

## **Simulation and Interprofessional Education in Social Work Practice**

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**Abstract:** Interprofessional Education (IPE) can be defined as “two or more professions learning with, from and about each other to improve collaboration and the quality of care” (Hutchings, Scammell, & Quinney, 2013, p. 359). A theoretical framework for IPE is explored along with various applications for advanced generalist social work practice. Finally, an IPE healthcare simulation training with a group of master’s level social work students and undergraduate nursing students from Wichita State University is described, with potential implications for practice and education.

**Keywords:** Interprofessional education, simulation, advanced generalist, social work

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## **Introduction**

Interprofessional Education (IPE) can be defined as “two or more professions learning with, from and about each other to improve collaboration and the quality of care” (Hutchings, Scammell, & Quinney, 2013, p. 359). The expression of interprofessional education in practice encompasses an exchange of ideas within a given context; the particular context depending upon which professionals are working together and the type of services they are providing. Depending upon the context, IPE can look very differently from one setting to another.

Some keys that have been identified as leading to a successful IPE experience are: interprofessional cultural competence, collaboration between professions and professionals, sharing knowledge between disciplines, and IPE training during formal education and continuing education (Pecukonis, 2014). Finally, it is important to note that interdisciplinary collaboration, which is the goal of interdisciplinary education and training, is referenced in the social work code of ethics: “Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.” (National Association of Social Workers. (2008, 2.03 (a)).

## **Literature Review**

IPE is informed by perspectives which focus on group dynamics and intragroup collaboration; these encompass contact theory, role theory, professional stereotyping, social identity theory and sociological perspectives (Hutchings, Scammell, & Quinney, 2013). Role theory in particular describes the various impacts and challenges of different roles presented when colliding with one another and how these roles can be best managed in a collaborative team environment. It also describes the responsibilities, culture, expectations, knowledge, skills, and expertise possessed by those with various roles and how to best manage these roles in an interdisciplinary setting (Engum & Jeffries, 2012). An overview of the IPE literature contrasts theories associated with micro-levels of learning, where the unit of

analysis is the individual/student or practitioner, with macro-level learning where the unit of analysis is the structural/community, system or organization (Hutchings, Scammell, & Quinney, 2013, p. 359).

### **Cultural Competency and Social Justice**

IPE theory emphasizes that practitioners must develop interprofessional cultural competence; this comprises an understanding of other professions which includes their values, knowledge, unique abilities and perspectives. The theory considers profession-centrism to be parallel to ethnocentrism, the ideas concerning the superiority of one profession to another, which can easily translate to negative stereotypic views of outside groups. Attitudes towards one's profession which praise the unique skills, abilities, and sacred knowledge possessed by in-group members that is inaccessible to others, leads to isolationism, territorialism, and elitism (Pecukonis, 2014). Diversity was also addressed in that "professional identity can be further complicated by societal power dynamics that relate to gender, social class and racial identity" (p.147). Cultural competency is addressed in that individuals from differing disciplines are encouraged to become knowledgeable of other's core values and professional culture. The dangers that can occur when professional cultures clash, and when communication and understanding are not implemented to circumvent these challenges, is also a concern (Engum & Jeffries, 2012).

### **Contribution to Practice with Individuals**

Collaborating with other professionals while working with clients can provide a wealth of information on the client system, leading to more holistic interventions that take into account information from varying perspectives. This can lead to practitioners that are more well-rounded and willing to think and function outside of their designated professional silos, thereby enhancing their knowledge base and intervention strategy inventory. Simulation within an IPE environment is built on the framework of experiential learning theory that uses best practices to optimize learning from an experience. Simulation provides a concrete experiential situation integrating theory and practice, providing a way to teach and evaluate teamwork and decision-making, while offering a unique opportunity for workers to experience the consequences of their mistakes in a safe and supportive environment. This allows them to engage in an experiential learning process which encompasses planning, doing, observing and reflecting, all essential aspects of clinical practice, during specific but differently constituted instances that offer

increasingly complex situations along a 'reality' continuum of experiential learning. (Nimmagadda, & Murphy, 2014, p. 359).

### **Theory Criticisms**

IPE literature has been criticized for offering largely descriptive and atheoretical perspectives (Hutchings, Scammell, & Quinney, 2013). Learning theories describing IPE tend to foreground the individual, focusing on psychosocial aspects of individual differences and professional identity to the detriment of considering social-structural factors at work in social practices. Alternatively, socially situated practice theory is criticized for being context-specific, making it difficult to draw generalizable conclusions for improving IPE. A logistical problem of IPE theory may involve deciding upon an intervention strategy; the more members that comprise a decision-making team, the more difficult and complex the decisions become, and deciding which information to incorporate into the decision can become a daunting process. Therefore, the efficiency of the decision-making process may suffer as a result.

### **Implications for a Strengths-Based Practice Perspective**

Every team member of the interdisciplinary team has unique strengths and qualities that they bring to the work environment. By working together and allowing each to recognize strengths of the other team members, these strengths can combine in unique ways that are different from what the individual team members bring. This concept draws from multidimensional systems theory, in which a holon is defined as part of the whole, while at the same time the whole is considered to be greater than the sum of its parts (Pecukonis, 2014).

