

North Carolina Nurses Association (NCNA) Position Statement on Simulation-Based Interprofessional Education in Academic and Practice Settings

This position statement does not imply endorsement of any piece of related legislation.

Issue:

The Institute of Medicine (IOM) (2015) clearly identified the importance of interprofessional education when they stated

...widespread adoption of a model of interprofessional education across the learning continuum is urgently needed. An ideal model would retain the tenets of professional identity formation while providing robust opportunities for interprofessional education and collaborative care. Such a model also would differentiate between learning outcomes per se and the individual, population, and system outcomes that provide the ultimate rationale for ongoing investment in health professions education. And it would take into account the many enabling or interfering influences on learning and these more distal outcomes (p. xii).

Interprofessional education using simulation is designed for the individuals involved to “learn about, from, and with each other to enable effective collaboration and improve health outcomes” (World Health Organization, 2013). Simulation allows healthcare individuals to come together to collaborate as a team in a controlled, safe setting. This environment mirrors the healthcare setting. Participation in simulation with multiple professionals allows participants to gain knowledge, skills, attitudes, and behaviors of teamwork required to promote safe, quality patient care. These skills can be transferred to the clinical setting.

Though interprofessional education is believed to improve patient-centered care and is considered best practice, there is no definitive evidence linking it to improved patient outcomes (IOM, 2015). The time is now for nurses and all healthcare professionals to commit to interprofessional education, collaboration, and teamwork and for researchers to study its effects on patient outcomes.

Background:

Interprofessional education, collaboration, and teamwork have been emphasized by national and international organizations for a number of years. In 2003, the Institute of Medicine (IOM) identified one of the core competencies for health professionals of “Work in Interdisciplinary Teams.” This competency is critical to providing patient-centered care, including utilizing informatics, employing evidence-based practice, and applying quality improvement, as depicted in the diagram below from the *Core Competencies for Interprofessional Collaborative Practice* (Interprofessional Education Collaborative Expert Panel, 2011):

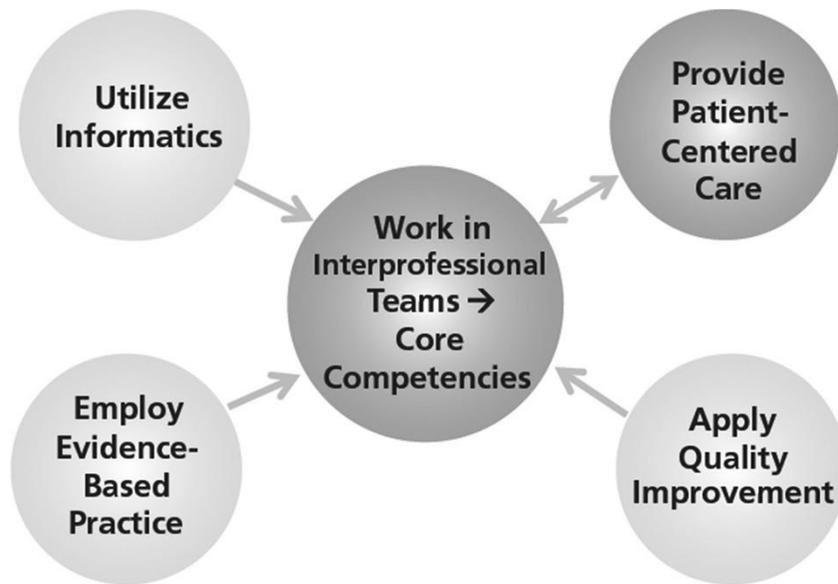


FIGURE 5: Interprofessional Teamwork and IOM CORE COMPETENCIES (IECEP, 2011, p. 14)

The *Core Competencies for Interprofessional Collaborative Practice* were produced in May 2011 by an expert panel with representatives from the American Association of Colleges of Nursing, the American Association of Colleges of Osteopathic Medicine, the American Association of Colleges of Pharmacy, the American Dental Education Association, the Association of American Medical Colleges, and the Association of Schools of Public Health. The four core competency categories identified by this panel were Values/Ethics for Interprofessional Practice, Roles and Responsibilities, Interprofessional Communication, and Teams and Teamwork. These competencies are considered essential for new graduates as they enter the current complex healthcare environment.

At the January 2012 Society for Simulation in Healthcare annual convention (IMSH), the National League for Nursing (NLN), with support from a Josiah Macy Jr. Foundation grant, convened an invitational meeting of 24 key stakeholders in US healthcare “to collect the unique perspectives of the various health disciplines and organizations on the use of simulation for IPE, identify best-practices, determine opportunities to create relationships that foster IPE, and determine research questions that need to be addressed” (NLN, 2012, pp. 2-3). The participants collaborated to identify ways to overcome barriers to effectively and efficiently integrate simulation with interprofessional education in the academic and clinical settings. Strategies identified included identifying champions within each partner school, clarifying learning objectives for interprofessional education, selecting the appropriate simulation methodology, providing faculty development, and preparing for interprofessional debriefing and evaluation. Attendees agreed that simulation based learning experiences were key to acquiring the competencies for collaborative practice and that simulation was an important enabling technology for providing opportunities for IPE experiences that would support safe, quality patient care throughout the lifespan (NLN, 2012).

The International Nursing Association for Clinical Simulation and Learning (INACSL) *Standards of Best Practice: SimulationSM* addresses IPE in Standard I: Terminology, as well as emphasizing the importance of IPE with its own standard in Standard VIII: Simulation-Enhanced Interprofessional Education (INACSL, 2015).

NCNA Position:

NCNA strongly supports the use of simulation-based interprofessional education in both the academic and practice settings and encourages researchers to study the effects of this type of training on patient outcomes.

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