Title:
Influencing Health Through IPE: Perspectives on RN-to-BSN Education

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Session Title:
Interprofessional Education Strategies
Slot:
B 09: Saturday, 28 October 2017: 3:15 PM-4:00 PM
Scheduled Time:
3:35 PM

Keywords:
IPE, RN-BSN and education

References:


Abstract Summary:
RN to BSN students offer unique perspectives on how interprofessional education intersects with their learning needs, and in turn, how they implement interprofessional collaboration and communication in practice as a means to improve patient outcomes. RN to BSN student perceptions revealed curricular implications for this growing population of nursing students.

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will describe the unique perspectives of RN to BSN students regarding required content on interprofessional education in an undergraduate curriculum.</td>
<td>A. Increased number of RN to BSN students 1. IOM call for 80% BSN prepared nurses by 2020 2. Magnet status 3. Statistics on increased enrollment in RN to BSN programs B. Importance of Interprofessional education (IPE) in Undergraduate nursing education 1. American Association of Colleges of Nursing Baccalaureate Essentials 2. Institute of Medicine C. IPEC sub-competencies in Undergraduate nursing education 1. American Association of Colleges of Nursing</td>
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The learner will discuss implications of RN to BSN students’ perspectives on interprofessional education on curriculum and hybrid course development on this topic.

D. Findings from IPEC scores and focus group
1. Quantitative findings
2. Qualitative findings
F. Curricular implications
1. Course revisions

Abstract Text:

Multiple factors contribute to an enrollment increase in RN to BSN nursing education programs. In 2010, the Institute of Medicine (IOM) called for 80% of all Registered Nurses (RNs) to have a baccalaureate degree (BSN). Over the last 12 years, enrollment in RN to BSN programs has continued to increase with a 10.4% increase in enrollment from 2013 to 2014 (American Association Colleges of Nursing [AACN], 2015). Multiple nursing education organizations have also called for increased education levels of RNs, in addition to healthcare organizations seeking Magnet (c) status. (AACN, 2015). There are 679 RN to BSN programs in the United States (AACN, 2015).

Interprofessional Education (IPE) in the United States has its origins in the patient movement, quality improvement, and cost savings requirements as described in the Institute of Medicine’s To Err is Human (IOM, 2000), World Health Organization guidelines (WHO, 2011), QSEN competencies for nurses (QSEN, n.d.), Triple Aim Initiative (IHI, 2012), and CMS policy revisions.

Content on interprofessional communication and collaboration is a required element of undergraduate nursing programs accredited by the American Association of Colleges of Nursing and the National League for Nursing. The team approach of interprofessional education and practice improves patient outcomes and quality of care (Thibault, 2013). RN to BSN students often practice as RNs while seeking their BSN degree, routinely working with other professionals in providing health care. However, in order for RN to BSN students to reach their fullest potential in executing interprofessional skills, educators must promote greater understanding of the theoretical underpinnings that prepare students to practice in a collaborative work environment.

The Interprofessional Education Collaborative (IPEC) developed competencies for healthcare professional students. The AACN served as one of the founding IPEC members and incorporated IPE as a core competency into the BSN Essentials. Essential VI focuses on Interprofessional Communication and Collaboration for Improving Patient Health Outcomes (AACN, 2008). The original four IPEC core competencies included Values & Ethics, Roles & Responsibilities, Interprofessional (IP) Communication, and Teams & Teamwork; which included knowledge, skills and attitudes (KSAs) of collaboration (IPEC, 2011). The initial course developed for the RN to BSN students mirrored the course offered to Traditional Undergraduate BSN students and included the IPEC core competencies of Values & Ethics, Roles & Responsibility, IP Communications and Teams & Teamwork. In addition, students worked in teams on face-to-face work/simulations and discussion boards as well as submitted individual reflections. Faculty assumed that the students’ prior nursing education and post-licensure practice had well-established KSAs associated with Values & Ethics and Roles & Responsibilities as well as Teams & Teamwork. Therefore, two categories from the Interprofessional Collaborator Assessment Rubric (ICAR), were selected and scored for relevancy: Communication and Collaboration.

Basic communication skills are a common area for health professions education. Movement in recent year is towards more opportunities for interprofessional communication. In general, though, learning still occurs in siloed, single discipline-based teams, and health professional students have little knowledge of or experience with interprofessional communication. “Communication competencies help professionals prepare for collaborative practice”(IPEC, 2011, p.20). Collaborative practice stems from the goal to provide the best care to patient/clients and families. To achieve this goal, trusting relationships that develop through mutual respect, as well as information sharing and information/task integration are
required. Communication, therefore, is foundational to collaboration, and incorporates understanding of team roles, team development, and team dynamics. The ICAR further analyzes the knowledge, skills and attitudes associated with such communication, and collaboration.

After obtaining Institutional Review Board approval, the authors conducted a mixed method study, consisting of a focus group, and ICAR scores. The focus group included 10 students, or 83% of the students who completed the required course on interprofessional collaboration and communication. Data included student scores on the completed ICAR competency tool at the middle and end of the semester; and focus group student feedback on their perceptions of interprofessional collaboration and communication in their practice after the conclusion of the course.

Quantitative findings from ICAR scores: Each individual question on the ICAR had a range of 0 to 4 (0 = Not Observable; 1 = Minimal; 2 = Developing; 3 = Competent; 4 = Mastery). Questions 1 through 7 were combined to make an overall communication score; with a possible range in scores from 0 to 28. There was a significant difference in midway self-assessment (M=21.5, SD=2.12) and the end of course self-assessment scores on perceived ability to communicate (M=24.4, SD=2.46); t(9)=5.513, p=.000. These results suggest that the course content did have an overall effect in increasing student perceptions of their communication performance. Questions 8 through 11 were combined to create an overall collaboration score; with a possible range in scores from 0 to 16. In terms of perceived ability related to collaboration, there was a significant difference in midway self-assessment (M=12.7, SD=1.64) and the end of course self-assessment scores (M=13.9, SD=1.45); t(9)=4.129, p=.003. These results suggest that the course content did have an overall effect in increasing student perceptions of their collaboration performance.

Qualitative findings from the Focus Group: Analysis of verbatim transcript of the focus group using a modified Giorgi method revealed that students felt comfortable sharing both positive and negative experiences from their practice related to communication and collaboration. RN to BSN students believe that individual characteristics of the nurse and their experience influence the team dynamics in IP relationships and collaboration. They have strong held beliefs regarding their learning needs with regard to IPE as described in this quote:

“I've been a nurse for over 3 years now. I've noticed my confidence building more. It improves your interaction with peers and allows you to have better interaction as well as advocate for your patients. Self confidence helps in working with other health professions.”

Conclusions and curricular implications from this study that drive the revision of the IPE course for RN to BSN students are multifaceted. These revisions include modifying the IPE content to meet the specific needs of the RN to BSN student population, while continuing to focus content on the competencies of interprofessional collaboration and communication, and scaffolding content onto the skillset achieved in their practice setting. Changes to assignments include adding an organizational culture assessment and its impact on interprofessional collaborative practice; a practice team assessment in their practice organization to allow for enhanced reflections of experiences as it relates to content, and case studies for analysis and role-play. Maintaining a course environment as a safe place to explore and work through what is observed/experienced in the practice setting is also important.