

Partnership in Practice

Linking pre-licensure students to professionals in other disciplines

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Goal:

Create a clinical course activity for senior BN students to meet the following criteria:

- + Revisit RN Scope of Practice in the context of the interprofessional team
- + Augment Interprofessional Practice (IPP) experience
- + Address issues including: access to other disciplines and overall feasibility
- + Support of key stakeholders
- + Resonate with BN students as relevant, practice-based and timely

In short ...

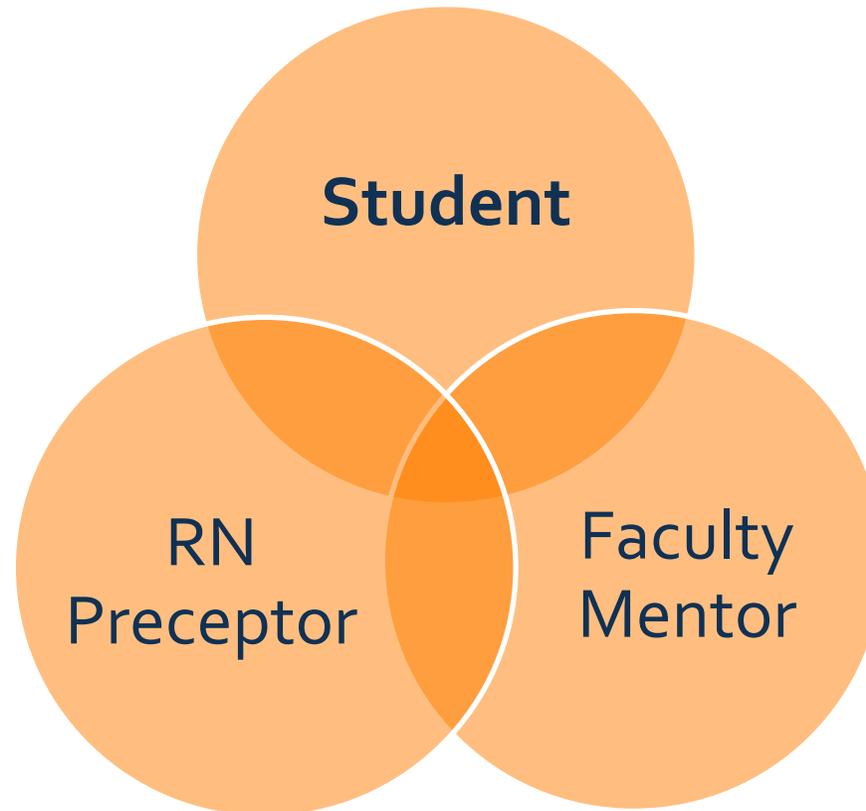
The new course activity had to be:

- + Learner-centred
- + Practical (practice-based)
- + Cost effective
- + Collaborative
- + Interprofessional

Context

- + Bachelor of Nursing Students in final semester
- + 360 practice hours in a Preceptorship model
- + Goal: Transition to independent RN practice
- + Wide variety of clinical settings
 - + Majority are in acute care, including critical care
 - + Other settings include community-based agencies, rural settings, northern placements

Course Overview: Roles



Course Overview: Process

- + A process model: **The Course in Thirds** describes optimal student progression over 360 practice hours
- + Each “third” of ~120 hours aligns with an overall goal and key responsibilities
- + The **Course in Thirds** model also guides the Student for the Partnership in Practice (PiP) course activity



Partnership in Practice: Key Features

Partnership in Practice (PiP)

- + An opportunity for 4th year BN students to identify and engage in a limited partnership with a health care professional (HCP) from a non-nursing discipline
- + PiP partner must have a professional responsibility for the same patient/ client population (or a portion of that population) as the student's clinical placement
- + 3 main components for students:
 1. Preparation (planning, consultation)
 2. PiP activity
 3. Post-PiP student-led seminar

PiP: Role of the Course Coordinators

- + Provide an overview of PiP to:
 - + Faculty Mentors *at a pre-course meeting and in supporting documents for Preceptors*
 - + Students *at the course orientation*
 - + Potential PiP partners *via letters provided for students to share at the time of request*
- + Provide access to all supporting documents and readings for FMs and students
- + Make all post-PiP seminar arrangements
- + Provide updates to internal and external stakeholders

The Bottom Line: Course Coordinators are responsible for the materials and operational aspects of the course activity

PiP: Role of the Faculty Mentor

- + Reads background documents and articles linked by coordinators
- + Provide a brief overview to the RN Preceptor
- + Answers student questions regarding PiP during the term
- + Acts as a consultant when the student submits a "PiP Proposal"
- + Acts as support for a 2 hour student-led seminar

The Bottom Line: The PiP activity was designed to place FMs in the primary role of consultant

