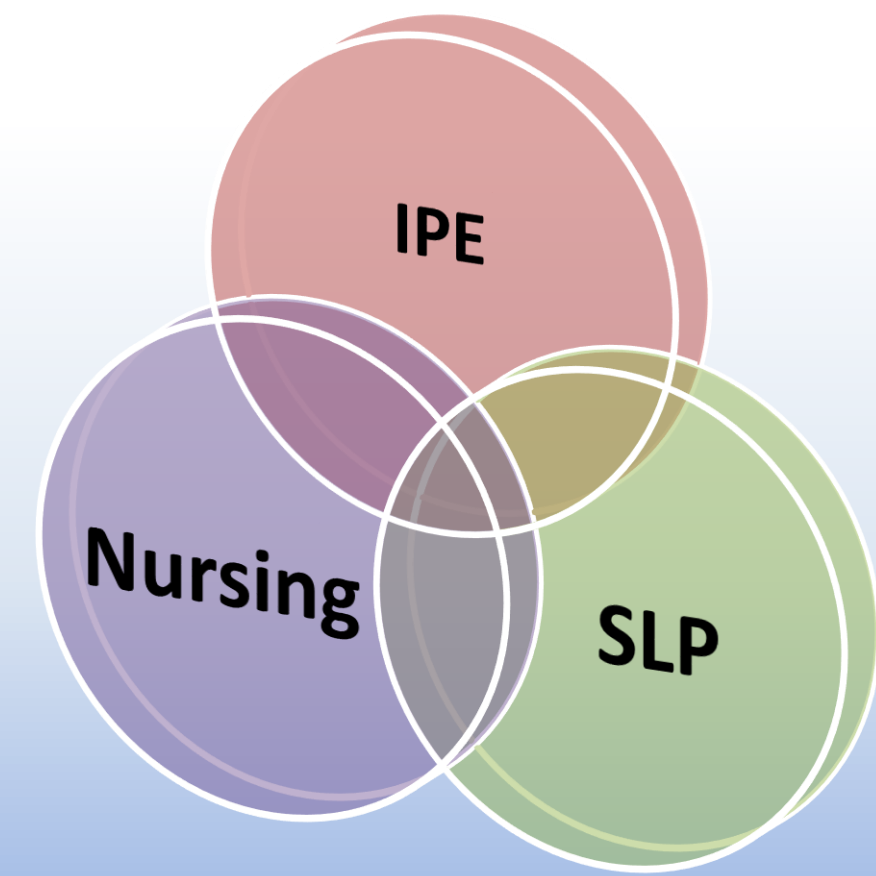


DEVELOPMENT OF INTERPROFESSIONAL EDUCATION CURRICULUM



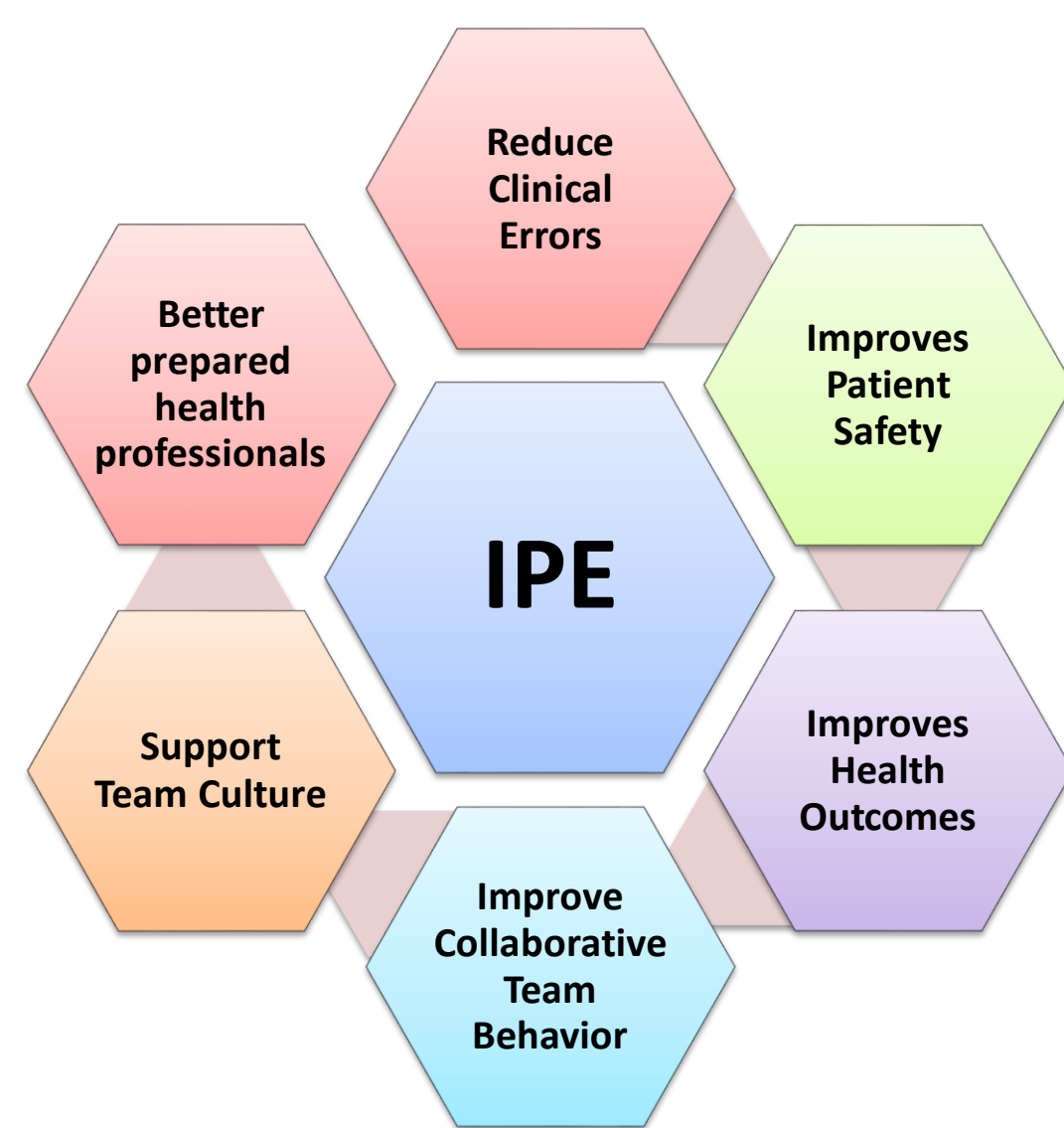
Nassrine Nouredine, Ed.D, MSN, RN; Darla Hagge, Ph.D., CCC-SLP; and Debra Brady DNP, CNS

Introduction

Problem

Students in health profession programs are traditionally educated in silos. Upon graduation, they are expected to function as part of the health care team, collaborating with others to care for patients from admission to discharge. It is hard to imagine a winning team composed of individuals with complementary and essential skills who have not practiced working together. Communication problems among health care personnel have been implicated as a cause of most patient errors (IOM, 1999; IOM, 2001; American Association of Colleges of Nurses [AACN] (1995); American Speech-Language-Hearing Association [ASHA] (2014); Joint Commission, 2007; Wachter, 2004). The Joint Commission reported that breakdowns in communication were the leading root cause of sentinel events between 1995 and 2006 (World Health Organization, 2007). To resolve this situation, the Joint Commission has issued National Patient Safety Goals to improve the effectiveness of communication among caregivers and recommends creating a culture that encourages team training. The American Association for Critical Care Nurses (2005) also recommends that team members have access to educational programs that develop critical communication skills.

Inter-Professional Education: Proven Benefits



Purpose

The purpose of this mixed method pilot study was to create Inter-Professional Education (IPE) Simulation curriculum between CSUS Nursing and Speech Language Pathology (SLP) programs. The study tested the effectiveness of the designed curriculum in promoting the development of IP health care team communication. This training will improve aspiration detection, enhance patient safety and prepare CSUS Nursing & SLP students to become part of the collaborative practice-ready health care workforce.

