



## Preparing students for safe practice using an interprofessional ward simulation



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### ABSTRACT

We describe an interprofessional ward simulation for final year medical, nursing and pharmacy students, which has been rarely represented in current literature.

Our objectives were as follows: 1. Identify patient safety issues in a ward environment: 2. Develop confidence in communicating with other healthcare professionals: 3. Recognise the roles of other health care professionals: 4. Prepare for registered clinical practice.

The study comprised seven half day simulation sessions with a total of 92 participants.

The simulation was evaluated using pre and post-session questionnaires combining Likert style and free text questions. 89 paired questionnaires were obtained and Likert responses were analysed using a two tailed *t*-test, using a *p*-value of 0.001. Free text answers were thematically analysed.

Both patient safety and interprofessional education are important components in health care education. We describe our session including an overview of the simulation and a case example.

### 1. Format

Interprofessional ward\* simulation with classroom based student led debrief sessions.

\* ward refers to unit/unit of care.

### 2. Target audience

Educators of medical, nursing and pharmacy students.

### 3. Objectives

1. Identify patient safety issues in a ward environment
2. Develop confidence in communicating with other healthcare professionals
3. Recognise the roles of other health care professionals
4. Prepare for registered clinical practice

### 4. Activity description

Each student attended for one half day session based at the

University of the West of England. Each session accommodated a maximum of eighteen undergraduate students; six each from the disciplines of medicine, nursing and pharmacy. There were three faculty members present at each session, one from each discipline. Students received an introduction and orientation to the ward on arrival.

The medical students were in their fifth (final) year of study. The nursing students were in their third (final) year of study. The pharmacy students were either in their third or fourth (final) year. The length of the undergraduate course differs for medical, nursing and pharmacy students therefore interprofessional education cannot be matched year to year. We aimed this session at students due to enter practice the following year. In order to recruit sufficient numbers of pharmacy students, some were recruited from the third year. The nursing and pharmacy students volunteered for the sessions following email invitation. The medical students attended as part of their timetable requirement.

Each half day session comprised three simulation sessions through which the students rotated. Initially six students, two each from medicine, nursing and pharmacy, were asked to take up their respective professional 'roles' within the ward. The paired medical and pharmacy students received a verbal handover from a faculty member. They then

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entered the first simulation during which the medical/pharmacy students acted as one doctor/pharmacist, thereby moving to tasks together throughout. This was to enable the students to experience conflicting demands when prioritising tasks.

The nursing students were able to act independently during the simulation. This differed from the medical and pharmacy students. The simulation was designed to challenge participants and it was thought that as nursing students regularly act independently on the ward during training they would gain more benefit from the simulation this way.

The nursing students received a handover on the ward, from a faculty member acting as a ward sister. The handover style differed for the nursing students in order to reflect the handover they would typically receive at the start of an on-call shift. A joint handover with medical, nursing and pharmacy students could be given instead.

The remaining students were asked to step into 'patient' or 'relative' roles within the ward. Of the eight beds in the ward, two held high fidelity simulation manikins and one a low fidelity manikin. The remaining five beds contained simulated patients, played by students. All beds contained an instruction sheet describing the history required for that simulated patient/relative(s), an example of which is provided. Patient notes and observation charts were available for each patient. The students reviewed their instructions whilst the others were receiving handover. During this preparatory period a facilitator was available to provide clarification.

The first simulation ran for 25 min during which the students in their professional roles completed the tasks handover to them. Events occurred during the simulation which were planted through the pre-prepared patient histories. For example, in one patient history, the student was asked to 'fall' out of bed at some point during the simulation.

Facilitators had an overview chart showing all patients, tasks and events, which would occur during each stage. An example of this is provided. Directly following the first simulation was a 20 min debrief session.

A second set of six students then rotated into their respective professional roles on the ward and the previous six rotated into patient/relative roles. The simulation recommenced as though later in the same shift on the same ward. The handover provided between phases was adapted to reflect tasks completed during the preceding phase. The simulation ran for another 25 min and a second debrief followed. This was repeated a third time so that all students could take up their roles within the simulation.

Tasks planted in the simulations fell into three broad categories:

1. Communication tasks, for example a confused patient or an angry relative.
2. Practical tasks such as blood transfusion or medicine reconciliation.
3. Acute/emergency situations; e.g. anaphylaxis, upper gastrointestinal bleed.

Specific patient safety elements were embedded within the simulation, guided by the NHS England 'never events' list.<sup>1</sup> Examples include:

- Incorrect blood for transfusion
- Patient identification errors
- Prescribing errors
- Incorrectly placed naso-gastric tube
- Confused/falling patients
- Handover errors

The aim of the simulation was not to test performance of practical skills or specific knowledge but to incorporate tasks which required teamwork and communication. Any practical tasks were 'performed' with this in mind. Facilitators were available during the simulation to troubleshoot or direct students away from tasks which were not part of

the learning objectives.

The debrief sessions were held in a different room in order to allow students to break out of their roles. The debrief was based on an adapted form of the iTrust model of debriefing from Bristol Medical Simulation Centre (with permission). The students were also provided with a sheet based on Gibbs' 'structural debriefing and reflection guide'<sup>2</sup> to use if they wished. Questions posed by the facilitator(s) were intended to guide the students through the key learning outcomes.

### 5. Assessment

Students completed paper pre and post-session questionnaires, which were paired for analysis. Pre-session the students were asked to rate the following statements according to the Likert scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.

- 1 I feel confident in prioritising ward tasks whilst on-call
- 2 I feel confident in communicating with healthcare professionals from a different background to my own
- 3 I understand the role of other healthcare professionals working in a ward environment
- 4 I have an understanding of patient safety issues and how these affect my clinical work

They were also asked to list three patient safety issues.

After the session the students were asked to rate the following statements according to the same Likert scale. "Learning with students from other health and social care professions in a simulated ward environment:

- 1 Is likely to facilitate my subsequent working relationships
- 2 Has improved my team-working skills more so than learning only with my peers
- 3 Has improved my confidence in communicating with other healthcare professionals
- 4 Has helped my understand better the roles of other healthcare professionals
- 5 Has made me feel better prepared for starting work on a real ward
- 6 Has been an effective way of learning about patient safety
7. Has helped improve my awareness of patient safety issues in clinical practice"

They were again asked to list three patient safety issues and answer the following question: As a result of today's session are there any changes that you will make to your future practice?

92 students participated in the sessions: refer Table 1. 89 students completed both a pre and post-session questionnaire. Three of the seven post-session questions were paired with pre-session questions. A two tailed *t*-test, using a *p* value of 0.001 (confidence level > 99.0%), was used to determine whether there was a statistically significant change in response to the paired questions.

**Table 1**  
The total number of participants for the seven sessions.

Session	Numbers of students			
	Medical (38)	Nursing (31)	Pharmacy (23)	Total
One	6	4	0	10
Two	6	4	4	14
Three	5	6	4	15
Four	6	5	6	17
Five	5	2	6	13
Six & Seven <sup>a</sup>	10	10	3	23

<sup>a</sup> The numbers for these session are combined as they occurred on the same date.

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