



## Preparing health students for interprofessional placements



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### ARTICLE INFO

*Article history:*  
Accepted 2 February 2016

*Keywords:*  
Interprofessional learning  
Clinical supervision  
E-learning  
Work integrated learning  
Clinical practicum

### ABSTRACT

Clinical education increasingly includes opportunities for interprofessional (IP) placements but few opportunities for students and supervisors to adequately prepare for such placements. The aim of this project was to further develop and evaluate an online multidisciplinary resource that was originally designed to prepare students for single-discipline placements. The revised resource aimed to prepare health students and their supervisors for IP placements. The resource was trialled in host organisations with participants from naturopathy, nursing, osteopathy and pharmacy. The resource used language that was common to all participants and comprised activities that had broad relevance such as orientating students to specific placements, developing learning plans, clarifying roles, rights and responsibilities, and clinical scenarios that raised ethical and professional issues. The effectiveness of the resource as an IP learning tool was evaluated using an E-survey, focus groups and feedback from the project team. According to participants, the resource afforded insights into what other disciplines do and opportunities for cross-disciplinary interactions, which helped break down stereotypes and misconceptions. Cross-disciplinary commonalities such as those pertaining to patient care, communication and ethics became evident. Collaborative projects involving academics, clinical supervisors and students from multiple disciplines provided an opportunity for culture change in an education organisation from single discipline to a more collaborative interdisciplinary one.

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### Introduction

The increasing demand for interprofessional (IP) approaches to patient care has been driven by increasing numbers of patients with chronic and complex conditions, an ageing population, workforce shortages (Darragh et al., 2009; Simons et al., 2011) and patient safety reviews that highlighted the importance of effective teamwork and interprofessional collaboration (Huang et al., 2011; Sheps, 2006). Such a collaborative approach broadens health professionals' awareness of the options available for patient care (Greenstock et al., 2012) and thereby enhances quality and safety of care (Grace and Higgs, 2010; Smith and Seeley, 2010). Entrenched biases and stereotypes still exist in some situations and serve to inhibit a multidisciplinary approach that makes full use of the combined skills and expertise of all health providers (Nancarrow et al., 2013; Walsh and van Soeren, 2012).

To ensure that health students enter the workforce with appropriate skills and attitudes to practise effective multidisciplinary care, a culture change is required during their undergraduate programmes from an entirely or largely single-discipline focus to encompass a more IP one (Hood et al., 2014; Kyrkjebø et al., 2006; The Interprofessional Curriculum Renewal Consortium Australia, 2013). Increasing exposure to IP models of care may promote such a culture change. In a study designed to expose trainee medical students to IP care that involved nurses, nurse practitioners, social workers, family physicians and pharmacists, trainees reported new insights into other professions which led to a willingness to approach them for help with patient care (Barker and Oandasan, 2005). Health curricula need to embrace IP competency frameworks like the Core Competencies for Interprofessional Collaborative Practice (Interprofessional Education Collaborative, 2011) that have identified such competencies as values and ethics for IP practice, respect for others' roles and responsibilities, IP communication, and teamwork – competencies that may require continuous development across the curriculum (Goldman et al., 2010; Greenstock et al., 2012; Griffith Health Institute for the Development of Education and Scholarship, 2011; Interprofessional Education Collaborative, 2011).

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Clinical placements provide significant opportunities to cultivate IP competencies and build IP teamwork skills (Fougner and Horntvedt, 2011). It seems that IP supervision provided by skilled clinical supervisors may be particularly beneficial for the development of generic capabilities like teamwork skills and conflict resolution (Banfield and Lackie, 2009; Lindqvist and Reeves, 2007; Townsend, 2005). However, a number of barriers to successful IP placements still need to be overcome, including time constraints, conflicts of interest, supervisors' lack of knowledge of other professions (Chipchase et al., 2012) and inconsistent attitudes among supervisors about the value of collaborating with other health professionals (Barker and Oandasan, 2005). Additionally, there is a lack of resources necessary to prepare and train academic and clinical staff who can supervise students from a number of different health professions (Greenstock et al., 2012). A survey of over five hundred New South Wales (NSW) health professionals conducted by the NSW Interdisciplinary Clinical Training Networks (2013) highlighted the lack of preparation before placement, lack of supportive infrastructure for both students and supervisors during placement, and lack of supervisor training by the educational institutions. While it is impossible to fully prepare supervisors (and students) for every situation that they may encounter, Anderson et al. (2011) suggest supporting inexperienced IP supervisors by providing adequate instruction and preparation time, and pairing supervisors during their first supervisory position with experienced supervisors who are known to have a collaborative attitude.

