



Interprofessional mentoring: Enhancing students' clinical learning

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ABSTRACT

Interprofessional (IP) collaboration is recognized as critical for patient-centred care. The clinical setting is an ideal environment for students to learn the competencies required to effectively work with providers from other professions. To enhance traditional clinical placements, we propose an IP mentoring approach, defined as learning that takes place between providers and students who are from different disciplines or health professions. In IP mentoring, students have primary relationships with their preceptors, but also have interactions with providers from other professions. We implemented IP mentoring with the support of two faculties of nursing in Alberta, Canada who provided an IP clinical focus for interested fourth year students. We emphasized to providers and students that there are no prescribed interactions that comprise IP mentoring; experiences between providers and students are context-specific and often informal. Through our evaluation we demonstrated that in IP mentoring, provider commitment was important, students engaged in IP activities of varying complexity, and students learned about roles of other professions and how to work together to provide patient-centred care. IP mentoring is an effective learning strategy to enhance students' knowledge and skills in IP collaboration without radical changes to the structure of the placements or to the educational curricula.

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Introduction

Interprofessional (IP) collaboration is the process in which healthcare providers from different disciplines work together. It is recognized as critical for patient-centred care and for the sustainability of the healthcare system (Commission on the Future of the Healthcare of Canada, 2002; Curran, 2004). To prepare healthcare providers for IP collaboration, their exposure to collaboration should begin during their prelicensure education (A Physician Human Resource Strategy for Canada, 2006; Gilbert, 2005; Reeves et al., 2008). Although innovative models of IP education have emerged in the literature (e.g., D'Amour and Oandasan, 2005), there has been little attention paid to the ways in which learning among students and providers from different disciplines can be leveraged to help students acquire IP competencies by "learning with and from each other to improve collaboration and the quality of care" (Barr et al., 2005, p. 31).

The clinical setting is an ideal environment for students to learn these IP competencies (Hilton and Morris, 2001). Clinical learning for

undergraduate students in their final year of school typically involves practicum placements with one-on-one contact between the student and a same-discipline preceptor or field supervisor. This traditional approach depends heavily on the supervisory skills of one individual and may not provide students with the range of experience that is needed for practice realities (Arthur and Mayhew, 2011). To enhance this traditional approach, we propose incorporating an IP mentoring approach into clinical courses, where students have primary relationships with their preceptors, but their placements are enhanced through interaction with providers from other professions. In this paper, we describe a study in which we implemented IP mentoring between staff and students at a number of clinical sites and evaluated its success.

We define IP mentoring as learning that takes place between providers and students who are from different disciplines or health professions. Mentoring, generally, is a process designed to "bridge the gap between the educational process and the real-world experience" (Barker, 2006). IP mentoring, specifically, has a number of potential benefits. Through interactions with a variety of providers, students learn about the roles of other disciplines and how to collaborate in a team. These interactions can be introduced without radical changes to the structure of the placements or the curricula. In this paper, after reviewing the relevant literature, we describe an IP mentoring intervention. The results of our interviews with providers and students are used to illustrate the benefits of IP mentoring.

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Interprofessional learning in clinical experiences

Although providers from disciplines other than the student's may not be able to teach clinical skills because of professional regulations and differing skills, they can still mentor students. Providers from any discipline can contribute to students' learning since many of the characteristics of effective preceptors (which in turn apply to mentors) are not discipline-specific. For example, preceptor roles and responsibilities identified by Zieber (2005) include being a role model, mentor, socializer, and resource person. Emerson (2004) found that most of the competencies identified as essential for the placement educator role in medicine, occupational therapy, nursing, and social work are not profession-specific, including enabling learning, knowledge of learning theory, ability to manage learning environment, and modelling professional responsibility. Andrews and Wallis (1999) list approachability, good interpersonal skills and respect as key characteristics of good mentors. All of these requirements can be fulfilled by other providers, in addition to the student's primary supervisor. Cahill (1996) argues that clinical training should move away from an emphasis on assessment to one of support, which fits well with the role of IP mentors in the student's learning process.

It is further argued that mentoring from across disciplines is more desirable than discipline-specific mentoring. For example, Spouse (2001) discusses how students benefit from moving beyond one-to-one relationships with mentors to engage with other practitioners who offer them collaborative activities and coaching. Andrews and Wallis (1999) argue that no individual has all the characteristics of a "good" mentor, thus students might be better served by a team of mentors. Another benefit of multiple mentors is that providers share responsibility for students (Callaghan et al., 2009). This lessens the burden on one staff member and can foster collaboration for the purpose of mentoring students.

