

TITLE: Equipping medical students to manage acutely ill patients through interprofessional collaboration during the transition to residency.

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OBJECTIVE: To improve preparation for interprofessional collaborative practice (ICP) through simulation-based education for senior medical students transitioning to residency, pharmacy students, and recently graduated nurses.

BACKGROUND: Our institution requires graduating students to complete a 3-week “Intern Boot Camp (IBC)” capstone course in preparation for the transition to internship. A needs assessment survey of these students showed that a top student generated goal for internship preparation was to “*collaborate as a member of an interprofessional team (EPA9)*”.¹ To respond to this need, an interprofessional education (IPE) thread was designed including: didactic seminar on interprofessional team roles, subspecialty workshop on interdisciplinary pain care and opioid stewardship, and standardized-patient simulation with pharmacy and nursing learners and preceptors. We assessed: student satisfaction, bedside performance using an entrustability scale, and perceptions of ICP using a pre/post-administered SPICE-R2.

OUTCOMES: Since 2016, 469 students participated in IBC. Students “agreed/strongly agreed” that IBC, the team didactic, subspecialty workshop, and IPE simulation all helped to prepare them for day 1 of internship (86%, 81%, 87%, and 88%, respectively). Of the students who participated in the IPE simulation, preceptors entrusted: 82% to stabilize a patient, 88% to lead an interprofessional team, and 91% to facilitate handover of care. SPICE-R2 scores were significantly higher after participation for MD students (4.8 vs 4.4, $p<0.0001$), nursing learners (4.7 vs. 4.4, $p<0.001$), and pharmacy students (4.6 vs. 4.4, $p=0.02$) which was not observed in MD students who elected not to participate in Year 1 (4.4 vs 4.1, $p=0.02$).

INNOVATION’S STRENGTHS AND LIMITATIONS: This innovative IPE simulation equipped students with day 1 skills for leading interprofessional care teams by improving confidence and competence in bedside communication and care. Sustainability limitations include personnel, space, and time resource demands.

FEASIBILITY AND TRANSFERABILITY FOR ADOPTIONS: Partnership with non-physician health professionals is vital for widespread adoption.

References

1. Strowd, R. E., McBride, A. , Goforth, J. , Cristiano, J. , Hartman, N. , Waters, G. , Beardsley, J. , Johnson, J. E. and Askew, K. (2018), Educational priorities of students in the entrustable professional activity era. Clin Teach, 15: 319-324. doi:[10.1111/tct.12688](https://doi.org/10.1111/tct.12688)