The *Better Prepared, Better Placement* online resource was originally developed to prepare third and fourth year health students for single-discipline clinical placements. Development of the resource was funded by the Health Education and Training Institute (HETI). Its first iteration focused on negotiating learning plans with academics staff and clinical supervisors, providing information to students about the type of facility they would be attending, including types of patients and conditions that they would encounter, and providing advice to students from other students, supervisors and patients. Details of the development, pilot and evaluation of this initial project have already been published (Grace and O'Neil, 2014). The project team was engaged by HETI to further develop the resource. The second iteration placed strong focus on preparing students for IP placement. Fig. 1 shows an outline of the contents of the resource. This paper reports the evaluation of the revised resource, and in particular, its focus on preparing nursing, allied health and complementary medicine students and supervisors for IP placements.

## Method

The initial online resources, called *Better Prepared Better Placement*, was developed to prepare health students for single-discipline clinical placements under supervision of a practitioner of the same discipline. The resource was evaluated by students, their clinical supervisors and clinical placement co-ordinators. Feedback supported the usefulness of the resource in reducing the stress associated with placement by early introduction to the supervisor and familiarisation with the placement site, through discussion boards, and through the multi-media case scenarios. The main criticism of the resource was the difficulty in navigating through it. This second version sought to improve navigation and to develop further resources that would prepare health students and their supervisors for interprofessional placements.

### *Developing an interprofessional resource*

The project team comprised academics from a range of health disciplines in a rural Australian university. They drew on their own

experience as academics and clinical supervisors, university reports of clinical placement experiences of students and clinical supervisors, and a review of relevant literature to develop IP resources. The goal was to provide resources that would be useful to all health disciplines, not just those involved in the project. Texts, examples, scenarios and images were drawn from many health disciplines and chosen for inclusion because of their broad relevance. Each profession has its own culture that is formed and perpetuated through education and socialisation (Wilcoxon et al., 2010). Clark (2014) described dual bases for practice: (1) the art of practice, that is, the 'being' aspect of practice, including the values and moral reasoning of practitioners (the ontological foundation of the profession), and (2) the science of practice, that is the technical knowledge and skills of practice (the epistemological foundation of the profession). Developing an IP culture also requires education and socialisation. To this end, each member of the project team drew on the art and science of their individual professions to develop resources from their own areas of expertise that were deemed to have wide applicability across disciplines. Examples included: reflective practice writing guidelines that incorporated recommendations from nursing, medicine, physiotherapy and social work; audio-visual resources depicting practitioners from different health disciplines working together to solve ethical dilemmas, and a discussion board that was moderated by supervisors from each of the disciplines. An educational technologist was responsible for developing the resource in Moodle LMS version 2.3.7 and a graphic designer was employed to develop a contemporary, visually appealing website.

### *Trialling the interprofessional resource*

This study employed a mixed methods approach to evaluate the effectiveness of the resource as an IP learning tool. Data were collected from an E-survey, three focus groups, and verbal and written feedback from the project team. The use of different sources of evaluation data allowed cross-checking and verification of results.

### *Participant recruitment*

Recruitment of participants was purposive. Email invitations were sent to six clinical placement co-ordinators representing four disciplines (nursing, naturopathy, osteopathy and pharmacy) at one rural Australian university. Clinical placement co-ordinators identified placements for third and fourth year students that were scheduled to occur during the data collection period. The project team was particularly interested in including placements where students from one discipline were supervised by practitioners from another discipline. Invitations were emailed to six clinical supervisors in host organisations and 19 students who were scheduled to attend those placements. Host organisations were a mixture of public and private health care facilities (see Table 1). Twenty-two participants (16 third and fourth year students from naturopathy, nursing, osteopathy and pharmacy, and six clinical supervisors) agreed to take part in the study.

### *Data collection*

Both qualitative and quantitative data collection strategies were used. Quantitative data were collected using an E-survey evaluation of the resource. The E-survey contained eight closed-ended questions that were a combination of binary yes/no items and Likert-type items with a possible ranking of agreement out of 5. The survey was an inbuilt feature of the resource that provided a timely and efficient way to gather data while ensuring anonymity and

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