Significance of the study

Existing body knowledge

- Paucity of data in the literature for outcome learning measures including Nursing and SLP students.
- Lack of IPE Simulation scenarios with SLP.

Influence on patient safety

- Provide hands-on training to Nursing by graduate SLP students to identify patients at risk for swallowing abnormalities and prevent aspiration pneumonia.

Influence on professional practice

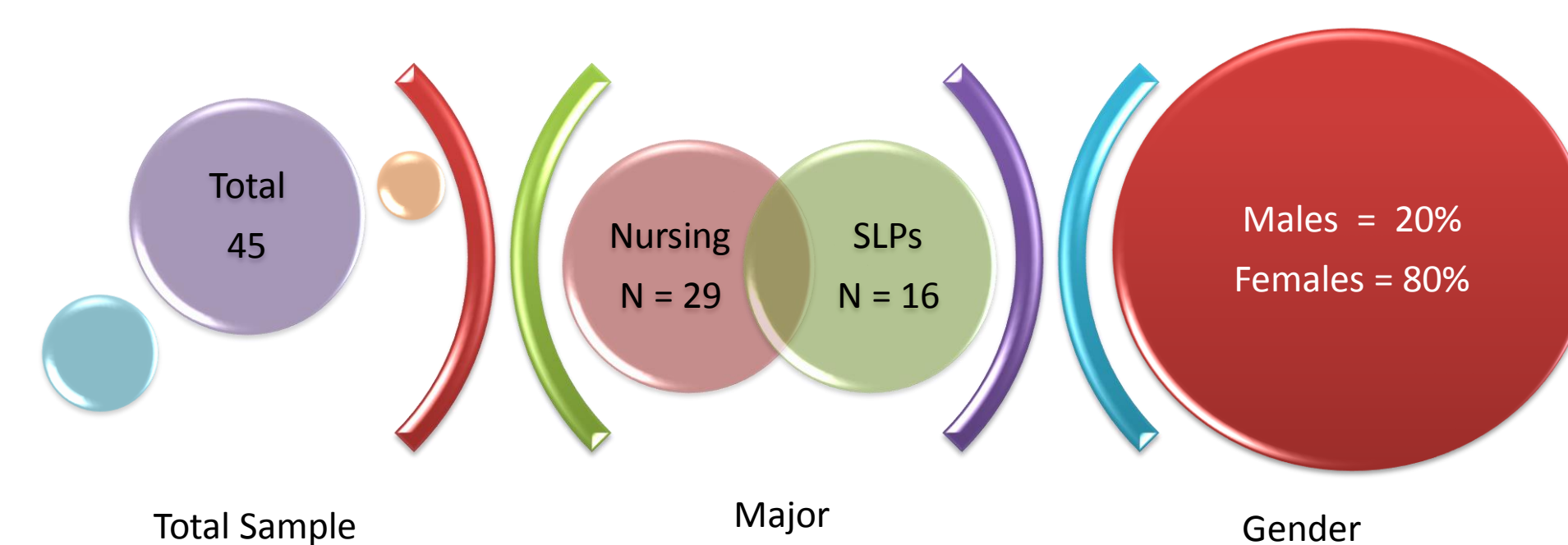
- Fosters an inclusive learning environment that supports team work, Interprofessional communication and an increased understanding of professional roles.

