



Short duration clinically-based interprofessional activities prepare health professional students for the workforce:

A systematic review

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Background:

- Long history of creating innovative interprofessional education (IPE) for health professional students at Northern Health
- IPE essential in preparing our current students to be our collaborative practice- ready future workforce
- Various models trialled over past 15 years including classroom based and training ward models
- Recurrent issues with sustainability including logistics of bringing learners together, varying discipline support, integration across curriculum and organisational support (lack of resources)
- Short duration clinically-based IPE has potential to minimise identified sustainability issues
- Decided to investigate the effects of this type of IPE with healthcare professional students to inform our future direction

What are the effects of participation in short duration clinically-based interprofessional activities for health care professional students?

Method:

SEARCH AND STUDY SELECTION:

- Eight databases searched from inception to June 2017
- Reviewed independently by two reviewers for inclusion

Inclusion Criteria:

- Participants:**
- Training for initial qualification
 - UG or Graduate entry
 - Will include studies with professionals as long as working with students
- Interventions:**
- 2 or more disciplines involved
 - Discreet (one-off), short duration activities Clinically-based activities – hospital and community settings
 - Can be accompanied by classroom activity (only if orientation to clinical activity)
- Outcomes:**
- Describe outcomes for students

Exclusion Criteria:

- Participants:**
- Qualified professionals only
- Interventions:**
- Only 1 discipline involved
 - Longer than a working day / iterative
 - 'Training Wards' and Student-Run Clinics
 - Solely classroom based / simulation
- Outcomes:**
- Do not state the outcome of intervention for students (eg. Intervention / tool development)

- Good level of agreement attained ($\kappa = .702$, int $.590 - .815$)

QUALITY ASSESSMENT:

- Assessed independently by two reviewers against criteria:
 - Description of aim/objective of study;
 - Clear description of intervention;
 - Appropriateness of outcome measures;
 - Independence of assessors;
 - Outcomes measured at multiple time points
 - Number of participants lost to follow up

DATA ANALYSIS:

- Descriptive and content analysis – quant. and qual. data
- Analysed against 'Core Competencies for Interprofessional Collaborative Practice' (2016 update)
 - Interprofessional Education Collaborative (IPEC)
- Aim to establish links between study outcomes and competencies required to practice collaboratively

Core Competencies for Interprofessional Collaborative Practice Framework (see figure below)

- Four core competencies:
1. Values/Ethics for Interprofessional Practice;
 2. Roles and Responsibilities;
 3. Interprofessional Communication;
 4. Teams and Teamwork.

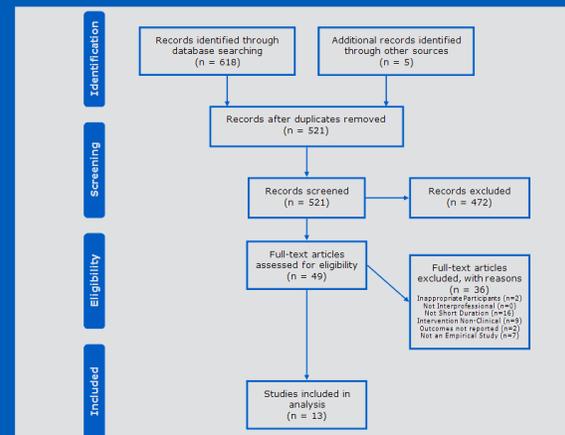
Each core competency includes a set of sub-competencies
 Analysis was completed to the sub-competency level

Data that did not fit into the framework was described descriptively.

- Other data extracted included;
- Participant information (age, gender, discipline, year);
 - Study information (type, response rate);
 - Intervention information (type, duration, location, etc);
 - Quality assessment data



Results: SEARCH YIELD:



PARTICIPANTS:

Med (11/13), Pharmacy (7 /13), AH (6 /13), NS (5 /13)
 Range from 30 – 567 participants
 Poor reporting on age, gender, ethnicity ect (2 /13)

YEAR LEVEL:

1st to 5th year (dependent on intervention)

STUDY TYPES:

Post only (n=9) ; Pre and Post (n=4)

INTERVENTIONS:

Two interventions identified
 Shadowing (n=9) ; Patient Review (n=5)
Note: One study contained both interventions

RESPONSE RATE:

Reasonable response rate (71-100%) – 5 of 13 'unable to determine'
 Nil information re: follow-up

QUALITY ASSESSMENT:

Overall low methodological quality
 Results of quality assessment showed issues with reporting and multiple potential sources of bias

For full article please scan QR code:



OUTCOMES - SHADOWING:

- Participants in 1st or 2nd year of study
 - 2 – 10 hours duration
- Quantitative Data:**
- Most commonly related to core competencies: 'Roles and Responsibilities' then 'Teams and Teamwork'

Qualitative Data:

- Data related to all four core competencies
- Additional Theme:**
- 'Positive experience of participation'

OUTCOMES - PATIENT REVIEW ACTIVITIES:

- Participants in 3rd – 5th year of study
 - 2 – 4.5 hours duration
- Quantitative Data:**
- Most commonly related to core competencies 'Teams and Teamwork' then 'Roles and Responsibilities'

Qualitative Data:

- Across 3 core competencies : 'Teams and Teamwork', 'Roles and Responsibilities' then 'Interprofessional Communication'
- Additional Theme:**
- 'Development of a clinical skill'

Discussion:

- Benefit to student participants – competency/skill development;
- Participation in different types of activities develops different competencies;
- The level of the learner is an important factor in selecting the activities.

Practical implications for sustainable IPE:

- Less logistical barriers – not needing to 'bring learner together';
- IPE occurs in context – links with situational and adult learning theory, not taking away 'clinical time';
- ↓ downward pressures – eg. room size, facilitators.

Conclusion:

- Limitations of the available data evident
- Future research using more rigorous study designs is needed

Findings suggest short-duration clinically-based interprofessional shadowing and patient review activities may have a role in preparing health professional students to practice collaboratively.

