USING SIMULATION TO TEACH INTERPROFESSIONAL COLLABORATION SKILLS TO MSW AND DNP STUDENTS IN THE CONTEXT OF GERIATRIC CARE

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PRESENTATION OVERVIEW

- Reminder re: CSWE accreditation requirements
- Introduction to simulation and associated benefits
- Description of MSW-DNP simulation intervention
- Evaluation and results
- Strengths and limitations of simulation intervention
- Summary
COUNCIL ON SOCIAL WORK EDUCATION

• EPAS 2015 accreditation requirements focus on competency-based education that emphasizes student learning outcomes.
  • Holistic competence: demonstration informed by knowledge, values, skills, cognitive and affective processes.
  • Behaviors represent observable components of competencies.

• Simulation provides a means to assess students’ demonstrated competence via behavioral observation.
WHAT IS SIMULATION?

- Typically involves evaluation of student interaction with “standardized clients” while performing social work practice activities.
- Standardized clients are actors trained to enact a specific practice situation.
- Can also involve performance of collaborative practice activities that occur with colleagues either with or without the client.
WHAT ARE THE BENEFITS OF SIMULATION?

- Allows students to demonstrate practice skills in a more realistic situation than traditional peer role playing.
- Supports assessment of demonstrated student competencies.
  - Defined as their ability to effectively perform the core functions of the profession.
- Tends to be well-received by students.
INTERPROFESSIONAL TEAM OBJECTIVE STRUCTURED CLINICAL EXPERIENCE (ITOSCE)

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ITOSCE

- Embedded in required course and involves Advanced Practice Nursing (DNP) and MSW students.
- Provides opportunity to demonstrate clinical assessment skills and team collaboration techniques.
- Students randomly assigned to one of two scenarios that feature complex geriatric clients whose medical symptoms are exacerbated by psychosocial issues.
ITOSCE PROCEDURE

- Local actors serve as standardized patients and are trained to play the role of each client.
- DNP students first complete a 30-minute health assessment and then hand off to the MSW student for follow up.
- The MSW student conducts a 30-minute psychosocial assessment.
- The two disciplines meet again to discuss their respective clinical impressions and identify and document approaches for an integrated care plan.
- All segments are digitally recorded as a basis for student feedback and evaluative analysis.
ITOSCE LEARNING OBJECTIVES

- Report greater feelings of confidence in their collaborative practice skills.
- Demonstrate mastery of key collaborative practice skills: interprofessional communication, teamwork, and conflict management/resolution.
- Demonstrate rapid psychosocial assessment skills to detect high-risk situations in health care settings.
EVALUATION

- Students’ confidence in their collaborative skills was assessed using the *Team Skills Scale* (Hepburn, Tsukuda, & Fasser, 1996).
- Students’ mastery of collaborative skills was evaluated using relevant components of the *Interprofessional Collaborator Assessment Rubric* (ICAR; Curan et al, 2011).
- The Wilcoxon Signed Ranks Test was used to assess changes in students’ confidence levels.
- ICAR results were examined via simple frequency counts/percentages across students.
EVALUATION

• Team Skills Scale
  • 17 items
  • Measured on 5-point scale: poor, fair, good, very good, and excellent.
• Example items:
  • “Please rate your ability to handle disagreements effectively.”
  • “Please rate your ability to adjust your care to support the team goals.”
EVALUATION

- 12 items from the Interprofessional Collaborator Assessment Rubric (ICAR)
- Uses a rubric format
- Example item *Respectful Communication*:
  - **Minimal** (1) = Communicates with others in a disrespectful manner.
  - **Developing** (2) = Occasionally communicates with others in a confident, assertive and respectful manner.
  - **Competent** (3) = Frequently communicates with others in a confident, assertive and respectful manner.
  - **Mastery** (4) = Consistently communicates with others in a confident, assertive and respectful manner.
EVALUATION

• $n = 45$; 44% response rate
• Statistically significant gains in students’ confidence level in two areas:
  • Functioning effectively as an interdisciplinary team member
  • Actively participating in team meetings
• Students felt the least confident in their knowledge of care principles for effective team contributions and most confident in their ability to treat team members collegially.
EVALUATION

- Digital recordings of 13 nursing and social work teams were analyzed via ICAR.
  - Represents 30 students working in either dyads or triads
- The majority of students scored either “mastery” or “competent” on each item.
- Some students used a directive approach, authoritatively telling their colleagues what to do rather than discussing the case collaboratively.
EVALUATION

- In terms of MSW students’ advanced practice skills, students excelled in:
  - Client engagement and rapid rapport building
  - Administering standardized assessment instruments such as the Geriatric Depression Scale and the Mini Mental Status Exam.
- They struggled with:
  - Limiting close-ended questions
  - Avoiding premature problem solving
  - Incorporating reflective statements
  - Not using the full assessment time allotted
- Out of 9 students assigned to the opioid diversion case, 3 were unable to identify the risk and assessed the client as non-adherent to treatment.
STRENGTHS AND LIMITATIONS

- Strengths:
  - Close approximation of actual practice.
  - Facilitates evaluation of demonstrated competencies because students cannot “fake it.”
  - Video recording enables behaviorally-based feedback.

- Limitations:
  - Resource extensive
  - Time consuming
  - Student anxiety can mask true competency level.
SUMMARY

- Simulation allows students to demonstrate practice skills in situations more realistic than traditional peer role playing.
- Supports assessment of demonstrated student competencies.
- Alternative models can be feasible alternatives to traditional resource-intensive OSCE-style simulation:
  1. Hybrid interaction (both online and in-person) in the simulation lab
  2. Face-to-face interaction in the classroom
  3. Online interaction
Thank you