The IP supervision literature also underscores benefits of having more than one person involved in an individual's clinical learning. Mullarkey et al. (2001) suggest that supervision from multiple professions enhances learning among professionals whereas uni-professional supervision reinforces differences and does not promote collaboration. Townend argues that IP supervision leads to a wider knowledge of assessment tools, a clearer understanding of clinical issues, and an increase of knowledge and skills (2005). Although these two studies refer to supervision of staff, their arguments are just as relevant for supervision of students.

In our IP mentoring approach, students in clinical placements are given opportunities to create a network of relationships with professionals from other disciplines to learn about other roles and to learn how professionals collaborate with each other and with their patients to provide patient-centred care. Marshall and Gordon are the only other authors we are aware of who also use the term "interprofessional mentoring" (2005, 2010). They explain that IP mentoring is about understanding what professionals from different disciplines do, but it is also about understanding how these professionals "interact with each other, putting the student's own professional identity in the context of the total care package" (2005, p. 40). Their approach to IP mentoring is similar to ours: IP mentors facilitate learning opportunities such as shadowing or participation in case conferences and the mentor from the same profession still has overall responsibility for the student (2010, p. 371).

Interprofessional mentoring intervention

This intervention was part of a project funded by Health Canada's Interprofessional Education for Collaborative Patient-Centred Practice initiative, in which we piloted strategies to increase IP capacity in health providers and students in clinical sites in Alberta,

a western province in Canada. The focus of this paper is the strategy of providing students with IP learning in their clinical placements through IP mentoring, and perceived benefits for students.

We recruited students and providers in two ways. The first way was to recruit students who had clinical placements at the sites involved in the project (five of the seven sites had students). The sites were a rural inpatient rehabilitation unit, a geriatric day centre, a geriatric centre with 24/7 care, a respiratory department in an urban hospital, and an acute and community care department in a rural hospital. Project facilitators encouraged providers at sites with preceptored student placements to focus on IP mentoring with students. This involved 11 students from pharmacy, occupational therapy, physiotherapy, respiratory therapy, and speech language pathology over two semesters. The second way students were involved was through the University of Calgary and Mount Royal University fourth year nursing courses. Faculty in these two nursing programs added a focus on "IP practice" to the final nursing practicum course. This choice of focus was added to the regular choices such as community health, pediatrics, or seniors' health. Thirty-two nursing students over two semesters who participated through their IP-focused practicum were placed at sites that were not affiliated with the project. In these cases, the students and their preceptors were encouraged to seek out IP mentoring opportunities with providers.

All students participating in our IP mentoring intervention still had official preceptors who were responsible for teaching discipline-specific skills and for formal evaluation. However, students were required to have interactions with other providers who acted as IP mentors. This mentor-mentee relationship was focused on learning about IP collaboration and about the roles of other professions, even if the interactions were brief or infrequent. Staff at the participating sites had flexibility on how to implement IP mentoring, as we did not impose a standardized process to follow. Instead, we provided guidelines for them to apply in ways that worked for their contexts. We emphasized that there are no prescribed interactions or activities that comprise IP mentoring; experiences are context-specific, opportunistic, and often informal.

The implementation of IP mentoring was the joint responsibility of preceptors, students and providers at the participating sites. In some cases, preceptors used their relationships with other providers to create IP learning opportunities for the student; in other cases, students took the initiative to approach providers from other disciplines. Sometimes the process was more formalized – at one site the nurse educator was in charge of student placements and took responsibility for introducing IP mentoring to students and providers and for informing providers about new students at the site. Some sites already practiced IP mentoring (without labelling it as such) so this project was an opportunity to be more intentional about the process and to reflect on the ways in which providers provide students with IP learning.

Evaluation

As part of the overall project evaluation, we conducted exploratory group and individual semi-structured interviews with some providers and students at the participating clinical sites and with nursing students from the two IP-focused courses to get their perspectives on their IP mentoring experiences. We interviewed a convenience sample of 34 students. We also interviewed 52 providers across the five sites to gather their perceptions on IP mentoring. For students and providers at the clinical sites, facilitators assisted with the recruitment of participants and ensured that a representative sample at each site was interviewed. For students in the IP-focused courses, the evaluators set up interviews through the course instructors. Informed consent was obtained.

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