



A pilot program to improve nursing and surgical intern collaboration: Lessons learned from a mixed-methods study



Neha Raparla^{a,*}, Diane Davis^b, Daria Shumaker^c, Anagha Kumar^d, Shabnam Hafiz^e, Jack Sava^{a,e}, Katie Adams^c, Shimae C. Fitzgibbons^{a,f}

^a Georgetown University School of Medicine, 3900 Reservoir Rd. NW, Washington, DC 20007, USA

^b Georgetown University School of Nursing and Health Studies, 3700 Reservoir Rd. NW, Washington, DC 20007, USA

^c MedStar SiTEL, 3007 Tilden Street, NW, Washington, DC 20008, USA

^d MedStar Health Research Institute, University Town Center, 6535 Belcrest Rd. #700, Hyattsville, MD 20782, USA

^e MedStar Washington Hospital Center, 110 Irving St. NW, Washington, DC 20010, USA

^f MedStar Georgetown University Hospital, 3800 Reservoir Rd. NW, Washington, DC 20007, USA

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ABSTRACT

Background: Inter-professional collaboration is an integral component of a successful healthcare team. We sought to evaluate the impact of nursing student participation in a one-day intensive inter-professional education (IPE) training session with surgical interns on participant attitudes toward inter-professional collaboration.

Methods: Following IRB approval, pre and post IPE session survey responses were compared to determine the impact on participant attitudes toward inter-professional collaboration. Pre and post session semi-structured interviews were transcribed and analyzed to identify relevant themes.

Results: Surgical interns (n = 38) more than nursing students (n = 11), demonstrated a measurable improvement in attitude towards 'collaboration and shared education' (interns: median score pre = 26, post = 28, p = 0.0004; nursing student: median score pre = 27, post = 28, p = 0.02). Qualitative analysis of interviews identified major themes that supplemented this finding.

Conclusion: An eight hour, one day IPE session has a positive impact on collaborative attitudes and supports the case for increased inter-professional education amongst interns and nursing students.

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1. Introduction

Interprofessional education (IPE) is an area of increasing focus and attention for health care educators, occurring when "students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.¹" Collaboration between healthcare professionals is a fundamental component of patient care. In an era emphasizing the team-minded approach to healthcare, collaboration and patient care are seen as increasingly interdependent factors: optimal inter-professional collaboration between team members enhances patient care, while its absence presents a direct threat to effective healthcare delivery. The Interprofessional Education Collaborative (IPEC) has defined particular competency targets for IPE, including

shared values and ethics, comprehension of individual roles and responsibilities, effective communication, and the ability to perform as a team. Focusing on these competencies, successful IPE allows efficient coordination between healthcare professionals and provides a basis for continued learning and ongoing dialogue.¹ In recognition of the importance of this approach to healthcare education, organizations such as the American College of Surgeons, the Agency for Healthcare Research and Quality, and The Joint Commission's National Patient Safety Goals cite inter-professional communication, collaboration and training as essential practices in any healthcare organization seeking to deliver safe patient care.^{2–4}

This national emphasis on interprofessional collaboration has increased the relative importance of this topic within nursing and physician undergraduate and graduate medical education. In fact, inter-professional collaboration is a core competency required of all surgical residents and nursing student graduates.^{5,6} The Inter-professional Education Collaborative, which includes both the

* Corresponding author.

E-mail address: nr393@georgetown.edu (N. Raparla).

American Association of Colleges of Nursing (AACN) and the Association of American Medical Colleges (AAMC), underscored the importance of this topic in its 2011 Core Competencies for Inter-professional Collaborative Practice.⁷

Within the broader topic of interprofessional collaboration, communication, as a unique and specific skill, is particularly fundamental. Efforts targeting improved collaboration often begin by tackling better interprofessional communication.⁴ Despite the recognized importance of this skill set for safe practice and patient care, formal training designed to strengthen and improve inter-professional communication is sparse. Effective, feasible options for interprofessional communication training are as yet underdeveloped, resulting in a gap between our proposed national standards and best-practices and the reality of our training systems.

To meet this need, we present our efforts to develop an inter-professional training session with surgical interns and nursing students, designed to enhance interprofessional communication and improve attitudes toward interprofessional collaboration.

The mixed methods and quasi-experimental approach employed in this pilot study helped us address our initial research questions: Can a one day, eight hour exposure to IPE training, focusing on interprofessional communication, effect a measurable improvement in participant attitudes toward interprofessional collaboration (quantitative arm)? And if a measurable impact is observed, what specific participant knowledge, beliefs or values are most affected or involved (qualitative arm)?

