



Short Communication

The sustainability of a 4-year intercollegiate simulation for occupational therapy and physical therapy students

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ABSTRACT

This paper describes yearly interprofessional education (IPE) simulations, completed with cohorts of occupational therapy (OT) and physical therapy (PT) students, from two universities located 43 miles apart. Case based simulations were developed with the objective to have the OT and PT students provide rehabilitation services to improve a patient's overall function and mobility. Since 2014, groups of 5–9 OT/PT student teams have rotated through 3 different simulations, and were assigned different roles (OT, PT, patient, family member, observer) for each rotation. Following the final simulation, OT/PT students collaborated on a documentation assignment. Both OT and PT faculty were present at the simulation to provide initial instructions, manage time, and facilitate debriefing. Post-simulation, students were required to write a reflection of their individual experience. Using student reflections and faculty feedback over the four years, the IPE experience has been modified to better meet the student needs. The IPE experience has been sustained due to the commitment of four key faculty from the two institutions. Implementing IPE learning opportunities for OT/PT students who attend different universities may demonstrate improvement in perceptions of IPE. Health care professional programs that are housed in an institution without other professions may consider collaborating with other universities to provide IPE experiences for their students.

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1. Format

Interprofessional teams were formed from an occupational therapy (OT) program at one university and a physical therapy (PT) program from another university. The intercollegiate interprofessional teams participated in pre-simulation preparation activities, three simulated activities, team documentation, small group debriefing, and reflective writing.

2. Target audience

Doctorate of Physical Therapy students (N = 237) from a mid-western university and Master of Science in Occupational Therapy students (N = 239) from another university 43 miles away participated in this interprofessional activity annually over the course of 4

years. The PT students were in the end of their second year of a three-year professional program, and the OT students were at the beginning of their second year of a 2.5-year professional program. The PT students traveled the 43 miles and were given driving directions, parking instructions, and classroom location information. All students were provided with instructions on the schedule for the day, the case scenarios, the roles that they would be playing, and a definition of those roles. Students were encouraged to wear their nametags and dress in a professional manner.

3. Objectives

The objectives for this interprofessional educational (IPE) annual event were as follows: (1) to establish principles for building rapport with patients, families, caregivers and other health care professionals in the inpatient and home care setting; (2) to establish appropriate communication and coordination principles with patients, families and healthcare workers related to inpatient and home care; (3) to demonstrate effective personal and professional interactions for psychosocial issues related to the inpatient and

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home care setting; and (4) to demonstrate teamwork and problem solving strategies related to inpatient care and home health evaluation. The student objectives were developed using the Interprofessional Education Collaborative (IPEC) core competencies of interprofessional collaborative practice. The 4 core competencies are: (1) Values/Ethics for Interprofessional Practice; (2) Roles/Responsibilities; (3) Interprofessional Communication; and (4) Teams and Teamwork.¹ See Appendix A for the descriptions of these competencies.

4. Appendix A

The Interprofessional Education Collaborative[®] (IPEC) Core Competencies of Interprofessional Collaborative Practice.

- (1) Values/Ethics for Interprofessional Practice
 - *“Work with individuals of other professions to maintain a climate of mutual respect and shared values.”¹*
- (2) Roles/Responsibilities
 - *“Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.”¹*
- (3) Interprofessional Communication
 - *“Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.”¹*
- (4) Teams and Teamwork
 - *“Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.”¹*

The Accreditation Council for Occupational Therapy Education (ACOTE[®]) is the accrediting agency for occupational therapy education.² ACOTE requires that programs prepare students to effectively communicate and work interprofessionally and was effective July 31, 2013.² The Commission on Accreditation in Physical Therapy Education (CAPTE) is the accrediting agency for physical therapist’s education.³ CAPTE requires that didactic and clinical curriculum needs to provide interprofessional education that includes the IPEC competencies effective January 1, 2018.³

The objective of this paper is to describe: (1) this annual event; (2) the process of making changes for improvements from year to year in order to maximize learning for students entering the rehabilitation professions; and (3) the process for sustainability of this yearly event.

5. Activity description

5.1. Pre-simulation activities

To fulfill a teaching and learning classroom assignment in 2014 and 2015, two pairs of OT students provided a 60-min educational program to the PT students to inform the PT students about OT in preparation of the IPE. Despite these two professions being closely related in the field of rehabilitation, students in these programs did not know much about the similarities and differences in their professions. This was discovered during classroom discussions at both programs, therefore efforts to manage this gap in roles and responsibilities took place. In 2016, during the semester prior to the IPE simulation event, two OT students and two PT students

participated in an intercollegiate service learning project that required them to work together to develop a pre-IPE program for both universities. This project consisted of a review of the evidence, a PowerPoint presentation, and a video detailing the similarities and difference between OT and PT as well as examples of collaboration. In 2016 and 2017, all the OT and PT students that were going to participate in the upcoming IPE simulations were asked to view the video and PowerPoint prior to the event.

In all four years, students were provided with the three case scenarios, learning objectives, a schedule of the day’s events, and roles that they may be playing during the simulation.

5.2. Simulation educational design

Simulation learning experiences (SLE) are an approach for active experiential learning. Active learning is believed to engage the learners at higher level of analysis, synthesis, and evaluation.⁴ Simulation in healthcare education is a technique used to replace real experiences and provide some of the same real-life responses in a safe environment.⁵ For that reason, simulation was the learning method chosen for this IPE.

The OT and PT students were divided equally into a morning group and an afternoon group. There were 9–12 simulations from three different healthcare settings (acute care, skilled nursing facility, and home health care) going on simultaneously. These settings were chosen because of the patient population and complexities that often require a close collaboration between OT and PT. Groups of 5–9 students rotated through the three different settings within their same interprofessional group. In 2014, each session was 35-min long and the students rotated through each station following their simulation, and a large group debriefing was provided with all the students in the session. In years 2015–2017, each session lasted for 45-min, with the last 15 min for debriefing within the 3–4 groups that participated in that setting. Both OT and PT faculty observed 3–4 simulations and led the debriefing sessions using guided small and large group discussion. The debriefing method used was the *3D Model of Debriefing* which has three phases: defusing (vent emotions); discovering (analyze and evaluate performance through reflection); and deepening (apply lessons learned from sim to clinical practice) which are linked to Kolb’s experiential model of learning.⁶

Three case scenarios were designed to encompass a variety of diagnoses in the different settings (Appendix B).

6. Appendix B: Cases used

- Case 1: Cerebrovascular accident (CVA) acute care was in the simulation lab with faculty (1PT, 1OT) overseeing all 3 simultaneously
- Case 2: Multiple Diagnoses in a skilled nursing facility with use of lifts was in the simulation lab with faculty (1PT, 1OT) overseeing all 3 simultaneously
- Case 3: Total hip replacement (THR) home health care was in the condominium simulation lab with faculty (1PT, 1OT) overseeing all 3 simultaneously

Students were assigned different roles at each rotation that included: OT, PT, patient, family member, caregiver, observer (2014–2016), and timekeeper (2015 only). Only OT students played the role of the OT and only PT students played the role of PT, however all other roles were assigned to both OT and PT students. Please see [Table 1](#) for an overview of the roles.

Prior to the start of each simulation setting, the students playing the roles of OT or PT were given 10 min to plan their co-treatment session, while the faculty prepared the student “actors” for their

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