

Working Together: Addressing Cultural Diversity, Patient Safety, and Quality Care Through an Interprofessional Health Care Course

Kathleen M. Gambino, Stacey Frawley, and Wei-Hsin Lu

Abstract

An interprofessional course was designed to augment the integration of practice and education in a large, public northeastern university. The schools of medicine, nursing, and social work, along with the associated hospital's quality assurance team, worked together to design curricula aimed at improving quality of care, communication, collaboration, and teamwork. Development and implementation of the elective course resulted in extended discussions among the schools, complementing the university's overall initiative to develop a formal interprofessional educational program. Evaluations indicated that participants developed a greater appreciation for the roles of fellow health care professionals and a desire to better utilize their services.

KEY WORDS Cultural Diversity – Interprofessional Education – Patient Safety – Quality Care – Standardized Patients – Team-Based Learning

Team science is a governmentally endorsed, collaborative effort aimed at addressing a scientific challenge by leveraging the expertise and diverse skills of professionals trained in different fields. Interprofessional team members work together to integrate resources and enhance perspectives in order to resolve complex issues (Hall, Feng, Moser, Stokols, & Taylor, 2008). Interprofessional collaboration in health care results in optimal patient care, improved efficiency, and reduced costs (Fiscella, Mauksch, Bodenheimer, & Salas, 2017).

With the concept of team science in mind, and using team-based learning (TBL) pedagogy (Michaelsen, Parmelee, McMahon, & Levine, 2008) and simulation, an elective course was designed to augment the integration of interprofessional practice and education at a large, public university in the Northeast. The academic health sciences schools and hospital associated with the university shared common elements of their mission: to educate, participate in research, and

provide excellent quality clinical care. Although previous efforts to promote interprofessional education among the schools were successful, there were few opportunities to systematically bring faculty and students from multiple disciplines together in a meaningful way for the purposes of improving the quality of patient care, cultivating communication, practicing collaboration, and fostering teamwork. It was hoped that the successful implementation of this course and the dissemination of its outcomes would lead to extended discussions among the schools to expand and formally include interprofessional education in the university's existing curricula.

GOALS FOR THE COURSE

Faculty from the schools of medicine, nursing, and social welfare contributed to the course, which was developed in alignment with the Interprofessional Education Collaborative core competencies (Interprofessional Education Collaborative, 2011, 2016). In addition, the hospital's patient safety/quality assurance interprofessional team was consulted to ensure that curricular content adhered to national and institutional standards. Given that the emerging emphasis in clinical practice endorses scientifically addressing multifactorial problems, such as patient safety and quality of care, the learning objectives for the elective course are as follows:

1. Develop collaborative teamwork skills among in-training health care professionals with purposeful interprofessional socialization.
2. Describe the roles and responsibilities of various health care professionals.

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The authors have declared no conflict of interest.

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doi: 10.1097/01.NEP.0000000000000488

3. Discuss current literature related to interprofessional education and practice.
4. Apply interprofessional principles of collaboration, decision-making, and problem solving in simulated clinical situations.
5. Perform a root cause analysis (RCA), identifying causes, contributing factors, and corrective strategies following a simulated sentinel event.
6. Identify the benefits and challenges of interprofessional communication and collaboration in enhancing patient safety and quality care.

The elective course, approved by the curriculum committees of each school, was first offered in 2014. Enrollment was capped at 30 students per year, 10 from each discipline, to accommodate available classroom and laboratory resources. Since its inception, a total of 105 students have enrolled, including 40 first-year medical students, 50 RN-to-BS students, and 15 social welfare students. With the exception of the RN-to-BS students, the decision to offer the course to students of various educational levels was based on the availability of participants. It was hoped that the RNs, some of whom were already employed, would contribute clinical insight to class discussions and activities.

COURSE REQUIREMENTS AND CONTENT

Course requirements include four onsite intensive days scheduled over one month, as well as online interprofessional teamwork. Deans and faculty from each school, as well as professional staff from the associated hospital, participate in class discussions and activities. Course activities center around health care disparities, cultural sensitivity, risk management, quality care, and conflict resolution. Teaching methods used to encourage group interaction during the onsite days include icebreaking activities, TBL, simulated standardized patient (SP) clinical experiences, discussions, presentations, and an appraisal of literature.