### **Social Work Applications**

Interdisciplinary collaboration and multi-system adaptation are hallmark traits of social work advanced generalist practice. The theoretical model used for IPE can be incorporated into many different fields and social service agencies. Within such agencies, there are always different employees with different skills and roles working together with a client or client system, which often requires a high degree of cooperation and mutual trust, along with skill in the areas of decision making and conflict resolution. To this point, IPE has been most clearly utilized and demonstrated in medical social work practice; perhaps this is because the medical service environment has roles that are typically more rigid

and differentiable, therefore lending itself to clearer instruction and applicability when compared to other typical social service settings (Engum & Jeffries, 2012).

### **Professional Values**

A professional value that correlates well with the IPE framework is practice competence. Social worker's should desire to provide relevant and effective services to the community in which they serve; therefore, interprofessional education combined with simulation training can provide social worker's with integrated knowledge and experience to supplement their formal and continuing education. Other important values and principles embedded in IPE theory which are relevant to social work practice include connecting across disciplines, examining personal bias and stereotypes, and incorporation of life experiences into practice (Engum & Jeffries, 2012).

### **Social Work Implementation Strategy**

Social service agencies can employ interdisciplinary education and simulations similar to those presented in the literature. In addition, although social work is not often expressly mentioned in much of the literature, it is becoming more of an integral part of the healthcare circle in providing holistic patient centered care. Social workers can certainly participate effectively within and contribute to such interdisciplinary teams, but they can also play an important role in the development, monitoring, and improvement of such programs as well. Social workers are well versed in the ideas of roles, boundaries, communication, multidisciplinary education, and multi-level systems thinking (particularly from a theoretical framework such as chaos theory), all of which are skills and tools that are very useful in analyzing and formulating complex systems such as multidisciplinary teams (Engum & Jeffries, 2012).

### **IPE Experience**

On November 6th, 2015, I had the opportunity to participate in an IPE simulation experience on the Wichita State University campus with other social work and nursing students. Before we engaged in the simulation, the social work students met the nursing students and faculty. Some of nursing and social work students mentioned that they were nervous to perform this exercise together, but nevertheless seemed eager to discover how we can both contribute to each other's educational experience. We were given an overview of the simulation by the nursing staff, which would consist of two scenarios. We then

went next door into a room to find a female mannequin laying on a hospital bed with an actor seated next to her, posing as her mother.

The first scenario contained a 5 year old female suffering from asthma who was taken to the E.R. by her mother for difficulty breathing. She had been in the E.R. 8 times in the last 6 months, but this was her first hospitalization. The nurses tended to her medical needs and asked basic questions about the patient's condition. They called the social workers in to connect the mother to resources such as prescription assistance. I asked the mother whether she had contacted the school nurse, and whether the nurse had been aware of the daughter's condition. She mentioned that she had not. The social work staff offered to give her a referral for a doctor, information for the United Way Hotline, information on prescription assistance, and the school nurse contact information. The social workers also asked questions about the home environment to further investigate the cause of the allergic reaction.

The second scenario involved a 3 year old girl who was carried into the E.R. by her mother with suspicious injuries that portended child abuse. After it was determined that the mother was non-compliant with the actions that the medical team was going to take (inspection and x-rays), the social worker and nurse called security. After this scenario, we talked about mandated reporting and the process for reporting child abuse, and establishing a contingency plan when contacting the authorities. After each scenario, we went into the other room to talk about the how we handled each of them. We discussed the roles that each professional played, how we could have better collaborated together, and how to use our experience and knowledge to best treat the patient. Overall, I felt both scenarios were very instructive, and provided excellent hands-on experience working with others from different disciplines, allowing us to experience stressful scenarios in a safe environment.

### **Conclusion**

In this paper, I discussed various theoretical models for IPE and how this understanding can be applied to advanced generalist social work practice. I reflected on an IPE healthcare simulation that I participated in and described how this experience was relevant to my education. By drawing and expanding upon the definition and understanding of interdisciplinary collaboration set forth in the social work code of ethics, I believe that IPE and simulation training can strengthen social work practice and

education by providing effective, evidence-based intervention strategies for various practice contexts and applications.

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### **About the Author(s)**

Trent Frantz is a master's student in the social work program at Wichita State University, where he received his bachelor's in the same field. He is currently participating in the program's first ecologically situated practicum experience, organized through the Kansas Sierra Club, where he has been engaging the needs of the community in relation to their natural environment, including issues of food security and sustainable production, water access and quality, and environmental advocacy. Trent is also a Graduate Research Assistant for the *Advanced Generalist Social Work Research Journal* and a board member for the Wichita Area Sustainability Initiative and Kansas Sierra Club, while working part-time at the Kansas DUI Impact Center as a Victim Advocate. Trent's primary areas of interest lie in the areas of community education and empowerment surrounding environmental issues and concerns, and discovering new ways to restore the connection between people and their environment in a manner that is deeply meaningful and reverential.