ALIGNING INTERPROFESSIONAL EDUCATION AND COLLABORATION IN PRACTICE

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PRECEPTORSHIP ON THE STUDENT RUN-INTERPROFESSIONAL LEARING WARD

Experiences of professionals at the SR-IPLW of Rehabilitation Centre "Revalidatie Friesland" and Hanze University of Applied Sciences

Implementing a SR-IPLW changed a traditional inpatient rehabilitation ward to a Community of Learners between students, preceptors and lecturers. This report describes the results of a pilot where the experiences of preceptors working at the SR-IPLW was the focus of attention. An important success factor was the shared office. This improved connections between all preceptors and students, enabling accessible communication. Challenges for interprofessional learning and collaboration were staying focused on person-centred care, limited patient contact, losing connections, balancing coaching and patient-contact and available time for coaching.

For further development of the SR-IPLW, preceptors advise to discuss the preference for final year students, the balance of students' mono-professional learning and personal development, person centeredness and interprofessional learning, student wellbeing, high expectations and the control of student's learning process.

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The authors wish to acknowledge the INPRO project consortium who have contributed to the development of the ICF-based tools and practices. In alphabetical order:

- AP University of Applied Sciences and Arts Antwerp, Belgium
- Coronaria Rehabilitation and therapy services (Coronaria Contextia Ltd), Finland
- Hanze University of Applied Sciences, Groningen, The Netherlands
- Jamk University of Applied Sciences, Jyväskylä, Finland
- Moorheilbad Harbach Gesundheits- & Rehabilitationszentrum, Austria
- Rehabilitation Centre Revalidatie Friesland, The Netherlands
- St. Poelten University of Applied Sciences, Austria

Project number: 621428-EPP-1-2020-1-NL-EPPKA2-KA

Start date: Jan 1, 2021

End date: Dec 31, 2023

Co-funded by the Erasmus+ Programme of the European Union

Date: September 27, 2023

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INPRO
INTERPROFESSIONALISM IN ACTION

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1. Introduction

INPRO is an international project, co-funded by the European Union, in which higher education institutions (HEI's) and rehabilitation centers work in partnership on aligning interprofessional collaboration. Or to state it more concrete: to further enable a smooth transfer from training in health and social professions to the actual work setting.

The Student-Run Interprofessional Learning Ward (SR-IPLW) is a collaboration between clinical practice in rehabilitation centre "Revalidatie Friesland" (RF) and the Hanze University of Applied Sciences (HUAS). Professionals include physicians, nurses, and colleagues from para-medical (i.e., physical therapy, occupational therapy, speech- and language pathology and dietetics) and psycho-social work (i.e., social work, psychology, activity therapy and music therapy) who are involved in patient care and innovation and research at the SR-IPLW.

Professionals at the SR-IPLW act as preceptors. Preceptors are experienced clinicians who act as teachers and coaches who supervise students during their clinical internship. Their role is to support students translate theoretical learning to real-world clinical practice.

2. Project stakeholders

Who	Profession	Role
P1	Lecturer Nursing and PhD candidate HUAS	Pilot lead
P2	Junior Researcher RF	Project specialist WP7
P3	Senior Researcher RF	Project lead WP7
P4	Physical Therapist RF	Project member
P5	Physical Therapist RF	Project member
P6	Physical Therapist RF	Project member
P7	Physical Therapist RF	Project member
P8	Occupational Therapist RF	Project member
P9	Occupational Therapist RF	Project member
P10	Occupational Therapist RF	Project member
P11	Speech and Language Pathologist RF	Project member

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P12	Speech and Language Pathologist	Project member
P13	Dietetics RF	Project member
P14	Social Work RF	Project member

3. Vision

The SR-IPLW follows the principles of 'Life Long Learning' in which:

- Improvement of knowledge and skills are fundamentals
- Experimenting and practicing takes place in formal and informal learning activities
- Critical reflections (i.e., questioning and feedback) attaches significance to learning experiences
- Open mindset, willingness to learn, develop and grow competence

At the SR-IPLW students and professionals work and learn from and with each other around person-centred care via interpersonal collaboration. This means that professionals not only treat patients at the SR-IPLW but also are actively involved in supervision of the students and acting as preceptors. This roles asks for a coaching style of supervision. However, little is known about the experiences of preceptors on interprofessional collaboration and supervising students. Therefore, this pilot was performed at the SR-IPLW.