TBL, a multiphase pedagogical approach requiring active student participation and collaboration, entails three stages: activities such as readings and video presentations that students complete individually before the lesson; in-class learning assurance assessments, including individual readiness assurance tests and team readiness assurance tests, with immediate instructor feedback; and a team assignment designed to reinforce and assess student groups' mastery of the subject matter (Michaelsen et al., 2008). Course objectives are evaluated through the use of individual readiness assurance tests, team readiness assurance tests, and RCAs completed in teams and group discussions. Online requirements following each class include personal and team-reflective journaling, joint writing assignments, readings, and contributions to a discussion board.

Prior to the first onsite day, students are assigned to write a brief descriptive statement regarding their perceptions of the roles and responsibilities of other health care professionals. Required readings include articles related to interprofessional education, health care disparities, and TBL. Once assigned to teams composed of equal numbers of medical, nursing, and social work students, students participate in an icebreaking activity. Following the activity, team members discuss their perceptions of the roles of their fellow health care providers and develop a consensus definition for each profession. Team definitions are presented and discussed with the class in reference to the assigned readings. Students also take part in a crossword competition, using interprofessional practice terminology, and participate in TBL activities related to their readings on health care disparities.

Required readings for the second onsite class center around interprofessional communication and conflict resolution. Activities include viewing and discussing *The Lewis Blackman Story* (Transparent Health, 2014), a video presenting a recent, true sentinel event related to poor interprofessional team communication. Afternoon speakers and activities center around conflict management resolution.

A case discussion activity scheduled for the third onsite class considers the cultural implications of the required reading *The Spirit Catches You and You Fall Down* (Fadiman, 1997). The book tells the true story of a Hmong infant with epilepsy and her family's interactions with the American health care system, providing a memorable example of the tragedies that can result from the misinterpretation of cultural beliefs and practices. As teams, the students answer questions about the book and discuss their insights with the class. Afternoon activities include a panel discussion of invited health care professionals who talk about the real-life cultural issues they have faced in their professional practice. Lunch is provided by the students and faculty, with everyone contributing a dish that reflects their cultural background.

The students participate in a unique, six-hour interprofessional patient safety/quality of care learning experience delivered using TBL and simulation during the fourth onsite class. After completing a risk management TBL activity, the teams engage in an SP discharge case and a simulated sentinel event related to patient safety/quality of care. Both activities are designed to reinforce the learning objectives and offer kinetic learning experiences. Each team assesses an SP, providing him with diabetic discharge planning and education. During the simulated sentinel event, students enter a room as the rapid response team called to treat a patient, represented by a manikin; an actor takes the role of a family member. Teams are expected to identify that the patient received the wrong unit of blood and provide appropriate care.

As a culminating project, each team performs an RCA following participation in the simulated sentinel event and prepares an Ishikawa (fishbone) diagram. Both simulation events are recorded and analyzed by the class during debriefing discussions in order to provide immediate feedback regarding the competencies learned throughout the course. Upon completion of the activities, students, faculty, SPs, and family member actors meet to continue debriefing and consider the appropriateness of the teams' interventions and interactions.

Immediately following the completion of the fourth day, students submit a final group reflection and individual peer evaluations for team members. Although the peer evaluations are not calculated as part of their numerical grades, deidentified comments are shared with students.

COURSE EVALUATIONS

Evaluations for the course have been very positive. Both students and faculty have expressed a greater appreciation for the roles of fellow health care professionals as well as a desire to better utilize their services. Citing their unique role in providing care to hospitalized patients, social work students requested that simulation events be revised to enhance their participation. The family member actor was added to the sentinel event simulation to accommodate this request, and additional scenarios and simulations will be developed for future classes.

Constructive feedback has also included the recommended participation of other professional programs, including the schools of dentistry and physical therapy, as well as the creation of additional

interprofessional courses and activities. Although difficulties with pathways and schedules have precluded other schools from participating in the past, the university recently hosted its inaugural Interprofessional Education Summit, bringing faculty, students, and hospital staff together in an effort to promote collaboration. It is hoped that the contacts made during the summit will lead to conversations needed to resolve these issues and result in expanded participation, along with the development of a formal interprofessional education program at the university.

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