

# Learning With, From and About: Building Confidence to Competence

GEORGE BROWN COLLEGE

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# Introduction

ASL-English interpreters work in a variety of settings thereby necessitating a need to engage in experiential learning opportunities during their studies that lead to a greater understanding of other professionals' roles. Interprofessional Education (IPE) simulation activities provide an intermediary opportunity to scaffold learning in a continuum from contrived contexts and prior to practicum experiences.

This research assignment focused on the perceptions and experiences of four American Sign Language (ASL)-English Interpreter Program (AEIP) graduates' about their participation in an Inter-Professional Education (IPE) simulation partnership with a nursing program in a Canadian college.

Simulation in an educational context refers to "recreation of an event as close to reality as possible" (Baker et al., 2008, p. 373). The Center for the Advancement of Interprofessional Education ([CAIPE] 2002, as cited in CAIPE, 2013) defined IPE as "two or more professions learn[ing] with, from, and about each other to improve collaboration and the quality of care" (Defining Interprofessional Education section, para. 1).

### **Simulation Environment**



"the simulated labs were more realistic because it's not just our teachers, we don't have the same kind of relationship with these nursing students."

Participant comment

## Context

IPE and high fidelity simulation-based training (which involves human patient simulators/mannequins or actors) are used in the aviation industry, the anesthesiology profession as well as in the military; and they provide a model for instructional consideration in the healthcare field. This model has become a key focus in healthcare education as an opportunity to create experiential learning opportunities in response to such drivers as collaborative practice, interdisciplinary communication and understanding of other professionals' roles, and improved patient care in a safe learning environment.

# Methods

- Qualitative inquiry
- > Semi-structured, open-ended interviews
- Purposeful sampling
- Descriptive and axial coding
- Constant comparative inductive analysis
- Social constructivist framework

## Participants included:

- Four ASL-English Canadian Interpreter graduates
- > three females, one male
- Individuals who participated in an IPE high-fidelity simulation experience
- Mix of individuals who were either comfortable or uncomfortable in a medical environment
- Active members of the Association of Visual Language Interpreters of Canada

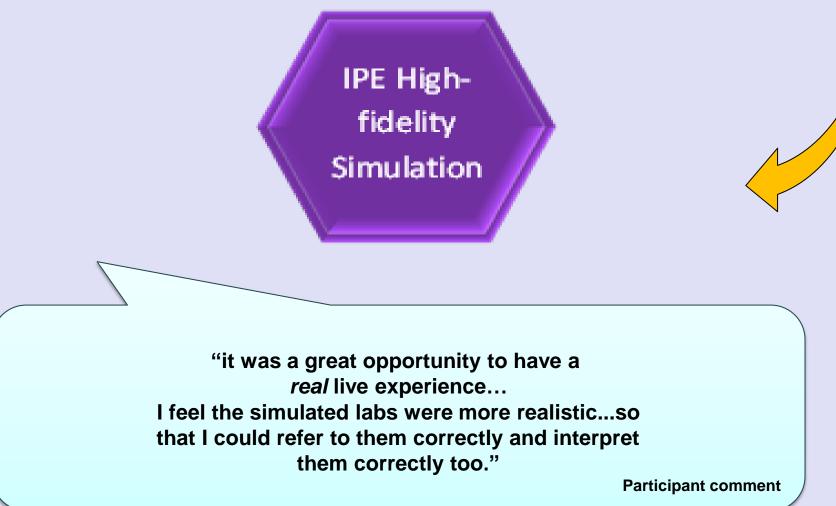
#### Limitations:

- > Small sample size
- Only AEIP students' experiences included
- Lack of nursing students' experiences and perceptions
- Inability to generalize findings to all AEIPs
- Lack of educators' perspective for either partnership cohort
- Time constraints prevented triangulation of member checks
- Limited opportunity to explore subsequent themes and questions

