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Chinese Health Students' Perceptions of Simulation-based Interprofessional Learning

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KEYWORDS

National League for Nursing/Jeffries framework; debriefing for meaningful learning; interprofessional education; simulation; roles; responsibilities; perceptions; stereotypes; nursing students; medical students

Abstract

Background: The aims of this study were twofold: to explore Chinese health students' perceptions of roles and responsibilities and to explore students' understanding of interprofessional education.

Methods: A descriptive, qualitative design was used. An inductive approach was used to extract themes from students' statements in a survey with open-ended questions. The National League for Nursing/Jeffries simulation framework and debriefing for meaningful learning were used in the design and implementation of the interprofessional simulation.

Result: Two themes were "similar perceptions and stereotypes" and "positive learning outcomes."

Conclusions: Students reported an improved perception of roles and responsibilities. However, the common stereotypes held by students imply that a single simulation-based interprofessional education program was insufficient to facilitate students' accurate role perceptions. Common stereotypes held by students inform the need for health curricula reform in China.

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Background

In 2016, China's Central Committee officially approved the Health China 2030 plan and identified health as a national political priority to improve the health of Chinese citizens. Health care reform in China faces tremendous challenges accompanied by rapid industrialization and urbanization, an aging population, a shifting spectrum of diseases, environmental problems, and changing life styles. Currently, China does not have a strong health workforce to adequately

address these challenges. In reality, reports of severe medical errors have been released by public media, stirring substantial doubts about the safety and quality of medical practice, and widespread distrust of health professionals.

The security and quality of medical care, as well as the mutual trust between the public and its health care providers, can only be addressed when the complexity and continuity of patient care have been adequately addressed by a collaborative workforce. The [World Health Organization \(WHO, 2010\)](#) suggests that a "collaborative-ready workforce" can be prepared through interprofessional education (IPE), which occurs when students learn "about, from, with" each other ([WHO, 2010](#),

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p. 13). The standards for both baccalaureate nursing programs (Jiang, 2014; Ministry of Education, 2010) and baccalaureate medical programs (Ministry of Education, 2008) in China agree that students should be prepared to collaborate with other health care providers to deliver health services.

Key Points

- Nursing and medical students shared similar perceptions and stereotypes about roles of nurses and physicians.
- Students' perceptions of roles focused more on biomedical and physical aspects and mirrored the deficiencies of biomedical framework dominated in the classroom learning and clinical practicum.
- Students were positive about their simulation-based interprofessional learning experience.
- Health curricular reform is needed in both nursing and medical schools.

The Interprofessional Education Collaborative (IPEC, 2011) stated that a proper understanding of each other's roles and responsibilities is essential for effective collaboration. One cannot just assume that individuals or groups working together can understand each other's roles and responsibilities appropriately (Atwal & Caldwell, 2006). Without a proper understanding of roles, nurses and physicians often work together, but not collaboratively. It may be challenging for professionals to articulate their roles and responsibilities to others (IPEC, 2011). The Institute of Medicine (1972) stated that education can impact the roles professionals play and perceive. Educational institutions should take initiatives to introduce "roles, responsibilities,

and contributions of individual team members early in professional development" (Association of American Medical Colleges, 2014, p. 32).

Previous studies revealed that IPE experiences facilitate pre-licensure students to gain a better understanding of professional roles (Arenson et al., 2015; Brewer & Stewart-Wynne, 2013; Hood et al., 2014; King, Conrad, & Ahmed, 2013). As a result, the students are familiar with other professionals' scope of practice (Clark, Congdon, Macmillan, Gonzales, & Guerra, 2015). There is limited evidence of how IPE has been introduced in Chinese educational settings, and what role perceptions Chinese health students hold for each other, which is prone to hinder the development of a collaborative workforce. Therefore, the aims of this study were twofold: to explore Chinese health students' perceptions of nurses and physicians' roles and responsibilities and to explore students' understanding of IPE.

Methods

Ethics

This study was approved by both Ethics Committee of the Nursing School, Wuhan University, and the home

university where the study was conducted. Participants were fully informed through online materials that their involvement was not correlated with their academic assessment.

Theoretical Framework

The National League for Nursing (NLN)/Jeffries' simulation framework (Jeffries, 2005, 2007) was employed to guide the interprofessional simulation. This framework contains five components, teacher factors, student factors, educational practice, simulation design, and outcomes (Jeffries, 2007). The constructs of educational practice include faculty-student interaction, active learning, collaborative learning, high expectations, diverse learning, timely feedback, and time on task (Hallmark, Thomas, & Gantt, 2014; Jeffries, 2007). Using these components leads to positive learning outcomes.

The simulation design characteristics include five key subcomponents: objectives, fidelity, problem solving, student support, and debriefing (Groom, Henderson, & Sittner, 2014; Jeffries, 2007). Debriefing for meaningful learning (DML) developed by Dreifuerst (2015) is used to direct each debriefing session. By using Socratic questioning, DML can "challenge take-for-granted assumptions and uncover thinking associated with actions" (Dreifuerst, 2015, p. 269). DML applies six phases for debriefing: engage, explore, explain, elaborate, evaluate, and extend (Dreifuerst, 2015).

Sampling

A convenience sampling method was used to maximize students' participation. The principal investigator contacted with school leaders in one university located in Hubei Province in central China and gained their verbal permission. Students were recruited because they were (a) third-year undergraduate nursing students (NS) or undergraduate medical students (MS) in their third year or fourth year of the program, (b) currently resided in the same main campus, and (c) willing to participate in the program.

According to the students' schedule and the recruitment criteria, 201 senior NS, 96 senior MS, and 319 fourth-year MS were invited. A poster including the introduction of this study and the content adapted from Team Strategies and Tools to Enhance Performance and Patient Safety (Team STEPPS) Essentials (AHRQ, n.d.) was disseminated in online class groups. After two weeks, 104 students joined in the program, including 75 senior NS (responding rate (RR) = 37.3%), 8 third-year MS (RR = 8.3%), and 21 fourth-year MS (RR = 6.6%). Most participants were female (n = 86, 82.7%) and not learning with students outside of their professions (n = 90, 86.5%). All participants only had observational clinical experience.

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