



## Integrating interprofessional experience throughout a first-year physician assistant curriculum improves perceptions of health care providers



Martina Ingeborg Reinhold, PhD<sup>\*</sup>, Sango Otieno, PhD, Theresa Bacon-Baguley, BSN, PhD

Grand Valley State University, USA

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### ABSTRACT

**Purpose:** Interprofessional collaboration is essential in Physician Assistant (PA) practice. Therefore, a three-semester sequence of Hospital Community Experience (HCE) was implemented during the didactic phase of the PA program providing students with weekly opportunities to shadow/observe health care professions.

**Methods:** This longitudinal, cohort study evaluated the effect of the HCE on PA students' perceptions of other health care professions prior to HCE, immediately after HCE, and one year later, after the clinical clerkships. The Interprofessional Perception Scale (IPS) survey was used to assess perceptions.

**Results:** Comparison of the IPS between the Pre-HCE and subsequent time points revealed statistically significant positive change in perception of other health care professions while also identified some areas for future research and curricular intervention. The greatest number of statistically significant changes occurred in statements which related to how other professions viewed the PA profession and how other professions worked with PAs.

**Conclusion:** The interprofessional HCEs emerged to be important in shaping the desired interprofessional professional identity of PA students.

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### Introduction

Collaboration and teamwork among health professionals are important components for providing high-quality patient care. For health care providers to function effectively and efficiently on an interprofessional team, each member of the team must be trained in this model of approach.<sup>1</sup> As outlined in a milestone report by the Institute of Medicine (Educating for the Health Team 1972), preparations of the health care workforce should include interprofessional education (IPE), both in the classroom as well as in clinical care settings.<sup>2</sup> Recently, such training has shifted from the health care workplaces to educational institutions.<sup>3,4</sup> Yet, as highlighted by a later report by the Institute of Medicine and the Pew Health Professions Commission, students are inadequately prepared to provide comprehensive interdisciplinary care, and thus are limited at meeting the health needs of society.<sup>5,6</sup>

Accordingly, there is substantial interest and momentum surrounding interprofessional education across the academic setting.<sup>7–9</sup> Interprofessional education provides opportunity for health profession students to intentionally learn to impact future team-based quality care delivery through subsequent collaborative practice. As defined in the WHO *Framework for Action on Interprofessional Education & Collaborative Practice* in 2010 “interprofessional education is essential to the development of a ‘collaborative practice-ready’ health workforce, one in which staff work together to provide comprehensive services in a wide range of health-care settings”.<sup>10</sup>

The cornerstone of the PA practice is built on the foundation of the physician–physician assistant team which has evolved over the past 50 years in response to shortages in primary care providers, changes in health care needs of the population, as well as the value of the team-based model of care.<sup>11</sup> The accrediting body for physician assistant education has established a standard (B1.06) for accreditation which mandates that all physician assistant programs must prepare students to work collaboratively in interprofessional patient centered teams (<http://www.arc-pa.org/documents/Standards4theditionwithclarifyingchanges9.2014%20FNL.pdf>).

<sup>\*</sup> Corresponding author. Grand Valley State University, College of Health Professions, 301 Michigan Street NE, Grand Rapids, MI, 49503, USA.  
E-mail address: [reinholm@gvsu.edu](mailto:reinholm@gvsu.edu) (M.I. Reinhold).

The strong commitment of both professions to team practice is rooted in the belief that this approach supports efficient patient-centered healthcare. Both the American Academy of Family Physicians (AAFP) and American Academy of Physician Assistants (AAPA) share the joint statement, which encourages interprofessional education and interprofessional teams of health care professionals working together to provide patient centered care. AAFP and AAPA recognize that physicians and PAs share common objectives in providing team-based, patient-centered care and enhancing the health of patients and their communities. The development and implementation of the Patient-Centered Medical Home where PAs work alongside physicians and other health care providers to improve access to care and improved patient outcomes is just one example emphasizing the importance of training future PAs in interprofessional practice during their professional program.<sup>12–14</sup>

A variety of approaches to interprofessional education currently exist in the academic setting. These approaches can involve didactic courses (elective or required), modules distributed throughout courses, simulation events with different health care profession students, or clinical placements.<sup>15–17</sup> In this study, we developed and evaluated the effect of a three-semester sequence of courses designed to provide shadowing/observation of a variety of health care professionals. The courses are titled Hospital Community Experience (HCE), which require first year PA students to travel to different hospitals, laboratories, pharmacies, and other health care facilities on one designated morning of the week to learn about the different roles of health care providers. The goal of the shadowing experiences is to expose PA students during their educational program to a variety of healthcare providers and their roles to encourage a sense of belonging to, as well as identification with other professions. This approach will allow for the development of a dual identity by the students as compared to a uniprofessional identity, enabling a sense of belonging/closeness to their own profession, as well as the interprofessional community.<sup>18</sup> The primary objective of this study was to evaluate the perceptions that PA students have of other health professions before HCE, immediately after HCE, and one year later, after the clinical clerkships. We hypothesize that there will be an increase in positive perception of other health care professionals in those areas where perception is not favorable.

