

Enhancing Participation in Structured Interprofessional Education Clinical Experiences for Students: Practice Implications of a Theme-based Approach

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Background

- Our academic teaching hospital (UHN - 4 hospitals, 7 sites, 10 clinical programs) hosts over 7000 students in profession-specific clinical education experiences annually.
- Structured interprofessional education (IPE) student clinical placements typically occur in a specific clinical area (e.g. neuroscience, cardiac) over a 4 to 5 week period.
- Due to varying lengths of clinical placements (2 to > 52 weeks), coordinating student IP groups who are in the same clinical area at the same time is challenging.

Objectives

To design a modified IPE student clinical placement curriculum that will:

- maintain the academic criteria and learning outcomes of traditionally structured IPE clinical placements
- increase student participation opportunities
- capture typically underrepresented professions

To pilot and evaluate the modified structured IPE clinical placement to inform future iterations

Methods

- An educator working group designed and piloted (n=2) a modified IPE placement curriculum (Table 1) based on U of T Centre for IPE criteria¹.
- Student recruitment used a flyer e-mailed to health profession education leads.
- Students registered through an on-line system.

	Traditional IPE	Modified IPE
Theme	Discussed and chosen by students for each IPE session	Pre-chosen: "transitions in care"
Duration	~4 weeks	2 weeks
Placement Area	Students from 1 clinical area at 1 site	Students from any clinical area at any site
IPE Sessions	<ul style="list-style-type: none"> • Orientation (3 hrs) • 3 discussion tutorials (x1.5 hrs) • 1 IPE student group presentation • Final debrief 	<ul style="list-style-type: none"> • Orientation (2 hrs) • 1 flexible IP learning activity[£] • 1 discussion tutorial (3 hrs) • 1 IPE student group presentation • Final debrief
IPE Co-facilitators	2 trained IPE facilitators from different professions	

£ Flexible IP learning activity includes: shadowing/interviewing another health professional, participating in rounds/team meetings/team education related to transitions in care.

Evaluation

Based on stakeholder input from academic and clinical IPE leaders, clinical faculty, IPE co-facilitators, students and working group members, the program evaluation strategy² used was:

- Student feedback (Pre and Post IPE placement)
 - Interdisciplinary Education Perception Scale (Luecht, 1990)
 - Global Rating Scale: Self Assessment of Learning (Centre for IPE-U of T)
 - IPE placement survey
 - Post IPE placement debrief
- Clinical faculty written evaluations
- IPE co-facilitator post IPE placement debrief
- IPE leader reflections

Acknowledgements

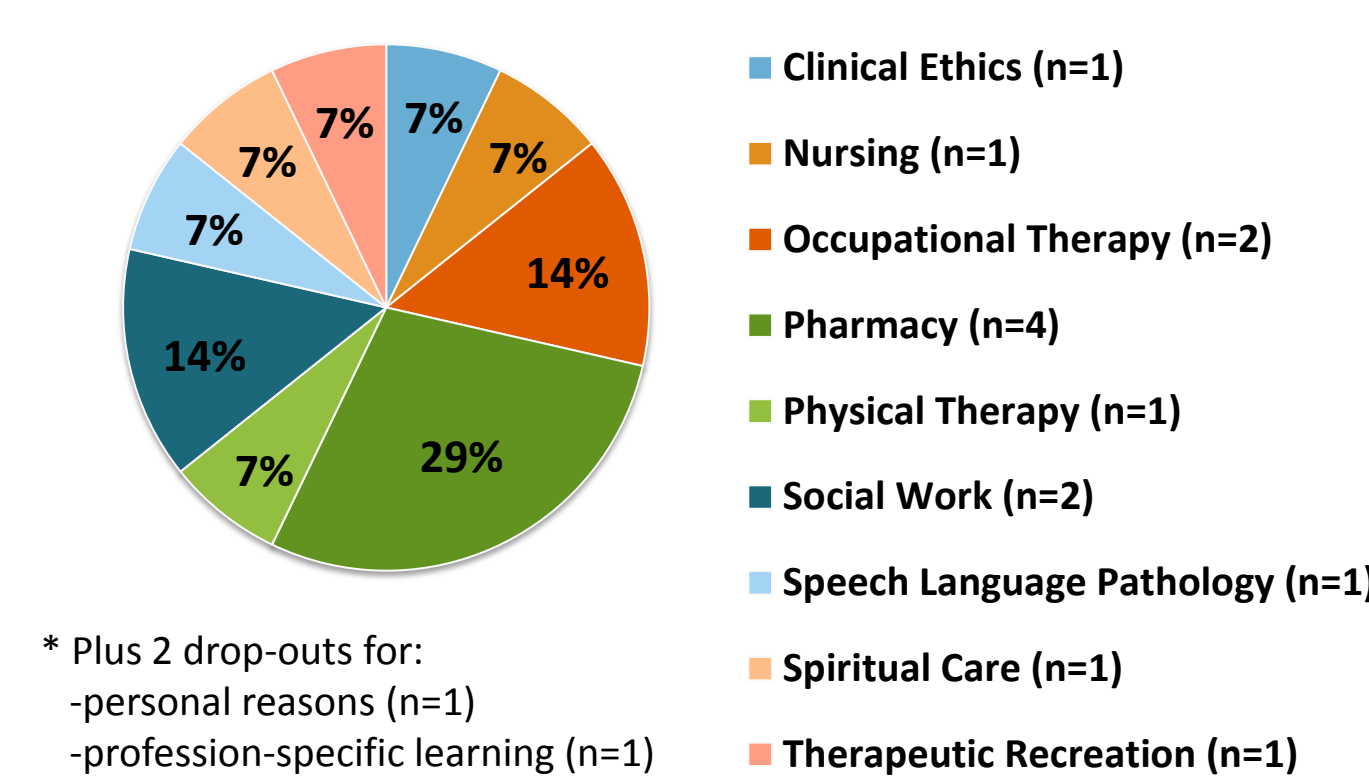
Erita Habtom, Samiha Farzana, IPE students, IPE co-facilitators
 Advancing IPE Working Group Members

