Problem: Currently, nurses and physicians are trained separately and do not have the opportunity to interact with their peers in other disciplines, that is, interdisciplinary skills are currently acquired only through experiences after their formal training.

Evidence: Evidence shows that interventions affect performance and efficiency in clinical settings; however, no studies demonstrate the effects of early interventions related to increasing the knowledge of respective roles and responsibilities of both nursing and medical students (D’Amour & Oandasan, 2005.)

Strategy: By having medical and nursing students completing observation of the essential duties of each discipline, education and understanding of those essential duties can formulated based on the observations. Assessment of the positive and negative aspects of both roles through observation could then be adapted into didactic or clinical curricula and integrated across programs.

Practice Change: Senior level undergraduate nursing students and third/fourth year medical students were recruited to participate in a qualitative study collecting data pre- and post- observation periods. One hour observations in the Internal Medicine clinic setting and two hour observations in the Medical Intensive Care Unit were done by each participant. The nursing students were paired with the attending physician for rounds and patient visits. The medical students were paired with nurses working in each location.

Evaluation: The degree to which nursing and medical students’ pre-observation perceptions differed from post-observation perceptions was not statistically significant. Common terminology identified in the post-observation interviews included: communication and collaboration.

Results: Our goal was to assess the medical students’ and nursing students’ experiences in the observations for commonalities. Only the nursing portion of the study has been completed. Preliminary data suggest that early intervention, to include education with other professions and about interprofessional responsibilities and job duties can enhance interprofessional teamwork in both acute and clinic settings.

Recommendation: Implementation of educational programs incorporating different professions will lead to better understanding of each respective discipline. As educators, it is imperative we take the lead in collaborative education for the healthcare professionals of the future (Blue, Mitcham, Smith, Raymond, & Greenberg, 2010).

Lessons Learned: Preliminary results are supportive of the hypothesis that early intervention into perceptions of roles and responsibilities of the respective disciplines can foster and enhance Interprofessional Teamwork through education regarding specific explicit roles and responsibilities of each discipline in clinic and acute care settings.

Bibliography: