Sigma Theta Tau International's 29th International Nursing Research Congress

Interprofessional Nursing Education to Prepare Baccalaureate Nursing Students for Transition to Practice

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Purpose:

The purpose of this study was to implement an innovative, interprofessional applied learning simulation experience using standardized patients (SPs) to assess the impact of this learning experience regarding changes in attitudes and/or perceptions of students that participated in an interprofessional leaning activity at a medium sized Southeastern university.

Background: Interprofessional education (IPE) is of increasing interest to nursing education in the face of rapidly changing healthcare approaches and the inherent challenges of providing delivery of multidisciplinary services. The changing landscape of healthcare delivery includes higher acuity of patients in the clinical setting, the influence of societal demands for safety, guality, and accountability, as well as an aging population with significant increases in disability and chronic illnesses. Workforce shortages, and increasing health care costs and reform have become significant driving forces for nursing education to embrace team-based approaches with interprofessional delivery of care. An initial call for action came from the World Health Organization (WHO, 2010) stating, "Interprofessional education is a necessary step in preparing a "collaborative practice-ready" health workforce that is better prepared to respond to local health needs." In a more recent publication, the World Health Organization (WHO, 2013) recognized that, "Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative professional team." The voices of nursing organizations have chimed in to support the concept of the inclusion of interprofessional education within the nursing curricula. The National League for Nursing (NLN, 2015) published the Interprofessional Collaboration in Education and Practice which states that, "Recognizing that the nurse is integral in the delivery of team-based, patient-family centered care, the NLN challenges nurse educators to collaborate with other health professions to develop meaningful interprofessional education and practice opportunities for students." The challenge facing nursing education programs is to further define and implement courses that include and foster interprofessional education and become the standard of practice for future healthcare professionals (Lennen & Miller, 2017).

Simulation as a teaching modality for interprofessional education is an effective pedagogical practice based on an experiential philosophy in which students are encouraged to develop and refine knowledge in a controlled clinical setting (Neill, M.A. & Wotton, K., 2011). Experiential learning requires active engagement of the student and instructor. In addition, simulation provides opportunities to reproduce clinical situations that incorporate the effective, cognitive, and psychomotor domains of education which are considered essential components of healthcare practice (Kardon-Edgren, S., Adamson, K.A., & Fitzgerald, C., 2010). This concept was further supported by the 2014 results of the study conducted by the National Council of State Boards of Nursing (NCSBN) that demonstrated that high-quality simulation activities could be utilized as substitution for up to 50% of the traditional clinical experiences (Alexander, M., et al, 2015). A school of nursing program in Boston, Massachusetts explored simulation as an interprofessional education experience and found strong evidence that not only did this modality better prepare nursing students to practice collaboratively but also prepared them better for transition to practice by strengthening their ability to provide safe, quality care and building upon their clinical judgement skills, competence, and self-confidence (Costello, M., et al, 2017).

Methods:

Twelve students from three specific disciplines within a college of health and human services (Nursing, Social Work, and Exercise Science) were brought together to form four teams of three (1 NUR, 1 SW, and 1 EXS student). The students were provided with educational material which included a PowerPoint titled "An Introduction to Interprofessional Collaborative Practice," several articles discussing IPE, the IPEC Competencies (2016), and articles that identified specific roles/responsibilities related to their 3 different disciplines. These items were to be reviewed prior to participation in the simulations. Prior to the simulations, student teams met to discuss a prepared case study (SP "family": recently diagnosed adolescent cancer patient and her grandparents who were her legal guardians). Each team developed a holistic plan of care and then interfaced with the SPs within the simulation lab to present this interdisciplinary plan. Each team interfaced with the SP "family" for a total of four interactions. These simulations were audio visually recorded with signed video releases. Prior to the experience, students participating in the simulation wrote intention reflections to determine anticipated learning and wrote postreflective journals using selected prompts to discuss and evaluate the actual experience. Additionally, students anonymously completed the Readiness for Interprofessional Learning Scale (RIPLS) Questionnaire (Parsell & Bligh, 1999) pre- and post-simulation. This tool is a 3 factor scale ("team-working and collaboration", "professional identity", and "professional roles") with 19 items. The responses are based on a 5 point Likert scale and was determined to have an internal consistency of 0.9. This tool was one of the first to be utilized to assess the attitudes and perceptions of health care students toward interprofessional education (Parsell & Bligh, 1999). The factors identified by Parsell and Bligh align well with the identified competencies of the Interprofessional Education Collaborative (IPEC) which includes values, ethics, roles, responsibilities, interprofessional communication, and teamwork (IPEC, 2016). While all four of these competencies were addressed in this activity, the focus was on Competency Domain 3: Interprofessional communication and competency; Domain 4: Team and teamwork (IPEC, 2016).

