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Original Research

Elements and Enablers for Interprofessional Education Clinical Placements in Diabetes Teams


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ABSTRACT

Objective: The purpose of this review is to describe the elements and enablers for interprofessional education (IPE) clinical placements in diabetes teams.

Methods: We describe the development of an IPE clinical placement for health professional students in a diabetes team and share the lessons learned over 6 years, from 2008 to 2013. The 6 collaborative practice competencies of the Canadian Interprofessional Health Collaborative and the requirements for Accreditation of Interprofessional Health Professional Education opportunities guided the development of an IPE clinical placement in a diabetes team.

Results: A formal IPE clinical placement in diabetes teams requires attention to the site and diabetes team-specific elements and enablers for IPE. That includes students and preceptors from 2 or more health professions, a formal curriculum on collaborative care, adequate IPE resources and strong institutional support for a culture of collaborative care and integration of students in diabetes teams.

Conclusions: Diabetes teams can provide a valuable IPE opportunity for health professional students, recognizing that there are challenges that must be addressed in organizational structure of clinical placements in diabetes teams. Studies of the effectiveness of IPE in diabetes teams on collaboration competencies in future diabetes healthcare professionals and long-term patient outcomes are needed.

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R É S U M É

Objectif : Le but de cette revue est de décrire les aspects et les facilitateurs de stages cliniques de formation interprofessionnelle (FIP) des équipes de diabète.

Méthodes : Nous décrivons le développement d'un stage clinique de FIP destiné aux étudiants du secteur de la santé faisant partie d'une équipe de diabète et partageons les leçons apprises au cours des 6 années allant de 2008 à 2013. Les 6 aptitudes pour les soins en collaboration du Consortium pancanadien pour l'interprofessionnalisme en santé et les exigences des opportunités d'Agrément de la formation interprofessionnelle en sciences de la santé ont orienté le développement d'un stage clinique de FIP d'une équipe de diabète.

Résultats : Un stage clinique officiel de FIP des équipes de diabète exige de porter attention au site ainsi qu'aux aspects et aux facilitateurs particuliers de la FIP. Cela comprend les étudiants et les professeurs de médecine de 2 professions de la santé ou plus, un programme officiel sur les soins en collaboration, des ressources de FIP adéquates et un fort soutien pour une culture institutionnelle des soins en collaboration et l'intégration des étudiants aux équipes de diabète.

Conclusions : Les équipes de diabète peuvent offrir une excellente occasion de FIP aux étudiants professionnels, sachant qu'il existe des défis qui doivent être relevés dans une structure organisationnelle de stages cliniques des équipes de diabète. Des études d'efficacité de la FIP des équipes de diabète sur les aptitudes de collaboration des futurs professionnels de la santé en diabète et les résultats à long terme des patients sont nécessaires.

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Introduction

Diabetes mellitus teams have the potential to offer excellent interprofessional collaborative learning opportunities. The evidence for improved patient outcomes with collaborative practice in diabetes is strong (1), and the international diabetes community has a long history of successful interprofessional continuing professional development. However, there is limited evidence for successful integration and development of interprofessional education (IPE) opportunities for students in diabetes teams. Why are palliative and geriatric care teams more frequently cited as IPE sites for clinical placements of students? Sharing the lessons learned by diabetes teams as clinical IPE sites is an important first step in the development of successful and strong IPE opportunities in diabetes teams. This paper presents a review of the elements required for an IPE opportunity, the enablers that facilitate IPE in clinical sites, the challenges that exist in integrating students in diabetes teams and the potential solutions to building an effective IPE experience in diabetes teams. That is vital as a means of ensuring that future health professionals possess the necessary competencies in collaborative care to meet the diverse and complex needs of patients with diabetes, their families and their communities.

Most continuing professional development (CPD) events in diabetes are open to all health professions working in the field. In Canada, diabetes care professionals from nursing, nutrition, pharmacy, social work, clinical health psychology, medicine and other professions meet at a single annual national clinical and scientific meeting along with basic scientists, public policy leaders and epidemiologists. There is also a single rigorous certification examination for all health professionals in Canada, designated as a certified diabetes educator (CDE). However, these CPD programs rarely include learning objectives or content on the skills required for collaborative practice, or measurement of team effectiveness or performance.