4. Goals

This pilot has been performed to explore experiences on interprofessional collaboration (IPC) on the perspectives of clinical preceptors. The aim of this pilot is two folded:

1. To map the clinical preceptors-experience with IPC at the SR-IPLW
2. To map clinical preceptors-experience with intern-coaching at the SR-IPLW.

5. Plan and Pilot Actions

The data was collected by Lourens van der Weerd, lecturer of Nursing and Phd candidate. The researcher was part of the educational staf of the SR-IPLW. Therefore, he knew and worked with all respondents of this pilot.

Three focus group sessions were performed with 11 preceptors, including physical therapists (N=3), occupational therapists (N=4), speech and language pathologists (N=2), social worker (N=1) and dietitian (N=1). Eight preceptors coached students during two to eight semesters, three preceptors during one or two semesters (all between 2019-2023). A convience sample was used of preceptors who were able to attend the focus group meeting.

An interview guide was composed with project-lead Joost Hurkmans (see Appendix). All focus group meetings were audio-recorded with informed consent of the respondents. Verbatim transcripts were writen by Lourens van der Weerd. Coding was perfromed by Lourens van der Weerd using Atlas.ti (version 23). Thematic analysis was applied, using open-, axial- and selective coding. The analysis was discussed with Joost Hurkmans leading to this final report. This final report on the findings was member-checked with the respondents.

6. Evaluation

Positive preceptorship experiences

Three main themes were *improved connections, valuing IPC more, own professional development*. Preceptors found the shared office to be facilitative for *improved connections*. Here students and professionals met and overheard each others communication about patients. This facilitated planned and informal IPC. It also made professionals working more closely together, specifically with colleagues they didn't met much before:

'The shared office had an enormous added value. I really liked that. We could easily find each other and worked very interprofessional. It stimulated interaction between students and preceptors of other professions. We also coached students of other professionals (respondent P11).

The *improved connections* were also felt with students. This contributed to the continuity of care:

'The students are really part of the team. Before the IPLW, students of another profession were doing their own thing. When I don't see my colleague, I now know I can ask her student. It really feels they are in our team (respondent #2).

'Because of the shared office you meet your colleagues and communicate about shared clients' (respondent #6).

'Traditionally, students of physiotherapy and occupational therapy works closely together. Now I see much more collaboration with all disciplines, like social work and nursing' (respondent P11).

Some preceptors experienced they *valued IPC more* during the years of the internship program:

'I think my focus changed a bit, because of the interprofessional coaching of students. Like I also wanted to do more IPC myself' (respondent #8).

'I see the value of collaboration more, and engage more in it' (respondent P5).

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Preceptors *developed professionally*, becoming more conscious of their IPC and valued it more than before the SR-IPLW started. Most professionals gained professional benefit of the IPC with students. They acquired new knowledge and became attentive to more aspects of rehabilitation care.

Critical preceptorship experiences

Main themes were *concerns about person centeredness, limited patient-contact, losing connections*, *balancing coaching and patient-contact, available time for coaching.* Although preceptors were positive about the concept of the SR-IPLW, there were concerns about the *person centred approach* of the learning activities of the students. Some preceptors felt that learning activities not involving patient contact, limited possibilities for learning about own profession:

'*I like the educational moments with the student group, but sometimes I think: 'Are the patients still number one?'. This is becoming increasingly complicated for me' (respondent P4).*

IPE-activities and scheduling procedures, *limits patient contact*. The value of team-learning activities is questioned by some preceptors. Learning with patients in own professional domain is sometimes given more importance. Scheduling treatments for patients at the same time, prevents students to see the patients of their choice. In this way, some students are able to only see a limited number of patients. This also confines the diversity of cases, therefore limiting the scope of learning:

'They see so little patients, sometimes every day the same three patients. So, how many shoulders do our students see?' (respondent #2).

'This is because students have many educational side activities, like the interprofessional client meeting, peer-supervision and student-team meetings ' (respondent P7).

'Planning does not want to plan the activities of the students separately' (respondent P4).

'My student could have seen this patient 5 times, but only could realize 2 times. Then you expect a lot of a student when discussing this patient in interprofessional client meeting' (respondent P5).

