



The impact of an interprofessional practice experience on student behaviors related to interprofessional communication and teamwork



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ABSTRACT

Background: Incorporating interprofessional education (IPE) into the required curriculum of all health professions is important to achieve the Triple Aim in health care. This study aimed to demonstrate that exposure to an Interprofessional (IP) Practice Experience positively impacted students' IP behaviors.

Methods: Participating students consisted of medical, nursing, and pharmacy students exposed to an IP Practice Experience that intentionally aligns an IP clinical experience with an IPE curriculum. An interprofessional teaching objective structured clinical examination (iTOSCE) using a standardized patient was developed to assess students' IP behaviors before and after exposure to the IP Practice Experience. Faculty and peer observers completed a rubric to evaluate the IP student teams during the iTOSCE.

Results: Sixteen IP teams consisting of a medical, nursing and pharmacy student per team were assessed pre-post the IP Practice Experience. Follow-up paired *t*-tests demonstrated that both faculty and student ratings of these teams were significantly higher at post-test than pre-test. A significant interaction revealed that faculty ratings improved more than the student ratings from pre-to post-test.

Conclusion: Exposure to the IP Practice Experience improved student behavior related to IP communication and teamwork.

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Introduction

Health care reform is reshaping the future of primary care.¹ The success of new practice models is dependent upon team-based care.² There has been an international movement to develop training models that equip health professions students with the interprofessional (IP) skills needed to deliver safe and effective care within a team.^{3–5} Through interprofessional education (IPE), in which 2 or more professions learn with, from, and about each other to improve collaboration and quality of care, health professions students can learn about IP collaboration prior to starting their careers.⁶ National competencies have been developed in the United States (US) to facilitate the delivery of IPE within an academic curriculum.⁵ There is increasing interest in simultaneously aligning IPE and clinical practice redesign to achieve the Triple Aim in health care.⁷

There is a paucity of evidence for experiential educational models that intentionally align IPE and integrate it within IP collaborative practice.^{8,9} IPE activities immersed in experiential learning that build in complexity over time have been suggested as a model for success.¹⁰ However, most experts acknowledge that the majority of IPE initiatives completed over the past decade have not been intentionally placed within the clinical setting.^{9,11} Recent perceptions by faculty and students support the need for more IPE that occurs in authentic clinical environments.^{11,12} Historically, student-run free clinics have made up the majority of models for IPE in a primary care clinical setting in the US.¹³ In medical education, data are limited regarding IP collaborative practice experiences that are integrated into clerkship curriculum.^{14,15} Clerkships hosting primary care practice experiences have identified a need for integration of IPE and collaborative practice into their educational model; however fewer than one-third offer any aspect of IPE in their educational model.^{16,17} To our knowledge, no data exist regarding the impact of an IP Practice Experience on student behavior related to IP communication and teamwork.

The aim of this study was to demonstrate the impact on behavior after exposure to an IP Practice Experience that

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Table 1
The IP practice experience learning objectives.

RR5. Use the full scope of knowledge, skills, and abilities of available health professionals and health care workers to provide care that is safe, timely, efficient, effective, and equitable.
CC2. Organize and communicate information with patients, families, and health care team members in a form that is understandable, avoiding discipline-specific terminology when possible.
CC3. Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions.
CC4. Listen actively, and encourage ideas and opinions of other team members.
TT4. Integrate the knowledge and experience of other professions—appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/preferences for care.

RR = Roles and Responsibilities Competencies; CC = Interprofessional Communication Competencies; TT = Team and Teamwork Competencies.

intentionally aligns an IP clinical experience with an IPE curriculum. The national core competency domains of IP communication and teamwork were the framework for this innovation.

Materials and methods

Setting and participants

The IP Practice Experience was housed within the family medicine outpatient clinic at the University of Kansas Medical Center. All participating students were enrolled in their own profession-specific clinical rotations and had little to no formal IPE exposure prior to the IP Practice Experience. Third year medical students participated as part of a required 8-week outpatient clerkship in family medicine. Fourth year nursing students participated as part of a required 8-week course. Fourth year pharmacy students participated as part of a required 4-week ambulatory care clerkship.

