

Advanced Practice Nursing Students' Perspectives of an Interprofessional Advanced Physical Assessment Learning Experience

Krista R. Estes, DNP, FNP-C, Marylou V. Robinson, PhD, FNP-C, and Wendy Madigosky, MD, MSPH

ABSTRACT

Although there are multiple professions providing health care, there is one commonly shared goal: improvement of patient outcomes. To meet this objective, it is important for there to be teamwork, mutual respect, and understanding. This can begin with a shared educational experience. Herein we describe an interprofessional education experience with graduate College of Nursing students and first year School of Medicine students in an advanced physical assessment course.

Keywords: advanced physical assessment, graduate nursing education, interprofessional, medical education

© 2016 Elsevier, Inc. All rights reserved.

INTRODUCTION

Interprofessional education (IPE) is when students from 2 or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.¹ The idea of IPE is not new. Many programs have tried to implement IPE experiences, but have found it to be a daunting undertaking.² Nonetheless, it is something to strive for and perseverance is required.³ The Institute of Medicine (IOM) calls for nurses to be full partners with other health care professionals in redesigning health care in the United States.⁴ Since its landmark report in 2003 calling for IPE learning to reduce errors, the IOM has championed pregraduation learning to foster the IPE competencies identified as critical to meet the new complexities of the health care delivery environment.⁵ To accomplish this, faculty must identify shared content and clinical experiences. Opportunities to meet this vision of joint learning can provide the needed framework for collaborative teamwork between disciplines after graduation.

At our university, graduate College of Nursing (CON) advanced practice students take an advanced physical assessment course as part of their advanced

practice core courses, usually during their first year in the program. First year School of Medicine (SOM) doctor of medicine students learn physical assessment in the same simulation lab that the CON students use, with similar learning standards to achieve course objectives. Because of the common learning environment and methods, the faculty of the CON and SOM recognized the potential to enhance the students' education through interprofessional team learning.

In this article we describe an integration of students from both programs into the same advanced physical assessment labs to learn system-by-system physical assessment skills as a team. A comparison of grades from non-IPE semesters was performed to evaluate the potential impact on student performance. Pre and post Interdisciplinary Education Perception Scales (IPES) evaluated trends of CON students' perceptions of IPE. Last, a focus group with CON students provided an assessment of their insights into IPE learning.

The Core Competencies for Interprofessional Collaborative Practice (CCICP) domains were used to guide the planning of the IPE experience.⁶ These 4 competencies include: values/ethics for interprofessional practice (working with other

professions to achieve mutual respect and values); roles/responsibilities (knowing the roles of other professions and utilizing their expertise); interprofessional communication (converse in a respectful manner); and teams and teamwork (building relationships and teams to integrate diverse roles).

BACKGROUND

Traditionally, SOM and CON students have taken the advanced physical assessment course separately. Recognizing the IOM's call for IPE learning and CCICP, a 6-week pilot was conducted with a small group of volunteer students during an earlier semester.^{6,7} Fifty-eight of 160 doctor of medicine students and 13 of 50 graduate advanced practice nursing students were incorporated into 4-person learning groups (1 CON student and 3 SOM students) in the same hands-on advanced physical assessment learning lab with the same learning standards as found in the concurrently running traditional courses. In comparison to the traditional model of concurrently run SOM and CON advanced physical assessment courses, outcomes of this IPE experience showed no adverse impact on learning outcomes as measured by final grades. Thematic analysis of CON focus group feedback showed an overall positive attitude toward continued interprofessional experiences.⁷ The faculty did not formally analyze the findings from debriefing sessions with the SOM; however, the outcomes were considered favorable with a decision to proceed with full integration during the next school year. This report reflects the experience of that integrated 7-week course with the cohorts of both schools.

The CON and SOM programs each utilize the same standardized physical assessment teaching associates (SPATAs) to learn the hands-on skills of physical examination. A SPATA is a highly trained individual who instructs teams of students to learn system-by-system skills using his or her body. Each week, groups of 4 students learn one body system as a team and receive immediate feedback on their examination and communication skills. After learning the systems (upper and lower musculoskeletal; cardiovascular; pulmonary; abdominal; and head, ears, nose, and throat), each student takes a hands-on final in which they are randomly tested on 3 of the body systems.

During this IPE learning experience, students have the opportunity to work toward meeting the CCICP competency domains.⁶ In this IPE advanced physical assessment course, SOM and CON students share the common goal of learning system-by-system physical assessment and communication skills. To meet this objective, students work together as interprofessional teams. With their different educational backgrounds, experience, and coursework, there is opportunity to grow to know and respect the roles and strengths of each profession. By working as interprofessional teams to achieve a common goal, students learn to actively listen and communicate with other team members and perform effectively in a team-based setting.

METHODS

The first 7 weeks of the lab portion of the course were combined for the CON and SOM students during the Fall 2013 semester. The SOM class ($n = 166$) was larger than the CON class ($n = 41$), and therefore only 42 randomly selected SOM students joined all of the CON students for this interprofessional experience; the other SOM students formed medicine-only groups. Teams consisted of 2 CON and 2 SOM students. Doubling the number of CON students per learning group was based on pilot study feedback requesting a balanced team composition. This reduced the overall number of potential teams, but it eliminated any feelings of isolation or being "out-numbered," as sometimes voiced in the pilot.

Because the SOM begins their academic year 10 days before the CON academic schedule, their first session was orientation to basic vital signs. The CON students joined their SOM peers for the second session and remained with them weekly for the remaining sessions. Both cohorts took the same hands-on final examination using identical grading rubrics. Comparison scores were used to determine whether there were any differences in IPE versus traditional course scoring average or within specific system exams (maximum 100 points).

Two additional analyses were done with CON students. The first was to determine CON students' perceptions of IPE as measured by the Interdisciplinary Education Perception Scale (IPES).⁸ The IPES has 18 questions on a 6-point scale (strongly disagree = 1 to

Download English Version:

<https://daneshyari.com/en/article/5870307>

Download Persian Version:

<https://daneshyari.com/article/5870307>

[Daneshyari.com](https://daneshyari.com)