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# Impact of Simulation on Student Attitudes about Interprofessional Collaboration

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## KEYWORDS

interprofessional  
education (IPE);  
communication skills;  
child abuse assessment;  
standardized patients;  
simulation

## Abstract

**Background:** As patients present with increasingly complex health issues, a team approach to primary care is essential.

**Method:** A single-group, pre–post research design was used. One hundred ten students were asked to complete two surveys that addressed attitudes toward teamwork and readiness for interprofessional learning pre–post engaging in a standardized patient interprofessional simulation. Students from three health disciplines (medicine, nursing, and social work) served as research participants.

**Results:** Attitudes toward working in health care teams improved for more than half of participants. Medical students showed greater likelihood of improvement on a measure of physician centrality than students from nursing ( $p = .035$ ) or social work ( $p = .003$ ).

**Conclusions:** Although research has documented that mandated reporter simulation training increases professionals' capacity to recognize, assess, and report child abuse (Sanders & Cobley, 2005), using this training in an interprofessional setting adds competencies related to team-based work.

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Miscommunication has been proposed as a key factor leading to medical errors (Clarke & Hassmiller, 2013; Hudson, Sanders, & Pepper, 2013), which cause an

estimated 66% of sentinel events in hospitals (Thompson & Tilden, 2009). As literature continues to document (Agency for Healthcare Research and Quality [AHRQ], 2013; Song et al., 2011), much of what determines health is nonmedical. One of the results of not working as a team can include fragmented care. Addressing the social determinants of health requires an interprofessional approach consisting of a broad scope of professionals focused on

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understanding and solving barriers to improve health outcomes.

The complex dynamics between professionals unaccustomed to working in teams, rather than separate discipline-specific silos, will demand finesse and training. Educators

### Key Points

- Addressing social determinants of health requires an interprofessional approach.
- Health care workers of the future will have to work in teams.
- Standardized patient simulation exposes learners to collaborative primary care.

can begin breaking down these silos and providing opportunities for health professions students to reduce barriers and facilitate effective teamwork. The transformation of health care through special initiatives and national policy change calls for a new framework of working in health care and thus a new framework for health care education. In short, it is expected that primary care professionals

work in teams. Because primary care settings are the first place most people go for treatment, health professionals in these settings must be diligent in developing effective detection and communications skills necessary to collaborate with others in the treatment of potential abuse and neglect cases.

Oklahoma has some of the worst child abuse and neglect numbers in the United States. For instance, in 2013, there was a 16.8% increase in the number of children who were victims of abuse or neglect over 2012, representing >11,000 child victims ([Child Welfare League of America, 2015](#)). There is scant research that explores using simulation to explore team-based learning related to child abuse reporting. Simulation has been found to be an effective way of practicing and testing clinical skills in a safe environment through (a) repetitive practice, (b) nonthreatening environment, (c) debriefing for meaningful learning, and (d) video for review and feedback ([Gum, Greenhill, & Dix, 2011](#)).

A gap exists between what is expected in practice and what is taught in universities ([IOM, 2015](#)). To date, interprofessional education (IPE) has lagged behind the changes in the work environments and practice realities for health professionals. As far back as 1998, the Pew Commission identified the ability of health care professionals to work effectively in teams as a goal for the new millennium ([O'Neil, 1998](#)). In addition, a white paper from the IPE in Healthcare Simulation symposium, co-sponsored by the [Society for Simulation in Healthcare and the National League for Nursing \(2013\)](#) noted common themes: IPE is often inconsistent, fragmented, and nonstandardized. Symposium presentations consistently noted discipline compartmentalization, role confusion, expense, and time as key concerns for simulation-enhanced IPE. In addition, the report notes a lack of research support mechanisms that demonstrate the impact

of simulation-enhanced IPE on educational quality and patient safety.

In 2011, an expert panel delineated a core set of IPE competencies, which provided a framework for developing a systematic curricular approach to IPE. The addition of new accreditation standards requires medical education programs to prepare students to function collaboratively in teams with other health care professions ([American Association of Colleges of Nursing, 2014](#)). In 2016, the Council on Social Work Education was accepted as a member of the Interprofessional Education Collaborative, joining nursing, medicine, dentistry, and other health profession training groups.

## IPE Definitions

The World Health Organization's definition of IPE, which was also adopted by the [IOM \(2015\)](#), is "when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" ([World Health Organization, 2010](#), p. 13). Done right, the broad aims of IPE are to increase collaboration among a diverse set of health care providers ([Brandt, 2011](#)) and improve patient safety to reduce or prevent medical errors ([Shannon, 2011](#)). The hallmarks of interprofessional practice are the focus on integrated care, teamwork, communication, and respect ([Interprofessional Education Collaborative Expert Panel, 2011](#)). [Clarke and Hassmiller \(2013\)](#) noted the best way to accomplish these factors in practice is to engage students in the team approach during the education process and licensed practitioners during continuing education. More specific skills within the delineating factors that are paramount in producing collaborative interprofessional teams include "clear and respected boundaries, effective systems for conflict resolution, opportunities for participation and building cohesion, acceptance of open and honest communication, mutual trust, acknowledgement of interdependence, and acceptance of shared responsibilities" ([Angelini, 2011](#), p. 176). The academic health science center is best positioned to provide such IPE opportunities to health professions students. When purposeful assessment and intervention decisions are made by a team, as opposed to one health care provider in isolation, care becomes more efficient, patient-centered, coordinated, and effective ([Bodenheimer, 2007](#)).

## Benefits and Barriers of IPE

IPE has many research-supported benefits. Some of the documented benefits include (a) change in attitudes and perceptions of students ([Coster et al., 2008](#)), (b) decrease in communication breakdowns ([Liaw, Siau, Zhou, & Lau, 2014](#)), (c) increased professional confidence ([Angelini, 2011](#)), (d) enhanced mutual understanding between health

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