At times there was a feeling of *losing connections.* This was influenced by an overcrowded shared office and a scale up of the SR-IPLW as a result of which nursing staff was less available. A crowded office caused some preceptors to sometimes avoid the shared office:

'When the students are in the shared office, there only is room for 2 or 3 professionals' (respondent P13).

'I cannot focus in the shared office, so I worked more from my own office' (respondent P8).

The scale up of the SR-IPLW from 6, to 14, and now 32 patients, fused two wards into one SR-IPLW. Two separate sub teams were created. All involved preceptors and students were equally present in these teams. As a result, the nursing staff used their own office, instead of the shared office. Because of the expansion of the ward, professionals often didn't know which nurse to address about their patient:

'We became a large ward. Nursing divided clients through routes. This seemed to bring everything down. You had the feeling of beginning all over again' (respondent P5).

'Because of the scale up, we had to move to another office. This had not enough capacity. Therefore, nursing became nursing again, and I moved to my office. Then I lost the connection' (respondent P8).

'I feel the nursing staff is no longer part of the interprofessional team' (respondent P11).

The *balance of coaching and patient-contact* is specifically a challenge when there is high turnover and when there are complex patients. Preceptors have no additional time available for student coaching. This causes preceptors to sometimes choose to treat an 'interesting' patient independent of the student:

'Sometimes I see a patient that is very interesting for the student. Because of my busy schedule, I choose to treat this patient myself. There isn't enough time to prepare and evaluate the session with the student'(respondent P13).

These situation sometimes led to reporting by preceptors in own hours. Also some respondents experienced these moments as affecting their energy-level:

'At the moment it is very busy at the ward. I haven't got enough time to coach the students properly. You have to take time to prepare treatment session with the student and evaluate. We don't have this time, so you use your own break or off hours to do this' (respondent P13).

Preceptors experienced periods when there was *not enough time for coaching:*

'My student has difficulties planning. So I have to sit down with her and see how she performs this. I have to show her how to do it best. This takes 15 minutes easy. You want to do this, this is what we are here for. But it is all the time' (respondent P7). 'It is busy on the ward at this moment. I feel I have not enough time for the student. This is struggle now and then' (respondent P13).

Essential conditions for preceptors on the SR-IPLW

Respondents reported several conditions a preceptor needs on a SR-IPLW, not named above: *preceptorship coaching, scheduling process, importance of being in control and need for participation in policy-making*. *Preceptorship coaching* was found to be a useful and pleasant experience. Preceptors exchanged experiences and discussed personal challenges coaching individual students. These sessions were guided by two independent facilitators. The *scheduling process* has to result in opportunities for student learning. Threats are seeing to many (complex) patients, a high turnover and scheduling patients at the same time. This causes students not always seeing patients they want to see. Therefore, opportunities for interprofessional collaboration sometimes are hampered:

'*Scheduling-office won't schedule for students. This way some patients are booked at the same time. When it is import the student sees them both, this cannot be done' (respondent P11).*

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For preceptors it is *important of being in control,* knowing your patient and be satisfied about your contribution to the treatment plan. In short-staffed periods and high patient-turnover, this control sometimes gets lost. This effects the preceptors coaching of students:

'It is all connected. When we see the patient less, the treatment plan is not clear enough. This causes us professionals to feel unease. This means we lack the overview we need to coach the student with this patient' (respondent P10).

Preceptors experienced moments when they didn't feel ownership of the process at the SR-IPLW. They want to *participate in policy-making*.

'The idea of a flexible learning ward, where routines can change and we can experiment is completely fine. I agree to his, but it needs good communication (respondent P11).

'It sometimes feels you have no influence, there is being decided for you. We don't always get consulted when plans affect our daily work. We have to be included and reach consensus' (respondent P8).

