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Featured Article

Interprofessional Simulation-Based Education for Medical and Midwifery Students: A Qualitative Study

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Abstract

Background: Simulation-based interprofessional education programs can have variable objectives for different participating professional teams.

Methods: In this study, through a qualitative research design, we report the medical and midwifery students' approach to their learning and attitude towards each other's team, assessed through thematic analysis of independently run focus groups three months after the attendance of the Women's Health Interprofessional Learning Through Simulation program and their respective clinical placements.

Results: Medical students reported the importance of "learning by doing" through simulation as the key theme. The feedback obtained from midwifery students was focused on "relationship of power" compared with the other discipline.

Conclusions: Interprofessional learning had a positive influence on the attitude of medical and midwifery students, in spite of the disparity in their background knowledge and experience. IPE competencies are better appreciated at a relatively mature level of clinical practice. Core skills in women's health taught through simulation were found to be helpful by both midwifery and medical students. However, the key learning was about developing respect and a supportive relationship "of equals" with each other.

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Interprofessional education (IPE) is becoming an increasingly popular and recommended feature of undergraduate health professional curricula (Halupa, 2015). Its learning outcomes are being mandated by health education regulatory bodies for example medical board of Australia, National

Health Services, UK, across all disciplines. In addition to imparting content knowledge, IPE introduces the concept of teamwork and, for students, contributes to the development of professional identity and interprofessional respect (Carpenter & Dickinson, 2011; Hammick, Freeth, Koppel, Reeves, & Barr, 2007; Hood et al., 2014). The development of understanding and respect for other professional groups is considered important for effective functioning of health care teams (Dadiz et al., 2013). Simulation is a learning strategy that helps to develop team-based competencies (Sigalet, Donnon, & Grant, 2012) and can often be a component of IPE programs (Palaganas, Epps, & Raemer, 2014). The short-term benefit of improving teamwork and communication and the long-term impact on positive changes in behaviour and attitudes have been

studied in working teams but with limited implementation or understanding at the undergraduate level. The challenge for studying this in the student context may be due to complexities of timetable scheduling between different courses (Al-Kadri, Al-Moamary, Roberts, & Van Der Vleuten, 2012; Tourse et al., 2008; Tucker, 2003) and different tertiary providers for different disciplinary groups resulting in students learning in professional “silos” with limited exposure to or understanding of the scope of practice of other professions.

Undergraduate IPE can facilitate the development of unprejudiced impressions of how interprofessional teams can interact effectively with a patient-centered approach (Bressler & Persico, 2016). Shifting the focus of IPE towards the common objective of patient care assists in bridging differences and in communicating effectively and working together on the task at hand. Pollard, Miere, Gilchrist, and Sayers (2006) argue that IPE is best introduced at a senior undergraduate level when students perceive themselves as more “clinic ready” and have started to develop their own professional identity, further

reinforced by the IPE exposure. However, the timing of IPE remains contested (Tan, Bolderston, Palmer, & Millar, 2011).

Learning clinical skills in a simulated environment can drive engagement of learners by providing clinically relevant or valid tasks. For IPE simulation to be beneficial, simulation-based education must be relevant to all professions of the participating students. The simulation task can then be tailored towards the learning needs of the participants to optimise their learning.

The Barr’s six categories of educational outcomes is a modification of the Kirkpatrick’s framework that is often used in the evaluation of clinical simulation as described (Table 1) (Barr, Koppel, Reeves, Hammick, & Freeth, 2005; Freeth, Hammick, Koppel, Reeves, & Barr, 2002; Freeth, Hammick, Reeves, Koppel, & Barr, 2008). Using above-mentioned categories, we designed the Women’s Health Interprofessional Learning Through Simulation (WHIPLS) program, which is a simulation-based training program for both medical and midwifery students. This was designed to achieve acquisition of clinical skills related to IPE and development of an understanding of other team’s role and relationship, corresponding to level 2a learning outcome (a change in attitude towards interprofessional group). The components of the WHIPLS program were a simulation-based skill workshop, supplemented by prereading materials, lectures, and demonstration videos. The program was attended by both undergraduate medical and midwifery students during their training and was evaluated, using the six-level modified Kirkpatrick’s framework (Barr et al., 2005; Hammick et al., 2007). The level 1 evaluation is indicative of student

Key points

- The key themes that appeared in the interprofessional simulation program are related to perception of “power,” “scope of practice,” and “relationship” to the other professional peers.
- An example of undergraduate simulation-based education demonstrated evidence of applying “learning during simulation” to clinical practice.
- Participants from different disciplines can find the interprofessional activity meaningful despite having a different focus on the “key learning messages.”

Table 1 Modification of the Kirkpatrick’s Framework (Adapted From Barr’s Six-Level Classification)

Level 1	Participant reaction	Were they satisfied with the IPE activity?
Level 2a	Change in attitudes	Do they feel different about the interprofessional team or towards a team-based approach?
Level 2b	Change in knowledge or skills	What was the learning acquired from the IPE activity?
Level 3	Behavioural change	Was there an observable change in participant performance in the practice setting?
Level 4a	Change in organisational practice	Was there a wider change in the institutional practice as result of the IPE activity?
Level 4b	Change in clinical outcome	Was there any benefit to the patients/clients as a result of the IPE activity?

Note. IPE = interprofessional education. Adapted from Barr et al. (2005).

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