## **Interpreter Development Process**



## Suggested Addition: IPE High-Fidelity Simulation

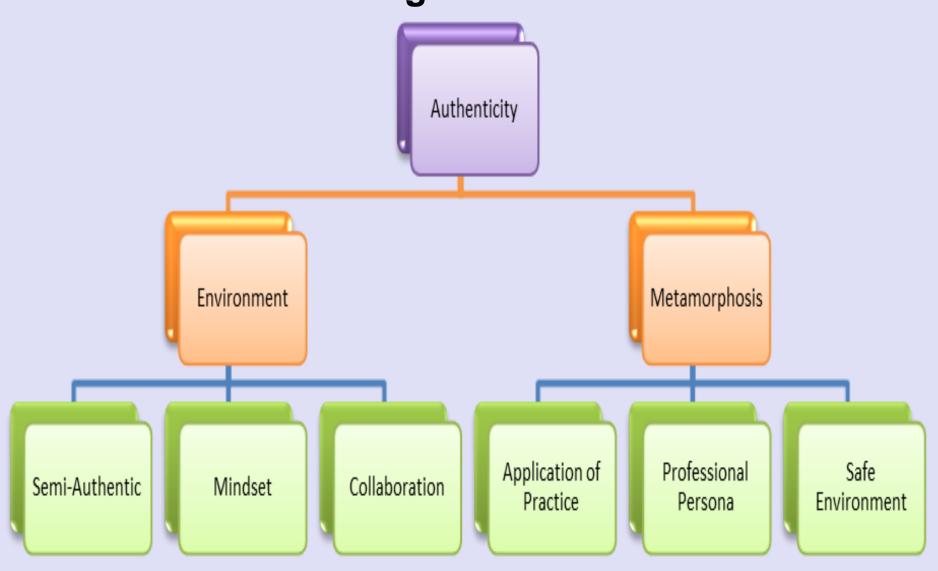


# Findings

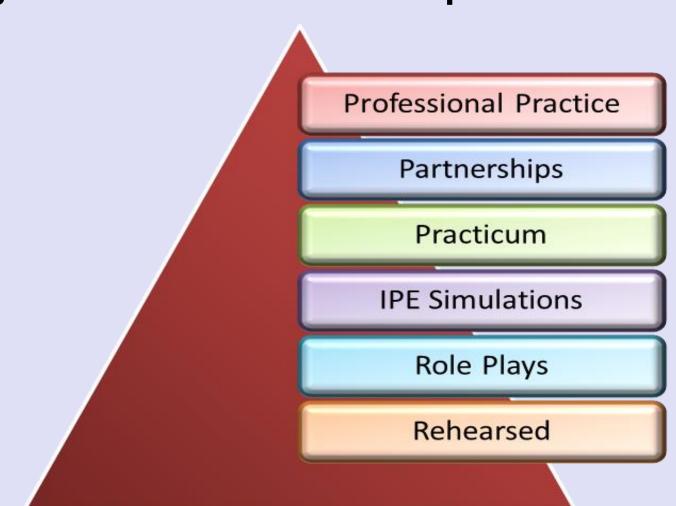
The findings below were generated from the analysis of the interviews and lead to the identification of an overarching theme of Authenticity with sub-themes of:

Environment and Metamorphosis

## **Overarching and Sub-themes**

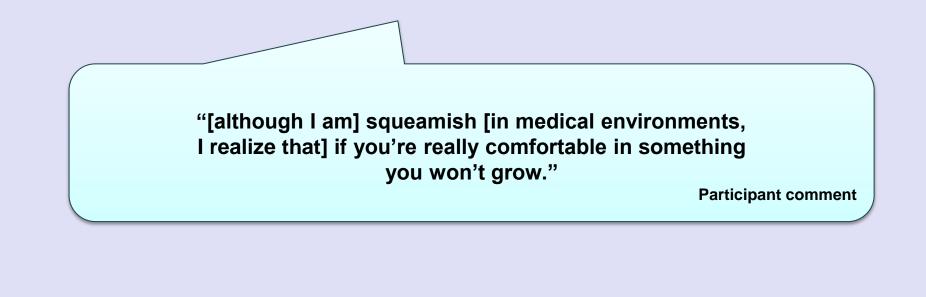


## **Suggested Transition for Interpreter Development**



Benefits of IPE high-fidelity simulations:

- > Develop problem solving and critical thinking skills
- Develop team work and collaborative practices
- Practical application of theory to praxis
- Feeling of authenticity in an semi-authentic environment
- > Fosters reflective professional practice
- Emergence of professional persona
- Confidence leading to competence in a safe environment
- ➤ Efficacy of authentic experiential learning opportunities in co-construction of knowledge



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# Implications

"it's 100% necessary. It was one of the most beneficial parts of the entire program.
I thought this was incredible."

## Considerations from empirical research:

- Socially constructed knowledge, collaboration, enhanced communication, critical thinking and specific professional issues brought into sharper focus
- Integrator of learning, bringing together theoretical knowledge obtained in the classroom and psychomotor skills
- Authenticity of the simulated environment can provide experiences commensurate if not more beneficial than, placement learning with a significant finding of confidence building

## Challenges:

- > Amount of time required to plan
- Coordination of each cohorts' schedules
- ➤ Need for an Administration IPE champion
- > Stress for students who are not comfortable in the medical environment
- Lack of familiarity by faculty to run effective simulations
- > Program costs associated with hiring Deaf mock patients

### Next Steps:

- Investigate the perceptions of nursing students who participated in an IPE simulation with AEIP students
- Build in capacity to support faculty with IPE planning
- Establish a budget line to cover costs for running IPE simulations
- Train a pool of Deaf actors for various scenarios
- ➤ Potential to inform praxis within AEIP's as a formative assessment

## References

Ateah, C., Snow, W., Wener, P., MacDonald, L. Metge, C., Davis, P., . . . Anderson, J. (2011). Stereotyping as a barrier to collaboration: Does interprofessional education make a difference? *Nurse Education Today*, 31, 208-213. doi:10.1016/j.nedt.2010.06.004

difference? *Nurse Education Today*, 31, 208-213. doi:10.1016/j.nedt.2010.06.004

Baker, C., Pulling, C., McGraw, R., Dagnone, J. D., Hopkins-Rosseel, D., & Medves, J. (2008).

Simulation in interprofessional education for patient-centered collaborative care. *Journal* 

of Advanced Nursing, 64(4), 372-379. doi:10.1111/j.365-2648.2008.04798.x

Centre for Advancement of Interprofessional Education. (2013). The definition and principles of Interprofessional education. Retrieved from http://www.caipe.org.uk/about-us/the definition-and principles-of-interprofessional-

D'eon, M. (2004). A blueprint for interprofessional learning. Medical Teacher, 26(7), 604-609. doi:10.1080/01421590400004924

Issenberg, S., McGaghie, W., Petrusa, E., Gordon, D., & Scalese, R. (2005) Features and uses of high-fidelity medical simulations that lead to effective learning: A BEME systematic review. *Medical Teacher*, 27(1), 10-28. doi:10.1080/1421590500046924

Lisko, S., & O'Dell, V. (2010). Integration of theory and practice: Experiential learning theory

and nursing education. Nursing Education Perspectives, 31(2), 106-108. doi:10.1043/1536-5026-31.2.106

Lumague, M., Morgan, A., Mak, D., Hanna, M., Kwong, J., Cameron, C., . . . Sinclair, L.

(2006). Interprofessional education: The student perspective. *Journal of Interprofessional Care*, 20(3), 246-253. doi:10.1080/135611820600717891

Reeves, S., & van Schaik, S. (2012). Simulation: A Panacea for interprofessional learning?

Journal of Interprofessional Care, 26, 167-169. doi:10.3109/13561820.2012.678183

Thang C. Thompson S. & Miller C. (2011). A review of simulation-based interprofession

Zhang, C., Thompson, S., & Miller, C. (2011). A review of simulation-based interprofessional education. *Clinical Simulation in Nursing*, 7, e117-e1126. doi:10.1016/j.ecns.2010.02.008