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Featured Article

Nursing and Social Work Trauma Simulation: Exploring an Interprofessional Approach

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Abstract

Background: This project used simulation as the strategy for bringing 43 nursing and 21 social work students (N = 64) together to develop interprofessional competence.

Method: A narrative analysis of the qualitative learner responses was conducted.

Results: Four major themes emerged including the interprofessional setting characteristics, the value of collaborative communication between professions, student affective experience, and the student lessons learned.

Conclusions: Results validated the effectiveness of simulation, while also exposing the lack of sufficient interprofessional preparation in the overall curriculum in both programs. Implications for quality improvement and future research are explored.

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Simulation is an educational approach that can create joint learning opportunities for prelicensure students. This article describes a creative interprofessional education (IPE) collaboration between undergraduate nursing and social work programs. Strengths of each program were combined to pair simulation best practices from nursing with objective structured clinical evaluation from social work. Participants included 43 nursing and 21 social work students at a small college in upstate New York. The purpose was to enhance understanding of team roles and

practice effective communication and collaboration. Learning objectives laid this foundation. Data were gathered to evaluate the experience; implications for quality improvement and future research are explored.

Review of Literature

In response to national safety recommendations from the [Institute of Medicine \(IOM, 2003\)](#), the Quality and Safety Education for Nurses project developed guidelines for educational change including training for improved teamwork and

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communication. Driving forces creating the need for team-based practice include changing health care environments with increased patient acuity, new technology skill sets for electronic health records and informatics, as well as rapid expansion of research for evidence-based practices (Weaver,

Rosen, Salas, Baum, & King, 2010). Légaré et al. (2011) suggested that all interprofessional team members should acquire knowledge about shared decision-making, skills in open communication, and attitudes of mutual respect to achieve safe, quality patient care.

In building upon the IOM 2003 recommendations, the IOM released a report, *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2011), that emphasized the need for ongoing efforts to improve nursing curriculum to integrate IPE (IOM, 2011). The report further asserts, “Identification and testing of new and existing models of education to support nurses’ engagement in team-based, patient-centered care” is a research priority (IOM, 2011, p. 276).

In an effort to support training to develop such skills, the Interprofessional Education Collaborative (IPEC) Expert Panel (IPEC Expert Panel, 2011) has laid a foundation by identifying the following four domains for interprofessional

competence: (a) values and ethics, (b) roles and responsibilities, (c) communication, and (d) teams and teamwork. To educate for these competencies, an interactive approach was recommended challenging the traditional paradigm of training in silos of one’s profession (Reeves, Tassone, Parker, Wagner, & Simmons, 2012; Thibault, 2011).

Traditionally, nursing students have had clinical learning experiences in a variety of health care settings. These clinicals do not emphasize communicating directly with other members of the health care team (Masters, O’Toole Baker & Jodon, 2013). For interprofessional practice, shared learning opportunities and reflection were recommended by Failla and Macauley (2014) as essential to foster transformative learning that, “involves the examination of beliefs, assumptions, and values” (p. 577). Educators identified simulation as a significant strategy for achieving such

learning (Anderson & Nelson, 2015; Liaw, Zhou, Lau, Siau, & Chan, 2014; Wamsley et al., 2012). In its 2014 landmark study, the National Council of State Boards of Nursing found that simulation was effectively substituted for up to 50% of traditional nursing clinical experiences. The rigorous, multisite, longitudinal, randomized, controlled study established that expanded use of simulation to replace on-site clinicals did not detract from learning outcomes in the areas measured. These included, “students’ knowledge, competency, and critical thinking as well as their perceptions of how well their learning needs were met” (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014, p. s8).

Five years following The Future of Nursing report (IOM, 2011), a 2015 IOM progress report found that, “Efforts are being made to promote interprofessional continuing education” adding, “The current health care context makes interprofessional continuing education more important than ever.” (National Academies of Sciences, Engineering, and Medicine, 2016, p. 97). Numerous efforts reported educational successes using simulation, and this pedagogy holds great promise for nursing education. (Aebersold & Tschannen, 2013; Bogo, Rawlings, Katz, & Logie, 2014; Campbell & Daley, 2013; Miller, Rambeck, & Snyder, 2014; Wamsley et al., 2012). In view of the nursing education research, simulation could logically be a significant opportunity for shared interprofessional competence development and evaluation.

Current literature from the field of social work revealed that the profession has focused more on adapting the use of the objective structured clinical evaluation and the benefits of using standardized clients (later also referenced by the term standardized patients [SPs]) in a simulated interview (Lu et al., 2011; Bogo et al., 2011 and 2014, p. 136-138; Rawlings, 2012). Bogo et al. (2014) defined SPs as, “people who are trained to portray the full spectrum of characteristics of an assigned client role in a realistic and consistent manner that is reproducible from encounter to encounter” (p. 133). Logie, Bogo, Regehr, and Regehr (2013) completed a comprehensive search of 18 studies that made use of simulation and concluded that this type of methodology was well received by social work students at both the graduate and undergraduate levels of education.

There was also a limited but growing movement to include social work more directly in IPE (Macdonald et al., 2010; Nandiwada & Dang-Vu, 2010; Wojciechowski, 2013) that included developing interprofessional elective courses (Griffin-Sobel & Storey-Johnson, 2013). The inclusion of IPE as part of the 2015 Educational Program Accreditation Standards from the Council on Social Work Education (CSWE Commission on Accreditation, 2012) affirmed the need for these new models. According to the eighth core competency on intervention with individuals, families, groups, organizations, and communities, social work students and educational programs will be required to, “use interprofessional collaboration as appropriate to achieve beneficial practice outcomes” (p. 7). The simulation

Key Points

- Interprofessional simulation is a powerful experience that engages learners and produces important interprofessional learning outcomes relating to communication and roles. Overcoming scheduling and resource barriers is worthwhile given the impact of the interprofessional simulation experience.
- Interprofessional education is in its infancy and educators must develop opportunities for repetitive practice, design scaffolded learning experiences, and advance curricular integration of interprofessional competencies.
- Educators would benefit from deepened understandings of interprofessional concepts and competencies.

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