



Trying on the professional self: nursing students' perceptions of learning about roles, identity and teamwork in an interprofessional clinical placement



Kerry Hood, RN, MNurs^{a,*}, Robyn Cant, PhD, MHLthSc^a, Michelle Leech, MBBS, PhD^b, Julie Baulch, RN, RM^b, Alana Gilbee, RN, GradCertHlthProfEduc^b

^a School of Nursing and Midwifery, Monash University, Clayton VIC 3168, Australia

^b Southern Clinical School, Monash University, Monash Medical Centre, Clayton VIC 3168, Australia

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ABSTRACT

Aim: This study aims to describe how senior nursing students viewed the clinical learning environment and matured their professional identity through interprofessional learning in a student-led hospital 'ward'.

Background: Undergraduate nursing and medical student teams participated in a trial of ward-based interprofessional clinical learning, managing patients over 2 weeks in a rehabilitation ward.

Methods: Qualitative and quantitative program evaluation was conducted using exit student focus groups and a satisfaction survey.

Results: Twenty-three nursing and medical students in three placement rounds provided positive feedback. Five main themes emerged describing their engagement in 'trying on' a professional role: 'experiencing independence and autonomy'; 'seeing clearly what nursing's all about'; 'altered images of other professions'; 'ways of communicating and collaborating' and 'becoming a functioning team'.

Conclusions: Ward-based interprofessional clinical placements offer senior students authentic ideal clinical experiences. We consider this essential learning for future interprofessional collaboration which should be included in senior nursing students' education.

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1. Introduction

Interprofessional education has been proposed as a panacea to help resolve medical error rates in clinical practice. How much do we know about the value nursing students' place on learning in interprofessional clinical placements where they learn with others? Work-ready graduates are increasingly being seen as those who are capable of undertaking the dual roles of being both competent in their own discipline and a collaborative team member in the workplace. This paper reports the impact of an interprofessional clinical education program that aimed to address these issues.

Growing international concern about the need to reduce preventable medical errors and improve patient safety has led to introspection and evaluation of health workforce education techniques (Brock et al., 2013; Frenk et al., 2010). Importantly, studies show that medical errors can be due to breakdowns in communication between health professionals as much as they can be attributed to deficiencies in clinical skills or organizational supports (Agency for Healthcare Research & Quality, 2009; World Health Organization, & Health Professions Network Nursing and Midwifery Office, 2010). Despite nurses and other health

professionals possessing the same core values and similar skills and knowledge, their education is mostly conducted in isolation from one another. A recent study of curriculum in 27 of 38 universities in Australia and New Zealand noted that interprofessional education uptake in healthcare pre-professional degrees was low (Lapkin, Levett-Jones & Gilligan, 2012). Although interprofessional education was conducted in 24% of medicine courses, 22% of nursing and 18% of pharmacy courses, these proportions were overestimated because many of the described curricula lacked truly interactive student learning.

Interprofessional learning (IPL) occurs when there is active learning 'with' and 'from' other disciplines: i.e., when two or more students learn *with, from and about each other* in shared exchanges (Centre for Advancement of Interprofessional Education, 2002). IPL has been characterized as a solution for improving the quality of patient care by enhancing professionals' collaboration and their teamwork skills (World Health Organization, & Health Professions Network Nursing and Midwifery Office, 2010). There is emerging evidence of this effect as a recent review of teamwork education that included multiple disciplines found that such training improved medical students' and medical registrars' teamwork (Chakraborti, Boonyasai, Wright, & Kern, 2008). Thus, it is suggested that IPL aligns with a rationale that students learning together 'will enhance future working together' (Thistlethwaite, 2011).

Given the above, much is asked of educators in the tertiary education sector in preparing nursing students for practice. Even

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* Corresponding author. Tel.: +61 3 99044352.

E-mail address: kerry.hood@monash.edu (K. Hood).

more is demanded of students who are required to develop both a professional identity and interprofessional capacity. Nursing curricula encompass an ever broadening range of competencies over the Bachelor of Nursing course of six semesters (3 years)(or equivalent) (McKenna et al., 2012). These include clinical skills and knowledge required for immediate care of patients (McKenna et al., 2012) as well as mastery of the social structures and professional practices that operate at work (Braithwaite, 2010). The required knowledge of group behaviours is described as including an understanding personal networks, work groups, the organization itself and also boundaries and gaps, across which one should not venture. These expectations placed upon students will enable them to function in clinical practice.

Pre-professional nursing education has until now been conducted within the professional silo of nursing (Ho et al., 2008) with consequent inability to deliver nursing graduates with mastery of teamwork skills (Aase, Aase, & Dieckmann, 2012). We noted in a survey of 746 senior healthcare students on clinical a placement from our university that on average, only one in three students reported prior experience of interprofessional learning and 55% of the nursing students had no experience of learning with other disciplines (Leech et al., 2013). For over a decade, training 'wards' in some countries (particularly in Scandinavia) have offered students interactive learning opportunities to develop their collaborative skills (Ericson, Masiello, & Bolinder, 2012; Lindblom, Scheja, Torell, Åstrand, & Felländer-Tsai, 2007; Mellor, Cottrell, & Moran, 2013). As clinical practice becomes increasingly complex, team-based education is a recommended strategy in medical education (Frenk et al., 2010).

