



## Caring For Kids Where They Live: Interprofessional collaboration in teaching and learning in school settings



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### ABSTRACT

Across North America, educators are challenged with finding learning opportunities for students in the health professions. Faculty members with a pediatric specialization in nursing recognized that schools were an ideal setting to provide children with care from the health continuum including health promotion, assessment and treatment, and chronic disease management. The faculty of nursing at a Western Canadian University established a unique educational approach by creating an interprofessional pediatric clinical learning experience titled, Caring For Kids Where They Live. This practicum brings together students in the health professions (nurses, dentists, and kinesiologists) and students and their families from three urban schools; one elementary school and two high schools. The primary goals of this partnership were to create an interprofessional clinical learning experience and to promote health and wellness of children and youth. This initiative far exceeded the initial goals. This descriptive article with the use of reflective elements from student journals, identifies learning that occurred in an environment whereby students from the health professions had the opportunity to meet and interact, to collaborate, and to gain experience in caring for children and youth.

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The current practice in undergraduate nursing education programs is that pediatric clinical nursing practicum experiences largely take place in acute care settings where the majority of patients have complex needs requiring intensive nursing care. In addition, there is increasing emphasis within the health care system for the provision of more efficient care, for greater accessibility to care, and for health care providers who can address the complex needs of patients (Health Canada, 2003; Kirby, 2002; Romanow, 2002). The overarching goals of the interprofessional collaboration are to improve patients' health, their experience with care, and reduce the cost of care (Bisognano and Kenney, 2012). As a result of the above circumstances, a novel interprofessional education (IPE) program titled *Caring For Kids Where They Live* was created as an approach for pediatric clinical nursing education. This article describes the practicum and utilizes citations from student reflective journals to illustrate learning that occurred. Next, the impact on the school community is discussed followed by a presentation of the challenges encountered.

Interprofessional education aims to encourage different professionals to meet and interact in learning in order to improve collaborative practice and the quality of health care delivery to patients/clients (Reeves et al., 2008). IPE is defined in this article when students from more than one profession learn with, from and about each other to enable and improve collaboration, the quality of care, and improve health outcomes (Centre for the Advancement of Interprofessional Education, 2002; World Health Organization, 2010). This approach provides more coordinated and comprehensive care, places priority on the preferences of the client, and can break down stereotypes and foster respect for the skills and perspectives of all health care providers (Kearney, 2008).

IPE for collaborative practice is an important innovation nationally and globally (Lapkin et al., 2011). In the United States, reports identify medical errors and health care quality as significant sources of morbidity and mortality. They suggest the approach to address these problems is through including patient-centered, team-based care in educating health professionals (Schmitt et al., 2013). It is argued that patient-centered care goes beyond the skill and scope of any one profession and that universities should ensure a permanent place for IPE in all health education programs (Gilbert, 2005).

There are a myriad of IPE initiatives within health education programs, and it is widely accepted in universities across the world that an IPE approach to the provision of health care services results

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in better client outcomes and client care (Kirby, 2008). For example, Young et al. (2005) reported positive outcomes in mental health practitioner competencies related to patient care delivery. Gillis and Mac Lellan (2010) conducted a systematic review of IPE programs in the United States and found many successful initiatives in which undergraduate nursing students work collaboratively to address the health needs of patients. Similarly, Hammick et al. (2007) reviewed 21 IPE studies arising from the US, UK, and Canada and found that the learners responded well to IPE. The students gained valuable knowledge and skills necessary for collaborative practice, and there were positive changes in behavior, service organization, and client care. Another effective IPE initiative developed by New York University (NYU), involved the School of Nursing merging with the College of Dentistry so that seamless oral-systemic health care could take place in one setting (Iocopini, 2010). Thompson et al. (2000) longitudinal study reported gains in attributes related to IPE in management of care delivered to patients who suffered domestic violence.

Although these programs have contributed to understanding the implications of utilizing IPE, few have been developed in nursing education that include collaboration between health and education sectors with a focus on the pediatric population and their families. More in-depth details of successful collaborations and recommendations in developing IPE experiences in nursing education are warranted.

This article begins with a presentation of the historical background of the pediatric clinical learning experience. Then, a description of the IPE nursing program titled *Caring For Kids Where They Live* is provided. Student reflections on this initiative are provided, as well as the challenges encountered.

