Fostering Interprofessional Education (IPE) through Simulation: A Team Approach in the Care of Older Adults

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March 27, 2015
Overview
Interprofessional Education (IPE)

When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. (WHO, 2010)
Interprofessional Education (IPE)
Organization

• Administrative engagement

• Faculty engagement
  – Nursing
  – Dietetics and Nutrition
  – Speech Language Pathology & Audiology
  – Social Work

• Student engagement
Themes

- Gerontology
- IPE
- Simulation
Goal

Increase student’s IPE competencies in care of older adults with Cognitive Disorders using the National League for Nursing, Advancing Care of Excellence in Seniors case.
IPE Competency & Objective

• Roles and Responsibilities RR4
  – Explain the roles and responsibilities of other care providers and how the team works together to provide care.

• Roles and Responsibilities RR5
  – Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.

• Roles and Responsibilities RR9
  – Use unique and complementary abilities of all members of the team to optimize patient care.
IPE Competency & Objective

• Communication CC3
  – Express one’s knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions.

• Teamwork TT3
  – Engage other health professionals-appropriate to the specific care situation-in share patient centered problem solving.
Design

- On-line pre event activity
- Event
  - Unfolding case study with related activities
  - 3 days
  - 2 hours/day
- On-line post event activity
  - Discussion
  - Program evaluation
NLN ACES Case

Ertha Case Study
Adapted for IPE
www.nln.org
IPE Competencies

• Embedded into the NLN ACES case

• Embedded into supporting activities
Organization

• Day 1
  – Introduction to Ertha
  – Sensory Activity
  – Hearing Activity

• Day 2
  – Cognitive and Depression Screening
  – Modified Foods
  – Oral care

• Day 3
  – Care Conference
  – Care Transitions
  – Cognitive Support and Supplements
Developing Simulation

- Roles
- Scripts
Developing Activities

- Topic
- Facilitators
Faculty
Orientation: Pre-Briefing
Activity: Ertha Simulation
Activity 1: Ertha Simulation
Activity: Sensory Alterations
Activity: Hearing Alteration
Activity: Antibacterial Mouthcare
Activity: Modified Food and Liquids
Activity: Cognitive Supports

- Low Technology Cognitive Supports
  - Journal
  - Scrapbook
  - Memory bracelet/necklace
  - Room signs
Activity: Cognitive Supports

- High Technology Cognitive Supports
  - Electronic Scrapbook
  - Medication Management
  - Electronic “Sticky” note
  - Task Manager
Activity: Nutrition Shakes
Activity: Transitions in Care
Debriefing
Data Sources

• Pre and post surveys
• Debriefing
• Discussions
• Program evaluations
Pre and Post Surveys: Study A

• Sample:
  – N=76
  – 86.8% female
  – Average age of 28 years
  – 76.1% Caucasian
  – Areas of Study
    • Nursing – 69.9%
    • Dietetics – 17.8%
    • Social Work – 8.2%
    • Speech Language Pathology & Audiology – 4.1%
Pre and Post Surveys: Study A

• Notable Findings
  – Student reported social skills were inversely related to perceived challenges with working interprofessionally, where those with high social skills perceived less difficulty in working interprofessionally ($r=-.312$, $p<.01$)
  – Psychological Collectivism was inversely related to perceived challenges with working interprofessionally, where students who viewed working in a group as valuable perceived less challenges with working interprofessionally ($r=-.253$, $p<.05$)
  – Students who reported high readiness for interprofessional learning also reported high social skills ($r=.426$, $p<.01$) and viewed working in a group as valuable ($r=.275$, $p<.05$).
  – Team Viability was positively related to satisfaction with the learning experience ($r=.493$, $p<.01$)
Pre and Post Surveys: Study B

• Sample:
  – N=64
  – 81.3% female
  – Average age of 26 years
  – 92.1% Caucasian
  – Areas of Study
    • Nursing – 59.4%
    • Dietetics – 18.8%
    • Social Work – 14.1%
    • Speech Language Pathology & Audiology – 7.8%
Pre and Post Surveys: Study B

• Notable Findings
  – Reported perceived challenges of interprofessional learning **significantly decreased** from the start of the learning experience to the end of the learning experience (t=2.437, \( p<.05 \))
  – Psychological Collectivism was inversely related to perceived challenges with working interprofessionally, where students who viewed working in a group as valuable perceived less challenges with working interprofessionally (\( r=-.257, p<.05 \))
  – Psychological Safety in one’s team was positively related to team viability, transactive memory (specialization, credibility, and coordination), and satisfaction with the learning experience (respectively: \( r=.835 \), \( r=.680 \), \( r=.750 \), \( r=.723 \), \( r=.799 \), \( p<.001 \))
  – Team Viability was positively related to satisfaction with the learning experience (\( r=.888, p<.001 \))
  – 83.6% or more of students found each of the 5 objectives of the learning experience to be met
Student Comments

• IPE helped me see the bigger picture when caring for an adult with cognitive changes.
• The activity helped me to realize that it is important to work together and communicate with all healthcare professions.
• Simulation allowed us to see the whole process, in clinical experiences, we usually do not see the entire process.
• It really hit home that one person on a healthcare team cannot do it all, we need to work as a team.
• The mock team meeting is exactly like the real team meeting in a facility.
• It was very helpful to see how other professions interacted with one another and the patient for patient centered care.
# Challenge Management

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Strategies</th>
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</thead>
<tbody>
<tr>
<td><strong>Time</strong></td>
<td>Flexibility, commitment</td>
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<tr>
<td><strong>Space</strong></td>
<td>Options for available space, administrative support, perseverance</td>
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<tr>
<td><strong>Faculty engagement</strong></td>
<td>Administrative support, associate with course, faculty tenure/promotion, community service, college priority and commitment</td>
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<tr>
<td><strong>Student engagement</strong></td>
<td>Administrative support, faculty support, course assignment, certificate of participation, portfolio development</td>
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<tr>
<td><strong>Team players</strong></td>
<td>Faculty, coordinator, graduate students, support staff</td>
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<tr>
<td><strong>Scholarship</strong></td>
<td>IRB focused, faculty leadership, abstract development, commitment to IP presentations</td>
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<td><strong>Cost</strong></td>
<td>Space, materials, transportation, develop a budget, generate data to support return on investment (student outcomes), cost comparison data</td>
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Questions
References

• NLN, ACES Cases, Ertha
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