

Student-run Learning Ward

Description

In 2013, a start was made on the collaboration between a rehabilitation centre and the university. In this collaboration, practitioners and teachers share their knowledge about practice, education and research in rehabilitation care. The culture within the rehabilitation centre is interprofessional. The learning department, in which treatment, education, innovation and research are guaranteed and where patient care is even more focused on the possibilities of the patient, where innovative applications can be developed and used and research can be performed.

The purpose of the learning department is to learn and work in a slightly different way: interprofessional. It means that the student will shift the focus in learning and working to the contribution of other disciplines to the care process and to develop an interprofessional mindset. During an internship on a rehabilitation ward at the rehabilitation centre, students work together with all students on one assignment. The mission is to connect professionals with the state-of-the-art and future-proof specialist medical rehabilitation care by creating a place where collaborative learning is central.

Cooperation partner: Rehabilitation Centre

Additional funding required: The rehabilitation centre has his professionals on a special rehabilitation ward for adults with acquired brain injuries and grants for this project. The student ward is an interprofessional internship of 5 months for students. There are 16 patients, 12 students, 16 health care professionals and 6 teachers involved. There are teachers from each discipline: nursing, dietetics, speech therapist, social work, psychology, physical therapy, management in healthcare. Above the normal internship- including peer-to-peer coaching that a teacher receives for guiding students during their internship), the 6 teachers have an extra 4 hours per week in which the teacher works as health care professionals at the ward. Therewith students, teachers, professionals work together with patients and on innovations and research. Additionally, there is a project leader, a coordinator of the university, and a supervisor of the rehabilitation centre.

Profession, number and semester of students: 1 student of speech therapy, occupational therapy, physiotherapy, social work, nutrition/dietetics, facility management and management in healthcare as well as 4 students of nursing of semester 1 or 2, sometimes of year 3 and 4.

Didactic concept:

Patient-centeredness	ICF	Clinical reasoning
Yes	Yes	Yes
Implementation of Patient Centeredness: Each week, patients are asked on which problem they would like to work on that week.	Implementation of ICF: ICF is used to report patients, no introduction.	Implementation of Clinical Reasoning: The clinical reasoning strategy used with the ICF is based upon hypothetic deductive reasoning and pattern recognition in this new IP environment (instead of inductive reasoning based upon guidelines in the uni-professional environment) (Screening, diagnostics, etc.). 2. Thinking about solutions: a. What goals must be achieved? b. Which goals have the highest priority? c. What combinations of goals can you make? (Setting too many goals is often not productive). d. What alternatives can each professional offer to achieve

		<p>these shared goals or combination of goals?</p> <ul style="list-style-type: none">e. Which of these alternatives can you combine? (Avoid duplication)f. How do you organize this combination of solutions? (Training, consultation, protocol, etc.). <p>3. Determine the interprofessional planning:</p> <ul style="list-style-type: none">a. How do we document our plan?b. What is the status? (Summarizes the patient's situation, background, functioning, medication, usual care and treatment, list of professionals involved).c. What are the goals and concerns? (Patient preferences, values, needs, expectations, meaningful activities, expectations about outcome / result).d. What are the actions and interventions (the chosen combination of individually made interventions, actions, and strategies).e. Determine how you will evaluate the joint outcome (patient progress, successes, Student's evidence-based approach (e.g., following guidelines) is mixed with a combination of teacher's process approach (aimed at learning and collaboration), and professional's experience based approach (applying clinical healthcare). The diagnostic reasoning is patient centered and based upon narrative reasoning based, patient storytelling, and upon a process of weekly patient goal setting. The treatment plan is based upon a shared decision-making process; the weekly activities are discussed and determined. Students apply collaborative reasoning between professions by means of the ICF. Students clinical reasoning depends on the study direction. By means of a four step process the students explain each other and collaborate and find a common language: these are the four steps they follow, derived from the model of Reinders, 2018: The four-step method:<ul style="list-style-type: none">1. Problem exploration: select a client. Discuss together what this must comply with. Look at your school assignments and other requirements. Tip: don't start too complex:<ul style="list-style-type: none">a. Establish roughly the (patient) problems.b. Identify who is dealing with the problem (which professionals). How do you identify the patient problems? struggles and degree of participation).f. Determine how you will organize the joint results (which resources you need, plan specific activities, ensure that everyone has access to the required patient information, choose effective means of communication). <p>4. Implement the interprofessional plan:</p> <ul style="list-style-type: none">a. What do you have to do to realize your own planned contribution to the plan? (think of individual activities, interprofessional activities).b. How do you deal with changes in planned interventions / activities? (with whom do you consult, who do you inform?).c. How do you evaluate the joint outcome of your treatment / care plan? (the effectiveness of the chosen combination of approaches).d. How do you organize this evaluation of joint outcomes? (as standard action in the treatment / care plan?).
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Learning principles applied:

- Practice-based learning
- Activity-based learning
- Observation-based learning

The student-run learning ward (SLW) is developed by students-professionals and teachers, based on Experience based learning by doing.