### Historical background of pediatric clinical nursing education

The nursing education program discussed in this article is a four year baccalaureate program in a Western Canadian medical-doctoral university where approximately one third of the program is situated in the clinical setting. An accelerated option program is embedded in the undergraduate program that provides qualified students with the opportunity to complete a nursing degree in a condensed period of time. Clinical nursing refers to a learning experience in the practice setting. The primary setting for the six week pediatric clinical practicum in this Western Canadian nursing education program has traditionally taken place in acute care facilities. Faculty members with a pediatric specialization in nursing recognized that the care of children and adolescents who experience an acute illness, trauma, or live with a chronic disease is not confined to a hospital setting and schools are ideal settings that can provide children with care from the health continuum, including health promotion, assessment and treatment, and chronic disease management.

Across North America, educators are challenged with finding learning opportunities for students in the health professions. Factors that contribute to these challenges include the shift in health care delivery from hospital to community based services, higher levels of patient acuity of those hospitalized, decreased length of stay, and the shortage of health professionals to preceptor students, particularly nurses (Coetzee, 2003; Gillespie, 2002). The development of clinical placements to ensure that nursing students meet clinical competency requirements, apply knowledge learned, and gain confidence in building relationships with patients, families, and other health professionals is increasingly thought-provoking. These factors coupled with the increasing number of seats within the nursing program created the opportunity to develop this community-based pediatric clinical learning experience. Community-based nursing care can be defined as nursing care that

is provided along the continuum of care to individuals and families in the community (Hunt, 2009). Nursing interventions in the community are determined by the client, family, and health professionals. In the school community the professional group is expanded beyond health professionals. In Canada, the role of the community health nurse varies as well as provincial funding for school health nurses; therefore, some educational jurisdictions have significant funding for school health nurse whereas, others are limited.

Schools provide a setting where healthy lifestyles are encouraged, supportive environments are built, partnerships are developed, and many skills are learned (St Leger, 2004). This environment is a logical venue in which to address the prominent health needs of children and youth because children spend a significant amount of time in school. To accomplish this, the faculty of nursing at a Western Canadian University established a unique educational approach by creating an interprofessional pediatric clinical learning experience titled, *Caring For Kids Where They Live*. The overarching goal of this novel program is to create a learning environment for health science students within a school district whereby all partners work to promote the health and wellness of the children and youth. This initiative is designed to develop a holistic approach to support nursing students' development. The goals of the collaborative partnership are congruent with the experiential learning theme emphasized in the university's strategic plan. Experiential learning is viewed as a philosophical approach through which educators engage students in interactive educational experiences in order to increase knowledge, skills, clarify values, and apply prior learning (Gwenna Moss Centre for Teaching Effectiveness, 2012).

The nursing faculty developed a relationship with a school district in a Western Canadian city in order that the undergraduate students learn about the needs of elementary and high school students, particularly within the core, inner city schools. Core areas are defined as neighborhoods with over 30% of the population below Statistics Canada's low-income cut-off (Lemstra et al., 2006). This report revealed lower income communities were associated with multiple disparities in pediatric health outcomes. Examples of health challenges within core neighborhoods include a range of health issues such as: food insecurity, poor oral health, increase in prevalence of drug and alcohol use, increase in incidence of chronic diseases such as diabetes, obesity, and hypertension (Lemstra et al., 2009; Lemstra et al., 2006). The core, inner city schools were selected for clinical placements because of the needs identified in this population and the opportunities for improved health outcomes for the children and adolescents. These schools were viewed as excellent environments in which to prepare health professional students where health needs of the population can be identified, assessed, and managed appropriately as well as meet the objectives of the clinical practicum.

### Caring For kids where they live program

The *Caring For Kids Where They Live* program extends the traditional definition of interprofessional education beyond the team of health professions (nurses, dentists, and kinesiologists) to include teachers, support staff, and administrators in the school system. The program is a unique nursing initiative that brings together students in the health professions, and students and their families from three urban schools including one elementary school and two high schools.

This innovative learning environment involves placing a group of seven nursing students in one of the three designated schools to complete their pediatric clinical rotation. Throughout the school year, third year and accelerated option nursing students along with

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