



Interprofessional education in practice: Evaluation of a work integrated aged care program



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ABSTRACT

Health professional clinical education is commonly conducted in single discipline modes, thus limiting student collaboration skills. Aged care residential facilities, due to the chronic and complex health care needs of residents, provide an ideal placement to provide a collaborative experience. Interprofessional education is widely acknowledged as the pedagogical framework through which to facilitate collaboration. The aim of the evaluation was to assess student attitudes towards collaboration after active involvement in an interprofessional education program. Students studying nursing, occupational therapy, and aged care were invited to complete a version of the Readiness for Interprofessional Learning Scale before and after participating in a three-week pilot interprofessional program. A positive change in student attitudes towards other health professionals and the importance of working in interprofessional teams was reported with significant differences between two statements indicated: *Learning with health-care students before qualifications would improve relationships after qualifications*; and *I learned a lot from the students from the other disciplines*. The innovative pilot project was found to enhance student learning in interprofessional teams and the aged care environment. Further development of this and similar interprofessional programs is required to develop sustainable student projects that have health benefits for residents in aged care residential facilities.

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Introduction

Residential aged care facilities (RACF) have been identified as non-traditional environments in which to conduct clinical placements for health professional education (Molema et al., 2014), particularly for many allied health disciplines (Liebig, 2008; Mezey et al., 2008). The RACF is not a commonly sought after placement opportunity by students due to the perceived unattractive and sometimes confronting nature of ageing (Stevens, 2011). However, as the number of Australians over 70 years of age increases beyond 2.2 million in 2013 (Australian Bureau of Statistics, 2014), increased demands are being placed on RACF to provide high quality health care and foster healthy ageing. In order to effectively achieve this,

innovative and collaborative forms of health care education and delivery are required.

Traditionally, student placements use a single discipline approach, whereby placements focus on the graduate outcomes for that discipline. Effective delivery of health care requires health care professionals to apply an integrative and collaborative approach whereby health professionals engage in interprofessional teams to work with residents and promote healthy lifestyles (Fowler et al., 2000; Gilbert, 2005; World Health Organisation (WHO), 2010). To do this effectively a paradigm shift is required so that health professionals experience IPE at the training level to develop the skills and knowledge to work together and effectively address the growing complexities in health care (Cartwright et al., 2015).

Interprofessional education (IPE) is widely recognised as a teaching and learning framework through which to transform the traditional modes of health care education to an integrated and collaborative approach (Australian Health Ministers Conference, 2004; Health Canada, 2004; WHO, 2010). IPE is defined as occurring whenever “two or more professions learn with, from and about each other to improve collaboration and the quality of care” (Centre

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for the Advancement of Interprofessional Education (CAIPE), 2002). In the educational and clinical settings, IPE provides students with the skills, knowledge and attitudes to work with people from other health (and non-health) disciplines and in unfamiliar or non-traditional environments (Oandasan and Reeves, 2005), such as RACF. Current literature shows that students exposed to and working in interprofessional teams develop more positive attitudes towards other professions than the traditional single discipline approach (Lindqvist et al., 2005). Recent reviews of IPE and its effects on clinical practice have shown positive effects for patient satisfaction, patient safety, and clinical team behaviour (Mitchell et al., 2010; Reeves et al., 2008). At the higher education level, IPE has been shown to alter student attitudes towards other health professions, encourage interdisciplinary teamwork and improve cross-disciplinary communication (Mitchell et al., 2010). For the individual, IPE is seen to foster professional development and identity of current and future health professionals (Bridges et al., 2011; Department of Health and Ageing (DoHA), 2013).

IPE requires significant investment in teaching infrastructure (Gilbert, 2005; Lawlis et al., 2014). Supportive models of clinical supervision are important for student learning in the workplace (Billett, 2002) and clinical supervision models for IPE are emerging (Davidson et al., 2008; Dubouloz et al., 2009; Lam et al., 2013; Reilly et al., 2014). Of particular importance to student learning, is a sense of engagement in the work (Billett, 2002; Ranse and Grealish, 2007).

