

**Title:**

International Immersion Experience Impact on Nurse Practitioner and Medical Students Readiness for Interprofessional Education

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**Session Title:**

Immersion Experience

**Slot:**

A 03: Friday, April 8, 2016: 10:45 AM-12:00 PM

**Scheduled Time:**

10:45 AM

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**Keywords:**

core competencies, interprofessional education and transform healthcare

**References:**

Bentley, R., Engelhardt, J. A., & Watzak, B. (2014). Collaborating to implement interprofessional educational competencies through an international immersion experience. *Nurse Educator*, 39(2), 77-84. doi:10.1097/NNE.000000000000022

Brown, L. D. (2014). Towards defining interprofessional competencies for global health education: Drawing on educational frameworks and the experience of the UW-Madison global health institute. *Journal of Law, Medicine & Ethics*, 4232-37. doi:10.1111/jlme.12185

Cox, M. & Naylor, M. (2013). Transforming patient care: Aligning interprofessional education with clinical practice redesign, Macy Foundation Publication. Retrieved from: [http://macyfoundation.org/docs/macy\\_pubs/JMF\\_TransformingPatientCare\\_Jan2013Conference\\_fin\\_Web.pdf](http://macyfoundation.org/docs/macy_pubs/JMF_TransformingPatientCare_Jan2013Conference_fin_Web.pdf)

Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., Evans, T. et al. (2010). Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376 (9756), 1923-1958.

Hanyok, L.A., Walton-Moss, B., Tanner, E., Stewart, R.W., & Becker, K. (2013). Effects of a graduate-level interprofessional education program on adult nurse practitioner student and internal medicine resident physician attitudes towards interprofessional care. *Journal of Interprofessional Care*, 27(6): 526–528.

Institute of Medicine. (2013). Interprofessional education for collaboration: Learning how to improve health from interprofessional models across the continuum of education to practice. Workshop summary. Washington, DC: The National Academies Press. Retrieved from: <http://www.iom.edu/Reports/2013/Interprofessional-Education-for-Collaboration.aspx>

Interprofessional Education Collaborative Practice Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C. Retrieved from: <http://www.aacn.nche.edu/education-resources/ipcreport.pdf>

Josiah Macy Jr. Foundation. (2013, January). Transforming patient care: Aligning interprofessional education with clinical practice redesign. Retrieved from: [http://macyfoundation.org/docs/macy\\_pubs/TransformingPatientCare\\_ConferenceRec.pdf](http://macyfoundation.org/docs/macy_pubs/TransformingPatientCare_ConferenceRec.pdf)

**Abstract Summary:**

Interprofessional education is a critical tool in the transformation of healthcare – from fragmented, poor quality, high cost care to a system with well-functioning teams. A global education model for nurse practitioner and medical students is one approach to dissolving academic silos. Evaluation of this unique model will be explored.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
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The learner will be able to identify interprofessional core competencies.	Values/Ethics for Interprofessional Practice Roles/Responsibilities Interprofessional Communication Teams and Teamwork
The learner will be able to examine a study abroad educational intervention.	Two week study abroad to Nicaragua for nurse practitioner and medical students; Clinical care provided by nurse practitioner/medical student care teams; Debrief sessions addressing interprofessional skills development; Immersion of both clinical and social activities.
The learner will be able to judge the value of the Readiness for Interprofessional Learning Scale.	Readiness for Interprofessional Learning Scale: Item review; Sub-scale review; Reliability; Outcomes.
The learner will be able to conclude the value of global interprofessional education models.	Impact on interprofessional education for US students; Potential impact on host-country students and faculty.

#### Abstract Text:

**Background:** Fragmentation of care and poor communication between healthcare professions contributes to poor quality, high cost healthcare, while care delivered by well-functioning team's decreases costs and improves clinical outcomes. Health professions students are educated in silos which are a source of fragmented care. Educating health professions students about team-based care and how to work with other health professionals, known as Interprofessional Education (IPE), provides them the necessary skills to transform our healthcare delivery system. Therefore, educational models that successfully teach interprofessional core competencies to our health professions students are needed. **Objective:** The purpose of this project was to evaluate the impact of a 2 week interprofessional study abroad program on health professions student's readiness for interprofessional education (IPE). **Methods:** This outcome-based summative program evaluation had a convenience sample of four family nurse practitioner (FNP) students and seven medical students. The education model was a two week immersion study abroad in Nicaragua where students provided patient care in FNP/medical student teams in a variety of clinical settings. The students attended debrief sessions throughout the experience that included discussions about IPE. Everyone stayed at the same hotel, ate meals together and shared free time. The Readiness for Interprofessional Learning Scale (RIPLS) was administered before departure to Nicaragua, immediately upon returning from Nicaragua and 2 months post-intervention. **Results:** Three of the four RIPLS sub-scales; teamwork and collaboration, negative professional identity, positive professional identity, all had internal consistency reliabilities exceeding 0.90. Pre-intervention mean subscale scores exceeded 4.3 out of a maximum 5.0, indicating a strong ceiling effect. These high mean scores dipped slightly, never below 4.0, at post-intervention. Mean scores 2 months later rebounded and were greater than 4.5 for all three subscales. **Conclusions:** Although RIPLS was a reliable instrument for this program evaluation, the high pre-intervention scores made it difficult to evaluate substantial change between pre-intervention and post-intervention. The interprofessional educational program may have produced important changes, but the RIPLS could not detect these changes because of the high pre-intervention ceiling effect. More research in the area of IPE, particularly in the development of valid and reliable instruments, is needed in order to create interprofessional education models that can transform clinical practice. The implication of study abroad models of education can also serve to promote interprofessional clinical practice globally.