Interprofessional Education: How to make it happen

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“It is not merely practicing in the same room or on the same team, but a deliberate practice of professionals to reflect and develop an integrated practice model focused on addressing the needs at the level of the patient/family population”

(Wilson & Wittmann-Price, 2015, p. 181).
Interprofessional Learning

• “Team-based education is needed for quality patient care...The goal of interprofessional leaning is to have all professional learners ‘deliberately working together’”

(Wilson & Wittmann-Price, 2015, p. 80).

• “Learning arising from interaction involving members or students of two or more professions. It may be a product of interprofessional education, or it may occur spontaneously in the workplace or in education settings and therefore be serendipitous” (IOM, 2015).
Interprofessional Education

Interprofessional education “occurs when two or more professions learn with, about, and from each other to enable effective collaboration and improve health outcomes.”

(WHO, 2010)
Evidence Based


- “...widespread adoption of a model of interprofessional education across the learning continuum is urgently needed” (IOM, 2015, p. xv).
"Knowing is not enough; we must apply. Willing is not enough; we must do."

—Goethe
IPE: Beyond a Definition

Ingredients Needed to Get Started:

- **Values/Ethics for Interprofessional Practice**
  - Work together with mutual respect and shared values.

- **Roles/Responsibilities**
  - Shared acknowledgement of each participating team member’s roles and abilities.

- **Interprofessional communication**
  - Communicate in a responsible manner that supports a team approach.

- **Teams and Teamwork**
  - Apply relationship-building values and the principles of team dynamics.

Interprofessional Education Collaborative (2016)
The four competencies, when integrated into curriculum, and shared across disciplines, promote relationship-focused teams that are process-oriented and driven by outcomes (Gaumard, 2019).
IPE Requires Administrative Support
IPE Council at Liberty

- **Mission**
  - *The Interprofessional Education Council exists to organize, manage, and evaluate IPE events as well as disseminate best practices through interdepartmental collaboration, communication, and shared knowledge.*

- **Action Plan**
  - A new website, connected to the LUSON Simulation Center’s site, will be launched to better serve student learning across all disciplines.
  - The website will host a calendar of events as well as indicators of the responsible school and contact persons.
  - We believe this addition will improve student learning outcomes and foster creativity as we more fully understand the impact of IPE in our student population.
Interprofessional Education Event Calendar Request Form

Name of Event:

Hosting School/Department:

Hosting School/Department Point of Contact:
Name:
Email:
Phone:

Confirmed participating Schools/Departments with point of contact for each:

Please list other Schools/Departments within Liberty University that you would like to invite:

Please list any other stakeholders within the community of interest that you would like to invite:

Suggested Event Dates:

Anticipated Number of Attendees:

Is the event open or closed to observation?

Would you like for the event to be live streamed?

Preferred Location for Event
Preference Location Number One (please provide capacity for space):

Preference Location Number Two (please provide capacity for space):

Has the room already been reserved through 2SLIVE/Campus Calendar? Yes No

Please provide four objectives for the event based on Bloom’s Taxonomy
https://dept.unr.edu/using-bloomstaxonomy/ 1.
2.
3.
4.

Please provide five evaluation questions that will measure the objectives listed above 1.
2.
3.
4.
5.

Comments/Questions:

Please email the completed form to the Liberty University IPE Council at IPECouncil@liberty.edu

https://www.liberty.edu/nursing/draft-ipe-events-calendar/
Development of an IPE Event
Needs Assessment

- Beginning the planning process:
- Step One, **Identify the needs of the students**
- Objectives of each department, school, discipline
- Meeting with “the other team”
- Roles and Responsibilities
- Submit form to IPECouncil@liberty.edu
Goals and Objectives

• Long term
  – Rich, collaborative partnership
  – Communication, Respect, Teamwork
  – Deep rooted, prior to entering field of practice
  – Increased patient outcomes related to quality and safety with increased communication skill of students/new grads
  – Full study of IPE with nursing and medicine

• Short term
  – IPE pilot for the following semester
  – One scenario based on SBAR communication
  – Each school to agree on 4 objectives based on SBAR
Framework

• NLN Jeffries Simulation Theory
  – Briefing, simulation, reflection, debriefing
  – Synergistic

• Additional Components
  – Type of evaluation
  – Design of the simulation scenario
  – Modality
  – Resources
  – Preparation

(Jeffries, 2016)
Debriefing Methodology

• Plus Delta
  – Reflection
  – Debriefing
• “Do overs”
  – Same patient
  – Experiential knowledge
  – Intervention/ your patient’s outcomes
• Evaluation

(ACPS Quality Tools: Plus/Delta, 2016)
Evaluation

• All participants complete the evaluation
• Evaluation data points
  – Report
  – Analyze
  – Develop
Did the different stations help give you a better understanding of LUSON?

32 responses

100%
Three ideas...