Due to the health complexities associated with ageing, RACF provide ideal environments in which to conduct interprofessional clinical placement for university and vocational health students (Liebig, 2008; Mitchell et al., 2010). These environments not only expose students to a variety of different and complex health care situations, for example, caring for people with different levels of dementia (Liebig, 2008), but are ideal environments in which to incorporate IPE to promote innovation in practice (Mitchell et al., 2010).

To date, IPE has primarily focused upon health programs housed within one institution, often undertaking a similar level of study (Lawlis et al., 2014). The opportunity to explore IPE across disciplines housed in technical and further education (TAFE) as well as the university presented itself in one Australian jurisdiction as part of a larger program to innovate teaching and research in aged care. Embedding IPE within health professional programs and utilising non-traditional settings provides alternatives to and enhance clinical placement opportunities. For these reasons the IPE in residential aged care program was developed.

IPE in an RACF program

The IPE study was conducted in a local RACF over three consecutive weeks (3 h/week) and involved twelve students from three health professions studying at three educational levels.

Table 1, describes each professional course and number of participating students.

The students were allocated to two interprofessional groups comprising two students from each profession to provide an equal mix of profession and education level. The groups were allocated to a memory support household within the RACF. A memory support household is a residential area within the RACF for those residents that have been diagnosed with dementia. There are different levels of memory support households, each specific to the level of diagnosed dementia. For example, there is a household for those residents diagnosed with early onset dementia and another for residents who have progressed to more advanced forms of dementia. To facilitate IPE, each group was provided with a project with a nutrition focus that aligned with the ability of the residents and the type of care provided in each of the households. The respective clinical educators for each discipline (the onsite staff who are responsible for student learning) and the facilitators (staff from the University or TAFE) collaboratively designed and supervised the projects.

Group 1, primarily through observations, identified and implemented 'Dementia friendly eating tools' with the aim of improving residents' dietary intake. Group 2 undertook discussions with residents to create 'Food Memories' which could be used to make adjustments to the eating and food environment. In consultation with the facilitator and nurses from the RACF, the educators, and the students, a detailed project timetable was developed to progress students through each three-hour learning placement. In essence, weeks 1 and 2 were designed so that students either observed or interacted with the residents, with the intervention implemented during week 3. At the conclusion of each week a formal discussion session between the students, moderated by the educators, was conducted to derive and agree on the activity or change for week 3 and reflect (individually and as a group) on working in an interprofessional team. The program is depicted in Fig. 1. The aim of this paper is to report the evaluation findings relating to changes in interprofessional attitudes, understanding and knowledge arising from an innovative IPE program conducted in memory support households of an RACF.

Research design

A case study design, comprising a combination of quantitative and qualitative approaches was used to conduct this small descriptive evaluation of a novel IPE program. All twelve students enrolled in the IPE RACF program were invited to participate in the IPE evaluation. Data collection comprised a quantitative pre-designed survey (supplemented with 2 qualitative questions) and three formal group debriefing sessions. A modified version of the Readiness for Interprofessional Learning Scale (RIPLS) (McFadyen et al., 2005; Parsell and Bligh, 2002) was used to assess student attitudes towards and knowledge of interprofessional learning.

Table 1
Description of participant profession and university course.

Course name	Institution	Number of students	Profession and course description
Advanced Diploma Aged Care	Canberra Institute of Technology	4	Aged care professionals lead activities relating to the promotion of an individual's wellbeing and community participation. Graduates can work in a variety of settings including: residential and home-based aged care (Canberra Institute of Technology, 2015).
Bachelor level Nursing	University of Canberra	4	This course provides the foundations for nursing practice with graduates eligible to apply for registration in Australia. Graduates attain the skills and knowledge to work across a variety of health care areas (University of Canberra, 2015a).
Master of Occupational Therapy	University of Canberra	4	Occupational Therapy is a client-centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life (University of Canberra, 2015b).

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