

Using Simulation in Interprofessional Education



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KEYWORDS

- Simulation • Interprofessional education • Team training • Skills acquisition
- Operating room • Surgical education

KEY POINTS

- Interprofessional education (IPE) involves participants from 2 or more health professions learning interactively (ie, with, from, and about each other).
- The 4 major interprofessional competency domains are (1) values/ethics for interprofessional practice, (2) roles/responsibilities, (3) interprofessional communication, and (4) teams and teamwork.
- IPE is needed in surgical education because current teamwork is less than ideal.
- IPE has been shown to have positive impacts on professional practice and health outcomes in the clinical realm, and it gives participants the necessary surgical knowledge, skills, and attitudes (KSAs) for collaborative practice.
- Simulation-based training (SBT) is especially conducive to IPE-based activities because of its experiential nature.
- Challenges to implementing IPE can include issues related to logistics, curriculum, and teaching, but solutions exist to help overcome them and succeed in implementation.

INTRODUCTION

In today's increasingly complex, ever-changing health care system in which the medical knowledge base is doubling at ever-shorter time intervals (ie, from 50 years in 1950

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to 3.5 years in 2010 to a projected 73 days in 2020),¹⁻⁴ the physician's role has transformed from the sole practitioner overseeing all aspects of a patient's care to the leader of a team of health care professionals, each contributing their expertise in their scope of practice to help patients on their journey to health. This situation is especially true for surgeons who, thanks to advances in critical care, surgical equipment and techniques, pharmacology, anesthesia, and physical and occupational therapy, are now taking care of more and more challenging patients. As such, the contemporary surgeon must act more like a collaborative team coach than the autonomous captain of a ship. These changing requirements of leadership needed for the ever-evolving health care industry have prompted national organizations to recognize the importance of interprofessional interaction in patient care and to promote more interprofessional training and education. For example, the Institute of Medicine (IOM) made the ability to work in interprofessional teams one of its new core competencies for health care professionals in its seminal work entitled *Health Professions Education: A Bridge to Quality*.⁵ This early call for more interprofessional teamwork has been followed by their work entitled *Redesigning Continuing Education in Health Professions* in which the IOM called for transforming continuing education into an interprofessional endeavor focusing on professional development.³ Thus, interprofessional collaborative practice is now recognized as a critical component of modern day health care, and other prominent health care organizations and associations have begun defining key competencies and requirements for effective care.⁶ The need, therefore, for effective IPE using well-designed curricula has become an imperative.

SBT is a powerful educational tool permitting the acquisition of KSAs at both the individual- and team-based level in a safe, nonthreatening learning environment at no risk to a patient.¹ As such, it is an ideal format for bringing together learners from different health care professions in IPE activities at the undergraduate medical education, graduate medical education, and continuing professional development levels. This article looks at the use of SBT for surgical IPE. First, it defines IPE and discusses key competencies and trends related to it. Next, it demonstrates the need for such education by reviewing the less-than-ideal state of teamwork in the surgical environment and interventions to improve it. Third, it reviews representative examples of IPE interventions that have been attempted and their impact. Finally, it discusses key barriers to implementation of simulation-based IPE and potential solutions through a review of one institution's experience in conducting such training.

INTERPROFESSIONAL EDUCATION: DEFINITIONS AND TRENDS

IPE has taken on increasing importance among health professions educators in their curriculum development and implementation. For example, the Louisiana State University (LSU) Health New Orleans Health Sciences Center, like other health sciences centers, has made IPE the centerpiece of its Quality Enhancement Plan (QEP) for its most recent Southern Association of Colleges and Schools reaccreditation application. Nationally, this increased emphasis on IPE is reflected in the aforementioned IOM reports^{3,5} and in the creation of the Interprofessional Education Collaborative (IPEC) in 2009 by 6 prominent national education associations of schools of health professions (ie, the American Association of Colleges of Nurses, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the American Dental Education Association, the Association of American Medical Colleges, and the Association of Schools and Programs of Public Health) with the stated purpose "to promote and encourage constituent efforts that would advance substantive interprofessional learning experiences to help prepare future

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