interprofessional group prepares a student and facilitator guide, and develops cases students discuss in the small groups, which is located in a large facility on campus. A total of 35 faculty members were involved as facilitators in one or more of the IPEDS small group discussions, which equals a ratio of 5–6 students per faculty facilitator. Seniors (64) volunteered as mentors. After introductions and a lecture, the students discuss

with facilitators problem-based cases then debrief. Faculties are trained before *each* session. This program was designed as part of a university-wide health profession collaborative. Initially, a steering committee composed of faculty from the College Medicine, College of Nursing, and School of Social Work designed the program. Since all members placed high value on geriatrics, this became the population to build practical activities. Unique aspects of our IPE program were to (a) create an experience for medical, nursing, and social work students to learn with, about, and from each other in a team about healthy aging and (b) provide older residents with the opportunity to share their wisdom about aging.

The program is a required activity because of its inclusion within each college's existing courses. In 2011–2012, the members of the steering committee organized the activities. In January 2012, a project coordinator was hired with the support of an outside grant to assist in developing and evaluating the program. A blended learning environment was created using Blackboard and Web 2.0 tools (wikis and blogs) for student teams since 1) this platform would provide the greatest impact to deliver the IPE message² and 2) Blackboard provided a space for communication beyond the

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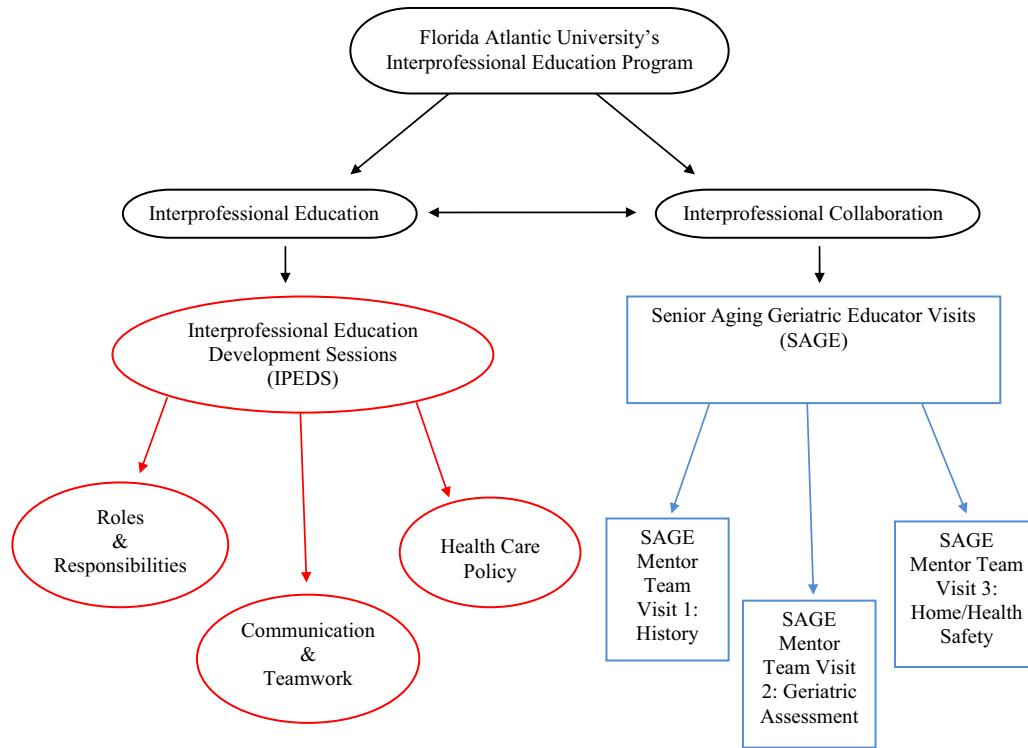


Figure 1. Florida Atlantic University's Interprofessional Education Program.

face-to-face team meetings. Over the past few years, the literature has identified blended learning environments as helpful for problem-based, team-based learning for the reflective practitioner.^{3,4} Blended learning has become suited to students' teamwork because of scheduling conflicts. In 2013, the coordinator position was reclassified as a Director for the Office of Interprofessional Education and supported by the Provost's Office.

Target audience

Students were organized into 64 IPE groups of 3–5 team members. Each group consists of one first year medical student, one to two first year Masters of Social Work (MSW) students, and one to two nursing students.

Table 1 shows the student population over four years of the program.

Objectives

The overall objective of the IPE program was to use the Core Competencies for Interprofessional Collaborative Practice 2011⁵ to shape the knowledge and skill development among health professions' students. The IPEDS components have objectives that are measured at workshop and year end. IPEDS #1 includes three objectives: (1) identify the domains/competencies of IPE/IPCP; (2)

describe the professional roles and responsibilities of social work, nursing, and medicine; and (3) demonstrate an understanding of possible conflicts and highlights the collaboration when working in teams. IPEDS #2 has five objectives: (1) describe tools and techniques from TeamSTEPPS that will enhance communication and team performance; (2) develop strategies to overcome communication barriers; (3) demonstrate application of communication tools and techniques; (4) engage other health professionals – appropriate to the specific care situation – in shared patient-centered problem-solving; and (5) engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health care professionals and with patients and families. IPEDS #3 has one objective: create a basic plan for an interprofessional care transition program designed to improve care in the immediate post-hospital discharge period reducing unnecessary hospital readmissions and associated complications and costs.

The SAGE component serves as a model for collaboration and communication for student exposure to geriatric residents in continuing care living communities. Four objectives for visit 1 include: (1) practice interviewing skills to come to know the SAGE Mentor as a person; (2) identify healthy aging from the SAGE Mentor's ideas; (3) assess the interaction and performance of the team; (4) assess the visit for ideas to use in future practice. Two objectives for Visit 2 are: (1) assess need for an evidence-based geriatric assessment to identify any mentor's health or personal needs, and (2) assess the team's interaction. Three objectives for Visit 3 include: (1) perform a home visit for injury risk; (2) identify strategies to reduce risk of injury; and (3) assess team interaction.

Activity description

IPEDS

IPEDS #1: roles, responsibilities, collaboration, care, and ethics

This session introduces students to the IPE competencies, roles and responsibilities of the three professionals, along with a

Table 1 Population.

Year	# Medical students	# Social work students	# Nursing students	Total
2011–2012	64	47	64	175
2012–2013	64	48	75	187
2013–2014	61	66	75	202
2014–2015	64	65	79	208
Total	253	226	293	772

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