Design & Methods

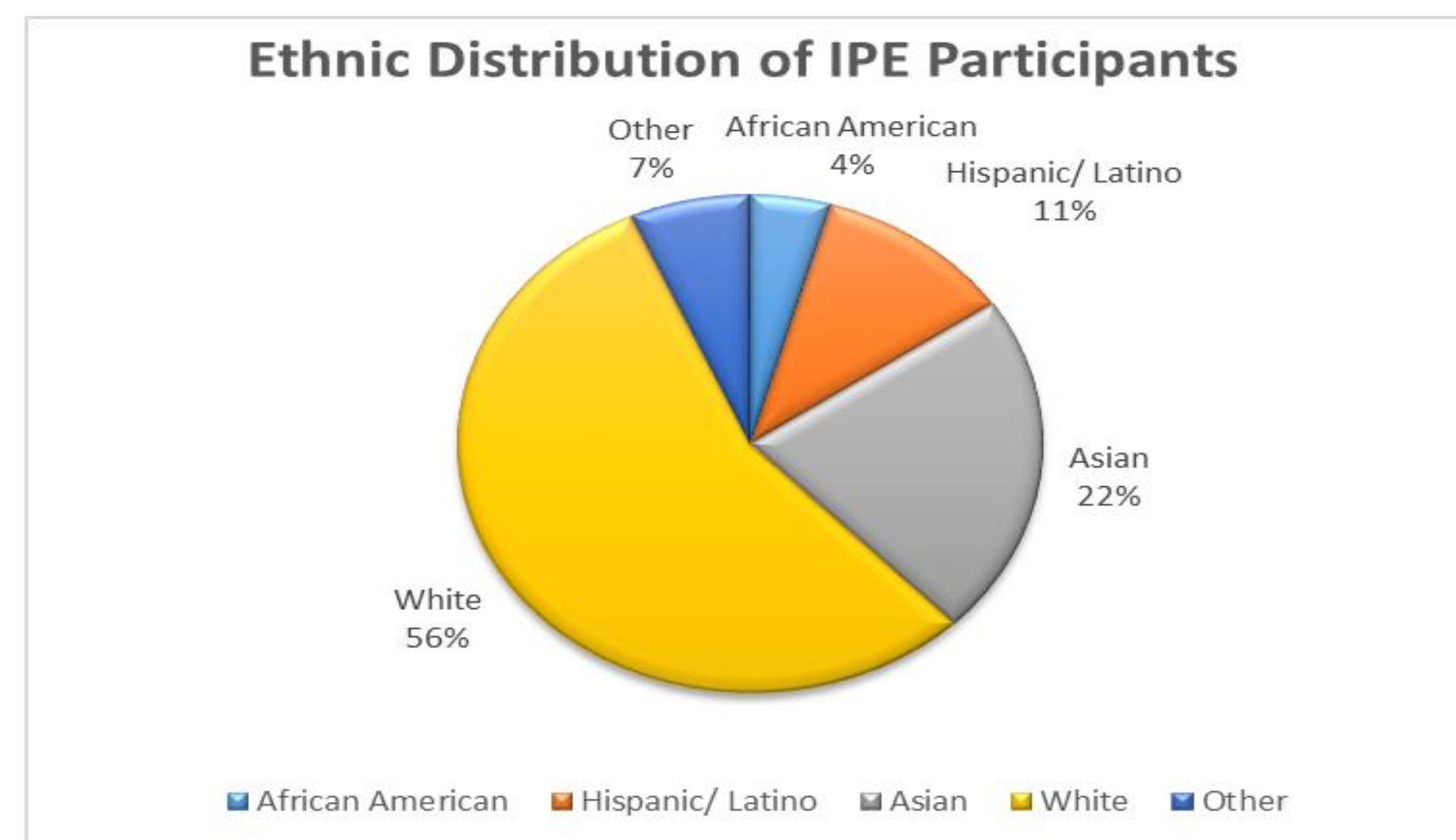
Methods

- This was a mixed methods study.
- Sample: Convenience sample of Nursing and SLP students
- Quantitative data were collected using Likert scale surveys to evaluate students experience at the end of the IPE Simulation
- Qualitative data were collected using reflective questions on the students' simulation experience. Data were collected during the simulation debriefing sessions that was video taped and later transcribed and analyzed in search for emerging common themes
- Setting: California State University, Sacramento