A total of sixty-four students were exposed to the IP Practice Experience during four 8-week rotations in the academic year 2013–2014. Not all medical students on their family medicine clerkship were able to participate in the IP Practice Experience. In order to build teams of three students from each profession, only four medical students per family medicine clerkship rotation joined the four nursing and four pharmacy students as they rotated through the IP Practice Experience. This study was approved as exempt research by the institutional review board.

Interprofessional practice experience description

There were four key components essential to the IP Practice Experience educational model. These components were (1) the learning objectives that intentionally aligned IP clinical practice and education (2) the IP clinical experience (3) the IPE curriculum, and (4) the IP teaching OSCE (iTOSCE), the assessment tool for assessing behavior change of the students.

Table 2
The interprofessional clinical experience.

Student professions	Faculty preceptors	Weekly clinic schedule	Weekly patient census	Patient population	Patient outcomes ^a
3rd year medicine, 4th year nursing, 4th year pharmacy.	MD, DNP, PharmD preceptors guide tx plan, assess student teams, and co-precept.	Two half-days a week of the IP clinical experience one-half-day a week for the IPE curriculum.	8 patients scheduled per MD provider 2 MD providers scheduled per half-day.	Registry: 1030 patients urban poor, high utilizers, top diagnoses: hypertension, type 2 diabetes mellitus, depression.	Patient satisfaction at baseline and every 6 months A1C, BP and PHQ at baseline and every 6 months.

^a Patient outcomes/satisfaction are currently being tracked for the population served by the IP teams of students rotating through this IP Practice Experience. This data will be reported in a future study.

Learning objectives

The learning objectives for the IP Practice Experience were selected and mapped directly from the Interprofessional Education Collaborative (IPEC) competencies.⁵ See Table 1 for a list of the objectives.

Interprofessional clinical experience

Two half-days a week, IP student teams composed of medicine, nursing and pharmacy students provided direct and synchronous patient care within the current reimbursement system under the supervision of IP faculty preceptors. Eight patients were scheduled with two physician preceptors per half-day for a total of sixteen patients per half-day. Four IP student teams were created each half-day of clinic with each team consisting of a medical, nursing and pharmacy student. Each IP student team cared for approximately four patients per half-day within a prescribed workflow that included a pre- and post-encounter huddle. Co-precepting occurred between faculty preceptors from the schools of medicine, nursing and pharmacy. See Table 2 for an overview of the IP Practice Experience.

IPE curriculum

One-half-day per week students participated in the IPE curriculum linked to the IP clinical experience. The curriculum included the iTOSCE as well as structured time for reflection, debriefings and other related simulations regarding different aspects of IP collaboration. Students took knowledge and skills gained during the IPE curriculum and applied it back to their work in the IP clinical experience. See Table 3 for an overview of the IPE curriculum.

Interprofessional teaching OSCE (iTOSCE)

The iTOSCE was developed as a high-fidelity simulation using a standardized patient (SP) to mimic the patient population and the patient care process during the IP clinical experience. The primary function of the iTOSCE was to demonstrate the impact of exposure to the IP Practice Experience on IP communication and teamwork behaviors of the IP student teams.

Prior to exposure to the IP Practice Experience, the IP student teams met the SP, Mr. Jack Newman, for their first encounter with each other and with the educational model. Mr. Newman presents as a new patient with the past medical history of Type 2 Diabetes Mellitus, Hypertension, Hyperlipidemia, Morbid Obesity and Smoking. Mr. Newman also has a hidden problem of illiteracy. The IP student teams synchronously interview the patient, create a collaborative care plan, and communicate this plan to the preceptor and patient.

After exposure to the IP Practice Experience (approximately six to eight weeks later), the IP student teams met again with Mr. Newman for a follow-up visit using the same IP synchronous care delivery model. During this encounter, Mr. Newman presents again with complex and uncontrolled disease states. For the post-exposure iTOSCE, Mr. Newman has a new hidden problem of non-adherence due to the cost of his medications.

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