**Enhancing Interprofessional Communication: An Interprofessional Academic Simulation Experience**

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**Methods and Results**

**Considerations for Instruments**

- No validated interprofessional assessment tools for nursing and physical therapy students
- Consideration of students’ time commitment to complete the tool
- Process for collecting completed instruments
- Surveying controls
- Analysing data

**Pre-SBLE**

- Purpose: Measure medical and pharmacy students’ perceptions of IP experience in educational settings
- 10 items
- 4 IP Teamwork
- 3 Roles/Responsibilities
- 5 Patient Outcomes
- Given Pre- and post-activity

**ICAS**

- Purpose: Assess change in IP-collaboration-related competencies in healthcare students and practicing clinicians before and after IP training interventions
- 20 items
- Pre- and Post-activity

**W(e)Learn IP Program Assessment Scale**

- Purpose: Designed to provide learner feedback to faculty and program administration regarding structure, content, service, and outcomes of the program
- 30 items
- Given Post-activity only

**Discussion**

- Implementing this interprofessional simulation was challenging but highly rewarding
- Based off this initial experience the simulation was repeated again this past Spring with a new cohort and plan are to repeat for years to come
- Recommend using SPICE 2 and ICCAS, but feel the W(e)Learn was burdensome and could be done with fewer than 30 items

**Conclusion**

This was a great opportunity for the 2 professional programs to come together by using simulated patient-case scenarios to improve and enhance communication and understanding or healthcare roles.

Analysis of pre- and post-SBLE responses for both the SPICE-2 and ICCAS indicated that there was no difference between BSN and DPT students at pre- or post-activity testing, which we interpreted to mean that the students were well-matched.

SPICE 2: Comparing post- to pre-SBLE responses revealed that all participants reported more positive attitudes toward IP-health care teams and the team approach to patient care post-SBLE. Interestingly, DPT students experienced more change toward positive attitudes post-activity than did BSN students; we hypothesize that this can be attributed to differences in clinical experiences, which DPT students had not yet experienced.

ICAS: Students reported greater IP collaborative competencies post-SBLE.

W(e)Learn: Student responses indicated that this SBLE was a valuable and positive learning experience.

DPT students on long-term clinicals will be surveyed for carryover of the IP SBLE to evaluate interprofessional communication. Plan to implement this IP SBLE each spring semester.

**References**


**Pre-Assessment**

- Pre-SBLE 2.5* and ICCAS**

**Post-Activity**

- Pre-SBLE 2.5* and ICCAS**

**Conclusion**

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