Traditionally, many diabetes team members have served as preceptors for students from their own profession of medicine, nursing, social work or nutrition. However, there is increasing evidence of the value of integrating a formal curriculum in teamwork competencies while still meeting the goals and objectives of the clinical experience that are specific to the profession (2–5). A deeper understanding of the competencies for enhanced teamwork in collaborative practice may allow diabetes team members to be more confident as preceptors in IPE activities. There is evidence that involvement in IPE may enhance collaborative practice in diabetes (2), which, in turn, may improve patient outcomes (3).

One major hurdle in IPE is the harmonization of language, definitions and competencies in the education and practice communities. The word “discipline” is generally used to define specific care systems such as cardiovascular, neuroscience, primary or palliative care. It is also used to differentiate the scientific disciplines of basic science, population science and clinical science. The word “profession” is used to define a team member’s professional affiliation. In general, the prefix “multi” refers to a team or teams that come together to work in parallel. The prefix “inter” refers to a team that integrates its functions and whose members are interdependent.

Many complex factors at the individual, team and institutional levels must align to provide a successful IPE experience for students in diabetes teams. The purpose of this paper is to describe the elements, enablers and challenges for an IPE clinical placement in a diabetes team. A practical experience of building an IPE experience for health professional students in a diabetes care setting is used to share the lessons learned. In this paper, the term “students” is used to describe learners at all education levels, including undergraduate, postgraduate and practicing professionals, unless specified. Respecting that academic programs use different terminology to describe practice education experiences—such as core rotation,

elective, clinical placement, fieldwork and practicum—the term “clinical placement” is used in this paper.

Interprofessional education in the education of health profession students

Interprofessional education has been defined as “occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (6). Collaborative practice or care has been defined by Health Canada as “the active participation of each discipline in patient care. It enhances patient and family-centred goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision-making within and across disciplines and fosters respect for disciplinary contributions from all professionals” (7).

Interprofessional education is not a transient fad in health profession education. In its 2006 report, *Working Together for Health*, the World Health Organization estimated a worldwide shortage of almost 4.3 million doctors, midwives, nurses and support workers (8). Enhanced IPE and collaborative practice models were identified as important strategies to tackle the global health workforce challenge. In 2010, the World Health Organization developed a framework for action to advance IPE and collaborative practice globally (9). Two reports from the Institute of Medicine on health professions education have identified team-based practice as 1 of the 5 core competencies that all health professionals must possess for the 21st century (10), and found that IPE is a key factor in this transformation of health professional education (11).

The Health Council of Canada identified that improving teamwork is also a critical catalyst of system change and human resource management (12). Recognizing that this transformation will require a change in how we educate healthcare professionals, the Canadian Interprofessional Healthcare Collaborative (CIHC) articulated 6 competencies for collaborative care that could be used as a framework for teaching and promoting collaborative care in teams (13) (Table 1). Health Canada provided leadership in supporting a partnership of 8 national organizations that accredit prelicensure education for 6 health professions in Canada to create and support the use of core joint principles/guidelines for standards for IPE using this framework (14).

The accrediting bodies for postgraduate specialty medicine and family medicine require that “all teaching sites should provide residents with opportunities to work with other health professionals and, where possible, students, and learn the competencies required for collaborative practice” Standard A2.4 (15,16). Undergraduate and graduate programs in medicine use the CanMEDS Physician Competency Framework to define the 7 competencies (15,16) for a medical practitioner. The CIHC collaborative care competencies overlap with several of the CanMEDS roles, particularly collaborator, communicator and professional. There is an ongoing effort to harmonize the language of collaborative care for 2015. The CanMEDS roles have now been adopted for curricula in undergraduate and postgraduate medicine and pharmacy and

Table 1
Framework for collaborative care*

Competencies in collaborative care
1. Patient-centred care
2. Role clarification
3. Team functioning
4. Collaborative leadership
5. Interprofessional communication
6. Interprofessional conflict resolution

* From the Canadian Interprofessional Health Collaborative (13).

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