

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

**AUTHORS:** Jon Goforth, MBA, Modupeola Akinola, MD, Lisa Brennan, PharmD, BCPS, BCGP, Samantha Ogle, DHA, RN, OCN, Deb Harding, DNP, RN, NEA-BC, Kimberly Stanbery, DNP, RN, NEA-BC, Paula Correa, DNP, RN, CEN, NE-BC, Amy Milner, MSN, RN-BC, Michelle Keating, DO, Allison McBride, MD, Roy Strowd, MD, MEd

**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)*”.<sup>1</sup> 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)