

Evaluation of the testing phase of HEAL
Interprofessional Reflection by SDU – The University of
Southern Denmark

Prepared by Maastricht University



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1. Description of the intervention

Background

During their internships in hospitals nursing students and medical students have a number of learning outcomes defined by their academic institutions. These outcomes must be fulfilled during their internships and the clinical departments are obligated to offer learning situations in which the students can develop their competencies within these outcomes. Oftentimes the learning outcomes are relatively broad, such as the ability to collaborate with colleagues, patients, primary care-givers, and other medical professionals within the hospital, as well as outside the hospital.

Experience has shown a relatively low level of knowledge about the roles, methods and work-processes outside one's own profession. This may be not only inefficient, but also at times detrimental to patient care. The local focus groups at SDU/OUH identified increased interprofessional (IPE) learning as a possible improvement to future internships. Likewise, we also identified IPE training as a point of development during the scoping review.

IPE has most often been reported in studies on simulation, but also in studies on collaborative ward rounds or patient care. In a collaborative process with the clinical teachers at OUH Svendborg Hospital we identified a number of potential scenarios for IPE learning. Specifically, we identified several complex processes relating to everyday patient treatment, care and logistics, which involved more than one profession to optimize patient care and proposed a series of case-based IPE conferences or reflective sessions, in which the nursing and medical students could exchange knowledge, experience, and viewpoints, guided by the clinical teachers. The three processes identified were: admission; ward rounds; and discharge.

A series of three IPE sessions were created using learner presented real-life cases as a basis for reflection and discourse, each with a focus on one process. These IPE sessions were tested in two rounds during the pilot period in the Spring semester of 2023, evaluated and modified, and tested again for implementation during the Fall semester 2023 and the Spring semester 2024. The main modification for the implementation sessions were inclusion of nursing assistant students, as a number of learning points during the sessions were related to the transition from healthcare at home (primary care) and healthcare at the hospital (secondary care), and the continuity of the patient healthcare journey. In Denmark, primary care is usually performed by nursing assistants and family physicians and secondary care by nurses and medical doctors. However, nursing assistant students have an internship in the hospital in the latter part of their education. Thus, they were able to bring a considerable experience with home care and broaden the reflective scope during the IPE sessions.

2. The Implementation process

The Interprofessional Activity

Participants

Medical Students: Students from 8th and 10th semester participated in one round of IPE during their 4 week internship at the Department of Internal Medicine or the Department of Geriatrics, OUH Svendborg Hospital. A total of 18 medical students participated in the pilot and implementation phases.

Nursing Students: Student from the 6th semester participated in multiple rounds of IPE during their semester-long internship at the Department of Internal Medicine, OUH Svendborg Hospital. A total of 8 nursing students participated in the pilot and implementation phases.

Nursing Assistant Students: Students from the 3rd internship period participated in multiple rounds during their semester-long internships at the Department of Internal Medicine, OUH Svendborg Hospital. A total of 4 nursing assistant students participated in the pilot and implementation phases.

Clinical Teachers: One Supervising Clinical Nursing Educator and one Coordinating Clinical Assistant Professor, both from the Department of Internal Medicine, OUH Svendborg Hospital, facilitated all sessions. A total of 2 Clinical teachers participated in the pilot and implementation phases.

The IPE Sessions

All sessions were scheduled for one hour, and had a pre-specified subject (admission, ward rounds, or discharge). Participants gathered at the same pre-specified location for the session. One participant, presented a short clinical scenario, they had been involved in with relations to the subject of the session. Following this, the entire group were guided through an interprofessional reflection aimed at elucidating the different steps, regulations, duties, and potential pitfalls of the subject. Focus was on information distribution, the different professional theoretical backgrounds, how to learn and incorporate interprofessional aspects and viewpoints on healthcare, as well as focusing on the viewpoint, needs and concerns of the patient.

The Evaluation Process

All learner participants were forwarded a link to the electronic questionnaire, by e-mail. A qualitative evaluation where performed at the end of each semester with the available students. Students were invited to a focus-group interview between the 1st and 2nd Implementation rounds. The Clinical Teacher evaluated the experience following each semester to identify performance improvements.

