

# Faculty Perspectives of an Interprofessional Simulation during a Pandemic



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## INTRODUCTION

A new, interprofessional (IP) event was developed to build an inter-departmental faculty learning community at a small Christian university. An emphasis was placed on inclusive excellence through teaching students to excel at clinical and professional practice through application of interprofessional practice in the educational and experiential aspects of the curriculum.

Educational healthcare settings use the Interprofessional Education Collaborative (IPEC) Core Competencies<sup>1</sup> as a guide to model behaviors, maximize skills and client outcomes, and highlight the role of each profession during these processes.<sup>2-3</sup> An academic interdisciplinary healthcare team prioritized the need for a face-to-face, IP simulation event within the COVID-19 restrictions and guidelines. Based on contemporary healthcare needs of the community, an existing surge protocol simulation was converted to a point of distribution (POD) COVID-19 vaccination clinic for athletic training (BSN), nursing (BSN), family nurse practitioner (DNP FNP), occupational therapy (MOT), and physical therapy (DPT) students. The rationale for this transition was to enhance student contributions to the immediate community need for mass vaccination and entry-level preparedness, and to facilitate interprofessional education for students in healthcare professions. The value of IP learning experiences contributed to the achievement of student learning outcomes and the initiation of an interprofessional education (IPE) learning community. Future application of this experience will be used to maximize inclusive excellence, structure scholarship of teaching and learning, and plan future IPE events.

## BACKGROUND

The institution has been hosting IPE events for several years, with planned events each year based on the IPEC domains: knowledge, skills, and attitudes.<sup>1</sup> Various healthcare-related programs at the institution have had increased curricular needs for planned, implemented, and evaluated IPE experiences. Overlapping with the rise in need for IPE, COVID-19 pandemic precautions were implemented, and on-campus programming and group events were canceled. A pre-existing spring IPE disaster drill event hosted by the UG BSN program was expanded to include other health profession programs (GR nursing [DNP/FNP/MSN], UG AT, DPT, and MOT) to increase student awareness of other healthcare professions. During the planning phase of the expanded IPE event, the pre-planned disaster drill simulation was converted to a simulated mass vaccination clinic to more adequately prepare students to assist with POD centers in the community.

## OBJECTIVES

- Analyze faculty & student experiences of a face-to-face, interprofessional simulation event held during a pandemic.
- Identify contributing factors of faculty experiences & backgrounds to student experiences.
- Identify critical elements of a faculty development plan to ensure adequate faculty preparation for future events.
- Evaluate effectiveness of simulation to curricular needs for each participating program.
- Identify areas for improvement in future events to more appropriately meet curricular needs.

## METHODS

A qualitative evaluation of a single case study was conducted using a convenience sample of interested faculty participants (N=3). Existing IPE taskforce members invited appropriate course faculty with specific IPE needs to discuss & create an in-person simulation that fit the needs of the current climate and course objectives, despite the COVID-19 restrictions. Involved faculty met one month post-event to analyze the experiences of facilitators, planning team members, and students.



## RESULTS

Analysis of faculty and student experience of the simulation event included:

- An indoor, face-to-face, IP simulation event was successfully conducted with 125 students & 12 faculty of varying vaccination statuses.
- Simulation debrief occurred immediately following the event and student experience data was collected.<sup>1,4</sup> (obj. 1)
- There were no cases of COVID-19 transmission among participants.
- Immediate analysis of results did not occur. Significant program/department-specific events did not allow for appropriate debrief & analysis were not considered when the simulation was scheduled. (obj. 1)

Contributing factors of faculty experiences and backgrounds to student experience included:

- Varied levels of IPE, simulation, & teaching experience among planning team members contributed to missing key aspects.
- Insufficient instruction for faculty translation of professional skills to the development of the simulation in an academic setting.
- Representation of a variety of course levels and programs by faculty. Some participating programs mandated student attendance, and other programs had optional student attendance. (obj. 2)

Critical elements of a faculty development plan to ensure adequate faculty preparation for future events are identified as:

- Interprofessional creation of shared objectives across all participating programs/courses.
- Clear delineation of roles in the specific event (POD).
- Identification of faculty baseline level of experience with IPE, simulation, and POD clinics to appropriately assign faculty roles, delegate responsibility, and prepare faculty for assigned role(s).
- Creation of a centralized, web-based location for logistical information, resources, and documents related to the planning, implementation, and evaluation of the event.
- Development of a group of core, consistent members to lead IPE simulation events who have knowledge of curricular and student learning needs.
- Engage diverse professionals to complement and contribute to gaps in knowledge and understanding. (obj. 3)

## RESULTS, CON'T

Faculty evaluation of simulation effectiveness includes the following critical findings:

- Based on intra- and interprofessional communication gaps (verbal and written), this IPE simulation event did not effectively achieve the IPEC Core Competencies.<sup>1</sup>
- Students in programs with optional levels of attendance were excluded from debrief, thus their experiences as patients did not contribute to reflection or analysis of the POD event.
- Curricular needs may differ across participating programs, but event objectives should be co-developed, cohesive between programs, and communicated in advance to all faculty and staff participants. (obj. 4)

Areas of improvement for future events to meet curricular needs include:

- Solidifying committee involvement with leadership structure that is knowledgeable about involved programs' objectives, planning team members' abilities, and IPE & simulation.
- Identifying and announcing the appropriate IPEC domain level during the planning process. Participants should understand the level of IP skill expected. Proceed an event focused on higher-level IP skill with foundational education/pre-work regarding IPE and role development, completed individually by course/program or in a pre-event briefing.
- Consideration of the relevancy to contemporary practice, curricular needs, and future practice. An emphasis should be placed on the IPEC components and collaboration, rather than the clinical skills needed for the scenario or event.
- Development of a plan to capture student & facilitator experiences immediately following event and use of results for further evaluation and future event planning. (obj. 5)

W(e)Learn Interprofessional (IP) Program Assessment

For your unique anonymous participant code, please provide your mother's first name initial, the day and month of her birthday: \_\_\_\_\_  
Please indicate if you are: a student \_\_\_\_ year of program \_\_\_\_ or practitioner \_\_\_\_

Please answer the following questions by telling us which one most accurately reflects your opinion about each of the following statements concerning your learning experience:

	1	2	3	4	5	6	7	NA
1. The learning activities provided an open atmosphere in which mutual trust could be heard	0	0	0	0	0	0	0	0
2. The learning activities contributed to achieving the learning objectives	0	0	0	0	0	0	0	0
3. The learning experience provided opportunities to learn about each other's professions	0	0	0	0	0	0	0	0
4. The learning experience provided opportunities to learn about each other's roles	0	0	0	0	0	0	0	0
5. The learning experience provided opportunities to practice IP collaborative approaches to patient-centered care <sup>2</sup>	0	0	0	0	0	0	0	0
6. The learning experience provided opportunities to practice IP collaborative approaches to patient-centered care <sup>2</sup>	0	0	0	0	0	0	0	0
7. The learning activities promoted the application of the IP competencies	0	0	0	0	0	0	0	0
8. The learning activities promoted collaborative problem solving	0	0	0	0	0	0	0	0
9. The learning activities provided opportunities for self-reflection	0	0	0	0	0	0	0	0
10. The learning activities promoted mutual trust and respect among learners	0	0	0	0	0	0	0	0
11. The learning activities contributed to achieving the learning objectives	0	0	0	0	0	0	0	0
12. The learning activities contributed to achieving the learning objectives	0	0	0	0	0	0	0	0
13. The content included policies and regulations relevant to IP practice	0	0	0	0	0	0	0	0
14. The content included knowledge and skills necessary for IP treatment	0	0	0	0	0	0	0	0
15. The content was applicable to the wide variety of healthcare <sup>3</sup> contexts (e.g., hospital, community, etc.)	0	0	0	0	0	0	0	0
16. The facilitator provided useful feedback	0	0	0	0	0	0	0	0
17. My organization adequately supported my participation in the IP learning activity	0	0	0	0	0	0	0	0
18. I am willing to apply what I learned in practice	0	0	0	0	0	0	0	0
19. I have learned knowledge that will apply in practice	0	0	0	0	0	0	0	0
20. I am willing to apply what I learned in practice	0	0	0	0	0	0	0	0
21. The learning activities contributed to achieving the learning objectives	0	0	0	0	0	0	0	0
22. The facilitator modeled effective IP collaboration	0	0	0	0	0	0	0	0
23. The learning activities contributed to achieving the learning objectives	0	0	0	0	0	0	0	0
24. The learning activities contributed to achieving the learning objectives	0	0	0	0	0	0	0	0
25. The facilitator was responsive to the learners' needs	0	0	0	0	0	0	0	0
26. The learning activities contributed to achieving the learning objectives	0	0	0	0	0	0	0	0
27. I have improved my knowledge of IP competencies that I need to continue to develop	0	0	0	0	0	0	0	0
28. I am motivated to change practice boards providing more effective IP collaborative care	0	0	0	0	0	0	0	0
29. I have a deeper understanding of the importance of collaborative patient-centered care	0	0	0	0	0	0	0	0
30. I have a deeper understanding of the importance of collaborative patient-centered care	0	0	0	0	0	0	0	0

\*The expression "facilitator" can be replaced by "facilitators" according to the use.

<sup>2</sup>The term "partner" has been employed to represent client, resident, and service users.

<sup>3</sup>The term "care" includes intervention, treatment, therapy, evaluation, etc.

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IP

Program

Assessment

Version 1.0

2010

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