For students entering healthcare professions, learning through working with students in other disciplines provides an opportunity to trial their future role and to understand the roles of other disciplines (Lidskog, Löfmark, & Ahlström, 2008). Ibarra (1999) described this process of enculturation as experimenting with a 'professional self'. The process involved observation of role models that students would like to emulate; experimenting with a provisional self that they would portray to other students, staff, or teachers (or patients) then evaluating the experiment against internal standards that were expected and external feedback from others. For example, they may need to alter the way they communicate with others by being more assertive or less assertive; they may need to learn not to use complicated medical terminology or acronyms in discussions with a patient. This 'trying on of a provisional self' would then position them within the healthcare team and 'fine-tune' for them a perception of a future professional persona.

The purpose of this paper is to describe how senior nursing students viewed the clinical learning environment and matured their professional identity through interprofessional learning in a student-led hospital 'ward'. All students participated in a 2-week interprofessional clinical placement during which an interprofessional student team cared for sets of patients in a hospital ward under the supervision of clinical educators. The study was conducted as part of a tertiary education initiative to extend the range of clinical placement opportunities in a health service in Melbourne, Australia (Leech et al., 2013).

2. Research methods

2.1. Design and sample

Survey and focus group interviews were chosen as the technique for collecting information from student participants. All students who participated in the training ward rotations were invited to give this feedback.

The shared interprofessional placements were made possible through the formation of a leadership group including a senior academic clinical teacher in medicine, a project manager from nursing

and two clinical nurse educators. This collaboration fostered engagement of key groups and clinical supervisors from the disciplines involved over the project period.

The placement setting was a hospital rehabilitation ward in a large Melbourne health service. Over semester 1, 2013, six 2-week placements rounds were conducted within a 24 bed aged care assessment and rehabilitation ward. This ward was located on one floor of the hospital, with patients being situated in various single, double and four-bed rooms all under the direction of a nurse unit manager and other clinical staff. Students were rostered into a team, consisting of two senior (third-year) nursing students, two senior (fifth year) medical students and, in some placements, allied health students. The student team worked together to care for patients in four to six allocated beds within the ward over 10 working day shifts, with the usual ward staffing mix and practices being continued. One registered nurse facilitator directly oversaw the teams' patient management, supported by a consultant physician or medical registrar (a qualified doctor in the second or third year of practice). In addition, students from physiotherapy, occupational therapy, or other disciplines participated when they were available and when this was called for by the patient's care needs. The student teams assessed patients, planned and managed all aspects of care including investigations, making referrals and enacting discharges. The daily work flow is summarized in Table 1.

2.2. Procedures

On the last day of each placement (day 10), all students were invited to give feedback about their learning experiences through a quantitative satisfaction survey and a focus group interview. Students completed the 26-item 'Interprofessional Clinical Placement Learning Environment Inventory' (ICPLEI) paper-based survey. ICPLEI explores students' perceptions of the learning environment: the orientation program, supervision, autonomy, roles and collaboration, using ratings of statements from 1 (strongly disagree) to 5 (strongly agree) (Leech et al., 2013). ICPLEI had been reported reliable with an overall Cronbach alpha of .75. Twelve of 26 survey items were selected for inclusion in this report as they related to communication, teamwork or professional roles. Items 1–14 that were not related to professional development were omitted.

An on-site focus group discussion was held with each student team that aimed to obtain more in-depth information about student experiences. This technique provides information superior

Table 1

Workflow for student-led teams: the ward-based interprofessional clinical placement model.

On arrival: The students commenced their shifts at the usual time for their profession. This resulted in staggered start times for team members, who came together once all had arrived to review the patients and plan the day.
Managing care: Throughout the day, the team cared for their patients in four to six allocated beds. Students were responsible for enacting management plans including making referrals, communicating with staff and with family members or carers, lodging test requests and discharge planning.
Supervision: A senior doctor (registrar) on the ward and senior nurse (a nurse-facilitator for the allocated beds) were consulted at each key point in a patient's episode of care. These professionals approved and signed off students' actions in patient records.
Team care: Daily multidisciplinary ward rounds conducted at the bedside reflected the ward's team-based care. The student teams led discussion and answered questions about their patients among medical doctors (medical consultant-geriatrician, registrar, intern), nurses and allied health professionals. An agreed care plan was thus developed.
Handover and debrief: After 1500 hours, student teams completed tasks and handed over to an evening shift. On alternate days they attended an interactive debriefing meeting with the nurse facilitator.

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