

Title:

Attitudes Change During an Interprofessional Simulation With Physical Therapy and Nursing Students

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Session Title:

Research Poster Session 3

Slot (superslotted):

RSC PST 3: Sunday, 30 July 2017: 9:45 AM-10:15 AM

Slot (superslotted):

RSC PST 3: Sunday, 30 July 2017: 12:00 PM-1:15 PM

Slot (superslotted):

RSC PST 3: Sunday, 30 July 2017: 2:00 PM-2:30 PM

Keywords:

High-fidelity simulation, Interprofessional collaboration and Interprofessional learning

References:

Bridges, D. R., Davidson, R. A., Odegard, P. S., Maki, I. V., & Tomkowiak, J. (2011). Interprofessional collaboration: three best practice models of interprofessional education. *Med Educ Online*, 16. doi:10.3402/meo.v16i0.6035

Franklin, A. E., Burns, P., & Lee, C. S. (2014). Psychometric testing on the NLN student satisfaction and self-confidence in learning, simulation design scale, and educational practices questionnaire. *Nurse Education Today*, 34(10), 1298-1304. 492 doi:10.1016/j.nedt.2014.06.011

Gough, S., Hellaby, M., Jones, N., & MacKinnon, R. (2012). A review of undergraduate interprofessional simulation-based education (IPSE). *Collegian*, 19(3), 153-170. doi:http://dx.doi.org/10.1016/j.colegn.2012.04.004

Abstract Summary:

The study purpose was to examine changes in physical therapy (PT) and nursing (RN) student attitudes towards interprofessional learning (IPL) and collaboration (IPC) following a high-fidelity code simulation.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will gain knowledge in how to measure outcomes around an interprofessional emergency patient situation.	On the poster, an overview of data collected and the tools used to collect that data.
The learner will understand how to create an interprofessional simulation around an emergency patient situation.	On the poster, an overview of the student experience of the simulation and summary of how the simulation was designed.

Abstract Text:**Purpose:**

Providing effective patient-centered care requires collaboration among healthcare professionals from different disciplines. Across multiple practice settings, physical therapists (PT) and nurses (RN) interact around patient care and management issues. The skills needed for effective interprofessional collaboration (IPC), important to improving patient outcomes, have to be taught prior to licensure. This requires that students from different professions learn together. High-fidelity human simulations (HFHS) provide safe and authentic learning opportunities to practice the skills needed for IPC. The purpose of this study was to examine changes in PT and RN student attitudes towards interprofessional learning (IPL) and IPC following an opportunity to engage in curricular experience that featured a simulated cardiac arrest scenario. It was hypothesized that the learning experience would positively affect attitudes toward IPL and IPC.

Methods:

PT (n=42) and RN (n=35) students participated in a 90-minute IPL experience featuring HFHS. Interprofessional teams reviewed the patient's medical chart prior to the HFHS. The goal for HFHS encounter was to collaborate to get the patient out of bed while closely monitoring the physiological responses to activity. RN students assisted the PT students with the bed to chair transfer. Once in the chair, the patient's vital signs deteriorated and ventricular tachycardia appeared on the EKG monitor. A full code ensued, which required the students to work together in responding to the medical emergency. The encounter concluded with a 45 minute debriefing. A control group consisting of PT (n=41) and RN (n=33) students was also included. Three surveys were completed pre and post-simulation: the Interdisciplinary Education Perception Scale (IEPS), the Readiness for Interprofessional Learning Scale (RIPLS), and the Attitudes Toward Healthcare Teams Scale (ATHCTS).

Results:

A 2 (group – learning intervention vs. control) by 2 (time - pre vs post) repeated measures ANOVA revealed a statistically significant interaction. The learning intervention group demonstrated a statistically significant within group increase in post-test scores on the IEPS subscales examining competency and autonomy ($p < .001$), perceived need for cooperation ($p < .001$), and perceptions of actual cooperation ($p < .001$), the RIPLS subscales examining teamwork and collaboration ($p < .001$) and professional identity ($p < .001$), and the ATHCTS subscales for team value ($p < .001$) and efficiency ($p = .006$). For each of the previously identified subscales, statistically significant between group differences appeared at the post-test ($p \leq .003$) indicating more positive attitudes toward IPL and IPC in the learning intervention group. The control group was not significantly different from the learning intervention group at the start of the study and did not change significantly from pre to post-test.

Conclusion:

The results of the study support the effectiveness of including HFHS as part of an IPL experience designed to foster the skills necessary for IPC. In the learning intervention group, the patterns of within group differences are supportive improvements in attitudes toward IPL and teamwork. Simulation provided a meaningful context for students to work collaboratively and actually implement the skills needed to work interprofessionally. Participation in the simulation and the related education activities positively altered student attitudes toward learning from and working with peers in other healthcare disciplines. A 90-minute learning experience had the capacity to positively change attitudes toward IPL and IPC, which is an important step in developing the skills needed to work effectively with other healthcare professionals.