Nurse Education in Practice 11 (2011) 273–277

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

Creating interprofessional clinical learning units: Developing an acute-care model

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ARTICLE INFO

Article history:
Accepted 4 December 2010

Keywords:
Interprofessional education
IPE
Clinical learning
Interprofessional
Acute-care

ABSTRACT

In exploring innovative approaches to enhanced patient care, an acute care interprofessional clinical learning unit (IPCLU) was established in a medical unit of a large metropolitan hospital in Edmonton, Alberta, Canada. Part of a larger, community based, participatory mixed method research project, this acute-care model involved several post-secondary institution health science faculties, students, academics, and other post-secondary institutions partnering with the hospital to coordinate and enhance student clinical learning and improve patient care. Pre-implementation data collected from the existing acute-care unit patient-care team, students, and faculty identified areas of strength and enhancement opportunities in interprofessional education (IPE). Interested members of several professions from the patient-care units and students constituted the working group that developed the model. This paper discusses clinical IPE and its relevance in nursing education, explains the processes and mechanisms in creating the IPCLU, details the initiatives that were developed to facilitate enhanced interprofessional care, and offers considerations in advancing IPE in an acute-care setting. The work plan included initiatives that enhance interprofessional teaching and learning culture, increase awareness surrounding interprofessional teamwork and professional roles, promote interprofessional communication and decision-making strategies, and further develop clinical reflection. Insights regarding sustainability are offered.

Introduction

In exploring innovative approaches to enhanced patient care, an acute-care interprofessional clinical learning unit (IPCLU) was recently established in a large metropolitan tertiary care active treatment hospital in Edmonton, Canada. The acute-care IPCLU is part of a multifaceted project focused on building clinical education capacity in three sites across the continuum of care.[5] The interprofessional (IP) research team used a community based, participatory mixed method research approach to synthesize the pre-implementation findings for the development of three site-specific working groups. The research project involved students and faculty from various health science disciplines, other post-secondary institutions partnering with healthcare facilities, and clinical staff to coordinate and enhance student clinical learning, and to improve patient care.

The acute-care site pre-implementation data collected from the patient care team, students, and faculty identified areas of strength and enhancement opportunities in interprofessional education (IPE) and patient care for both students and patient care team members. A working group of interested healthcare practitioners and students from the acute-care unit, along with research team members, was assembled. Practitioners represented nursing, medicine, physical and occupational therapy, pharmacy, dentistry, social work, nutrition, speech-language pathology, and medical laboratory science. Based on lessons learned in an earlier nursing clinical learning unit project at the same hospital, the acute-care IPCLU working group developed a site-specific model and work-plan. This plan included initiatives to: 1) enhance an IP teaching and learning culture, 2) increase awareness surrounding IP teamwork and roles, 3) promote IP communication and decision-making strategies, and 4) further develop clinical reflection.

This paper discusses clinical IPE and its relevance in nursing education, explains the processes and mechanisms in creating an acute-care IPCLU, details the initiatives that were developed to facilitate enhanced IP care, and offers considerations in advancing IPE in an acute-care setting. While the centering view of this paper is on IP clinical learning relevant to nursing education, the

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doi:10.1016/j.nepr.2010.12.003

principles extend to health science student learning in an IP clinical environment.

Background

Clinical education is a crucial component of nursing education. Generally, on-site clinical nursing learning models include instruction, mentoring, and preceptorship taking place alongside a nurse, a member of the same profession. This is *uni-professional* education. Interactions with other professions may naturally occur on clinical units, creating moments of learning side-by-side with a student or practioner of a different profession, but are likely coincidental as opposed to purposefully planned and evaluated. When nursing clinical education experiences interface with other professions, the language and descriptors of this learning occurrence can be confusing. Such independent learning that occurs in a common place is referred to as *multi-professional* or at times *inter-disciplinary*, but it must be differentiated from *interprofessional* education[6] (Margalit et al., 2009; Olenick et al., 2010). It is not synonymous with IPE, "which demands an interactive element" (Hammick et al., 2007) as part of the learning experience (Margalit et al., 2009). Soubhi suggests that how IP interaction in a clinical setting occurs can be a bit "untidy" (Soubhi et al., 2009).

