Lessons Learned from a Three Year Competency Based Medical Simulation Interprofessional Experience

Stephanie Schuler, BS; David Bowyer, RPH; Gretchen Lovett, PHD; Amy Holbrook, MS; April Williams, BA

Objectives

Provide leaders of medical, pharmacy, and nursing students a safe simulated clinical environment to:

1. Gain an understanding of the value of interprofessional education.
2. More fully understand interprofessional teamwork.
3. Recognize the roles/responsibilities, value and expertise of other health professionals.
4. Listen actively and encourage ideas and opinions of other team members.
5. Respectfully, as a team member, to feedback from others and/or provide instructive feedback to others about their performance on the team.

Background

Integrating education (IEP), where members of different professions learn with, from and about each other in being integrated into daily health professional curricula, however, is not something to demonstrate that this relatively new IPE-PaI education translates to meaningful outcomes in a clinical setting. Utilizing simulation based education to create a safe learning and practice environment is a well-established strategy to achieve this goal. However, faculty development needs and a detailed logistical map of the overall IPE program is completed. An in person dry run is conducted for any case orusher role case changes from the previous year.

Methods

For each IPE medical simulation event 3 to 5 exploratory planning meetings take place, one of which is a face to face meeting. At these meetings, discussion and eventual consensus amongst all programs regarding; global objectives, profession specific objectives, topics of cases, content of cases, case development, pre and post evaluation tool content, faculty/staff assignments, agenda and other details are discussed. These meetings, discussion and eventual consensus amongst all programs regarding; global objectives, profession specific objectives, topics of cases, content of cases, case development, pre and post evaluation tool content, faculty/staff assignments, agenda and other details are discussed.

Results

We encountered common obstacles such as coordinating scheduling across 2 to 4 programs, integrating new curriculum into students' schedules, arranging for participation, and developing shared resources while maintaining the value and expertise of each discipline. Additional obstacles included differing curricular schedules, distance that faculty, staff and students have to travel (generally a 2 hour drive one way for meetings and 40 minute interprofessional events), negotiating efficiency agreements between institutions and determining an equitable formula for shared cost so each program is responsible for further complicating our efforts.

Conclusion

Since UC and WVU, that IPE in 2013, our interprofessional events have grown in both number and scope. Fall 2013 and Spring 2014 events included the WVU and Marshall Nursing and Physician Assistant students from UC participating in a structured standardized patient encounter, WVU and Marshall internal medicine residents and students from Marshall, WVU and University of Charleston participating in a simulated ED visit, and Marshall and University of Charleston participating in a simulated ED visit. These collaboration and development of programs, we have expanded and refined cases, techniques and facilitated debriefing exercises. These reflective activities provided students opportunities to learn from one another at a deeper level in a controlled, safe environment.

Lessons Learned from Year 3

• Students felt...
  1. More comfortable to see the role of the professions and collaborating as peers rather than the hierarchy it is in the hospital setting.
  2. Less anxious about what they did or didn’t do in the simulation.
  3. “Maybe give some subtle material ahead of time.”
• Groups need to be smaller to allow for more hands on participation for each participant.
• Pre-work might be beneficial for all participants so that they feel more prepared for the simulations

Lessons Learned from Year 1

• Students felt...
  1. “More comfortable to see the role of the professions and collaborating as peers rather than the hierarchy it is in the hospital setting.”
  2. “Less anxious about what they did or didn’t do in the simulation.”
  3. “Maybe give some subtle material ahead of time.”
• Pre-work should have more active role in the simulations
• More specific roles should be outlined for the pharmacy students
• We know how to structure cases for med students but needed to tweak the instruction for pharmacy students

References


Acknowledgments

West Virginia Wesleyan College of Nursing

Structured Standardized Patient encounter that began with the nursing student conducting an assessment of the patient and presenting their findings to the rest of the team in a SIMs format. The students have an amount of time to treat the patient as they see fit, discus as an interprofessional team as determined.

Post-EVENT Survey

Structured Standardized Patient encounters are conducted in small groups with designated doctors and nurses. The student participants attend a pre case meeting and case development, pre and post evaluation tool content, faculty/staff assignments, agenda and other details are discussed.

Professional objectives linked to chosen competencies.

Good specific questions linked to chosen competencies. Professional objectives linked to specific objectives.