Healthcare Students' Abilities to Translate Interprofessional Education to Collaborative Practice

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Background

Problem

- Affordable Care Act → Improve Quality of Care
- Centers for Disease Control Prevention → Medical Errors #2 leading cause of death (2014)
- Poor interprofessional communication & collaboration → medical errors & poor patient outcomes

Possible Solution

- Interprofessional education (IPE) → skills acquired for interprofessional collaborative practice (IPCP)
- IPCP → Increases teamwork & reduce medical errors

Unknown

- Does IPE result in competent collaborative clinical practice?

Purpose

Examine the relationship between case-based, IPE teaching and IPCP during a clinical experience.

Research Questions

To what extent do healthcare students that have completed case-based, IPE coursework in the prior semester, demonstrate a behavioral change related to all six Canadian IPCP Core Competencies while on their clinical experience?

1. Communication (Q. 1-5)
2. Collaboration (Q. 6-8)
3. Roles & Responsibilities (Q. 9-12)
4. Collaborative-centered Care (Q. 13-15)
5. Conflict management (Q. 16-18)
6. Teamwork (Q. 19-20)
7. Total IPCP (Q. 1-20)

Method

Participants

- ✓ Physical Therapy (PT), Occupational Therapy (OT), & Nursing students from same private college in US
- ✓ Completed 2 session, case-based IPE training - summer semester
- ✓ Participated in clinical experience coursework - fall semester

Data Collection

Voluntarily completed electronic survey after completion of fall semester

- Basic demographic questions (i.e. healthcare program, clinical setting, weeks on clinical rotation)
- Interprofessional Collaborative Competency Attainment Survey (ICCAS) – based on 6 Canadian IPCP Core Competencies

Data Analysis

Repeated measures ANOVA testing with Bonferroni post hoc test

- Previous data: ICCAS rating by same participants from previous research study (Ex-post facto)
- Current data: ICCAS rating by participants from current study (retrospective-pre & post)
  1. Ex-post facto to Retro-pre
  2. Ex-post facto to Post
  3. Retro-pre to Post

Results

Means	Ex post facto	Pre-Clinical	Post-Clinical
Communication	31.00	25.95	29.85
Collaboration	18.76	14.62	18.19
Roles & Responsibilities	25.33	20.00	23.86
Collaborative-centered Care	19.14	14.29	17.86
Conflict Management	19.55	16.75	18.70
Teamwork	12.40	9.05	11.00
Total IPCP	126.26	99.58	119.00

*Means were greater at the ex post facto point in time then they were at the retrospective pre-clinical and post-clinical point in time.

- ICCAS – 7-point Likert scale with 20 questions

*There were statistically significant results found when comparing ex post facto data to retrospective pre- and also retrospective pre- to post-clinical data.

P-values	Ex post facto to Retro-Pre	Retro-Pre to Post	Ex post facto to Post
Communication	.000	.000	.514
Collaboration	.000	.000	.625
Roles & Responsibilities	.000	.000	.077
Collaborative-centered Care	.000	.000	.208
Conflict Management	.001	.001	.210
Teamwork	.000	.000	.071
Total IPCP	.000	.000	.078

*p-value significant at p<.05

Significance

- ✓ Students felt competent in IPCP skills after participating in IPE training in the classroom setting (controlled environment)
- ✓ Students did not feel as strong in their IPCP skills after participating in IPCP in the clinical setting (uncontrolled environment)

Conclusion

- Significant findings suggest that students feel competent in IPCP skills after classroom training and activities, however when they begin to practice their skills in the clinical environment they realize they are not as ready to engage in IPCP as they originally thought.
- It would be beneficial for IPE training to be scaffolded throughout the curriculum and include classroom training (start of Bloom's taxonomy), progress to simulation training (middle of Bloom's taxonomy), and end with training in the clinical setting (high on Bloom's taxonomy) to make healthcare students most prepared for their professional career.

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