



Improving knowledge and attitudes of physician assistant and occupational therapy students using interprofessional case studies: Lessons learned



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ABSTRACT

Purpose: This manuscript reports the outcomes of two sequential educational cohorts of physician assistant (PA) and occupational therapy (OT) students completing interprofessional case studies, including changes made to improve the process.

Methods: Students' knowledge was determined using a modified Scope of Practice (SOP) survey. Attitudes were measured using a modified Readiness for Interprofessional Learning Survey (RIPLS). The same data collection tools were then used after the second cohort to determine if curricular and logistical changes resulted in better attainment of objectives.

Results: There was no change in the knowledge of relevant professional duties in the first cohort, but a significant overall improvement in the knowledge of an OT's scope of practice in the second. While overall attitudes toward collaboration were positive, they worsened significantly after the case studies in the first cohort, but not the second.

Conclusions: This project showed that by controlling for some of the variables that can impact the delivery of interprofessional educational activities, learning outcomes may be improved.

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Introduction

Interprofessional education “occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes”.¹ The World Health Organization (WHO) identified interprofessional education (IPE) as an important component of developing a health care work force that can work together in a collaborative manner to meet present-day needs.

Research encompassing effective implementation strategies for teaching interprofessional education and collaborative practice is complex. Although study design, outcome measures, and levels of

evidence vary considerably, IPE inquiry overall suggests positive results. One synthesis of six IPE systematic reviews showed positive student outcomes in learning collaboration practices and some evidence that IPE improves patient care.² An IPE literature review of 19 prospective, controlled trial studies concluded that programs combining clinical training with clear instruction on the purpose of interprofessional care were more likely to exhibit changes in attitudes, knowledge, skills, and behaviors.³ In 2010, Graybeal, Long, Scalise-Smith, and Zeibig interviewed 10 of the most influential leaders in the development of IPE from institutes of higher education in the United States and Canada.⁴ The overarching conclusion was that IPE must be embraced and not forced upon the recipients.

Students enter graduate school with an incomplete understanding of their own chosen profession, let alone familiarity with other health care professions. Lack of understanding of each other's job responsibilities contributes to negative attitudes toward other professions.⁵ The first step in achieving the IPE goal is to break down the barriers that exist between health

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Table 1
Scope of practice survey activities.

1. Administer medications
2. Counsel patients about medications
3. Counsel patients on health maintenance (i.e. smoking cessation, weight loss)
4. Create individualized splint for patient
5. Deliver patient centered care
6. Develop social skills program for persons with mental health issues
7. Develop strategies for cognitive deficits
8. Documentation in electronic medical record (EMR) system
9. Education patients about integrating self-care into daily living
10. Evaluate ability to perform activities of daily living (ADLS)
11. Evaluate deep tendon reflexes (DTRs)
12. Facilitate community reintegration
13. Measure and record vital signs
14. Modify environment to promote ADLs
15. Obtain patient health history
16. Perform a musculoskeletal exam
17. Perform manual therapy techniques (i.e. mobilization or manipulation)
18. Practice evidence-based medicine
19. Prescribe medicines
20. Perform a complete physical exam
21. Provide end-of-life care
22. Refer patient to the appropriate member of the healthcare team
23. Round on patients in hospital
24. Serve as a patient advocate
25. Teach compensatory strategies

care professions and develop strategies for successful team work among professionals. The investigators sought to do just that by exposing physician assistant (PA) and occupational therapy (OT) students to each other much earlier in their didactic training at this moderate-sized health professions university, with the goal of them working together and learning about each other's professional roles, while reinforcing the core competencies for IPE recommended by the Interprofessional Education Collaborative (IPEC).⁶ It was hypothesized that inter-professional education early in the curriculum would result in improved knowledge and attitudes regarding the other profession.

Table 2
Modified RIPLS results.

