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IPE Reports

Web-based versus face-to-face interprofessional team encounters with standardized patients

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ABSTRACT

Background: Challenges exist in developing interprofessional education (IPE) activities including coordinating schedules and obtaining appropriate space for teams to work. Virtual worlds have been explored as a means to overcome some of these challenges. We sought to develop a web-based interprofessional team interaction with a standardized patient (SP), as compared to a face-to-face SP interaction, focusing on the competency area of interprofessional communication.

Interprofessional education activity: Interprofessional teams of students were randomized to complete a web-based or face-to-face SP encounter. The web-based encounter was conducted via video conference that students accessed using their own electronic device. Interprofessional communication was evaluated by faculty observers and the SPs. Participants of the web-based encounter also completed a perceptions questionnaire.

Discussion: Interprofessional communication was rated as average/above average by the authors and SPs. Perceptions of the web-based encounter were mixed with not all students willing to complete such an encounter again despite finding it enjoyable and a positive learning experience. The need for adequate preparation was identified, including the opportunity to review the patient case before the encounter.

Implications: The web-based SP encounter afforded students the opportunity to utilize communication technology to provide patient-centered care while collaborating as an interprofessional team. Video conferencing presents an opportunity to bypass some logistical challenges in scheduling IPE experiences and can be implemented as a co-curricular activity, avoiding course revisions. Additional studies are needed to further explore student and patient perspectives and clarify when, and with what level of trainees, the experiences are most valuable.

Background

Interprofessional collaboration is recognized by the World Health Organization as a key component of global healthcare. To prepare "collaborative practice-ready" practitioners, who have not only learned how but are competent to work in interprofessional teams, interprofessional education (IPE) is essential.¹ Recognition of this need has led to revisions of the accreditation standards for many health profession programs.^{2–7} Challenges exist in developing and implementing interprofessional activities to meet these requirements, including differing student schedules and the availability of adequate space to meet and work as interprofessional teams. Additional challenges exist in developing interprofessional activities for students completing the experiential portions of their programs. These students are spread throughout the country, even internationally, and may not have common days on campus during

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which these activities can be scheduled. If opportunities to observe and evaluate the interprofessional teams are desired, such as through standardized patient (SP) encounters, these challenges of time and space may become even more pronounced. To help overcome some of these challenges, virtual learning environments for interprofessional team simulations have been explored.

Virtual worlds that use avatars as patients or team members have been designed as one means to simulate and evaluate interprofessional team interactions.⁸⁻¹⁰ Video conferencing has also been explored as a means of communication for interprofessional team experiences.¹¹⁻¹⁵ In some studies, communication via video conferencing was only among health professionals and students did not have a chance to interact synchronously with a patient.^{11,12} In others simulating telehealth, at least one team member experienced video conferencing with a SP.^{13,15} Evaluations of these activities included student perceptions of the experiences and attitudes towards telemedicine. Assessment of team communication, in particular by a faculty observer or the SP, was not conducted.

The use of synchronous web-based encounters with SPs has been explored with medical students¹⁶ and interns.¹⁷ These studies showed the feasibility of using video conferencing to assess an individual's communication and clinical skills, presenting an alternative to the student being physically present in the same location as the SP.^{16,17} Combining this technology with feedback from the SP and online modules was also shown to be a valuable teaching tool, specifically for communicating bad news.¹⁷ Use of similar methods for teaching and/or assessment of interprofessional communication has not, to our knowledge, been previously published.

Midwestern University Downers Grove campus is a private academic institution with five colleges: osteopathic medicine, pharmacy, dental medicine, optometry, and the health sciences. Approximately five years ago, an interprofessional committee of faculty was assembled to develop and implement interprofessional content and learning activities across the colleges. The committee transformed an existing online course into a live course in which interprofessional groups of students work together in the classroom and in the university's Clinical Skills and Simulation Center (CSC) to develop an understanding of the roles and responsibilities of each profession and communicating as a team to provide patient care.¹⁸ This revised course is a curricular requirement for all first professional year students on campus. It includes a lecture about interprofessional communication along with two team encounters with SPs that provide students the opportunity to practice their communication. An interprofessional healthcare communication course is also required for medical, pharmacy, and dental students; however, students' team communication skills are not directly assessed in this class. An IPE course has also been developed for students further in the didactic portion of their programs that will be first offered during the 2017-2018 academic year. This course will build on the concepts introduced in the course for first year students and will also incorporate two team encounters with SPs. The university does not have a central office or center for IPE. Rather, committee members and other interested faculty provide continued support for the courses. These IPE courses are limited, though, to students who are on campus completing the didactic portions of their curriculum, which presents scheduling challenges related to time and space, especially when incorporating encounters with SPs to provide the students with opportunities to demonstrate their team communication skills. To help overcome some of these challenges, we sought to develop and evaluate a web-based interprofessional team interaction with a SP, as compared to a face-to-face SP interaction, focusing on the competency area of interprofessional communication.

The activity contributes to Accreditation Council for Pharmacy Education (ACPE) Standard 11: Interprofessional Education as well as elements of Standards 2 and 3 by providing students the opportunity to practice utilizing communication technology (video conferencing) to provide patient-centered care while collaborating with others, including the patient, as part of an interprofessional team.² It was developed as a co-curricular activity to augment the IPE coursework already offered at the university and avoid some of the logistical challenges of coordinating such an activity in the required curriculum of multiple programs. As a web-based encounter, the activity most closely aligns with the Interprofessional Education Collaborative (IPEC) competency area of interprofessional communication.¹⁹ Specifically, it affords students the opportunity to practice utilizing communication technology to share information with the patient and other health team members in an understandable and confident manner (sub-competencies CC1-3).

Interprofessional education activity

Students from all health profession programs at the university who were toward the end of their didactic curriculum and had not yet started full-time experiential coursework were invited to participate in this activity. Specifically, this included third year pharmacy students; second year medical, dental, and occupational therapy (OT) students; and first year physical therapy (PT), clinical psychology and speech-language pathology students for a total of approximately 800 students. These students were selected to allow for the prior development of clinical knowledge and skills while minimizing the impact of interprofessional experiences during clinical rotations on student perceptions. Eligible students received an email introducing the activity and inviting them to attend an informational session. Program faculty also reminded students (electronically or in-class) about this activity. During the informational session, additional details about the experience were shared with the students and any interested students completed an informed consent form. Students who were unable to attend the informational meeting but expressed interested in the activity were provided additional details electronically and, if interested in participating, completed a consent form. Students who consented to participate were randomized to an interprofessional team of students with at least two different professions per team. Each team was then randomly assigned to complete a web-based or face-to-face SP encounter. All encounters were scheduled over lunch, to avoid conflicts with class schedules, and were conducted at the same time to eliminate the potential for student discussion of the case scenario and/or perceptions of the web-based encounter.

The patient scenario for this activity was developed to include a clear role for all potential professions represented on the teams. The scenario was created by the study authors with input solicited from practitioners in other fields. The same scenario was used for both the web-based and face-to-face encounters. In the scenario, the patient experienced a stroke two months prior and was struggling with recovery of physical mobility as well as coping with the loss of a spouse six months ago (Fig. 1). The patient presented

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