

Emergency on Campus: Attitudes of Interprofessional Healthcare Students in a Simulated Patient Care Experience

Briyana L. M. Morrell, MSN, RN, CCRN-K; Rebecca A. Cartledge, MSN, RN, CNM; Jennifer N. Carmack, MSN, RN; Kathleen E. Hetzler, DNP, CNS, APRN, OCN; Stephanie R. Kemery, MSN, RN, CMSRN; Shannon M. Moore, MSN, RN; Alison M. Nichols, OTR, OTD; Jane Toon, DNP, RN; Craig A. Voll Jr., PhD, LAT, ATC, PT; Elizabeth S. Moore, PhD



Abstract

The simulation was designed to create an opportunity for students to learn interprofessionally. Students from nursing (A-BSN), occupational therapy (OT), and athletic training (AT) participated in treating a student athlete who experienced a spinal cord injury. The research was conducted to explore changes in students' attitudes and perceptions of interprofessional collaboration through quantitative and qualitative data.

Background

Interprofessional Education (IPE) is defined as “two or more professions learning with, from, and about each other to improve collaboration and the quality of care” (Centre for the Advancement of Interprofessional Education, 2002). The World Health Organization (WHO) has stated there is sufficient evidence showing that IPE in the clinical setting promotes effective patient care (Lachmann et al., 2013). However, there has been insufficient exposure to IPE in one Midwestern university, which may decrease the “practice readiness” of these healthcare students.

Methods

Pre-Test

- Jefferson Scale of Attitudes Towards Interprofessional Collaboration(JSATIC)

Simulation

- 77 Students (A-BSN, AT, OT)

Post-Test

- JSATIC (32 students completed pre- and post-test)
- BSN=10; AT=18; OT=4

Debriefing

- Open to all students
- Data not collected for research study

Focus Groups

- 2 focus groups (n=13)
- Guided questions were adapted from the Interprofessional Attitudes Scale
- Thematic analysis of transcribed data

Results



	Pre-Simulation	Post-Simulation	
	Mdn (IQR)	Mdn (IQR)	<i>p</i>
Overall JSATIC Scale	121.5 (28.3)	126.0 (35.5)	.074
Accountability subscale	46.5 (14.5)	46.5 (28.5)	.946
Working Relationship subscale	79.5 (10.8)	82.0 (6.0)	.003

Discussion

The quantitative findings demonstrated a significant increase in working relationship scores after the simulation ($p=.003$). There was not a significant change in JSATIC scores ($p=.074$) or accountability scores ($p=.946$). The Cohen's effect size was calculated for the change from pre-simulation and post-simulation, showing a large effect for the working relationship subscale ($d=.79$). The qualitative themes reflected the Interprofessional Education Collaborative (IPEC) Core Competencies of values/ethics, interprofessional communication, roles/responsibilities, and teams/teamwork (IPEC, 2016).

Recommendations

A future recommendation for research would be long-term follow-up with participants to study the impact on their professional careers. Additional healthcare disciplines could be added to the simulation to enhance the interprofessional experience.

References

Centre for the Advancement of Interprofessional Education. (2002). The definition and principles of interprofessional education. Retrieved from <http://caipe.org.uk/about-us/the-definition-and-principles-of-interprofessional-education/>
Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.
Lachmann, H., Ponzer, S., Johansson, U-B., Benson, L., & Karlgren, K. (2013). Capturing students' learning experiences and academic emotions at an interprofessional training ward. *Journal of Interprofessional Care*, 27, 137-145. doi: 10.3109/13561820.2012.724124

Injury on Field
(AT Respond and Prepare for Transport)

EMS Transport to “Emergency Department”

Patient in ED (Nursing Care and Prepare for Surgery)

Post-Op Care (Nursing and Occupational Therapy Evaluation)