



Top ten best practices for interprofessional precepting

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ABSTRACT

Background: With increasing emphasis on positioning interprofessional education within clinical training, preceptors play a critical role in interprofessional learning. We define interprofessional precepting as intentionally educating learners from multiple professions in authentic practice-based settings, combining clinical teaching and patient care with explicit conversations about how interprofessional collaboration contributes to high-quality, patient-centered, team-based care. Interprofessional precepting requires a unique skillset, and we provide our top ten best practices for interprofessional precepting based on our experiences in the interprofessional education field and evidence from the literature. These best practices support interprofessional preceptors providing interprofessional education experiences in practice-based settings and can serve as a resource to guide preceptor development of the abilities necessary for establishing a high-quality educational experience.

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1. Background

Through interprofessional education (IPE), in which two or more professions learn with, from, and about each other to improve collaboration and quality of care, health professions learners can experience interprofessional collaboration prior to starting their careers.¹ National competencies have been developed in the United States to facilitate the delivery of IPE within an academic curriculum, and most health professions educational accreditation standards require that learners achieve these competencies upon graduation.^{2,3} Historically, most of the reported IPE activities have occurred in classrooms or simulations in “pre-clinical” years for learners.^{4–6} However, there has been a recent shift to intentionally position IPE within the “clinical training” years of learners on rotations. This is necessary to more closely align IPE and practice redesign in order to achieve the Triple Aim in healthcare^{5,7,8} (see Table 1).

Learners report increased satisfaction and improved learning of IPE concepts and competencies when it is authentic.⁹ Typically when learners are exposed to authentic IPE positioned in “real life” practice settings, it leaves them wanting more practice-based IPE.^{10,11} Unfortunately, learners describe frequent missed opportunities for applying IPE concepts in “real life” practice settings.¹¹

Despite often being co-located in the same hospital unit or clinic with other interprofessional learners, they note few, intentional interprofessional interactions focused on education. For example, a recent survey of family medicine clerkships reported that only 1/3 offer any IPE exposure on clinical practice rotations.¹² Underlying these missed opportunities are learner-described gaps in the training of preceptors about educating in the arena of interprofessional practice.¹³

However, there is a lack of information in the literature about effective interprofessional precepting.¹⁴ We define interprofessional precepting as intentionally educating learners from multiple professions in authentic practice-based settings, combining clinical teaching and patient care with explicit conversations about how interprofessional collaboration contributes to high-quality, patient-centered, team-based care. Contrast this definition to the typical uniprofessional precepting that occurs in practice-based environments; a preceptor from a specific profession only interacts with learners from the same profession. For example, physicians precept medical learners, and physical therapists precept physical therapy learners. Even if the preceptors and learners are co-located in an interprofessional environment, precepting still occurs in professional silos.

Within the last decade, there has been increased attention to studying and improving general precepting skills to improve the quality of clinical education within single professions.^{15,16} Similarly, the importance of faculty development for IPE is well documented, and many best practices are available.^{17–19} Yet, blending of these

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Table 1
Top ten best practices for interprofessional precepting.

Precepting Principle	Supporting Behaviors
Set the Stage	<ul style="list-style-type: none"> • Psychological Safety • Physical Space • Get to Know All Learners
Role Model Interprofessional Collaboration	<ul style="list-style-type: none"> • Encourage All Voices to Be Heard • Explicitly Verbalize the Value of Other Team Members • When Communicating with other Team Members Include the Learners
Be Aware of Professional Sensitivities	<ul style="list-style-type: none"> • Think Before you Speak and Act- the Learners are Watching • Consider Professional Identities, Stereotypes, Hierarchy, and Culture • Choose Your Words Carefully- What is Acceptable Language in One Professional May Not Be in Another
Keep it Patient-Centered	<ul style="list-style-type: none"> • Acknowledge Role of Patient and Family on the Team • Explain Team-based Care to Patients and How it Will Impact their Care
Participate in Different Interprofessional Precepting Models	<ul style="list-style-type: none"> • Consider the Co-Precepting Model • Consider the Interchangeable Precepting Model
Rethink Patient Presentations	<ul style="list-style-type: none"> • Rotate the Lead Presenter Between Learners of All Professions • Shared Presentations Where Learners from All Professions Contribute • Presentations Include All Learners and the Patient at the Bedside/Clinic Room
Ask Teaching Questions to All Learners on the Team and Facilitate Learning	<ul style="list-style-type: none"> • Frame Your Questions and Discussions for All Learners • Explicitly Invite All Learners to Participate • Facilitate Team Dynamics to Ensure Balance Between Professions
Develop a Process for All Team Members to Document	<ul style="list-style-type: none"> • Create a Shared Care Plan in the Health Record • Document the Team-based Care Plan and Include Professions that Contributed
Create a Process for Reflection and Debriefing About Interprofessional Collaboration	<ul style="list-style-type: none"> • Be Explicit about Interprofessional Collaboration • Use the Team Competencies of Values and Ethics, Roles and Responsibilities, Communication, and Teamwork as a Guide
Develop Methods of Interprofessional Evaluation	<ul style="list-style-type: none"> • Consider Validated Tools from the Literature Evaluating Collaborative Behaviors • Use the Team Competencies of Values and Ethics, Roles and Responsibilities, Communication, and Teamwork as a Guide • Consider Self-Evaluation, Peer-Evaluation, and 360-Evaluation From all Preceptors

two topics and creating professional development for intentional interprofessional precepting is noticeably absent. A few studies have reported on ‘interprofessional preceptor development’; however, this was general training provided to a group of preceptors from different professions.^{20,21} In those examples, they covered topics such as providing feedback that is not unique to learners from multiple professions or to interprofessional teamwork. True interprofessional precepting requires a unique skillset to provide practice-based IPE opportunities to learners.

2. Top ten best practices for interprofessional precepting

We present our top ten best practices for interprofessional precepting based on our experiences in the IPE field and evidence from the literature. Our experience includes implementing an intentional IPE learning in practice model in a primary care clinic, where interprofessional learners experience a rotation that intentionally and explicitly offers an opportunity to demonstrate interprofessional competency in an authentic clinical setting.^{22,23} We have created an interprofessional preceptor toolkit²⁴ and have provided development workshops on the unique interprofessional precepting skillset to a variety of local, state, and national audiences. While these top ten best practices can stand alone, they are sequenced to mirror the process by which an interprofessional preceptor might approach the interprofessional learners, their integration in the clinical context, and ultimately their impact on the patient.

2.1. Set the stage

Provide a safe place to set the stage for positive interprofessional collaboration for learners of all professions. The theory of psychological safety has been linked to high-functioning interprofessional teams.²⁵ We believe it is even more important with

interprofessional teams composed of learners, as they are often concerned about doing something wrong and fear poor evaluations on rotations. It is also important to set the stage for healthy teamwork by creating a physical space at the table for all learners.²⁶ Having some learners stand in the background and others sitting front and center does not send a message that every learner is valued and welcomed. If possible, redesign or adjust physical space in practice settings to be conducive to teamwork. Do not silo professions to certain areas. For example in a primary care clinic, create a physical work station for all team members to use that will decrease communication barriers and enhance collaboration.²⁷

Another aspect of setting the stage is intentionally inviting the learners to participate in the practice setting. In the beginning, explicitly state out loud your emphasis on interprofessional learning and repeat often; your actions should follow (see #2). Invite learners to describe their past interprofessional practice experiences and discuss similarities and differences in your process. Get to know who your learners are and their abilities. It is especially important to learn about the learners from professions different than your own. By asking questions about their training and career paths, it sends a message that there is mutual respect and their profession is valued. Create a team-based environment where all professions have a voice and are asked to practice at “the top of their license”.

2.2. Role model interprofessional collaboration

After intentionally and explicitly setting the stage in the beginning to assure that learners of all professions know they are safe, respected, and valued (see #1), you should back up your words by role modeling interprofessional collaboration with the learners, interprofessional preceptors, and clinical staff in your practice. The power of the ‘hidden curriculum’ with both positive and negative role modeling has been a concept discussed for decades.^{28,29} We

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