The I.C.a.R.U.S. Program: Phase 1
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Background
Effective communication is one of the most important aspects of being a healthcare provider. There is an obvious problem in communication between physicians and nurses; this may create a feeling of acrimony between the two professions. There is limited understanding of each other’s role and scope of practice, thus when they are unexpectedly brought together to practice in emergent situation there are misunderstanding and poor outcomes in patient care. Patient outcomes are dependent upon competent collaborative interprofessional care. Interprofessional education is widely thought of as a method to provide misunderstanding and poor outcomes in patient care. Patient outcomes are dependent upon competent collaborative interprofessional care. Interprofessional education is widely thought of as a method to provide effective training to create positive interprofessional interactions and promote cost-effective patient centered care.

Purpose
I.C.a.R.U.S. stands for improving communication and results using structured IPE.

The purpose of the I.C.a.R.U.S. program is to:
• Improve communication and teamwork between the nurses and physicians
• Training together to enable excellent communication
• Clearly defined roles,
• Improve understanding of practice scopes
• Enhancement of patient satisfaction.

Research Design & Methods
Phase one of the I.C.a.R.U.S. program involved conducting mock codes with the medical and nursing residents and surveying them before and after the experience. The mock codes occur monthly and the participants are given a questionnaire before the experience about their confidence and competence with code blues and a post experience survey. Improvements were made in alignment of survey results. The nursing results were later rounded on to see if there were any changes to their confidence when interacting with the physicians.

Results and Recommendation
The program is not completed and is in it’s early stages, but after the first few sessions both the medical and nursing residents verbalized that they wanted more activities like the mock codes and that they felt they had a greater understanding of the other professional’s practice. They also stated that they felt more comfortable communicating with each other.

Conclusions and Significance
Phase one of the I.C.a.R.U.S. program is not complete yet but it showed leadership and members of the healthcare team that there is a need and a desire for these types of activities. It also has thus far improved communication between the medical and nursing residents as well as between the nurses and attending physicians. The mock code improved team work and communication for the staff that participated. The mock code experience also improved understanding of roles and communications for the participants as well as an observer.

References
Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 Update. Retrieved from https://www.iec共青城.cn/36206/33022/1035617070047737?acc=summary-OC%7E7%00%00%00%00%01%00%3A5&search=nlink&sid=705453

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