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Exploring academic staff perceptions and experiences in the development and delivery of an undergraduate inter-professional pilot simulation.

Sarah Summerville, Dympna Casey, Bernard McCarthy, Caroline Hills, Clare Carroll, Maria Costello, Andrew Hunter, Eimear Burke, Kieran Kennedy, Martin Power, Dara Byrne, Kate Donlon, Marion Hanley, Linda Ní Chianáin
Project funding at National University of Ireland, Galway:

- Staff ‘Millennium Funding’

- ‘College of Medicine, Nursing and Health Sciences’
What is Interprofessional Learning?

Interprofessional Education → Interprofessional Learning → Interprofessional Practice

Aim of IPL
- Quality Patient-Centered Care

Collaboration
- Active Learning
- Integrated Intervention
- Common Goal

Purposeful interaction
- Different Health/Disciplines
- Different Cultures
- Pooling Services
Role of Simulation in undergraduate Interprofessional Learning

- An IP approach to healthcare is designed to develop a partnership among healthcare providers and their clients where knowledge and skills are shared so that they may achieve their common goal of improved patient outcomes (Bridges & Hanson 2012).

- Students must be educated in IP collaboration, communication, and teamwork to achieve competencies needed to function as a member of the IP team (Bridges & Hanson 2012).

- Interprofessional competencies such as these can be fostered online but are also effectively consolidated via face-to-face learning practise such as simulation (Bridges & Hanson 2012).

- Integrated learning of this kind allows undergraduate students to meaningfully engage and develop these transferable skills before they enter the world of practice.

- Facilitator perceptions and attitudes towards the development and delivery of IPL play a vital role in the impact IPL for students (Bridges & Hanson 2012; Reeves et al. 2009; 2016)
About the Simulation…

- Teamwork communication exercise between undergraduate healthcare disciplines (Medicine, OT, SLT, Nursing)

- Right hemispheric stroke patient: Prepare plan to aid patient’s recovery discharge

Dry run:
- Educators and actor participated in dry-run pre-pilot phase
  - Simulation was adjusted and refined based on this

Pilot:
- 8 undergraduate participants + actor participated in pilot
- Recorded (SMOTS), controlled setting on campus
Method

- **Ethical approval:** Obtained from Research Ethics Committee (NUIG)
- **Setting:** School of Nursing & Midwifery at National University of Ireland, Galway
- **Methodology:** Descriptive qualitative methodology was used to capture data
- **Study design:** An exploratory, descriptive research design was used to address the aim of the study.
- **Data collection and procedure:** 1 hour semi-structured focus group led by experienced qualitative researcher
- **Data analysis:** Thematic analysis (Braun & Clarke, 2006) using *Nvivo* software
## Purposive Sample

<table>
<thead>
<tr>
<th>Participants</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Female</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 - 50 yrs</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>50&lt;</td>
<td>1</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Discipline</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td>1</td>
<td>25%</td>
</tr>
<tr>
<td>Speech &amp; Language Therapy</td>
<td>1</td>
<td>25%</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>1</td>
<td>25%</td>
</tr>
<tr>
<td>General Nursing</td>
<td>1</td>
<td>25%</td>
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Preliminary Findings

Thematic Analysis revealed 3 themes:

1. Transformative Learning

2. Professional Buy-in

3. Academic Staff Capacity
1. Transformative Learning

- **Student Empowerment and Safety**
  - A1 said: “I think if we had made it more acute or more challenging simulation it might not necessarily have been as attractive to the great students that came on board today because they might have felt that it was a bit beyond their scope. So I think pitching it at the level we did where they all had the ability to be involved in it, they all had something to give and contribute. But that they weren’t, felt that they were being threatened or that they didn’t know enough or that, that wasn’t an issue for them. So that was important.”

- **Pitfalls of Traditional Learning**
  - A4 said: “You know when you’re thinking about so many parts of a university curriculum, is assessed by exam. Which is like an understanding, remembering, the lowest part of blooms. This I think brings it right up to the top where it’s, up to the top order and is much more deeper.”

- **Curriculum obstacles**
  - A1 said: “…but the point about the budgets and stuff like that. It’s a big challenge getting different groups and cohorts all together. The time table issues, the credit issues, all that.”
2. Professional Buy-In

- **Values and Beliefs**
- **Sustainability**
- **Resources**
- **Need for support**

-A4 said: “*Everybody, get the dean of whatever down into a simulation, and watch one. Get the big, the powerful money people down into, to actually get out of whatever they do, I’m sure they’re very busy people but to give, you know a couple of hours to this kind of event, I hope would transform their views on it.*”
3. Facilitator Capacity

- **Workload**

  - A1 said: “And in one way the background work, you know it was black and white, so today was very enjoyable, because it works and it was lovely and so positive and so wonderful. And you’d be very proud of the students from the different disciplines. So it was lovely to see the development lead to a positive output. But the development road was long.”

- **Skills and ability**

  - A4 said: “So the learning curve on simulation, you know and planning and organising and looking at the work that people have done on that, I think I’ve learned a lot about that.”

- **Support**

  - A1 said: “There is the vision for that commitment to be here. And maybe that’s where simulation fits in, you know like maybe low fidelity simulations here we can manage.”
Conclusion

- Conceptual appreciation from clinicians/academics for IPL Simulation and the benefits of this for patient care; yet in practice lack of resources and support remain for implementation in education across healthcare disciplines.

- IPL Simulation requires established funding and a leader to direct this in order to thrive across healthcare disciplines.

- IPL Simulation requires established space within curriculum.

- Workload and preparation is intensive for staff already working on established existing modules.

- Academic staff valued the experience and indicated the merit of undergraduate inter-professional engagement to promote collaborative practice which has the potential to improve patient care.
Questions?