	Cohort 1		Cohort 2	
	Pre (%) (n = 59)	Post (%) (n = 59)	Pre (%) (n = 60)	Post (%) (n = 64)
Q1: Learning with other students will help make me a more effective healthcare team member	55 (93)	51 (86)	53 (88)	59 (92)
Q2: Patients would ultimately benefit if healthcare professionals worked together	58 (98)	57 (97)	60 (100)	64 (100)
Q3: Shared learning with other students will increase my ability to understand clinical problems	55 (93)	48 (81) ^b	52 (87)	55 (86)
Q4: Communication skills should be learned with other healthcare students	54 (91)	43 (73) ^b	59 (98)	58 (91)
Q5: Team-working skills are vital for all healthcare students to learn	56 (95)	55 (93)	59 (98)	62 (97)
Q6: Shared learning will help me to understand my own professional limitations	51 (86)	45 (76)	52 (87)	53 (83)
Q7: Learning between healthcare students would improve working relationships	55 (93)	46 (78) ^b	55 (92)	58 (91)
Q8: Shared learning will help me think positively about other healthcare professionals	50 (85)	38 (64) ^b	54 (90)	56 (88)
Q9 ^a : I don't want to waste time learning with other healthcare students	50 (85)	39 (66) ^b	57 (95)	58 (91)
Q10 ^a : It is not necessary for healthcare students to learn together	44 (75)	38 (64)	54 (90)	55 (86)
Q11 ^a : Clinical problem-solving is best learned with students from my own school	34 (58)	29 (49)	47 (78)	42 (66)
Q12: Shared learning with other healthcare professionals will help me to communicate better with other professionals	53 (90)	46 (78)	58 (97)	59 (92)
Q13: I would welcome the opportunity to work on small group projects with other healthcare students/professionals	44 (75)	31 (53) ^b	43 (72)	47 (73)
Q14: I would welcome the opportunity to share some lectures, tutorials, or workshops with other healthcare students	50 (85)	39 (66) ^b	56 (93)	49 (77) ^b
Q15: Shared learning and practice will help me clarify the nature of patients' problems	48 (81)	43 (73) ^b	55 (92)	54 (84)
Q16: Shared learning will help me become a better team member	52 (88)	47 (80)	56 (93)	58 (91)
Q17 ^a : I have to acquire much more knowledge and skill than other students in my school	33 (56)	32 (54)	41 (68)	39 (61)

^a Negatively worded question, so the inverse responses were used to determine students' attitudes.

^b p-Value ≤ 0.05 .

Materials and methods

During the fall semester of 2013, a project was initiated evaluating the effectiveness of using case studies to introduce OT and PA students to each other's professions.⁷ The cases were delivered to two sequential cohorts, with changes made between the two years in order to improve the outcomes in the second cohort. Cases involved conditions or disease states that would traditionally involve care from both disciplines to a large degree (e.g. stroke, hip replacement, rheumatoid arthritis, hospice care). There was a reading assignment for each profession from their own textbook related to the condition prior to students meeting with their groups, which were each made up of approximately two OT students and four PA students. When meeting, groups reviewed the case, and answered specific questions related to its assessment, diagnosis, treatment, and follow-up. The questions were submitted by faculty from both professions and integrated into one document, to allow students to educate each other on their roles in the management of the patient. In year 1, groups worked on cases outside of class, then presented their conclusions to the entire class, at which time they received feedback and questions from faculty. In year 2, there was designated class time for cases to be completed and a faculty facilitator.

All students were required to participate in the IPE activities, as grades were assigned to respective course activities. However, they could opt-out of any and all research activities without consequence. The university's Investigational Review Board approved the study.

The objectives of the cases were to:

- 1) Increase knowledge about the scope of practice for each involved profession.
- 2) Improve attitudes towards professional collaboration/team work in a professional team.

To measure these objectives, a pre-/post-test design was used in each cohort, and results were compared objectively within each cohort (but not between cohorts). Participants completed

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