



Review

The use of interprofessional learning and simulation in undergraduate nursing programs to address interprofessional communication and collaboration: An integrative review of the literature[☆]



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ABSTRACT

Objective: To identify how simulation and interprofessional learning are used together in undergraduate nursing programs and undertaken in schools of nursing to address interprofessional communication and collaboration.

Design: An integrative literature review.

Data Sources: The databases CINAHL, ProQuest, PubMed, Scopus, PsycInfo and Science Direct were searched to identify articles from 2006 to 2016 that reported on the use of IPL and simulation together in undergraduate nursing education.

Review Method: Whittemore and Knaff's five step process was used to guide the integrative review of quantitative and qualitative literature. Only peer reviewed articles written in English that addressed undergraduate nursing studies, were included in the review. Articles that did not aim to improve communication and collaboration were excluded. All articles selected were examined to determine their contribution to interprofessional learning and simulation in undergraduate nursing knowledge.

Results: The faculties of nursing used interprofessional learning and simulation in undergraduate nursing programs that in some cases were connected to a specific course. A total of nine articles, eight research papers and one narrative report, that focused on collaboration and communication were selected for this review. Studies predominantly used nursing and medical student participants. None of the included studies identified prior student experience with interprofessional learning and simulation. Four key themes were identified: communication, collaboration/teamwork, learning in practice and understanding of roles, and communication.

Conclusion: This review highlights the identified research relating to the combined teaching strategy of interprofessional learning and simulation that addressed communication and collaboration in undergraduate nursing programs. Further research into the implementation of interprofessional learning and simulation may benefit the emergent challenges. Information drawn from this review can be used in informing education and educational development in the future.

1. Introduction

Errors and adverse events in health care frequently originate from poor communication between members, resulting in negative outcomes for patients and the health team (Eggertson, 2012). To improve the quality of care and to minimise the risk of errors, effective communication and collaboration is fundamental (Edwards and Siassakos, 2012). The World Health Organization (WHO) (2010) promoted interprofessional learning in undergraduate health studies as one effective approach to address collaboration and communication to improve safety and promote positive patient outcomes.

In 2013 the WHO released a report that highlighted the need for a new approach to the education of health students. The report promoted both interprofessional learning and simulation as a means of improving student learning in health programs (WHO, 2013a, 2013b) and asserted that interprofessional learning would improve communication and collaboration between students and prepare them for interdisciplinary teamwork after graduation. Interprofessional education and interprofessional learning will be used interchangeably throughout this review and may be referred to by the acronym 'IPL'.

Both IPL and simulation are important in health education, although there is limited information in the literature on how both are used

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together in nursing education. The focus until recently has been on investigating the usefulness of interprofessional learning or clinical simulation on their own (O'Connor, 2014; Thistlethwaite and Moran, 2010). There is a need to examine the impact of IPL and simulation used together in health professional education, specifically in schools of nursing.

2. Background

2.1. Simulation

Simulation imitates a procedure that would occur in reality (O'Connor, 2014). Recent research shows that simulation-based education and positive learning outcomes are related (Thomas and Mackey, 2012; Weller et al., 2012). Simulation provides the opportunity to repeat procedures in a safe environment, allowing students to try and fail and learn whilst doing so. It is therefore a possibility to improve skills without putting patients at risk, which implies that simulation is a way of working towards safe care (Brier et al., 2015; Mullen and Byrd, 2013). Bashaw's (2016), study investigating the integration of simulation into nursing education, showed that students increased their confidence with simulation indicating that simulation is beneficial to the students' learning.

The strategy of using simulation in education has been used for decades, it is the manner that simulation is used and the type of simulation that has changed (Nehring and Lashley, 2009; Weller et al., 2012). Fast evolving technology has made it possible to use simulation in a more complex form, ranging from low- to high-fidelity, with high-fidelity using more realistic technology (O'Connor, 2014). As the technology continues to develop, simulation scenarios are predicted to improve in the reflection of reality (Weller et al., 2012) including working with other health professionals.