3. Evaluation report participant/learners

Only 5 out of 30 student completed the online qualitative evaluation, making it difficult to draw conclusions from the quantitative format. However, the result pointed in the same direction as the qualitative feedback. No students attended the focus group interview, so it did not bring any input to the evaluation.

From the qualitative feedback we were able to infer the following: Generally, the sessions were well received by the student from all professions, as well as the teachers.

Participation were by invitation and scheduled in the normal practice hours, which facilitated attendance from participants, however, sometimes schedules were overlapping normal clinical duties, especially in the nursing students. Also, some learners, particularly the medical students, struggled to align the learning goals of interprofessional, and collaborative learning, to their expectations of an internship. It was not a focus point they

expected, even though these roles have been a part of their learning goals for many years.

The format facilitated active learning and honest discussions about inter-professional issues. The learners felt included and in a safe environment in which they were free to express their experiences, viewpoints and concerns. The learners felt the sessions opened their eyes to the roles and professionalism of each other and could be used to ameliorate and correct, sometimes incorrect, preconceptions of inter-professional roles. Some learners were anxious in the first sessions, but felt an increasing confidence in the discussions during the later sessions. Some students were unfamiliar with the method of reflective group learning, particularly the medical students, as their normal teaching methods were large group lectures, and bedside teaching.

Some professions participated in several rounds of sessions, and some experienced a greater psychological safety by participating in more sessions, while others felt they did not learn anything new in the following sessions.

Overall, the learners found the IPE sessions to be a positive learning experience and most of them would recommend them for fellow students.

4. Evaluation report service user/clinicians/teaching staff

The same as issue 5, see below.

5. Evaluation by project implementers

The teachers felt the format required some proctoring, especially the first sessions, and were challenged to not step in and participate too much in the discussions. Students, unfamiliar with reflective practice and also with participating in interprofessional education, seemed hesitant at first, to engage actively in reflection and discourse. The teachers had to insure active participation by all participants, accommodate professional preconceptions, and, potential hierarchical barriers in the learners. Furthermore, individual learners sometimes exhibited a self-focused learning type (what do I get out of it?) in contrast to a group-focused learning type (what can I bring to the group, so we all learn?).

Furthermore, the different length of internships and starting dates, made scheduling challenging, in the normal clinical practice. This also challenged the timing and format of the introduction to the sessions in the different professions. Finally, some sessions were placed relatively close to traditional exams, especially in the nursing students internship, which challenged participation.

Following the iterative evolution of the implementation the teachers felt that other allied professions, such as physical therapy or occupational therapy students, would be able to learn from and to actively bring relevant learning to the reflective group.

Finally, the electronic format of the evaluation was not optimal for students in the Danish learning environment. As the evaluation was not mandatory, and placed after the student finished their internship, the rate of participation in the quantitative evaluation was unsatisfactory. The timing, and perhaps the method (electronic/on paper), will have to be reevaluated.

6. Conclusions and Recommendations

One of the trends in future healthcare is to shorten hospital stays and to increase healthcare intervention at home. This involves multiple professions, each with their own theoretical foundation and methods for providing healthcare. Furthermore, this involves different sectors of healthcare as well as different tools, and legislative foundations. In order to sufficiently prepare the future healthcare providers for this scenario, there is a need for interprofessional education and cross-sectorial education.

The interprofessional learning sessions attempted to address this issue. We identified a significant gap in learner awareness of roles, work methods of other professions, as well as the interprofessional logistics of a patient journey through the healthcare system.

Furthermore, although collaborative learning goals are a part of all the professions' curriculae, it is not something that is prioritized in daily internship teaching. During the course of the pilot and implementation sessions we developed several method cards for use when planning the sessions, primarily, "Interprofessional Peer Reflection", "Reflective Supervision", "Cooperative Learning", and "Peer Learning".

We identified a number of potential points for evolution, namely the inclusion of allied healthcare professionals, a patient-centered focus, as well as a group-centered, collaborative learning style. We also identified barriers to interprofessional learning, such as interprofessional scheduling, sense of hierarchy, as well as hesitancy toward engaging in interprofessional discourse. These barriers may be due to local tradition, and may differ from site to site.

7. Annexes

None included.