

## The University of Texas at Austin

### ***Description of Innovations in Professional Nursing Education: Foundations of Interprofessional Collaborative Practice Course***

The Foundations of Interprofessional Collaborative Practice (FICP) course demonstrates innovation in professional nursing education. The FICP course brings together students from four health professions (nursing, medicine, pharmacy, and social work) to work on the same interprofessional (IP) team throughout the semester. The teams have at least one student from each discipline and engage in hands on active learning activities and simulations designed to provide students with opportunities to develop IP collaborative practice competencies. The FICP course successfully addresses the on-going challenge of providing large scale, sustained, high quality, team-based IP education. The innovative aspects of the FICP course include: 1) design of the course which provides active learning strategies to large numbers of IP students; 2) use of immediate student and IP facilitator feedback during debriefs to make rapid cycle improvements for the next cohort; and 3) use of on-line training videos for IP competencies to provide foundational knowledge that can be practiced during class.

To accommodate large numbers of students, we chose a strategy of dividing students into three cohorts (e.g., 12 teams of 7-8 students per team per cohort). All students attend the Kick Off and Wrap Up sessions, and then one cohort meets each week for the same content before moving to the next course module (i.e., rotating through each of 4 class modules per semester). Students are in the 3-hour class over the semester for a total of six sessions. Breaking the student teams into three cohorts provides a more manageable learning environment (e.g., less classroom noise, more personalized) and maximizes use of resources. For example, it is easier to recruit IP faculty team facilitators, who are assigned to the same team throughout the semester, to be available 6 times during the semester instead of 14. Being able to consistently have adequate numbers of IP faculty team facilitators as role models promotes sustainability.

This course structure also provides the unique opportunity to gather feedback from IP faculty facilitators after each class for rapid cycle improvement. The ability to make immediate changes based on this feedback and to evaluate the changes made maximizes the quality of the educational experience, as compared to end of course feedback. The longer time lag inherent in typical post-course evaluations reduces the likelihood of accurately implementing the feedback and being able to evaluate changes in a timely manner.

On-line training videos are used to deliver the IP collaborative practice competencies content which frees up class time for practicing team-based activities. The four on-line training videos (one for each competency) use a case as the basis for applying the IP competencies. The case is based on a patient who wants to move from active cancer treatment to palliative care and her daughter is against it. Through each video the patient, her daughter, and her IP palliative care team meet to discuss the issues and subsequently illustrate the IP competencies. Students are required to answer questions on-line to demonstrate attainment of the content and then print out a certificate of

completion for accountability. The on-line training videos ensure that all students understand the IP competencies that can then be applied during class in the hands on activities. The on-line training videos are innovative because they convey important content that to date does not exist in video format with consistent illustration of the competencies through a case and because video formats engage today's learners.

The FICP course focuses on application of the IP competencies using activities addressing topics such as TeamSTEPPS®, Team Error Disclosure, Team-Based Palliative Care, and Team-Based Addiction Care. The emphasis of each class is on active learning strategies. For example, the students simulate a discharge planning meeting. Within that activity, the students learn more about the professional roles and responsibilities of different team members and practice their IP communication and team work skills. This example demonstrates the innovative nature of the FICP course.

**Outcomes Achieved:** The first outcome is the successful delivery of the course to large numbers of students (296 students in 2016-2017 and 350 students in 2017-2018). Last year FICP served 134 senior BSN students, 50 first year medical students, 124 first year pharmacy students, and 42 undergraduate and master's level social work students. Course evaluations indicated that 91% of the students from all four disciplines agreed that the course activities developed team skills and IP collaborative practice competencies. Evaluation of the on-line training videos for the IP competencies indicated that 92% of learners agreed that the learning objectives had been adequately addressed, and the majority of learners provided positive feedback on using the on-line video technology. This data suggests that the on-line video training is an effective way to introduce health care professionals to the IP competencies.

The Interprofessional Collaborative Competencies Attainment Survey (ICCAS) was administered at the end of the semester. ICCAS measures self-perceived competence rather than attitudes and is a validated tool for learners to self-assess changes in interprofessional competencies. The retrospective pre-test/post-test design of ICCAS ensures learners understand the nuances of the IP core competencies before completing their self-assessment. Based on ICCAS data, improvements were noted in mean scores across all items with 65% of the items showing greater than a 25% positive change. The top five items demonstrating the most improvement were: 1) Use the IP team approach with patients to assess the health situation (48.8% positive change); 2) Use the IP team approach with patient to provide whole person care (45.8% positive change); 3) Understand abilities and contributions of IP team members (41.1% positive change); 4) Negotiate responsibilities with overlapping scopes of practice (39.7% positive change); and 5) Develop an effective care plan with IP team members (39.5% positive change). These data support the effectiveness of the FICP course in building IP competence.

**Interprofessional Collaboration:** The FICP course was developed and implemented by lead faculty from the four professions. Additionally, there are 30-40 IP faculty team facilitators engaged in the implementation of the course each year including 4-5 nursing faculty, 12-16 medicine faculty, 12-16 pharmacy faculty, and 2-3 social work faculty.

**Catalyst for Change:** FICP contributes to the transformation and improvement of health care education by facilitating students learning how to contribute to and lead IP teams. No longer can we afford to have IP education as an elective or an event. To turn the corner and move toward team-based care and collaborative practice, we need IP education, such as FICP, to build a strong foundation in collaborative care for **all** health professions students. FICP's active learning experiences facilitate health professions students' understanding and valuing the roles of different health care team members. With FICP as a permanent requirement for health professions students, IP collaborative practice becomes an expectation and today's students become champions of IP collaboration, leading the change to team-based care within our health care system.

**Alignment with AACN Mission and Vision:** FICP embodies the mission and vision of AACN to transform health care, improve health, and serve as the catalyst for excellence and innovation in nursing education. Nursing has been one of the key leaders in IP education on our campus, ensuring that the nursing voice and perspective played a vital role in the design and implementation of the FICP course; thus, demonstrating FICP's alignment with the AACN's vision of nurses leading the transformation of health care. We believe the FICP course exemplifies excellence and innovation in nursing education and more broadly health professions' education. The synergism from the four health professions programs coming together for a common purpose of improving safety and patient-centered care through collaboration provides unparalleled opportunities for innovation and excellence in IP education.

**Sustainability, Replication, and Dissemination:** FICP is embedded in the curriculum as a program requirement for nursing, medicine and pharmacy. We have just completed 2 years (4 long semesters) of the FICP course. FICP is organized in modules, which provides easy replication of course content for other programs. To disseminate this program innovation, FICP have been presented at national, regional, and local venues (15 presentations over last 3 years) and several manuscripts are in preparation.

**Advancement of Professional Nursing Education:** Advancement of professional nursing education requires greater focus on IP education to meet the increasingly complex needs of our patients and to increase patient safety and quality of care. FICP is an effective IP course which provides hands on opportunities to develop IP collaborative competencies. With the successful outcomes from the FICP course along with the potential replicability of the course, the FICP course provides an exemplar of IP education which advances professional nursing education. Advancement of professional nursing education also requires incorporating continuous evaluation and improvement. The design of FICP with the use of immediate IP facilitator feedback during debriefs to make rapid cycle improvements for the next cohort provides an innovative strategy for continuous quality improvement which facilitates the advancement of professional nursing education.

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