Who are the People in Your Neighborhood?

Meeting and Learning from Each Other on DeKalb Avenue

Elizabeth Horsley RN MSMS CHSE, Janna Roitman MS PharmD, Dominick Fortugno PhD, Julius Johnson DNP FNP-BC

Robust and effective IPE-Sim evolves from *"a programmatic, structured and contextually based authentic approach."*[1]

In developing our Simulation-based-IPE initiatives we are following "A Stepwise Model for Simulation-based Curriculum Development for Clinical Skills, A Modification of the Six-Step approach."[2] This model integrates established best practices for simulation with the classic Kern curriculum development model.

Long Island University (LIU) Brooklyn Campus:

- LIU Pharmacy School
- LIU School of Nursing
- LIU School of Health Professions
- Establish IPE curriculum

The Brooklyn Hospital Center (TBH):

- 464-bed community teaching hospital
- 269 residents and fellows across 9 residency specialties and 4 fellowships
- 100 medical students
- In 2017, recruited a full time, dedicated simulation specialist

"Finding meaningful clinical activities that allow students to demonstrate the emerging professional expertise while challenging them to collaborate is a goal to which we should aspire"[3]

Step One: Problem Identification and General Needs Assessment

- Assess the current approach to sim-based IPE and compare it to the ideal approach
- Determine IPE requirements of accreditation/registration guidelines for each profession (AACP, CCNE, CAPTE, ACOTE, ARCPA, ETC.)
- How do we align the goals and objectives of the project with scopes of practice, roles/responsibilities
- This step "grounds curriculum in societal needs and makes if more generalizable."[4]

Step Two: Targeted Needs Assessment

- What is known about our learners and their needs?
- What are the specific needs of the department/school or hospital? How does this activity satisfy those needs? Can we align with educational strategic plans?
- i.e.: Pharmacists have active role in Code Blues at TBH thus beneficial to develop scenarios to reflect the skills necessary as well as introducing other team members to this role within a code

Step Three: Goals and Objectives

- Think broadly and think focused when developing goals and objectives – overarching goals for entire group and profession specific objectives
- **Cognitive-Behavioral-Affective** skills to be reflected in objectives
- Develop objectives to reflect IPE competencies
- **S**pecific-**M**easureable-**A**ttainable-**R**elevant-**T**ime-framed

Step Four: Educational Strategies

- Which modality of simulation is congruent with the learning objectives and desired outcomes – standardized patient, patient simulator, in situ, in lab?
- How is cognitive component presented?
- Coordination of faculty development around facilitation- most notably around debriefing after a sim-based activity

Step Five: Individual Assessment and Feedback

- SPICE R2 Tools for assessment of learner attitudes
- Literature search for validate and reliable tools for measuring teamwork skills
- Develop checklists/assessment tools for other skills practiced in the experience –requires content experts from subject areas

Step Six: Program Evaluation

- How can we measure if we met learning outcomes?
- Develop evaluation of program to reflect desired metrics
- How will program feedback be used for future iterations

Step Seven: Implementation

- Create a joint IPE Taskforce Committee
- Administration of curriculum
- Introduction of initiative to key stakeholders at LIU and TBH

"Simulation, with its full range of methodologies, is an effective approach to providing interprofessional health care education where students can truly learn from, with, and about one another in contextually relevant ways that focus on providing patient-centered care."[4]

SPICE R2 Tool

- **Student Perceptions of Interprofessional Clinical Education – Revised**
- Applicable across professions
- Reliability and validity established (Cronbach's alpha >0.8)
- Concise tool with strong psychometric properties
- Measures IPEC Competencies:
  - IP teamwork and team-based practice
  - Roles/responsibilities for collaborative practice
  - Patient outcomes from collaborative practice

References:

1. Teodorczuk, A., Khoo, T. K., Morrissey, S., & Rogers, G. (2016). Developing interprofessional education: putting theory into practice. *The clinical teacher*, *13*(1), 7-12.

2,4. Khamis, N. N., Satava, R. M., Alnassar, S. A., & Kern, D. E. (2016). A stepwise model for simulation-based curriculum development for clinical skills, a modification of the six-step approach. *Surgical endoscopy*, *30*(1), 279-287.

3. Lockeman, K. S., Lanning, S. K., Dow, A. W., Zorek, J. A., DiazGranados, D., Ivey, C. K., & Soper, S. (2017). Outcomes of introducing early learners to interprofessional competencies in a classroom setting. *Teaching and learning in medicine*, *29*(4), 433-443.

4. Palaganas, J.C., & Mancini, M.E. (2014). Interprofessional education using clinical simulation. In P.R. Jeffries (Ed.), *Clinical simulations in nursing education* (pp. 58-70). Philadelphia: Wolters-Kluwer.