

Learning and teaching in practice

Measuring students perceptions of interprofessional clinical placements: Development of the Interprofessional Clinical Placement Learning Environment Inventory

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ABSTRACT

Pre-professional healthcare courses, including nursing, are increasingly focused on interprofessional learning and experimentation with clinical education in 'training wards'. This involves students from at least two disciplines who, under supervision, are responsible for patients' care. There is no consensus on how students' clinical learning experiences in this context are evaluated. We report the development and testing of the Interprofessional Clinical Placement Learning Environment Inventory (ICPLEI) in the Australian context. A question set was developed to measure student's perceptions of key variables in an interprofessional clinical learning environment: orientation, supervision, roles, learning and autonomy. An expert nursing panel rated items for a Content Validity Index of .93. Reliability was tested with 38 students. After a 2-week interprofessional ward placement nursing, medical and allied health students ($n = 38$) rated their learning environment highly, with median responses 4 or 5 of five (mean total 83%). The scale was reliable with a Cronbach alpha of .80 and moderate item-to-total correlations for 22/26 items. The Interprofessional Clinical Placement Learning Environment Inventory is a reliable, feasible, fast to complete tool, suitable for use with pre-registration healthcare students in this setting. Further testing of the tool's psychometric properties is recommended.

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Introduction

The educational preparation of healthcare students is under a spotlight because of recognition of a need to improve teamwork and collaboration amongst healthcare professionals (World Health Organization and Health Professions Network Nursing and Midwifery Office, 2010). Efforts to improve training have focused on enabling pre-registration students from various disciplines to learn together, with the intent that this will assist them to work together collaboratively in the future (Thistlethwaite and Moran, 2010). In Australia, there is a requirement in nursing and in medicine for students to experience interprofessional education during their training (Australian Nursing and Midwifery Accreditation Council (ANMAC) 2011, Australian Medical Council 2009). This also extends to other professions allied to medicine such as physiotherapy, occupational therapy, dietetics and others, where some have instituted this type of education (Fitzmaurice et al., 2011). The medicine degree is of five years in university, with concurrent experience of clinical practice in health services in years 3–5. The

nursing degree comprises three years with clinical practice experience in health services during each year.

Interprofessional learning (IPL) occurs when there is active learning 'with' and 'from' other disciplines: ie., when two or more students learn with, from and about each other with the aim of improving collaboration (Centre for Advancement of Interprofessional Education (CAIPE) 2002). For example, nursing students may learn clinical skills from a curriculum that is common to nursing, medicine and physiotherapy. Each learns how to assess a patient and when learning together, all three disciplines focus on their contributory, but different roles. Interprofessional learning has benefits that include assisting students to communicate with other disciplines and to better understand teamwork, their professional roles and the roles of others (Ponzer et al., 2004).

Interprofessional education can take a variety of forms including interactive academic seminars, workshops or simulation events. Authentic clinical settings are optimal (Lapkin et al., 2012) and 'training wards' offer students an ideal experience of interprofessional clinical learning. We conducted a trial of student-led interprofessional clinical placements in wards of a large health service in Melbourne, Australia that provided acute hospital care to public patients. The settings were an emergency department and a

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rehabilitation ward. Under supervision, student teams comprising final year nursing and medical students were responsible for managing patients in allocated beds over a period of two weeks. This formed a part of more lengthy final year clinical placements which both disciplines were required to complete in addition to their university-based academic learning. While the student teams always comprised nursing and medicine representation, other disciplines such as pharmacy and allied health were involved when available and advisable. The student teams were responsible for assessing patients, arranging investigations and making decisions about patient care whilst also consulting with clinical educators at key points in the patient care trajectory. Over 40 students participated in a pilot program during 20 team placement rounds in 2012. The training ward experiences were almost universally well received by students who perceived positive benefits to their learning based on being able to practice clinical care and rehearse their future professional roles (Leech et al., 2013).

As the study was a preliminary investigation, student experiences were not assessed and did not form part of their academic progress. It was necessary, however, to evaluate the programme's impact because the atmosphere that students experience during clinical placements can help or hinder their learning. In both nursing (Dunn and Hansford, 1997) and in medicine (Hoff et al., 2004), the clinical learning environment operates as an interactive network of forces and social factors that impact on students and influences their learning outcomes. Apart from key opportunities for learners to observe skilled role models and to interact with patients and clinical staff, an overall welcoming or positive environment assists students to learn (Lindahl et al., 2009; Henderson and Tyler, 2011). Students also expect that clinical learning is seen by ward staff to be of value (Brown et al., 2011).