Internationally embraced, the definition of IPE clarifies the requirement of at least two professionals learning *about, from, and with each other with the goal of collaborating to positively affect health outcomes* (World Health Organization, 2010; CAIPE, 2002). "Professional" as an all-encompassing term is inclusive of individuals and their skills that "contribute to the physical, mental and social well-being of a community" (World Health Organization, 2010, p.13). The care team members are both regulated and unregulated providers and, therefore, *professional* is considered here as a broad and inclusive term. The research team decided to use the term "clinical learning unit" to describe the designated, operational patient care unit dedicated to student learning. Similar clinical learning sites are also known as dedicated education units (Edgecombe et al., 1999; Mulready-Shick et al., 2009), clinical teaching units, or shared learning units (DeGroot and Jokanovich, 2008), each involving partnerships to connect patient care units with health science education (Moscato et al., 2007).

Clarity in understanding just what IPE entails is an important curricular distinction. It is a mistaken notion that IPE occurs simply because nurses become skilled at being collaborative, or nursing students are successful learners in groups. Group processes involved in IPE necessitate that a group include at least one other discipline (*with* aspect of the IPE definition) and appreciate alternate views (*about* aspect), in order to have a positive effect on planning care in a collegial and productive way (*from* aspect). This takes place in a learning environment where IP capabilities have been learned and utilized to address conflict management, issues of hierarchy and socialized roles, team decision-making, relational communication, equity of voice, aggregated reflection, and other elements that influence the effectiveness of a healthcare team. It is not the sum of stand-alone care decisions. Throughout this project, staff and students suggested that although they initially thought they knew what IPE was, they discovered several incorrect assumptions as their knowledge and IP capacity grew.

To allow more nursing students to participate in IPE and to further their IP competencies, intentional change is necessary (Allison, 2007). There has been concerted effort to explore ways to strengthen Canada's healthcare system and many reports have identified enhanced collaborative teamwork among health professionals as an essential strategy for healthcare renewal (Barrett et al., 2007; Curran et al., 2008; Health Canada, 2003; Health Canada, 2004; Kirby and Lebreton, 2002; Mazankowski, 2001; Oandasan et al., 2006; Romanow, 2002). Preparing students for a workforce that requires IP team skills does not occur in a uni-professional environment where the curriculum and mode of delivery remain in silos and is insular in nature (Illingworth and Chelvanayagam, 2007; Barrett et al., 2007; Oandasan et al., 2006). Evidence is now explicating the effect of IPE interventions in healthcare provider practice as well as patient outcomes (Reeves et al., 2010).

Methods

Creating the IPCLU project across three sites

In 2008, the Alberta government funded innovative projects to explore preparing workforce ready graduates.[7] The IPCLU project was aimed at designing and implementing Interprofessional Clinical Learning Units across three different patient care contexts. Ethical approval for the project was received from the regional Health Research Ethics Board, endorsement from all involved institutions, and consent was ensured from all participants. The ethics of using a community based, participatory approach (Westhues et al., 2008) involved being in research relationships based on accountability and responsibility. These obligations were complex and required negotiation throughout the project. For the research team this meant recognizing, understanding, and acting upon ethical concerns that surfaced. These attentions maintained specific ethical principles for the researchers such as considering participants first; safeguarding participants' rights, interests, and sensitivities; communicating project intentions; protecting the privacy of participants; not exploiting participants; and making project reports available to participants (Brink and Wood, 1994).

The research design was based on a set of participatory research (PR) values. These values guided the development of committee structures that facilitated authentic participation in and orchestration of the project by all participants. Distinguishable attributes of PR are: "shared ownership of research projects, community-based analysis of social problems, and an orientation toward community action" (Kemmis and McTaggart, 2000, p. 568). Based on these commitments, subcommittees assumed responsibility for the research activities associated at each site.

The IPCLU project activities included assembling a research team that included academic and clinical members, identifying pilot units and coordinating student placements with educational institutions. Pre-implementation data were collected and analyzed, providing the three IPCLU working groups with information that guided its development. This involved 58 face-to-face interviews with 44 patient care team (PCT) members, 9 students, and 5 faculty members across the three units. In addition, 107 surveys were received from 90 PCT members, 14 students, and 3 faculty members.

Hospital administrators designated a specialized stroke and acute geriatric medical unit as one of the three project units. This paper limits the discussion to the process and initial discoveries of designing and implementing the acute-care IPCLU.[8]

[6] Intentionally, *interprofessional* is conceptually distinct from *inter-professional*.

[7] The IPCLU was part of the *Building Clinical Education Capacity with Interprofessional Clinical Learning Units across the Continuum of Care* project www.ipclu.ca.

[8] Post-implementation surveys, interviews and focus groups were collected and provided further exploration and assessment of meeting the aims of the three IPCLUs.