• Full Scale Simulation
• Cameo appearance
  – “The Phone Call” vs. “Noelle Day”
  – “The Language Barrier”
  – “The Mental Health Consult”
• Guest speaker /event
  – “Wit”
  – “IM Injections”
Nursing and Aviation
Full Scale Simulation
Nursing and LUCOM
Full Scale Simulation
Nursing and LUCOM

Wit
It appears to be a matter of life and death.
Overcoming Logistical Barriers

Nursing and LUCOM

“THE PHONE CALL”

• Third year, pre-licensure, BSN students & Second year DOM students
• Med/Surg simulation clinical
• Formative
• Patient: Post op day one laparoscopic cholecystectomy
• Student scenario objectives
**SBAR report to physician about a critical situation**

<table>
<thead>
<tr>
<th>S</th>
<th>B</th>
<th>A</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Situation</strong></td>
<td><strong>Background</strong></td>
<td><strong>Assessment</strong></td>
<td><strong>Recommendation</strong></td>
</tr>
<tr>
<td>I am calling about:</td>
<td>The patient's mental status is:</td>
<td>This is what I think the problem is:</td>
<td>I do suggest or request that you:</td>
</tr>
<tr>
<td>Patient name and location:</td>
<td>Alert and oriented to person place and time.</td>
<td>_ say what you think is the problem: _</td>
<td>_ say what you would like to see done: _</td>
</tr>
<tr>
<td>The patient's code status is:</td>
<td>Confused and D cooperative or D non-cooperative</td>
<td>_ I am not sure what the problem is but the patient is deteriorating. _</td>
<td>_ transfer the patient to critical care. _</td>
</tr>
<tr>
<td>Code status:</td>
<td>Agitated or combative</td>
<td>_ The patient seems to be unstable and may get worse, we need to do something. _</td>
<td>_ in order to see the patient at this time. _</td>
</tr>
<tr>
<td>The problem I am calling about is:</td>
<td>Hysteric but consistent and able to swallow</td>
<td>_ I am not sure what the problem is but the patient is deteriorating. _</td>
<td>_ ask the on-call family practice resident to see the patient now. _</td>
</tr>
<tr>
<td>_ I am afraid the patient is going to arrest. _</td>
<td>Drowsy and not talking clearly and possibly not able to swallow</td>
<td>_ The patient seems to be unstable and may get worse, we need to do something. _</td>
<td>_ ask for a consultant to see the patient now. _</td>
</tr>
<tr>
<td>I have just assessed the patient personally:</td>
<td>Coma: Eyes closed, not responding to stimulation.</td>
<td>_ The patient seems to be unstable and may get worse, we need to do something. _</td>
<td>_ are any tests needed? _</td>
</tr>
<tr>
<td>Vital signs are: Blood pressure / Pulse / Respiration / and temperature</td>
<td></td>
<td>_ I am not sure what the problem is but the patient is deteriorating. _</td>
<td>_ do you need any tests like D CXR, D A/BG, D BMP, D CBC, D BMP, or D BMP? _</td>
</tr>
<tr>
<td>_ I am concerned about the: _</td>
<td></td>
<td>_ The patient seems to be unstable and may get worse, we need to do something. _</td>
<td>_ others? _</td>
</tr>
<tr>
<td>Blood pressure because it is D over 200 or D less than 100 mmHg, below usual</td>
<td></td>
<td>_ I am not sure what the problem is but the patient is deteriorating. _</td>
<td>_ if a change in treatment is ordered then ask: _</td>
</tr>
<tr>
<td>Pulse because it is D over 140 or D less than 50</td>
<td></td>
<td>_ The patient seems to be unstable and may get worse, we need to do something. _</td>
<td>_ how often do you want vital signs? _</td>
</tr>
<tr>
<td>Respiration because it is D less than 10 or D D/PAC</td>
<td></td>
<td>_ The patient seems to be unstable and may get worse, we need to do something. _</td>
<td>_ how long do you expect the problem will last? _</td>
</tr>
<tr>
<td>Temperature because it is D less than 98 or D over 104</td>
<td></td>
<td>_ The patient seems to be unstable and may get worse, we need to do something. _</td>
<td>_ if the patient does not get better when _ would you want us to call again? _</td>
</tr>
</tbody>
</table>

**Kaiser Permanente**

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SBAR

- **Control Group One**
  - N=45
  - Simulated phone call
  - Nursing faculty answer from control room

- **Intervention Group Two**
  - N=45
  - Actual phone call
  - Med student answers

http://lusonbline.liberty.edu?sessionID=4257
Student Perception of Effectiveness

IPE Pilot Nursing Student Feedback

1. Confidence
2. SBAR
3. Professionalism
4. Clear Communication
5. Repeat Back

- Group 1
- Group 2 (LUCOM)
Med Student Perceptions of Student Nurse Communication

• Qualitative comments from first semester scenario:
  – “Good flow presenting information”
  – “Student sounded confident and calm”
  – “…to give specific vitals to me instead of stating they are ‘normal’ as (nurse) idea of normal may be different from mine”
  – “She communicated the vital signs clearly, but did not communicate if changes had occurred in them”
  – “I felt somewhat unprepared for the case but the nurse was helpful in filling me in and had good, calm communication skills”
Nursing Student Perceptions of Med Student Communication

• Qualitative comments from first semester scenario:
  – “Loved that it was a real phone call”
  – “I saw the importance of clarifying what the doctor said”
  – “to make (his) decisions clear; when (he) decided to discontinue it sounded like ‘just continue...I had to double check’”
  – “I feel like I can talk to a physician with confidence and I will know what is important to tell them”
Implications

- Increased IP communication at LU
- Opened doors for student service learning partnerships
- Increased nursing and med student verbalized confidence in working as a team
- Presentation at NLN
- Potential for full study with student collaboration, IRB approval
- Publication
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References


