High-Fidelity Simulation Can Positively Change Attitudes Towards Interprofessional Collaboration

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Purpose/Hypothesis: This study examined changes in PT and RN student attitudes toward interprofessional learning (IPL) and collaboration (IPC) following an opportunity to engage in a simulated high-fidelity human patient simulations (HHPS) cardiac arrest scenario.

Number of Subjects: In the learning intervention group, PT (n=42) and RN (n=35) students were assigned to IP teams that participated in a 90-minute educational experience featuring a HHPS. A control group consisting of PT (n=41) and RN (n=33) students not formally exposed to IPL was also included.

Materials/Methods: Each interprofessional team met and reviewed the patient’s medical chart prior to the simulation. The goal for the simulation was to get the patient out of bed while closely monitoring the physiological responses. PT students were assisted by the RN students in managing the patient during the transfer from the bed to a chair. Once in the chair, the patient’s vital signs deteriorated and ventricular tachycardia appeared on the EKG monitor. Eventually, a full code occurred and the RN and PT students worked together in responding to the medical emergency. The encounter concluded with a 45-minute debriefing session. Three surveys were completed pre and post-simulation: the Interdisciplinary Education Perception Scale (IEPS), the Readiness for Interprofessional Learning Scale (RIPLS), and the Attitudes Toward Healthcare Teams Scale (ATHCTS). A 2 (group – learning intervention vs. control) by 2 (time - pre vs post) repeated measures ANOVA was used to examine changes in attitudes toward IPL and IPC.

Results: The interaction of group with time was statistically significant for at least 2 subscales within each outcome measure. The learning intervention group demonstrated a statistically significant within group increase in post-test scores on the IEPS subscales examining competency and autonomy (p< .001), perceived need for cooperation (p<.001), and perceptions of actual cooperation (p<.001), the RIPLS subscales examining teamwork and collaboration (p<.001) and professional identity (p<.001), and the ATHCTS subscales for team value (p<.001) and efficiency (p=.006). For each of the previously identified subscales, statistically significant between group differences appeared at the post-test (p≤.003) indicating more positive attitudes toward IPL and IPC in the learning intervention group. The control group was not significantly
different from the learning intervention group at the start of the study and did not change significantly from pre to post-test.

**Conclusions:** The simulator provided a context for students to work collaboratively and implement the skills needed to work interprofessionally. Participation in the simulation and the related education activities positively altered student attitudes toward learning from and working with peers in other healthcare disciplines.

**Clinical Relevance:** A 90-minute learning experience had the capacity to positively change attitudes toward IPL and IPC, which is an important step in developing the skills needed to work effectively with other healthcare professionals.