The recordings of the simulations were shown to all students within the nursing and exercise science classes (NSG 401: Pediatrics and EXS 472: Exercise for Cancer Rehabilitation ad Survivorship). A total of 107 students viewed the recorded simulations and completed the RIPLS pre and post viewing. These students also submitted intention and post-reflective journals. Institutional IRB exempt status was obtained and the journals were de-identified to protect the students.

Results: The RIPLS pre- and post-results demonstrated a definite change in attitudes and perceptions of interprofessional education. This was best seen in both the nursing students and the exercise science students that changed from "undecided" to "agree/strongly agree" or "disagree/strongly disagree." The small number of social work students created a ceiling effect, limiting their variations in rating. Another component was that the nursing students are exposed to simulation on a regular basis throughout their curriculum whereas for the majority of social work and exercise science students, this was a new experience.

Conclusion:

Findings overwhelmingly support the continued use of simulations and interprofessional teams in teaching about interprofessional practice in healthcare. The creation of simulation videos and supplementary materials provides a sustainable method to allow this rich learning experience to permeate the curriculum. Dissemination of this particular interprofessional educational experience may encourage other educators to replicate it and open discussion for inclusion of interprofessional education in the nursing curricula to better prepare prelicensure nursing students for transition to practice. This has implications for regional and national institutions of learning, but globally as well. Additional research is needed to evaluate best practices focused on the use of simulations and standardized patients in teaching interprofessional education.

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Symposium

Keywords:

Education, Interprofessional and Nursing

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Abstract Summary:

The study presented outlines current rationales for promoting the use of interprofessional education within nursing curricula to better prepare students for transition to practice. An innovative experiential learning application supports desired behavior outcomes. Student perceptions and attitudes toward interprofessional education were measured through reflective journaling and a validated tool.

Content Outline:

A. Main Point #1 Nursing education is changing to meet the needs of current health care demands.

Supporting point #1

a) Interprofessional nursing education using standardized patient volunteers allows students to interact with live people "patients", and care for complex needs in a safe environment.

b) Transition to collaborative practice is a challenge that nursing academia must meet as these type of courses are becoming the standard of practice for future health care professionals.

Supporting point #2

a) Interprofessional simulation as a teaching modality for nursing education is an effective pedagogical practice based on an experiential philosophy in which students are encouraged to develop and refine knowledge in a controlled clinical setting.

b) Student perceptions and attitudes toward interprofessional education have been overwhelmingly positive. Students report learning a great deal about clinical practice as well as other health care discipline and roles.

c) Desired competencies and behaviors such as being able to work within a collaborative team are essential to teach students as they are expected to be proficient when entering the practice setting.

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Professional Experience: Mrs. White have been a registered nurse for 40 years and have spent the last 10 years teaching in a baccalaureate nursing program. She utilizes classroom instruction, simulation, and

interprofessional education within her course curriculum. During her many years in the clinical setting, she strongly promoted the concepts of family-centered care and interprofessional collaboration. Her students benefit from my personal experience.

Author Summary: Patricia White MSN, RNC, CNE has spent 40 years in the nursing profession. While the majority of this time was in clinical setting, she has spent the last 10 years teaching in a baccalaureate nursing program and utilizes simulation and interprofessional education to prepare her students for transition to practice.