Results

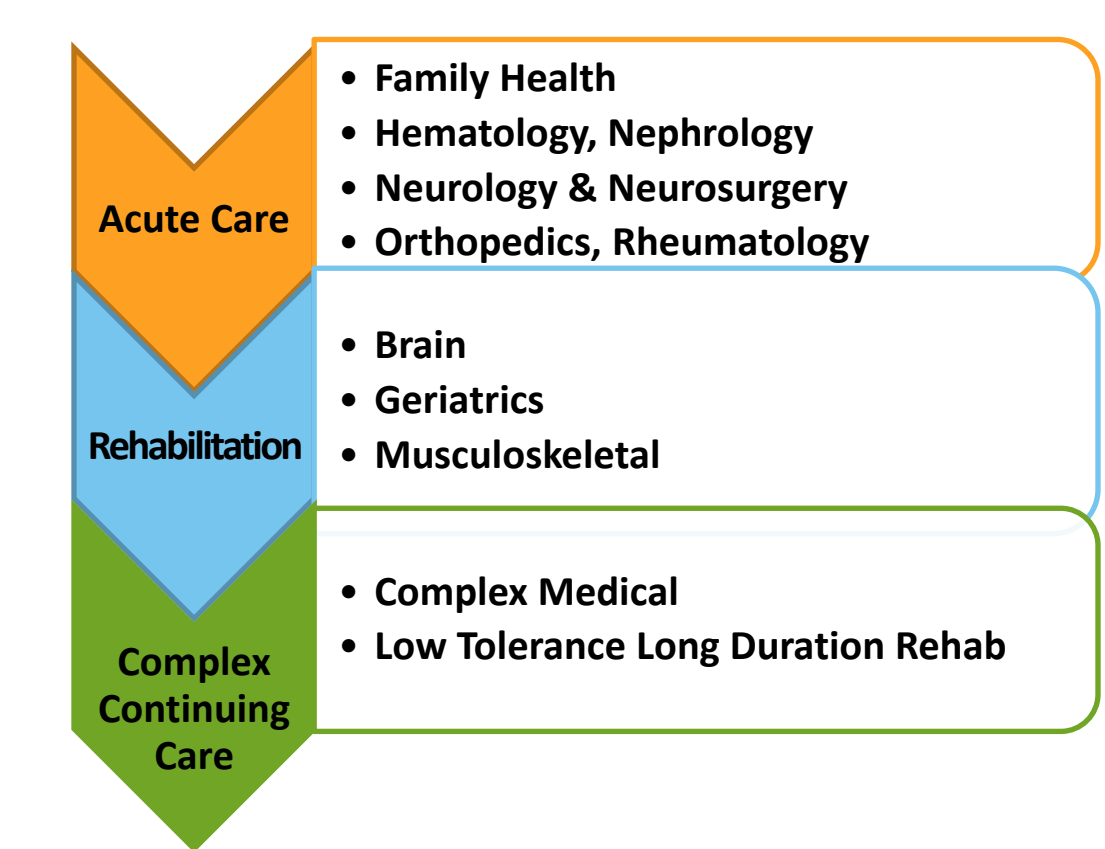
What did the IPE students report regarding a change in practice?

I have gained a lot of respect for the other professions in the healthcare team.
It changed my attitude and willingness to reach out to other healthcare professions on a professional and personal level.
[I] will be able to collaborate better with clinical teams and more efficiently.
I learned the significance of communication and collaboration during transitions in care.
[We] worked together to care for the patient to make for a smoother and more satisfying discharge.