## Materials and methods

### Curriculum description

The Grand Valley State University Physician Assistant Studies (PAS) program expanded its curriculum in 2011 to include a comprehensive IPE course series to promote interprofessionalism in both education and practice of PAs. This new curriculum is centered on a year-long Hospital Community Experience (HCE) course sequence that focuses on the interprofessional experience outside of the classroom. Each week students observed different health care professionals and engaged in observation-based learning. Every Wednesday morning from 9 am to 12 pm (earlier or later in that time block as required by the specific site) each student in the course visited a different site. The health care professionals observed by the PA students included: physical therapist (PT), respiratory therapist (RT), occupational therapist (OT), dietitian, pharmacist, primary care physician, physician assistant, nurse, nurse practitioner (NP), cardiologist, surgeon, endoscopist, foot specialist, hospice caregiver, and medical laboratory scientist (MLS). In addition, the students went to an advanced technology laboratory, which includes a flow cytometry, cytogenetics and molecular diagnostics department, as well as the regional laboratories, which comprise the clinical laboratories including blood bank, clinical microbiology, gross pathology room, and histology.

After each observation, the students were required to write a 300 word reflective statement. Furthermore, students were assigned to a client in a long term care (LTC) facility, whom they visited three times each semester for the entire three-course sequence. Each visit to the LTC was centered on a specific assignment that facilitated application of knowledge learned in the program, as well as provided opportunities for students to interact with and assess specific health care needs of a geriatric patient, which included how different health care providers met those needs.

### Tools and data collection

Prior to instituting this study, approval by the institution's human subject review board was obtained. The Interprofessional Perception Scale (IPS) tool was used in this study.<sup>19</sup> The IPS is a 15-item tool with a 2-point scale (agree/disagree), developed by Ducanis and Golin (1979) and later modified by Mariano et al (1989).<sup>19,20</sup> The IPS survey examines how professionals view other health care providers, and assesses their perception. PA students were asked if they agreed or disagreed with 15 statements in regard to a variety of professionals in the health care field. Those professions included: dietitians, physical therapists (PT), nurses (registered nurses, advanced practice nurses), medical laboratory scientists (MLS), physicians, pharmacists, social workers, respiratory therapists (RT), and occupational therapists (OT). Similar to reported work using other interprofessional surveys, we divided the IPS statements into two subscales based on identified themes.<sup>21</sup> Type A statements: Perception of other professions (statements such as: 'Are competent' or 'have a higher status than your profession') and Type B statements: Perception of other professions in relation to own profession (statements such as: Understand the capabilities of your own profession).

A list of statements within each of the two categories is identified in Table 1. In addition, within each Type A and Type B statements are both positive perception statements and negative perception statements (Table 1).

### Procedure

Prior to the three-semester sequence of HCE, the IPS was administered via SurveyMonkey® (Pre-HCE; Fig. 1). During the subsequent three-semester sequence of HCE, students were assigned a variety of experiences with health care professionals. Preceding to the start of the HCE course sequence a master schedule

**Table 1**  
Categories of statements in the IPS.

Type A statements: IPS statements related to the students perception of other health care professions	Type B statements: Statements related to the perceptions of the other health care professions in relationship to their profession
<p><i>Positive perception statements</i></p> <ol style="list-style-type: none"> <li>1. Are competent</li> <li>2. Are highly concerned with the welfare of the patient</li> <li>3. Are highly ethical</li> <li>4. Are well trained</li> </ol>	<p><i>Positive perception statements</i></p> <ol style="list-style-type: none"> <li>1. Understand the capabilities of your profession</li> <li>2. Fully utilize the capabilities of your profession</li> <li>3. Have a good relation with your profession</li> <li>4. Trust your professional judgment</li> </ol>
<p><i>Negative perception statements</i></p> <ol style="list-style-type: none"> <li>1. Have very little autonomy</li> <li>2. Are defensive about their professional role</li> </ol>	<p><i>Negative perception statements</i></p> <ol style="list-style-type: none"> <li>1. Sometimes encroach on your profession</li> <li>2. Seldom ask your professional advice</li> <li>3. Do not cooperate well with your profession</li> <li>4. Expect too much of your profession</li> </ol>

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