

ORIGINAL ARTICLE



Clinical supervisors' experiences of using an interprofessional clinical supervision model in an acute care setting

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ABSTRACT

Often, students converge on the acute healthcare setting in professional silos, focusing solely on key learning objectives specific to their profession. The use of an Interprofessional Clinical Supervision (IPCS) model may enable students from medicine, nursing, pharmacy, and allied health to develop profession-specific skills, provide opportunities to improve communication skills within an interprofessional team and enhance student understanding of other health professionals' contributions to care delivery. Clinical supervision of these students within an IPCS model presents a number of logistical and interprofessional challenges. Through the use of two semi-structured group interviews, we sought to understand interprofessional clinical supervisors' (n = 4) perspective of implementing the IPCS model. Thematic analysis revealed emerging themes of planning, interprofessional supervisor utilization, role clarity and perceived professional limitations from the data. This study found that the IPCS model can provide an innovative alternative to traditional profession specific supervision models and interprofessional education activities, particularly given the climate of increasing student numbers and reduced resources.

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Introduction

It is widely accepted that health professionals working efficiently and effectively in teams improve the safety and quality of patient care (Ternov & Akelsson, 2005). Despite this, students in health professional programs will often undertake their campus-based studies isolated from their colleagues in other health programs. Interprofessional Education (IPE) has potential as a meaningful way for higher education institutions (HEIs) to teach healthcare teams to learn with, from and about each other (Centre for the Advancement of Interprofessional Education [CAIPE], 2002). However, despite increased efforts to integrate IPE into health professional programs, institutional priorities, timetabling logistics and dispersed geographical locations of students are given as perceived barriers to successful implementation (Reeves et al., 2016a).

Within the learning activities of a health science program, clinical placements provide an alternative forum to embed IPE. Currently, while medical, nursing, pharmacy and allied health students are immersed in the healthcare setting, they are focusing specifically on achieving learning objectives specific to their profession. An interprofessional clinical supervision (IPCS) model can enable students to develop these profession-specific skills, but also provides an opportunity to improve communication skills within an interprofessional team and enhance their understanding of the contributions of other health professionals in patient care. In our context, IPCS maintains the profession-specific student-supervisory relationship, with further educational opportunities and clinical support provided by the IPCS team. This lays the foundation for collaborative, integrated health practices that deliver effective, safe and sustainable health care.

Irrespective of the learning environment, the successful implementation of any interprofessional initiative is reliant on the quality of facilitation. Reeves et al. (2016b) believe that successful interprofessional teachers are able to create a collaborative, safe, social learning environment together with applying educational theory; however, acknowledge these continue to be an under-reported aspect of IPE programs. While the importance of the supervisor's role has been mentioned, most IPE research reports on the students' perspective (Hyrkäs, Appelqvist-Schmidlechner, & Paunonen-Ilmonen, 2002). This paper will focus on the implementation of an IPCS program from the interprofessional clinical supervisors' perspective.

Background

This pilot project was funded by the Southern Queensland Regional Training Network, Australia and was conducted between May and October 2014. An innovative IPCS model was developed by the first author that drew upon the literature (Mullarkey, Keeley, & Playle, 2001; Chipchase, Allen, Eley, McAllister, & Strong, 2012) and recommendations from a curriculum renewal report (Interprofessional Curriculum Renewal Consortium, 2013). In this model, students undertaking clinical placements at Mater Health attended structured learning activities conducted by interprofessional clinical supervisors. Students were also able to contact the supervisors if they needed assistance with a clinical problem or needed support outside their profession-specific mentor. Interprofessional clinical supervisors also conducted student rounding, providing face to face clinical support.

All students from medicine, nursing, pharmacy and allied health (n = 142) undertaking clinical placements in medicine, surgery, oncology and critical care specialties were invited to participate in IPCS activities. Medical students were unable to participate in the pilot due to logistical barriers. Students were from three universities and one registered training organization; enrolled in diploma, bachelor or masters level health profession programs. Interprofessional clinical supervisors were recruited from nursing (n = 2), pharmacy (n = 1) and social work (n = 1); each with a varying understanding of IPE and practice. All had over 10 years' experience in their own health profession. They received an orientation together with ongoing training and mentorship throughout the project.

Methods

This was an exploratory pilot study, utilizing semi-structured interviews with the aim to understand clinical supervisor's experiences supervising students of different disciplines during an interprofessional clinical placement. Qualitative analysis was used to determine the views and perceptions of using this model in an acute care setting.

Data collection and analysis

At the conclusion of the pilot, semi-structured interviews were conducted by the first author to understand the interprofessional clinical supervisors' (n = 4) experiences. Two group interviews (n = 2) were used to understand their experiences of the project and seek their input into the IPCS model. The interviews were transcribed verbatim and member checked. Thematic analysis of the data revealed three themes: IPCS model development, stakeholder engagement, and interprofessional limitations.

Ethical considerations

Ethics approval was obtained from the University of Queensland (#2014000831). Informed consent was obtained from each participant. Data were de-identified at the stage of transcription to maintain confidentiality.

Results

Three themes emerged from the group interviews: 'IPCS model development', 'stakeholder engagement' and 'interprofessional limitations'. These subsequently informed the IPCS model for the acute care setting.