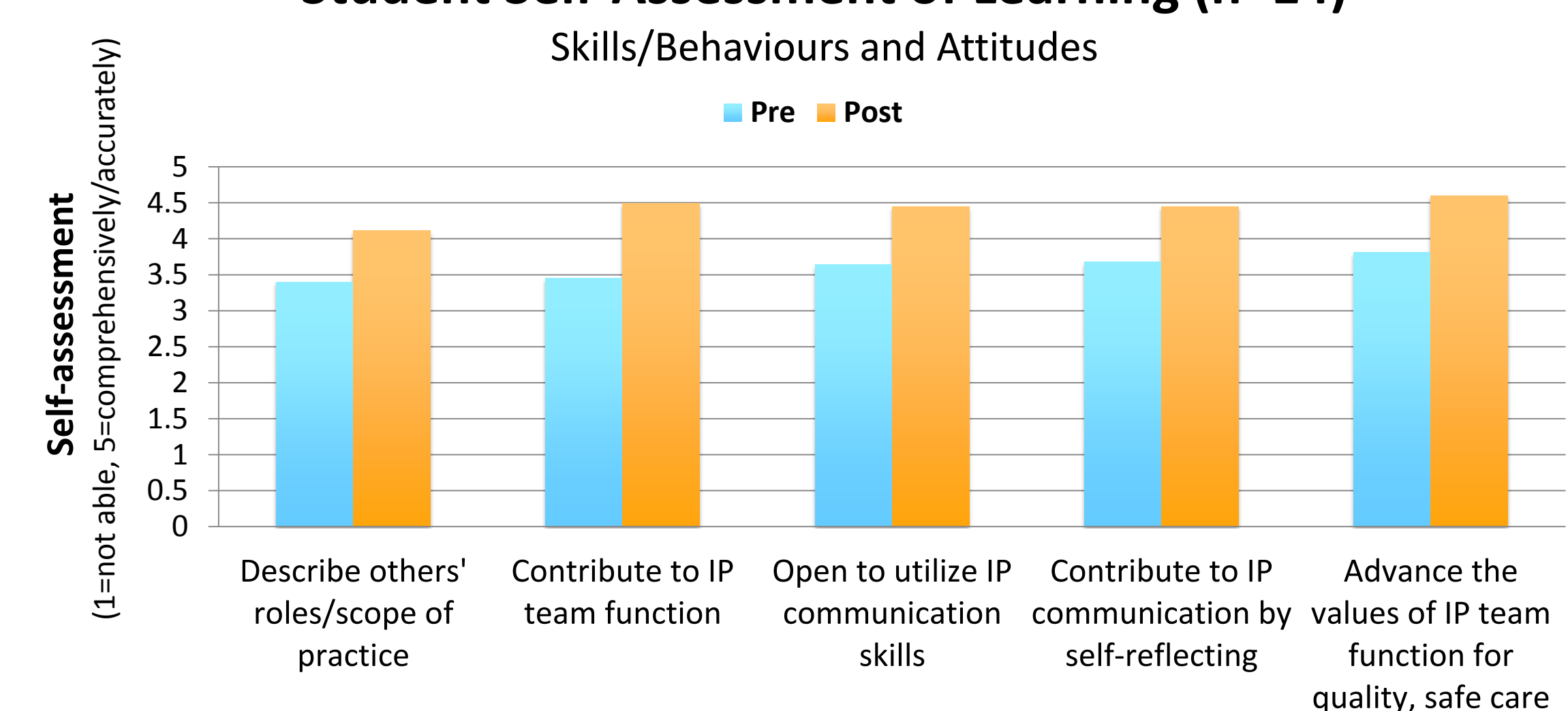
Professions represented 2 pilots (n=14 students*)



Clinical areas represented



Student Self-Assessment of Learning (n=14)



Key Practice Implications³

Collaboration

- Gained valuable insight about their own and others' roles and scopes practice
- Cultivated professional connections and consultations across the continuum of care
- Recognized the import of team interdependency in patient-centred care
- Explored collaborative leadership (e.g. when to step back, share the stage)

Communication

- Developed awareness of the importance of IP communication in care transitions
- Advanced IP student group function by effectively addressing conflict
- Created an IP communication tool with possible impact on service excellence

Ethics & Values

- Respected the diversity of professions/roles, expertise and contributions to care
- Strived for optimal delivery of interprofessional care
- Developed a broader lens (e.g. biopsychosocial, spiritual) to inform patient transitions

Future Directions

- Create connections of IPE to practice through engagement of clinical faculty
- Optimize placement duration to allow for in-depth, comprehensive collaboration
- Explore student's clinical observations of IPE and care for quality improvement

References

- ¹Sinclair, L., Lowe, M., Paulenko, T., & Walczak, A. (2007). *Facilitating interprofessional clinical learning: Interprofessional education placements and other opportunities*. University of Toronto, Office of Interprofessional Education: Toronto.
- ²Haji, F., Morin, M-P., & Parker, K. (2013). Rethinking programme evaluation in health professions education: beyond 'did it work?'. *Medical Education*, 47, 342–351.
- ³Centre for Interprofessional Education, University of Toronto (2008). *A Framework for the Development of Interprofessional Education Values and Core Competencies Health Professional Programs*, University of Toronto.