Although there are numerous survey instruments that inform about interprofessional learning in academic programs, there is a lack of published tools that rate the learning environment of a training ward when students learn together over an extended period. To fill this gap, we developed a fit for purpose instrument that is the subject of this report.

The current report forms part of a study conducted by researchers from Monash University and Southern Health (Victoria, Australia) which aimed to extend the range of clinical placement opportunities for pre-registration healthcare students (Leech et al., 2013). Whole of program evaluation was multi-method and multi-level, considering feedback from students, clinical teachers, patients and organizational sources. The aim of this report is to describe the development and testing of an instrument to evaluate students' perceptions of the clinical learning environment during interprofessional training ward placements with a view to improving their educational experience.

Methods

The evaluation framework for this phase of the project was based on a training evaluation concept to assess reaction, learning, behaviour and impact (Alliger and Janak, 1989). A self-completed questionnaire for student participants was developed over several stages Fig. 1.

Literature review

A search of literature was undertaken to explore published instruments that examined student perceptions of the interprofessional clinical learning environment. The majority of instruments identified assessed individual nursing students' views of the clinical learning environment in uni-professional nursing placements under direct supervision of trained staff (Dunn and Burnett, 1995; Chan, 2003; Salamonson et al., 2009; Saarikoski and Leino-Kilpi, 2002; Sand-Jecklin, 2009). These studies measured a number of factors

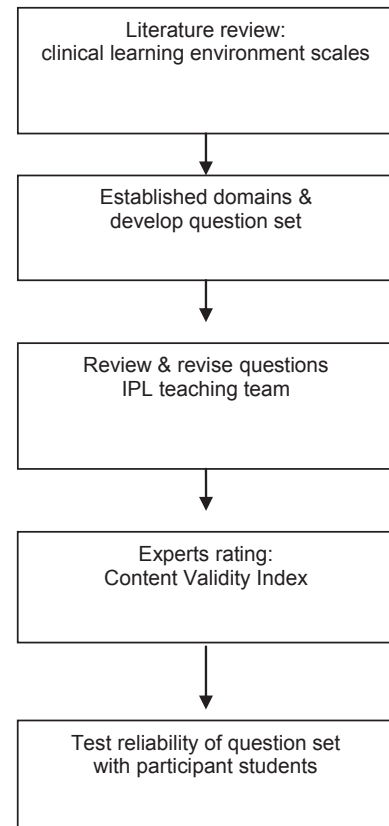


Fig. 1. Phases of development of the instrument.

including some factors that were of value to interprofessional learning (such as the quality of supervision, access to teachers) and hence the studies were included in a summary of instruments shown in Table 1. Additionally, one primary study was located based on a training ward in Sweden that reported on a specially developed interprofessional assessment tool (Ponzer et al., 2004). This evaluated a broader range of factors in the clinical environment such as attitude towards learning interprofessionally, achievement of learning objectives and knowledge of professional roles (Table 1). Other instruments focused on more specific issues, for example the Health Care Teams Scale measured staff attitudes towards team functioning (Heinemann et al., 1999; Hyer et al., 2000). Additional studies reported utilization of the various published tools (Brown et al., 2011; Chan, 2004; Dunn and Hansford, 1997; Newton et al., 2010; Midgley, 2006). No tools exemplified all types of experience and attitudes that were intended to be surveyed in the current training ward study, in particular the value of the interprofessional teaching and the learning environment to students.

Developing a question set

Two authors (AA; RC) with experience in education developed a draft question set based on the approaches to questions found in published studies, and around nine domains of interest. These domains were: orientation to the ward; quality of teaching; optimal workload; achieving learning objectives; belonging; collaborative learning; role clarification; communication and patient centredness. We placed emphasis on teaching strategies and facilitation by the interprofessional teachers and added components around role clarification, team functioning and interprofessional communication because that is unique to IPL. Some questions from published scales were included because these were already tested as applicable, otherwise new questions were drafted.

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