Considerations for further development of the SR-IPLW

Respondents reported several considerations for the further development of the SR-IPLW: *year of study of students, balancing mono-professional learning and personal development, person centeredness, student wellbeing, high expectations* and *control of student's learning process.* The SR-IPLW is challenging for students. They tell us this internship is harder than a regular internship. The interprofessional collaboration challenges students. The opportunity and *expectation* of taking control as student team, requires quite some knowledge and personal skills. Furthermore, it is not uncommon that students experience a period of *decreased wellbeing*. Therefore, preceptors feel the internship is best suited for *last year students*. Preceptors acknowledge the potential of the SR-IPLW to contribute to students' *personal and professional development*. Sometimes they feel not enough focus is given to the development of *mono-professional skills*, because of the attention for team-forming, and IPE-meetings. There is a need to discuss this to achieve a common vision on this. This includes the educational perspective on the learning outcomes: *'What do students have to achieve?'.* A related consideration is that of the *control of student's learning process.* Preceptors sometimes feel students make choices that don't match with what they 'suppose' to learn. There is a need to discuss this process of letting students control their own learning, meanwhile offering them feedback that informs them on their choices.

The core process of the SR-IPLW in delivering high quality rehabilitation care for their patients. Being a SR-IPLW means the process of learning and innovation is a new process. Some preceptors are wondering whether the *patient is always at the centre* of students' learning-activities.

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Concluding thoughts

Working more closely with students and preceptors from different professions, had a positive impact on preceptors and improved interprofessional collaboration:

'To work with students from other professions makes me very happy. It gives me flow in my work' (respondent P9).

'It was a process with ups-and-downs. I grew into it. Working alongside with nursing and all discipline in the shared office was a huge added value. I really liked that a lot. You could easily find each other. We're still working out how to apply interprofessional coaching. But I feel we also are involved coaching students of other disciplines' (respondent P11).

'We formed a learning community with the students. This succeeded (..) I think it is a big plus that with the students, we work more interprofessional (respondent P4).

Although preceptors sometimes didn't feel a part of the decision making process, there also were new ways of working that brought something new:

'I liked that we changed practices more quickly than before. Things are not carved into stone, but can be changed' (respondent P5).

7. Conclusion and summary

The process of implementing a SR-IPLW, changed the ward. A community of Learners between students, preceptors and lecturers was formed. The introduction of the shared office was a crucial success factor. It improved connection between all preceptors, enabling accessible communication. The interaction with students led to close collaboration and enhanced interprofessional working as a whole. This resulted in valuing IPC more and professional development of preceptors. They recognize their own learning process in adjusting to new ways of coaching.

There also were some concerns and challenging experiences. The focus on learning was sometimes seen as competitive to person-centred care. Also the IPE-activities of students limited the time for direct patient contact. This was not always valued equally by preceptors. There seems to be a paradigm difference where some preceptors appreciate learning in practice over activities developing interprofessional collaborative- and personal skills. This made preceptors wonder who is or should be in charge of the learning process of the student.

To ensure good functioning of the SR-IPLW, preceptors encourage preceptorship coaching. It supported the personal challenges in the coach relationship with students. They further stress the importance of being in control of their patients. When there is enough time to see their patients, preceptors are 'on top of the game', have a total view of the patient. This is a prerequisite for the coaching of the students. A scheduling process with opportunities for students to see the patients they want, is also an important facilitator for interprofessional learning. It enables them to see patients as a student-team.

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Appendixes

Interview guide

FG1 Professionals

Goal: To map the clinical supervisors' experience with interprofessional collaboration at the SR-IPLW.

Introduction, researcher: Explain the goal and method of the focus group.

1. What does it mean for you to work in a SR-IPLW?
   a. a. What do you gain personally from it?
   b. b. How does it align with your perspective on rehabilitation?
   c. c. How does it align with the way you want to work?
2. According to you, when is interprofessional collaboration considered a success?
3. What are the facilitating and hindering factors for interprofessional collaboration in your opinion?
   a. What improvements would you suggest?

FG2 Professionals

Goal: To map clinical supervisors' experience with intern coaching at the SR-IPLW.

1. What are your experiences guiding the interprofessional interns at the SR-IPLW?
   a. a. Follow-up: 'Is there a difference compared to guiding regular interns?'
2. What does this experience of guiding students mean to you personally?
   a. a. Has it brought or provided you with something?
3. Has guiding interns in the SR-IPLW changed your perception of your profession or that of others?
4. What are the facilitating and hindering factors for guiding interns at the SR-IPLW in your opinion?
   a. What improvements would you suggest?

FG3 Professionals

Goal: To map clinical supervisors' experience with intern coaching at the learning ward.

1. Member check by giving summary of FG 1 and 2.
2. Further discussion on questions from interview guide that needed more information.
3. Discussion on themes following initiative of participants.

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