

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 Competencies¹ as a guide to model behaviors, maximize skills and client outcomes, and highlight the role of each profession during these processes.^{2,3} 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.¹ 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

1. Analyze faculty & student experiences of a face-to-face, interprofessional simulation event held during a pandemic.
2. Identify contributing factors of faculty experiences & backgrounds to student experiences.
3. Identify critical elements of a faculty development plan to ensure adequate faculty preparation for future events.
4. Evaluate effectiveness of simulation to curricular needs for each participating program.
5. 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.^{1,4} (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.¹
- 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. Precede 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, and please indicate your profession.

Please indicate if you are: a student ___ year of program ___ or practitioner ___

Please answer the following questions by filling in the circle that most accurately reflects your opinion about each of the following statements concerning your learning experience. (1=strongly disagree, 2=moderately disagree, 3=slightly disagree, 4=neutral, 5=slightly agree, 6=moderately agree, 7=strongly agree. Not all applicable)

	1	2	3	4	5	6	7
1. The facilitator provided an open atmosphere in which all participants could be heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The facilitator promoted collaboration among learners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The learning experience provided opportunities to learn about each other's professions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The learning experience provided opportunities to learn with and from each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The learning experience provided opportunities to practice IP collaborative approaches to patient-centered care**	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The learning experience took into account learners' previous knowledge and experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The learning activities provided the application of the IP competencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The learning activities provided collaborative problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The learning activities reflected situations encountered in practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The learning activities provided real-time feedback and support among learners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The learning activities contributed to achieving the learning objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The content was consistent with my professional interests and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The content included policies and regulations relevant to IP practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The content included policies and skills necessary for IP placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The content was applicable to each specialty of healthcare** (nursing, hospital, community, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The facilitator provided useful feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My supervisor/mentor actively supported my participation in the IP learning activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I enjoyed the IP learning experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I have learned knowledge that will apply in practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I have learned skills that will apply in practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The learning activities were well organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. The facilitator modeled effective IP collaboration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. The learning activities were engaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. The facilitator was knowledgeable about IP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. The facilitator was responsive to the learners' needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. The learning objectives were clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I have expanded my knowledge of IP competencies that I need to continue to develop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I am motivated to change my practice towards providing more effective IP collaborative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I am prepared with a role when a need of a field task and resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I have a deeper appreciation of the approach to collaborative patient-centered care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The expression "facilitator" can be replaced by "facilitators" according to the case.
 ***The term "student" has been employed to represent dent, resident, and service users.
 ****The term "year" includes interprofessional, leadership, training, residency, etc.
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CONCLUSIONS

- All faculty stakeholders should be included in planning stages.
- Objectives for each course/program should be congruent and based on IPEC domains and competencies.
- Faculty roles should be assigned based on strengths, knowledge of IPE & simulation, and levels of teaching experience and a dedicated faculty learning community should be developed.⁵
- Opportunities for faculty development exist.
- Consider a pre-event briefing session.
- Clearly assigned roles of participants will facilitate organization and event success.
- All simulation participants should be involved in debrief.
- Immediate faculty debrief session should occur following event.
- Communications barriers existed which mirrored "real-life" interprofessional work environments.



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