Interprofessional education (IPE), providing
By facilitating real
Cohen’s d
1.04
1.20
0.74
87
4.57
Cohen’s d
1.22
A novel hospital
Opportunity arose for a novel IPE activity through a
actively listen to IPE team members’
Express my ideas and concerns in a clear concise
Identify and describe my abilities and contributions to the IPE team
Appreciate the abilities and contributions of IPE team members
Recognize how others’ skills and knowledge complement and overlap with my own
Consider the ideas of IPE team members

METHODS
Piloted a 7-hour experience for nursing and medical students to work side-by-side during a required pediatric hospital rotation.
Nursing students demonstrated and explained patient care activities at the bedside; medical students clarified the dynamics of patient rounds and noon conference (Figure 1).
Used a modified ICCAS (validated interprofessional survey) to capture students’ knowledge/attitudes regarding teamwork before and after participating the activity, as well as open-ended questions about the IPE activity.

INTRODUCTION
Interprofessional education (IPE), providing students opportunities to learn from, with, or about other health professionals, is an essential core component of nursing education. While there exist a range of simulation, case-based, or procedure focused IPE activities, these do not typically occur in real time where students engage in patient care together.

OBJECTIVE
A novel hospital-based IPE activity was created for teams of nursing and medical students to understand the roles, responsibilities, and day-to-day challenges faced by their colleagues.

RESULTS
➢ A total of 45 medical and 42 nursing students completed the survey (Feb 22-May 23). Paired sample t-tests showed statistically significant differences (p < 0.001) in all questions (Cohen’s 1.04-1.46) with improved scores after the activity, especially for the items, “Identify and describe abilities and contributions of IPE team members,” and “Recognize how other’s skills and knowledge complement and overlap with own”. Qualitative data was very positive for the activity, emphasizing the importance of the experience (Table 1).

LIMITATIONS
➢ Single institution study where experiences are dictated by assigned units.
➢ Barriers to implementation include compressed clinical time, disparate student calendars, and availability of nursing and medical faculty for debriefing sessions.

CONCLUSION
Grounded in experiential learning theory, this in-person, hospital-based IPE activity was effective and well-received.
By facilitating real-time co-learning, this activity allowed nursing and medical students to gain understanding and appreciation for colleagues’ contributions on interprofessional teams.

REFERENCES