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Featured Article

Impacts of a Simulation-Based Interprofessional Intervention on Chinese Health Students

Jin Na Wang, RN, MSN^{a,b}, Marcia A. Petrini, RN, PhD, FAAN^{a,c,d,*}

^aZhongnan Hospital of Wuhan University, Wuhan, Hubei, 430071, People's Republic of China

^bSchool of Nursing, Hubei University of Medicine, Shiyan, Hubei, 442000, People's Republic of China

^cWuhan University HOPE School of Nursing, Wuhan, Hubei, 430071, People's Republic of China

^dChiang Mai University Faculty of Nursing Muang Chiang Mai, 50200, Thailand

KEYWORDS

interprofessional education;
simulation;
nursing students;
medical students;
TeamSTEPPS
communication tools;
teamwork attitude;
satisfaction

Abstract

Background: Interprofessional education is essential for developing a collaborative workforce. However, interprofessional education is not the norm in health professional education in China. More evidence is needed to testify to the effectiveness of interprofessional education. This study describes the process of developing a simulation-based interprofessional intervention in academic settings in China and explores the impacts on baccalaureate health students.

Methods: A quasi-experimental, pre and post design was used. Thematic analysis analyzed the students' feedback in debriefing.

Results: Satisfaction with the simulated interprofessional learning experience was high. Positive attitudinal changes towards teamwork were expressed after simulation; however, significant gaps existed in the students' team performance. Also, the nursing students' prescores and postscores of teamwork attitudes were lower than the medical students.

Conclusion: Further studies should address: (a) building a more comprehensive, constructive organizational culture through integrating patient-centered, holistic care model in all health curriculum designs; (b) threading interprofessional education and collaborative practice in the entire trajectory of professional education, assessing of the impact of doing so, and redesigning the clinical learning to improve students' actual performance; and (c) exploring Chinese students' perceptions of different components of simulation, and engaging them in the simulation design.

Cite this article:

Wang, J. N., & Petrini, M. A. (2018, February). Impacts of a simulation-based interprofessional intervention on chinese health students. *Clinical Simulation in Nursing*, 15(C), 1-12. <https://doi.org/10.1016/j.ecns.2017.09.002>.

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The World Health Organization (WHO) proposed that we should prepare a "collaborative ready workforce" (WHO, 2010, p. 7) to meet increasingly complex

challenges in the health system. A collaborative ready workforce (WHO, 2010, p. 7) is both willing and competent to collaborate. In China, the standards for both baccalaureate nursing programs (Jiang, 2014; Ministry of Education, 2010) and baccalaureate medical programs (Ministry of Education, 2008) have proposed that students

* Corresponding author: 2845map@gmail.com (M. A. Petrini).

should be prepared to collaborate with other health care professionals to deliver high-quality health care.

Interprofessional education (IPE) is essential for preparing a workforce ready to collaborate (WHO, 2010); however, IPE has not yet become the norm in today's health professions education in China. Also, current practitioners, educated in disease-centered, silo education, are not working collaboratively. For example, as two professions that directly serve the same patients, nurses and doctors usually work together, but not collaboratively.

Studies indicate that nurses and physicians hold different views about nurse–physician collaboration (Sollami, Caricati, & Sarli, 2015; Tang, Chan, Zhou, & Liaw, 2013) and interact inactively with each other (Zwarenstein, Rice, Gotlibconn, Kenaszchuk, & Reeves, 2013). Also, both practitioners and students showed the same pattern of nurse–physician collaboration (Sollami et al., 2015), which implies both professionals and students are deeply influenced by the same

disease-centered, siloed professional education.

Whether the nurses and doctors could collaborate with each other is critical to deliver quality patient care and to improve health outcomes (WHO, 2010). The health practitioners required in the future should be the health students prepared today. To educate nurses and doctors who are ready to collaborate, nursing students and medical students should learn how to work collaboratively. Academic institutions need to take the primary responsibilities to implement IPE in health professions education, for preparing a “collaborative ready workforce (WHO, 2010, p. 7).

IPE is an intervention “which the students or practitioners of more than one profession learn interactively together to improve interprofessional collaboration and patient outcomes” (Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013, p. 2). Sollami et al. (2015) define nurse–physician interprofessional collaboration as “the joint decision process in which nurses and doctors share objectives and responsibility of results (p. 223).” In this study, the operational definition of nurse–physician interprofessional collaboration is nursing, and medical students

communicate and collaborate with each other, to deliver care to a simulated patient and to make shared decisions about the care plan, with a patient-centered approach.

Previous studies indicate that Chinese nursing students were satisfied with intraprofessional simulation and appreciated the way of learning with simulation (Wang, Fitzpatrick, & Petrini, 2013; Zhang, 2016); however, interprofessional simulation has not been implemented in the Chinese education context. This study is an initiative to introduce and implement a simulation-based interprofessional intervention for health students in an academic setting in China. With the ultimate objective of developing a collaborative workforce in China, this pilot study proposed to (a) describe the process of implementing a simulation-based interprofessional intervention; (b) assess the impacts of the simulation-based interprofessional intervention on participants (i.e., satisfaction with simulation activity, teamwork attitudes); (c) measure students' team performance in simulated patient care scenarios; and (d) accumulate evidence for integrating IPE in health professional education.

Methods

A descriptive, quasi-experimental pre/post design was applied in this study. The simulation center of a nursing school located in a city in central China provided the setting for the research.

Ethics

This study was approved by both Ethics Committee of the Nursing School where the study was designed and the home university where the study was conducted. Participants were fully informed that their participation in this study was voluntary and their involvement had no relationship with their academic assessment.

Sampling

A convenience sampling method was applied to maximize students' participation. Two weeks before the simulation day, the investigator disseminated a poster to online student groups. The poster contained a brief description (timeline, aim, and learning opportunities) of this study and learning materials adapted from Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS[®]) Essentials (Agency for Healthcare Research and Quality [AHRQ], n.d.) to online student groups. Rooted in scientific evidence, TeamSTEPPS[®] is developed to optimize patient care through improving interprofessional communication and team performance during health care delivery (AHRQ, n.d.). TeamSTEPPS[®] communication tools can provide a simple, common language for students to interact

Key Points

- Collaborative practice in patient care scenarios enhanced mutual understanding and improved teamwork attitude.
- Latent factors, such as stereotypes and professional hierarchies, may interfere with students' learning satisfaction and self-reported teamwork attitude.
- The gaps of students' team performance were remarkable.
- The culture, social norms, and education context should be appropriately addressed when the faculty develop the simulation activities in China.

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