

# Pilot for Learning Interprofessional Physical Assessment Skills

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## ABSTRACT

A 6-week pilot study of graduate nursing students and School of Medicine students integrated into the same learning laboratory with the same testing and passing standards in a physical assessment course showed no negative impact on learning outcomes when compared with a concurrently run traditional course. Focus group comments revealed a positive attitude toward continued interprofessional experiences and the development of mutual respect between students, despite some disruptive impact on their personal lives. Scoring on the Readiness for Interprofessional Learning survey had a ceiling effect. A full integration of both school cohorts is planned.

**Keywords:** APRN students, graduate nursing education, interprofessional education, physical assessment, Readiness for Interprofessional Learning survey

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Many health professional schools have taken to heart the suggestion of the Institute of Medicine (IOM) report on transforming health professional education,<sup>1</sup> which placed an emphasis on interprofessional (IPE) learning among disciplines prior to graduation as health-care professionals. The traditional scenario is that each health-care profession teaches its students in isolated silos without any prior intermixing in a learning environment. Simultaneously, service mission statements have always emphasized teamwork, collaboration, and a unified approach to patient care. There is an obvious disconnect regarding how education occurs in silos and how practice is then expected to mysteriously unfold without resultant miscommunication and frustrating misunderstandings. The IOM report suggests that too much is left to chance with this approach.<sup>1</sup>

In response to the report, there has been a proliferation of IPE simulation experiences and short-term classes in which individuals address ethical issues, share case experiences, and discuss professional matters.<sup>2</sup> These sessions are typically based on one or more of the IPE collaborative practice domains of: teamwork and team-based practice; IPE communication; values and ethics; and roles and responsibilities for collaborative practice.<sup>3</sup> Integration of nursing school students with School of Medicine (SOM)

students has frequently been limited to the standard acute-care model of a physician-led team. At our university, baccalaureate nursing students are rotated into episodic Team Strategies and Tools to Enhance Performance in Patient Safety (STEPPS) activities.<sup>4</sup> The graduate advanced practice registered nursing (APRN) students are not included because it does not fit this acute-care model. The APRN role as an independent partner in patient care creates the need for another approach to IPE learning, such as integrated clinical and classroom experiences. In the push to adopt the “medical home model” of primary care, it is imperative that APRN and SOM students learn the skills and evidence-based science courses together in an effort to develop mutual respect and trust in their common scientific underpinnings.<sup>5</sup>

At our university, there were 2 parallel graduate-level physical assessment courses being offered concurrently by the SOM and the College of Nursing (CON) for their foundational classes. Both courses used the same sophisticated teaching laboratory setting; the same specialized small-group teaching associates (SPETAs) who teach physical exam skills using their own bodies to demonstrate; and the same exact testing parameters and passing standards, books, and preparatory videos. This is a classic example of teaching in silos.

After a series of informal exploratory inquiries among the faculty of both schools, an agreement was

made to conduct a pilot study. A limited number of CON students would be integrated into the small learning laboratory groups of SOM students to explore the dual aims of: (1) determining whether full integration was an option for the CON students to pursue; and (2) uncovering potential issues not previously considered. The scope was intentionally exploratory in nature without specific measurement of any IPE domain. CON student opinion from focus groups and their grades on the physical assessment hands-on exam and overall course grade would be compared between the pilot and standard laboratory groups as the major focus of determining project success. The SOM grades and opinion were not assessed by these authors, but would remain confidential for internal SOM evaluation; hence, a formal comparison of APRN and SOM performance is not included in this report.

It was understood that several roadblocks made the integration of students challenging. The most obvious was that the SOM classes were held on a different day of the week. The SOM also had a different academic calendar, traditionally beginning the semester 2 weeks before the rest of the campus. This would require the pilot CON students to attend lab on a different day than their CON peers, and the start of classes would begin the official academic grading period. Class times also rotated weekly from morning to afternoon to accommodate the SOM dissection lab scheduling. This could be a barrier for working registered nurses (RNs), as SOM students were required to be enrolled full time.

A call for volunteers was e-mailed to the 50-member CON class outlining these circumstances; 12 APRN students elected to join the pilot for the 6-week period that the physical assessment courses ran parallel to each other. One CON student dropped the course for personal reasons leaving 11 volunteers to be integrated with 33 SOM students who agreed to have RNs in their 4-person laboratory groups. This left 117 SOM students without RNs interactions and 38 RN students in the standard course 4-person lab groups. At the end of the pilot, all participating students were mixed back into the standard separated course format for the remaining 10 weeks of the semester.

Prior to the start of labs, all CON and SOM students were administered an attitudinal survey, a modified Readiness for Interprofessional Learning (RIPL) scale revised specifically by the university for a multiyear IPE program.<sup>6</sup> Psychometrics for this modification are not available. The survey was presented in a manner that de-identified the respondent, thus allowing for more truthful responses. This tool was selected because the SOM students took this survey as part of their IPE ethics course, which they attended with the undergraduate nursing students.

The SOM groups met for 1 week to learn the basics of vital signs prior to the nurse being integrated. On a weekly basis, both the pilot IPE groups and the standard groups learned how to perform physical examination of the upper and lower musculoskeletal, head and neck, cardiac, pulmonary, and abdominal body regions in 2-hour sessions with the SPETAs. Faculty members from both schools were able to view the group sessions via closed-circuit television, and could exchange observations and comments concerning student-to-student and SPETA interactions.

At the end of the 6-week rotation, both student cohorts took the same final hands-on examination to determine competency in performing basic assessment skills and branching exams for previously covered body systems. Individual grades on each system were determined using a computerized scoring system prepared by SPETA staff who had not personally taught the tested students. Interrater reliability between SPETAs was achieved by rigorous pretest preparatory sessions during the week prior to the exams. The individual testing sessions were videotaped so that any grade challenges could be reviewed by faculty and other SPETA staff. An 80% performance proficiency for every tested body system was used as the passing standard for both pilot and standard course students.

The RIPL survey was repeated for the CON students 2 weeks after the pilot ended. A focus group with the CON participants was held to glean lessons learned from the student perspective. The SOM elected not to repeat the RIPL survey because their students would do so at the end of their IPE ethics course in 8 months. Because these results were not

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