2. Methods

2.1. Study design

Expedited Institutional Review Board (IRB) approval was obtained for this study. Participants included post-graduate year (PGY)-1 surgical interns from six university-affiliated general surgery and surgical subspecialty training programs, along with nursing students enrolled in their senior year of a baccalaureate in nursing program at an affiliated university. All surgical interns participating in the graduate medical education orientation at these programs were given the opportunity to consent and enroll in this study. This was done during an orientation lunch break set within a week-long intern on-boarding process. During this break, the study was explained by a member of the research team and written consent forms and the initial pre-IPE training session survey were distributed. Interns choosing to participate completed the consent and the survey at that time. Nursing students were selected via a voluntary convenience sample. All nursing students enrolled in the nursing program were presented with the opportunity to participate. Information regarding the study was distributed by nursing school faculty. The first eleven student volunteers to complete a consent form were included in the study.

All study participants completed the Jefferson Scale of Attitudes towards Physician-Nurse Collaboration (JSAPNC) survey, one week prior to and, again, immediately following the IPE training session. The JSAPNC survey is a previously published and validated 4 point Likert-like scale (1 = Strongly Disagree, 4 = Strongly Agree).⁸ This survey focuses on respondent attitudes toward collaboration, autonomy, caring for the patient, and authority.

In addition to completion of the JSAPNC survey, a convenience subset sample of six surgical interns and ten nursing students enrolled in the study participated in individual semi-structured interviews designed to better understand both their pre-existing attitudes toward nurse-physician collaboration, teamwork, and interprofessional training, and their post-session reflections on the impact of this particular event. All participants from the

quantitative portion of the study were contacted to participate in pre and post-IPE training session interviews. Those that consented were interviewed the week prior to the IPE training session. This same subset of six interns and ten nursing students was then interviewed again in the two weeks immediately following the IPE training session. All interviews were audio recorded for later transcription. All interviews were guided by specific question prompts and conducted by an individual not associated with the medical field. Question prompts for the pre-IPE training session interview included: “How you would define optimal physician-nurse collaboration with respect to patient care?”, “Have you had any personal experience with physician-nurse collaboration or patient care that’s shaped your opinion?”, “What would you expect to get out of a one day session which included practicing skills related to physician-nurse collaboration in a simulated and supervised setting?”. Question prompts for the post-IPE training session included: “Having participated in the bootcamp session, do you feel your attitude towards physician-nurse collaboration has changed at all?”, “Having participated, do you think you’re more able to engage in successful physician-nurse collaboration?”, “Was there anything unexpected about the experience, particularly in relation to working with another health professional?”

2.2. IPE training session

The IPE training session was designed as an all-day (eight hour) educational event set within the orientation programming for new surgical interns, held mid-June and prior to the start of the interns’ clinical duties. For nursing students, this day took place within the existing curriculum of their senior year. The session was structured to present participants with a series of bedside clinical scenarios. Each scenario required effective nurse and physician communication for successful completion. Participating interns and nursing students were directly observed during the scenario by both a nurse and physician faculty member present at the bedside. A total of 5 scenarios were employed, each with a unique peri-operative clinical challenge: 1) altered mental status, 2) hypotension, 3) oliguria, 4) hypoxemia, and 5) chest pain. Each clinical scenario was designed to be clinically straightforward and to require communication between the intern and the nurse for successful completion. A station was designed to take approximately 10 min (1 min for orientation to the scenario, 6 min to interact with the nurse and patient, and then initiate an initial plan of action, and 3 min for immediate post-session faculty feedback). Before the scenario began, nursing students were provided with clinical information important in the management of the acute peri-operative problem. Each scenario consequently began with the nursing student providing this information via a standardized communication tool (SBAR: Situation, Background, Assessment, and Recommendations) to the intern. Each intern rotated through each of the five clinical stations once. Nursing students also rotated amongst the different clinical scenarios. Unlike the interns, however, nursing students were kept at a given station for several rounds, allowing them to practice the same SBAR communication tool for a patient with chest pain, for example, with several different interns. Feedback sessions were held immediately following the scenarios with both the intern and nursing student, the standardized patient for that scenario, and the physician and nurse faculty observers.

2.3. Analysis

2.3.1. Quantitative

JSAPNC scores were graded on a numerical scale. Fifteen questions were graded on a 1 to 4 Likert scale (Strongly agree = 1 to Strongly disagree = 4). Responses were added for a total possible

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