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An Interprofessional Learning Workshop for Mammography and Sonography Students Focusing on **Breast Cancer Care and Management Via Simulation:** A Pilot Study

Eileen M. Giles, M Hlth Sc, Nayana Parange, PhD, Bronwyn Knight, AssocDipDR

Rationale and Objectives: The literature surrounding interprofessional education claims that students who learn with, from, and about one another in well-designed interprofessional programs will practice together collaboratively upon graduation, given the skills to do so. The objective of this study was to examine attitudes to interprofessional practice before and after an interprofessional learning (IPL) activity.

Materials and Methods: A total of 35 postgraduate medical imaging students attended a week-long mammography workshop. The sessions provided a range of didactic sessions related to diagnosis and management of breast cancer. An IPL session was incorporated on completion of the workshop to consolidate learning. Props and authentic resources were used to increase the fidelity of the simulation. Participants completed pre- and post-workshop questionnaires comprising an interprofessional education and collaboration scale and a quiz to gauge knowledge of specific content related to professional roles. Responses to each statement in the scale and quiz score, pre or post workshop, were compared, whereas responses to open-ended questions in post-workshop survey were thematically analyzed.

Results: Seventeen paired surveys were received. There was a significant total improvement of 10.66% (P = .036). After simulation, there was a statistically significant improvement in participants' understanding (P < .05) that IPL offers holistic care to the patient and that teamwork is useful for reducing errors in patient care. Simulation helped participants develop more awareness of their role within the profession, improve their understanding of other professionals, and gain more realistic expectations of team members.

Conclusion: This pilot study confirmed learning within an IPL simulation improved attitudes toward shared learning, teamwork, and communication. Simulation provides opportunities for learning in a safe environment, and technology can be used in diverse ways to provide authentic learning.

Key Words: Interprofessional learning; simulation; mammography; sonography.

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INTRODUCTION

n 2012, breast cancer was the most common cancer in women globally, accounting for 25.0% of all cancers (1.67 million new cases) (1). The journey of the breast cancer

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patient to diagnosis and management involves consultation and interaction with a range of health professionals. This group includes, but is not limited to, radiographers, sonographers, general practitioners, breast surgeons, breast care nurses, physiotherapists, medical oncologists, radiation oncologists, and radiation therapists who all perform significant tasks in relation to the patient.

A Cochrane review of interprofessional education (2) reported a range of positive outcomes, which included improved working culture, increased patient satisfaction, and decreased error; improved management of the care delivered; and improved knowledge and skills of professionals providing care. The literature surrounding interprofessional education claims that students who learn with, from, and about one

From the University of South Australia, Frome Rd, Adelaide, South Australia 5000, Australia (E.M.G., N.P.); Breast Screen South Australia, Adelaide, South Australia, Australia (B.K.). Received December 6, 2016; revised February 20, 2017; accepted February 22, 2017. No financial assistance was provided for this study. Address correspondence to: E.M.G. e-mail: Eileen.giles@unisa.edu.au

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another in well-designed interprofessional programs will practice together collaboratively upon graduation, given the skills to do so (2). Traditionally, health professional training exists in educational silos, resulting in a separate professional culture and inadequate preparation for working in a multidisciplinary team (MDT) (3,4). One strategy to address this difficulty is to adopt interprofessional education employing simulation, where the aims are to imitate real patients, clinical tasks, or the real-life situations in which teams care holistically for the patient (5). Such simulation across disciplines allows health professional students to connect, learn, and respect communication approaches and practice hands-on tasks in real time (6). Before the interventional study presented in this paper, students participating in a mammography workshop at the University of South Australia attended didactic sessions delivered by health professionals and specialists involved in breast cancer diagnosis. Identifying the roles of members of the MDT involved in breast cancer diagnosis and understanding the patient pathway are included in the workshop objectives. The aim of this pilot study was to assess the impact of a simulation scenario on the attitudes and knowledge of radiographers and sonographers toward interprofessional learning (IPL) in the breast cancer care pathway.

METHODS

The study used a quasi-experimental, pretest-posttest design without a control group. There was no randomization into two groups so that all participants would experience the activity.

Design Overview

The authors identified an opportunity to deliver an IPL session focusing on the patient care pathway in a mammography workshop. The patient care pathway includes the process that is followed to diagnosis and treatment involving a multidiscipline team. A mammography course is offered as part of the postgraduate breast imaging program at the University of South Australia. The course is delivered by Breast Screen South Australia as an Australian Institute of Radiography-accredited educational provider, for the Certificate of Clinical Proficiency in Mammography. The project consisted of a planned intervention using IPL simulation that was preceded by pretesting and followed by posttesting and evaluation of participants. The IPL simulation was timetabled as part of the course, but completion of the pre- and post-surveys remained voluntary. The components of the methodology adopted are illustrated in Figure 1 and then explained in more detail.

Pre- and Post-workshop Surveys

Participants completed pre- and post-workshop questionnaires comprising an interprofessional education and collaboration scale, and a quiz to gauge knowledge of pathwayspecific content related to professional roles. The interprofessional education and collaboration scale questions were adapted from three validated measurement tools sourced through the National Center for Interprofessional Practice and Education (7): Attitudes Toward Health Care Teams Scale, Entry Level Interprofessional Questionnaire, and Interprofessional Socialization and Valuing Scale. These tools have been used to determine attitudes of health professionals toward other health professions on both the caring and the subservient scales, and to assess the extent of shift toward collaborative care in health-care settings. Some elements that can be used to measure the effect of interprofessional education on these attitudes and subscales include the ability to work with others, value in working with others, and comfort in working with others (7). Our adapted questionnaire comprised a demographics section followed by 17 Likert-type items scored on a six-point scale from 1 (strongly disagree) to 6 (strongly agree). These items were devoted to interprofessional education and health-care attitudes selected from the three measurement tools sourced. Also included was a fivequestion quiz to gauge participants' knowledge of pathwayspecific content related to professional roles. These knowledge questions were drawn from didactic lectures focusing on diagnostic practice and designed to address the content delivered in the week-long course. The lectures covered topics including pathology, mammography techniques, imaging evaluation, cancer detection, communication, and professional roles. The knowledge questions were written by one of the authors, peer reviewed by two clinicians, and tested (validated) by three



Figure 1. Schematic of sequential project components.

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