



Interprofessional Education: A Clinical Practicum with Baccalaureate Nursing and Respiratory Students

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Abstract

Purpose: The purpose of this project is to evaluate a collaborative learning experience in the clinical practicum arena as a method to prepare healthcare students for interprofessional education and healthcare. Students were required to collaborate to execute care management of patients in an adult critical care setting with learning activities designed to illustrate the interrelationship between the care models of nursing and respiratory care disciplines. Interprofessional educational activities include pre-assessment, plan-of-care development, facilitation of post-conference discussion, and presentation during interprofessional rounds.

Results: The initial pilot study included 16 students (2 respiratory, 14 nursing) in the critical care clinical practicum. Students provided anecdotal feedback via clinical evaluation. Student perceptions revealed that the clinical experience facilitated student learning, critical thinking, and the relevance of a collaborative practice model.

Conclusion: Recommendations from the pilot study included the examination of collaborative care models with a larger sample size and the use of quantitative measures to validate effectiveness of collaborative learning. Interprofessional education requires innovative teaching strategies to assist healthcare students in the comprehension of the importance of interprofessional healthcare and collaborative practice. Through this clinical practicum, healthcare students will develop the necessary skills to care for patients as a healthcare team

Keywords: Interprofessional education; Teamwork; Communication; Healthcare education

Introduction

The Institute of Medicine has identified interprofessional education (IPE) as a key component of healthcare education [1-4]. With the increasing complexity of patient care, evidence further supports the need for interprofessional education and the development of teaching strategies and methodologies to refine healthcare education and prepare today's graduates. Healthcare students are required to graduate with the necessary components and an understanding of Interprofessional Core Competencies that were developed by the Interprofessional Education Collaborative (IPEC) [2-7]. These expectations are set forth also by the accrediting bodies of each perspective healthcare discipline. Interprofessional education has been found to encourage teamwork and collaboration among healthcare professionals and/or students while improving patient care by minimizing communication associated errors [1-4,6]. In congruence with these findings, the IOM affirms an ongoing need for interprofessional collaboration and supports the development of IPE and training. The need for IPE has been well documented by various organizations proposing that improved interprofessional teamwork and communication leads to increased patient outcomes,

increased patient satisfaction, and improved delivery and access to care [8,9]. Increasing collaborative experiences that may impact student learning and/or outcomes for healthcare programs is essential for quality patient care [1-7]. The importance of these collaborative experiences was recognized as part of the institution's review to determine the Quality Enhancement Project (QEP) for reaccreditation. Through extensive literature review, surveys, and focus student groups, a QEP was developed and approved with student learning outcomes that measured teamwork, collaboration, and communication. The pilot study described in this article was submitted as an example of interprofessional education conducted in the clinical setting for the original QEP document.

Materials and Methods

Model and Sample

The interprofessional care model was delivered in a clinical setting that utilized a variety of teaching strategies. The teaching strategies included face-to face lecture and discussions pre-clinical, along with group work among assigned pairs. Group work

consisted of open discussion among the students to facilitate a planned approach to patient assessment and care delivery during preassessment, after the first clinical day, and the day of clinical. Clinical inquiries were made by clinical faculty during the clinical days to discuss and share patients developed and anticipated plans of care. Post conference utilized group discussion, patient case presentation, and debriefing with students, clinical faculty, and a physician. Third year nursing students and third/fourth year respiratory students participated in the Interprofessional clinical practicum. Both levels of students were required to complete a clinical rotation in the acute care setting at a local healthcare institution as part of their course/clinical requirements. In this circumstance, the clinical assignment and learning activities were part of the assigned courses which would not require Institutional Board review. Individual faculty members and departments are responsible for overseeing the activities as defined under their faculty responsibilities and does not constitute the need for Institutional Review Board approval since no actual data was collected from the students [10].

Pilot Study

Pilot study included 16 students (2 respiratory, 14 nursing) in the critical care clinical practicum. Students were required to collaborate to execute functions essential to care management of patients within an adult critical care setting. Students were assigned patients with multi-system problems which required them to analyze and synthesis information to show an understanding of the interaction of acute and chronic co-morbid conditions in relation to overall health outcomes. Learning activities were designed to illustrate the interrelationship between the care models of nursing and respiratory care disciplines. Interprofessional education activities were patient-centered related to pre-assessment, plan-of-care development, facilitation of post-conference discussion, and presentation during interprofessional rounds.

Results and Limitations

Students provided anecdotal feedback via clinical evaluation only. Student perceptions revealed that the clinical experience facilitated student learning, critical thinking, and the relevance of the collaborative practice model. Limitations included a small sample size, and an unequal ratio of nursing to respiratory students. The difference in nursing and respiratory students existed due to the availability of senior respiratory students in relation to the nursing students. Currently the respiratory program is smaller in cohort size in comparison to the nursing cohorts with a variation

of 2-6 respiratory students versus a cohort of on average 40-50 nursing students. Recommendations from the pilot study were to examine collaborative care models with a larger sample size and the use of quantitative measures to validate effectiveness of collaborative learning in the interprofessional realm of patient care.

Conclusion

Interprofessional education requires innovative teaching strategies to assist healthcare students in the comprehension of the importance of interprofessional healthcare and collaborative practice. To build teamwork and communication skills, unique opportunities must be provided for students to understand how collaborative practice works. Through this clinical practicum, healthcare students will develop the necessary skills to care for patients as a healthcare team. Additionally, educators were able to build a more dynamic approach with teaching methodologies in the clinical practice setting. Furthermore, it is recognized that collaboration is not only required among healthcare clinicians but also healthcare educators to help bridge the gap for interprofessional education to become the norm in healthcare education programs.

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