Participants' Demographics



- 80 % English is their first language; 20% English is not their first language
- 52% transfer students
- 40% first generation to attend college
- 50% speak other languages
- 64% received Financial Aid; 33% received free lunch during high school
- 35% work part time; average of 17hrs/week
- Household income while attending school ranged from \$9,600 to \$200,000 with mean average of \$55,000



Quantitative Data Analysis

Analysis was done using the Statistical Package for the Social Sciences (SPSS) version 22.0. Analyses include:

- Descriptive statistics for demographic data
- Cronbach's alpha reliability coefficient for the instruments used
- Spearman's rho Nonparametric Correlation for the two Likert scale instruments used

Qualitative Data Analysis

Manual Data Analysis was done using Auerbach and Silverstein's (2003) book *Qualitative Data: An Introduction to Coding and Analysis*.

- Recorded simulation debriefing sessions were transcribed and analyzed in search for recurrent themes

Results

Quantitative

The internal consistency of each of the instruments was determined using Cronbach's alpha with the following results:

- Simulation Design Scale (SD), SD ($\alpha = .911$)
- Student Satisfaction and Self Confidence in Learning (SSSC) instrument, SSSC ($\alpha = .841$)

Table 1

Simulation Instruments Mean Ratings by Participants on a Five Point Scale (N=45)

Instrument	# of items in subscale	M Assessment Rating	M Importance Rating
Simulation Design Objectives/Information	5	4.23	4.67
Support	4	4.60	4.60
Problem Solving	5	4.46	4.46
Feedback/Reflection	4	4.83	4.82
Fidelity(realism)	2	4.76	4.87
Student Satisfaction/ Self Confidence	5	4.571	NA
Satisfaction with Learning	8	4.41	NA

Rating Scale: 1 = lowest rating, 5 = highest rating; NA= Not Applicable

Spearman's rho Nonparametric Correlation

SD Correlation was significant at the 0.01 level for the following:

- Simulation cues were appropriate and designed to promote understanding
- Simulation provided the opportunity to set goals for patients
- Students felt supported in their learning process and encouraged to explore all possibilities of the simulation
- Feedback provided was constructive
- Given the opportunity to obtain guidance/feedback from the faculty in order to advance their knowledge

SD Correlation was significant at the 0.05 level for the following:

- Simulation provided enough information in a clear manner
- Independent problem solving was facilitated
- Real life factors, situations, and variables were built into the simulation scenario

SSSD Correlation was significant at the 0.01 level for the following:

- Teaching methods used in the simulation teaching were helpful and effective
- Enjoyed how the instructor taught the simulation and felt that the way the instructor taught the simulation was suitable.
- Confident that they mastered the content of the simulation activity presented to them by the instructor
- Simulation covered critical content necessary for the mastery of medical surgical curriculum
- The instructor used helpful resources to teach the simulation
- Confident with the use of simulation to learn critical aspects of nursing skills

SSSD Correlation was significant at the 0.05 level for the following:

- They were confident that they developed the skills and obtained the required knowledge from the simulation to perform necessary tasks in clinical
- They were confident that they knew how to get help when they didn't understand the concepts presented during the simulation

Qualitative

Emerging Themes

Valuing Simulation Learning experiences

Importance of IPE and team work

Theme I: Valuing the Simulation learning experience

SLP: "For me we had a lot of classroom teaching but not practical application. It is incredibly critical and important to see the practical side of it"

SLP: "Learning all the information in the case has meaning to us since we don't study those details in class. Real life situations are really helpful for our learning"

N: "We highly recommend this to be part of the curriculum for nurses"

Theme II: Importance of Interprofessional communication and team work

SLP: "The communication is really great and critical. [There were] some things on the chart that we may not have known were explained to us by the nursing students.

N: "The communication between both teams was really great!"

SLP: "We felt that we had a team working together since the beginning and this is great!"

Conclusion

The IPE experiences contributed to participants' satisfaction with the simulation design, education practices and satisfaction/self confidence in the learning processes as evidenced by high evaluation scores and positive qualitative comments.

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Contact Information

For more information please contact Nouredinen@csus.edu and/ or hagge@csus.edu