International Immersion Experience Impact on Nurse Practitioner and Medical Students Readiness for Interprofessional Education

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Learner Objectives

- Identify interprofessional core competencies
- Examine a study abroad educational intervention
- Judge the value of the Readiness for Interprofessional Learning Scale
- Conclude the value of global interprofessional education models

Disclosure - Debra A. Kosko, East Carolina University

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Background

Fragmentation of care & poor communication between healthcare professions contributes to poor quality, high cost healthcare ---

While care delivered by well-functioning team’s decreases costs and improves clinical outcomes
Nicaragua Interprofessional Study Abroad Program
Background

Educating health professions students about team-based care and how to work with other health professionals, known as Interprofessional Education (IPE) ---

Provides the necessary skills to transform the US healthcare delivery system
Background

Educational models that successfully teach interprofessional (IP) core competencies to our health professions students are needed
Interprofessional Core Competencies

- Values/Ethics for IP Practice
- Roles/Responsibilities
- IP Communication
- Teams and Teamwork
Objective

Evaluate the impact of a 2 week IP study abroad program on health professions student’s readiness for IPE
Methods

- Outcome-based summative program evaluation
- Convenience sample of 4 family nurse practitioner (FNP) students & 7 medical students.
Methods

Education Model:

- 2 week immersion study abroad in Nicaragua
  Students provided patient care in FNP/medical student teams
- Attended debrief sessions
- Everyone stayed at the same hotel, ate meals together, shared free time
Methods

RIPLS – The Readiness for Interprofessional Learning Scale

Administered

- Before departing for Nicaragua
- Immediately upon returning from Nicaragua
- 2 months after returning from Nicaragua
Results

3 of the 4 RIPLS sub-scales had internal consistency reliabilities > 0.90:

- Teamwork & collaboration
- Negative professional identity
- Positive professional identity
Results

Pre-intervention mean subscale scores exceeded 4.3 out of a maximum 5.0 ---
Indicating a strong ceiling effect.

These high mean scores dipped slightly, never below 4.0, at post-intervention.
Results

Mean scores 2 months after returning from Nicaragua –
Rebounded and were > 4.5 for all three subscales
Limitations

- Small sample size
- Instrument was not sensitive to capture the change in attitude/knowledge
Conclusions

- RIPLS was a reliable instrument for this program evaluation
- High pre-study abroad scores made it difficult to evaluate substantial change between pre-study abroad and post-study abroad
Conclusions

The IPE program may have produced important changes ---

However, RIPLS could not detect these changes because of the high pre-study abroad ceiling effect.
Conclusions

More research is needed in order to create interprofessional education models that can transform clinical practice:

- Creative models that are “outside the box”
- Global education models
- Immersion education models
- Development of valid and reliable instruments
Implications

Global models of education can also serve to promote interprofessional clinical practice globally!
References


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