Assessment of Interprofessional Collaboration Before and After a Disaster Drill Experience

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Disclosure

- The authors of this presentation,
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from the University of Delaware state that there are no conflicts of interest and there are no sponsorships or commercial support given to the authors regarding this presentation.



Objectives

- The learner will be able to:
 - Discuss perceptions of interprofessional collaboration among nursing students participating in an interprofessional disaster drill simulation
 - Evaluate the importance of interprofessional simulation experiences



Background & Significance

- Team-based competencies are required to improve patient outcomes
- New graduates not fully ready for team-based care
- Institute of Medicine (IOM) and Interprofessional Education
 Collaborative Expert Panel support team-based education



Disaster Drill

Background

- Community Health Nursing includes Disaster Management in the curriculum
- Interprofessional experience

Protocol

- Provider role assignment 2 weeks prior to the event
- Disaster provider roles reflect National Disaster Management guidelines/roles
- Victims are student volunteers assigned to victim roles that support the disaster theme

Procedures

- Pre-brief and video
- 45-minute simulated disaster drill
- Large group debrief



Interprofessional Education/ Collaboration

- **Definition**-"Interprofessional Education (IPE) is defined as occurring when students from two or more professions learn about, from, and with each other (WHO, 2010)".
- Best Practices
 - Interprofessional Education Collaborative (IPEC)
 core competencies



Methods: Design

- Pretest posttest descriptive design to assess nursing students who participated in a simulated disaster drill
 - Communication
 - Collaboration
 - Roles and responsibilities
 - Patient focus
 - Team functioning
 - Conflict management



Sample and Setting

- Sample: convenience sample of 109 undergraduate nursing students student participating in the disaster drill simulation
- Setting: University of Delaware School of Nursing
- Inclusion Criteria
 - Over 18 years old
 - Enrolled in the Community Health Nursing course
- Exclusion criteria
 - Less than 18 years old
 - Not enrolled in the Community Health Nursing course



Instrument

- Inter-professional Collaborator Assessment Rubric (ICAR)
- Designed to assess competencies stated by the Interprofessional Executive Committee collaborative competencies
- Modified versions had high level of internal consistency $(\alpha = .981)$ and high levels of inter-rater percent agreement 91.5% (CI = 90.3, 92.7)
- Permission was granted to adapt the tool and replace "resident" with "learner" and "not observable" with "not applicable"



ICAR

Collaboration: Ability to establish/maintain collaborative working relationships with other providers, patients/clients and families.

Resident										N/O
Establishes collaborative relationships with others.	1	2	3	4	5	6	7	8	9	
Integrates information and perspectives from others in	1	2	3	4	5	6	7	8	9	
planning and providing patient/client care.										
Shares information with other providers that is useful	1	2	3	4	5	6	7	8	9	
for the delivery of patient/client care.										

Roles and Responsibility: Ability to explain one's own roles and responsibilities related to patient/client and family care (e.g. scope of practice, legal and ethical responsibilities); and to demonstrate an understanding of the roles, responsibilities and relationships of others within the team.

Resident									N/O	
Describes one's own roles and responsibilities in a clear	1	2	3	4	5	6	7	8	9	
manner with the team/patient/family.										
Demonstrates professional judgement when assuming	1	2	3	4	5	6	7	8	9	
or delegating tasks.										
Shares evidence-based or best practice discipline-	1	2	3	4	5	6	7	8	9	
specific knowledge with others.										



Study Procedure

- Students consented (not by faculty of record)
- Completed ICAR via REDCap (Research Electronic Data Capture) approximately 1-week before disaster drill simulation
- Post ICAR available via REDCap immediately following the simulated disaster drill.
- Post ICAR remained open 1-week after the disaster drill and participants received 1 reminder 3 days after the disaster drill simulation



Data Analysis

- 93 participants completed the pre-ICAR
- Final analysis only included the 58 participants who completed both the pre and post-ICAR
- ICAR scores were totaled and compared pre and post
- Each of the 6 subscale sores were totaled and compared pre and post
 - communication, collaboration, roles and responsibilities, collaborative patient/client-family centered approach, team functioning, conflict management and resolution
- Due to non-normality of the data, the Wilcoxon Signed Ranks Test was used to measure the changes between the perceptions of competency in interprofessional collaboration both pre and post disaster drill training and event



Results

- Primarily Caucasian females (n = 56, 97%)
- Age: 20-30 year old; mean of 21.59 (2.152)
- Mean grade point average of 3.38 (0.306)
- Almost three-quarters (n = 41, 71%) were employed in a healthcare related field as a Certified Nursing Assistant or Emergency Medical Technician, or other medical positions
- Only 6 (10%) participants were employed in a non-medical position and 18 (31%) reported that they did not work while in school

Results

- Total ICAR Posttest scores were significantly lower than the Pretest (Z = -2.006, p = 0.045, r = -0.19)
- All 6 subscales of the ICAR had a lower mean score on the ICAR posttest compared to the pretest
- Only the collaborative patient/client family centered approach section was statistically significant (Z = -3.153, p = 0.002, r = -0.30)

Collaboration: Ability to establish/maintain collaborative working relationships with other providers, patients/clients and families.

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Conclusion

- Nursing students reported less interprofessional competencies following the immersive experience.
 - This may be the result of a student's perceived ability not reflecting actual inter-professional competencies.
- Students enter experiences with "anticipatory socialization"assumptions of roles and responsibilities. Changing student perceptions may contribute to development of better team-based care in a disaster experience.
- Educational offerings focused on interprofessional team disaster preparedness training may further facilitate awareness of roles and responsibilities during a disaster experience.



Sharing and Thoughts





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