- Community of Practice: This is a social learning system by means of an interprofessional learning community. The basics of the model of JJ Reinders is applied in which the students experience patients' cases as the problem.
- Social Constructivism: The group of students, professionals and teachers give (based on the theory of social constructivism) meaning to interprofessional learning and may construct new health care processes.
- Role modelling is another point of attention. The professional is an interprofessional role model on which students can reflect on this new interprofessional student-learning ward environment.
- Self-determination theory: The SLW ward might in the future also be based upon the Self-determination theory of Deci & Ryan to enhance students' motivation to be an interprofessional healthcare provider. Learners might intend their interventions to improve students IP autonomy, IP self- efficacy to be a competent IP health care worker, and, to feel related to the IP team.
- Reflexive learning: Reflexivity is seen as a social mechanism created by interaction through inner conversations with the self and other students and/or professionals and coaches. This mechanism helps to understand the complex problems being dealt with on the student-run learning ward. The feedback loop of Feed-up, feedback, feed- forward is applied.
- The 'Scaffolding principles' are applied aiming at 'just-in-time' support which is tailored to the need of the individual student and the interprofessional group of students.

Teaching/learning locations: Blended Learning

Use of learning management system: No

Workload and Duration of IPE Interventions: 1 semester (5 months)

Intended Learning Outcomes incl. personal ranking		
1	The patient	Yes
2	Teamwork	Yes
3	Communication	Yes
4	Roles/responsibilities	Yes
5	Learning/reflection	Yes
6	Ethics/attitudes	Yes
	International competence	No
	Digital competence	No
	Other: combination of innovative creative open- minded skills that may add applied new products to the working field.	Yes

Assessment domains of interprofessional learning incl. personal ranking		
1	Reflexivity	Yes
	Teamwork	No
	Coordination and collaborative decision-making	No
	Interprofessional communication	No
	Interprofessional values	No
	Role understanding	No
	Other: The uni-professional internship CanMeds competences are assessed	Yes

Requirements for students: Basic knowledge of the own profession at the end of year 1. ICF basic knowledge.

Requirements for educators: Teachers have to be flexible, not too strict. Teachers need to like coaching on the process, not on the health related content. Teachers need technical skills of the program. Adaptive personality. Teachers need to have ICF-knowledge and skills.

Students' evaluation: Yes, evaluation form and focus group. The student of Management in Healthcare receives student's input and hands this over to the project leader. The project leader evaluates the SLW. Students' evaluation is not yet formally collected.

Learning experiences:

Learning experience	Measurement/ Evaluation
Changes in students' views on the learning experience and its interprofessional nature	Students are very enthusiastic and get more self-efficacy during their internship (and of course knowledge and skills of interprofessional communication and collaboration)
Changes in attitudes or perceptions between participant groups or towards the value and/or use of team approaches to caring for a specific client group	Attitude towards interprofessional collaboration and collaboration between students, teachers and professionals gained more awareness and respect.
Acquisition of knowledge/skills linked to interprofessional collaboration	students started masterclasses for fellow students. Students estimated great value of extra guidance and the confidence they got from teachers and professionals' possibility to.
Behavioural change / individuals' transfer of interprofessional learning to their practice setting and their changed professional practice.	Professionals apply now more student-based learning (instead of teacher based)

Prerequisites: Facilities and services entirely for the SLW, commitment of staff members, management support from both the educational partner and the practice partner.

Barriers:

- Teaching staff:
 - Barrier is the number of professionals, teachers and students involved. More professionals and teachers of 1 discipline means lessen interprofessional interaction and attitude development. It is a challenge to find the right ratio.
 - At the start of the SLW, professional's expectation toward students' knowledge, attitude and skills (as always during internship) was too high. After discussion about this, professionals changed their expectations and developed more coaching teaching skills.
 - Professionals and teachers: Behavioural change is not easy for everybody. The

professionals who are now involved in the SLW are the more innovator types of persons (based upon Roger's theory of change). Until now, the late majority and more laggards' persons towards a behavioural change in this kind of SLW are not involved.

- Professionals and teachers: The non-directed learning experience is not always in the culture (or the scope) of professionals that guide students during normal uni-professional internship.
- Organisational/structural elements:
 - The organization was not aware of planning extra hours for managing students and teachers' collaboration. Managing takes time.
 - The management sends professional to the SLW. Therefore, professionals might be external motivated instead of internal motivated. It takes a while before professionals who are send become internal motivated (mostly based on experience on the SLW). A professional wants to deliver the best care and might have ethical issues when students are more pronounced in charge and come up with new innovations. At the start students were more left alone, now there is more guidance from professionals by starting 2 weeks with a learning package and observing the professionals.

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