

2016

Lobowings: A Pilot Study of Interprofessional Patient Safety Training

Kristina Wittstrom

Mark Holdsworth

Loren Kelly

Glynnis Ingall

Mark Rolfson

Follow this and additional works at: https://digitalrepository.unm.edu/hsc_ipe_posters

Recommended Citation

Wittstrom, Kristina; Mark Holdsworth; Loren Kelly; Glynnis Ingall; and Mark Rolfson. "Lobowings: A Pilot Study of Interprofessional Patient Safety Training." (2016). https://digitalrepository.unm.edu/hsc_ipe_posters/1

This Poster is brought to you for free and open access by the UNM Health Sciences Center Interprofessional Education at UNM Digital Repository. It has been accepted for inclusion in InterProfessional Education Research Posters by an authorized administrator of UNM Digital Repository. For more information, please contact disc@unm.edu.

Lobowings: A Pilot Study of Interprofessional Patient Safety Training



Kristina Wittstrom, PhD¹; Mark Holdsworth, PharmD¹; Loren Kelly, MSN²; Glynnis Ingall, MD³; Mark Rolfson, BA⁴
The University of New Mexico Health Sciences Center,
College of Pharmacy¹, College of Nursing², School of Medicine³, UNM Hospital⁴

INTRODUCTION

UNMHSC has endorsed Interprofessional Education (IPE) and is committed to developing meaningful curriculum and IPE experiences that will allow students to learn with and from each other about interprofessional collaborative practices. LoboWings¹ training (developed by UNM Hospital) is designed to promote a culture of patient safety and teamwork through application of Crew Resource Management (CRM) techniques similar to those used in airline safety programs.

LOBOWINGS OBJECTIVES

Evaluate the effectiveness of an interprofessional active learning exercise promoting patient safety through teamwork and effective communication among healthcare students entering the clinical phases of their training programs.

METHODS

1. Students from College of Nursing (n=62), School of Medicine (n=47), & College of Pharmacy (n=81) were blended into IPE teams. A 4th group of only School of Medicine (n=47) students served as control group (non-IPE).
2. Half-day workshops were conducted by experienced LoboWings trainers.
3. Following presentations & discussion about CRM, students collaboratively worked case studies to practice responding to patient safety challenges through effective communication and collaborative teamwork.
4. Collected demographic data & information specific to prior experience/training in incident investigation, patient safety, or quality improvement processes.
5. Pre & post survey for changes in attitudes toward interprofessional healthcare teams; confidence in functioning as a healthcare team member and appropriate responses when faced with a patient safety challenge.
6. Statistical analysis using Wilcoxon-Sign Test. Effect size calculated as $\frac{z}{\sqrt{N}}$.

RESULTS

Overall, there was statistically significant improvement for all student groups for all items including the non-IPE control group. See Table 1. The largest effect sizes are seen in participants' self-identified ability to recognize patient safety issues and the confidence to appropriately intervene.

Colleges of Nursing and Pharmacy groups were statistically significant in all survey items. School of Medicine groups had items of no significance: Control (non-IPE) 2 items and IPE 3 items. The lack of significances is due to high pre-agreement and little change between the pre and post surveys.

There was no significant influence of demographic data or prior patient safety training or experiences on changes in participant responses

Table 1.

Survey Item	Pretest	Posttest	p value	Effect (r)
1. The give and take among team members helps them make better patient/client care decisions.	6.02	6.55	0.00	0.362
2. The interprofessional approach improves the quality of care to patients/clients.	6.67	6.82	0.00	0.182
3. Having to report observations to a team helps team members better understand the work of other health professionals.	6.24	6.68	0.00	0.342
4. As part of the healthcare team, it is my duty to report patient safety or quality issue.	6.76	6.89	0.00	0.186
5. I know the appropriate way to intervene when I observe a patient safety or quality issue.	4.85	6.37	0.00	0.564
6. I am confident that I would be able to intervene appropriately when I observe a safety or quality issue at UNMH.	4.75	6.25	0.00	0.548
7. A confidential reporting system that documents medical incidents is helpful for improving patient safety.	6.18	6.47	0.00	0.206
8. My suggestions on safety would be acted upon if I expressed them.	4.79	5.72	0.00	0.431
9. If there is no harm to the patient, there is no need to address an error. (reverse)	1.64	1.32	0.00	0.239
10. Reporting systems do little to reduce future error. (reverse)	2.11	1.45	0.00	0.324
11. I am confident that I can report a quality or patient safety issue as student without my evaluation or grade being adversely affected.	4.82	5.83	0.00	0.403
12. Developing a patient care plan with other team members avoids errors in delivering care.	5.92	6.46	0.00	0.328
13. Working in an interprofessional manner unnecessarily complicates things most of the time. (reverse)	2.25	1.65	0.00	0.296

IMPLICATIONS

A short, low resource-intensive interprofessional activity can improve recognition of individual responsibility in identifying patient safety issues, provide students constructive intervention methods, and enhance the confidence in communicating these issues to others on the healthcare team.

Before I was afraid to say anything. Now I am afraid NOT to.
Student