2.2. Interprofessional Education

The WHO (2010) stated that after nearly 50 years of examination there is enough evidence to state that IPL positively affects the effectiveness of collaboration. IPL is broadly defined as a process whereby two or more students, with different learning backgrounds, learn together by interacting with each other (WHO, 2010). IPL is relevant to both the quality and the quantity of students' skills and is effective in allowing students to work together and to improve their understanding of other occupations (WHO, 2013a, 2013b).

The ability to work together with different health professionals has become a fundamental skill and if students are going to obtain these skills then IPL needs to be implemented in the education of health professionals (WHO, 2013a, 2013b). One specific Australian example of integration is that of Griffith University which implemented a framework for IPL in undergraduate health education. The framework details the process to incorporate interprofessional skills to ensure that during their undergraduate education health students experience a simulated professional team activity as well as a real service experience (Griffith Health Institute for the Development of Education and Scholarship, 2014).

2.3. Communication and Collaboration

Effective communication and collaboration is the basis for safe nursing care and working in teams with other health professionals. The importance of communication is identified internationally by the following significant bodies: The Joint Commission on Patient Safety (2015) which reported that human factors, leadership, and communication were the first three major root causes of sentinel events in the USA in 2014; The Parliamentary and Health Service Ombudsman of the United Kingdom (2017) identified inaccurate and poor quality communication in the National Health Service as one of the top three causes

of complaints; and the Australian Commission on Safety and Quality in Health Care (2017) is focusing on communication among members of the health team to improve safety and quality in health care. Logically it follows that undergraduate health professional learning focus on developing student skills and confidence with interprofessional communication and collaboration

IPL is essential for the delivery of safe care and for positive patient outcomes (Kalisch et al., 2009). Failure to communicate and collaborate can lead to serious negative outcomes in healthcare teams, therefore the communication that takes place between professionals needs to be taught and practiced (O'Daniel and Rosenstein, 2008; Owen et al., 2015). Collaboration and teamwork are often used simultaneously, where health professionals have a close bond and may be defined similarly although teamwork is accomplished through collaboration (Brock et al., 2013). Collaboration is important in health care, not only for patient outcomes, but also organisational and economic outcomes (Procter and Currie, 2004; Xyrichis and Ream, 2008). Hence in reviewing the IPL and simulation literature, it follows that the focus of the review includes communication and collaboration.

Brashers et al. (2016) demonstrated that IPL and simulation are necessary for effective collaborative practice. Different health professionals learning together benefits all involved with the sharing of knowledge, opinions and skills (E. J. Thomas et al., 2003). Lundberg (2008) asserts that clinical confidence cannot always be developed in the classroom and that understanding and skillset will improve when a student masters a skill in practice, furthermore it is the educational facility's responsibility to promote mastery via learning in practice. This assertion is supported by Billett (2010) who stated that knowledge and skill mastery can be achieved through the practice of an occupation's role hence supporting the educational strategy of simulation and IPL in undergraduate health education.

3. The Review

3.1. Aim

The aim of the review is to identify how simulation and interprofessional learning are used together in undergraduate nursing programs and undertaken in schools of nursing to address interprofessional communication and collaboration.

3.2. Objectives

The objectives of this review are to: (1) identify and appraise published accounts of IPL and simulation in undergraduate nursing programs, undertaken in schools of nursing that improve interprofessional communication and collaboration; (2) identify the proportion of IPL and simulation research undertaken in schools of nursing that focuses on communication and collaboration; (3) conduct an appraisal of the selected literature.

4. Method

4.1. Design

An integrative review was established to provide current knowledge of how IPL and simulation are used together in undergraduate nursing programs. Integrative reviews allow for a variety of literature to be included thus providing for a broad understanding of the topic (Whittemore and Knaf, 2005). Whittemore and Knaf's (2005) five step strategy for integrative reviews was adopted and used throughout the current review to provide methodological rigour. The five steps being problem identification, literature search, data evaluation, data analysis and presentation.

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