IPCS model development

In our context, the short timeline for supervisor recruitment coupled with the part-time nature of the roles appears to have impacted on their ability to develop a 'team identity' before implementing the model:

It would have been helpful to be part of the team from the beginning. It was hard to 'hit the ground running'. (Supervisor 1)

Another supervisor agreed:

Because we were all part-time, it was hard to know what each other was approaching the role. It would have been better to be working across more shifts together. (Supervisor 2)

This was reflective throughout the project, with interprofessional clinical supervisors often confused about their role within the project. Although each supervisor was an experienced professional-specific supervisor and had worked in interprofessional teams, they all expressed that teaching and supervising students on an interprofessional basis was challenging.

Stakeholder engagement

The pre-implementation stage of an IPE innovation is also critical for engaging key stakeholders and ensuring their understanding of the activity. In our context, the IPCS model represented a significant shift from the known clinical placement model. Interview data revealed the importance of ensuring participants understood the IPCS model to be able to maximize learning opportunities:

I don't think they (students) realise how I can help them. They don't know why I'm here'. (Supervisor 2)

Students and their supervisors are so time poor. I'm not sure what value I added. (Supervisor 3)

Utilization of the IPCS team was sporadic however when students accessed the team, meaningful learning for both the student and the IP Clinical Supervisor occurred:

My experience with the physiotherapy students changed my view and made me realise how worthwhile this project is. I was able to help (them) to understand the various pain relief medications used on surgical wards. They really liked the information sheet I was able to provide them. (Supervisor 2)

The students who attended additional IPE activities recognised me and approached me to help with a clinical problem outside of their own discipline. I was happy I could help. (Supervisor 1)

An initial understanding of the purpose of the model and its benefits ultimately will impact student-supervisor experience. Attendance and introduction of the IP Clinical Supervisor role at student orientations improved utilization. IP Supervision pilot was complimented with simulation-based, IPE activities which provided alternate mechanisms to build interprofessional relationships between students and supervisors. During these activities, student exposure to physiotherapy, psychology, occupational therapy, and dietetic professionals occurred.

Interprofessional limitations

During the 12 weeks of student contact, difficulties arose when specific professions (students and supervisors) did not see the benefit of the IPCS model. Transitioning from uniprofessional to IP clinical supervision can reveal professional biases and assumptions.

I know what other professions do from my own interactions with them in a clinical environment. However, I quickly realised that

I don't know what all the other professions do, and this was a bit scary. It also meant that I was learning alongside the students. (Supervisor 4)

Unfortunately, medical students did not participate in this project. As Clinical Supervisor 3 describes:

If all students were 'on board', this would have been great medicine leads the majority of clinical care.

The supervisors also described their frustrations accessing students in the clinical areas. Knowing which students were on shift was logistically challenging despite using an online placement system which provides this information. These comments highlight that IPE activities, whether held during clinical placement or as part of timetabled university activities may need extensive project lead-in times to ensure participants are adequately prepared.

Discussion

Education stakeholders, who wish to advance the IPE and collaborative practice agenda, must generate and support IPE encounters across all student learning contexts. The IPCS model described provides an innovative alternative to traditional supervision models and structured IPE activities (Nisbet, Lincoln, & Dunn, 2013), particularly given the climate of increasing student numbers and reduced teaching resources. Historically, the emphasis was on student experience or readiness to participate in IPE (Reeves et al., 2016a), however interprofessional clinical supervisor expertise and an ability to create a collaborative learning environment are now considered determinants of IPE success (Reeves et al., 2016b).

An interprofessional approach to the authentic assessment of IP skills is a challenge, as profession-specific terminology exists for similar competencies such as communication, evidence-based healthcare, and collaborative practice. For this reason, many HEIs currently rely on profession-specific competency frameworks to assess interprofessional capabilities of their students during clinical placement.

Using an interprofessional capability framework provides clinical supervisors a common language for assessment of collaborative skills applicable across multiple professions (Brewer & Jones, 2013). This common language allows for further teambuilding and the creation of a learning climate among the supervisory team, further enhancing the authenticity of the interprofessional activity feedback and benefits gained by the student. Hyrkäs et al. (2002) concur, suggesting that a key factor required for successful team supervision is the interpersonal relationships of the team itself. Sufficient time is required between recruitment of teaching staff and implementation of the teaching model, to allow a constructive team climate to develop. This, together with acknowledging and appreciating different professional capabilities provides opportunities to extend learning for the clinical supervisor and student (Davys & Beddoe, 2008).

Whilst a limitation of this study is that findings were derived from a very small number of supervisors in a single location, our data indicate that the IPCS model has potential to provide students with effective IPE in the acute care setting and further exploration and application of the model is warranted.

Conclusion

The short pilot timeframe determined by external project funding, along with the preminent closure of one of the health facilities hospitals impacted the ability of the supervisors to build meaningful relationships with students, professional-specific mentors, and clinical staff. Limited use of IPCS models in acute care is noted, with the majority of reported literature arising from student-led clinics (Haggarty & Dalcin, 2014), rural clinical placements (Spencer, Woodroffe, Cross, & Allen., 2015), or student training wards (Jakobsen & Hansen, 2014). This novel application to an acute care setting could improve efficiency in health student education by reducing the need to duplicate supervision staff and student orientation requirements.

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Declaration of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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