PiP: Role of the RN Preceptor

- + The Preceptor learns about the course activity when the FM provides an orientation to the course and Preceptor role.
- + The emphasis for Preceptors is to facilitate an overall student orientation to the practice setting that includes the identification of professionals who work with the client/ patient population in the area

The Bottom Line: The PiP activity was designed to eliminate any additional burden on the RN Preceptor

PiP: Role of Student

- + Complete background readings related to the Canadian Interprofessional Health Collaborative ([CIHC], 2010) model, IPP, IPE, RN documents related to collaboration
- + Actively participate in the orientation to the practice site and meeting other HCPs
- + Identify possible PiP partners and align with the own learning needs and interests
- + Consult with Faculty Mentor using the “pre-PiP draft” form (Appendix A)
- + Identify then approach the HCP, arrange the PiP experience
- + Do the PiP experience outside of regular practice hours
- + Participate in all aspects of the post-PiP seminar (student-led)

Bottom Line: The emphasis of the PiP course activity is on each student’s own learning needs and participation at all phases of the activity

PiP: Role of the Health Care Professional (partner)

- + Agrees to have the BN student join them and observe their practice in the practice setting for ~2-4 hours
- + Ask questions of the student and/ or refers to the supplied letter from the course coordinators regarding the purpose of the PiP activity
- + Optional: to be available for follow-up questions and/ or clarification

Bottom Line: The role of the PiP partner is voluntary and time-limited

FAQs from students (pre-PiP activity)

Can I deviate from the suggested time frame?

- + Suggested time frame: 2-4 hours (maximum of 8, with rationale)
- + Could be done in 2 shorter intervals
- + This time is in addition to the 360 practice hours*

Can the PiP partner be a non- Health Care Professional ?

- + Yes, however student must identify someone who has a *professional* responsibility for the same patients/ clients and can be intersectoral (e.g. pastoral or spiritual care, teacher).

The PiP activity and HCP partners

- + PiP activity time often observational
- + Students are encouraged to engage directly with the selected professional to assist with timing and for follow-up questions or clarification
- + Variety of PiP partners included: Dietitians, Occupational Therapists, Pharmacists, Physicians, Physiotherapists, Respiratory Therapists, Social Workers, Spiritual Care Consultants

Student- led (Post-PiP) seminars

- + Student sign-up for the Post-PiP seminar begins early in the term at ~week 2; timing is based on each student's unique schedule
- + Seminar group size: optimal is 8; range 5-9
- + Students send a brief overview to the FM moderator to confirm their plan to attend the seminar, confirm their PiP partner's profession and also 1 question they have for their peers (based on PiP experience, readings).
- + FM acts as a moderator and supports seminar group

Summary: Course in Thirds and PiP

Course in Thirds (mutual tasks)

1. Trust development: focus on orientation to the setting, initial assessment and feedback
2. Negotiated Independence: RN begins to 'step back' as SN demonstrates growth in practice
3. Enhanced collaboration: RN as colleague to student as (s)he continues toward safe, independent RN practice and meeting ETP competencies

Alignment with PiP

1. Identification of professionals involved with the care of patients/ clients in the setting
2. The PiP activity occurs, ideally before midterm, followed by student-led seminars on campus
3. Opportunity to apply the learning that occurred in the PiP activity and follow-up student seminars

Student Feedback about the *PiP* activity

- + Easy to initiate
- + Flexibility with who student could choose as partner very beneficial
- +  confidence in collaborating and communicating with other hcps
- + Gained understanding of scope and role of another HCP
- + Opportunity to see their patient population in a different context
- + Low stress
- + Interprofessional collaboration was at the forefront of the activity and learning. Able to gain an understanding into how the HCPs practice impacted patient care.
- + Amount of work required was reasonable with the result being a great learning experience

Student Feedback about the *post-PiP seminar*

- + Beneficial to learn about student colleagues experiences'
- + Found it as valuable as the PiP activity itself
- + ↓ stress and ↓ risk which fostered greater learning
- + Even though there were duplicate HCPs discussed in the seminar, students found it amazing to hear the difference in practice between units and settings.
- + Allowed for the PiP activity to really be connected to IPE

What have we learned?

- + Flexibility with the sign-up to the post-PiP seminars worked well
- + Initially, there was concern regarding duplicate HCP PiP partners and while this did happen, Faculty Mentors and the students both report that duplicate HCPs being discussed in the post-PiP seminar actually allowed for deeper learning and discussion.
- + The student led post-PiP seminar was a critical component of the overall PiP activity
- + For ease, we selected professionals vs students in another discipline - although we were open to the possibility of having a student partner if the opportunity arose.



*“This activity will actually help
us when we work as nurses”*

(4th year student, Winter 2017)

Future Considerations

- + Interest in the experience of the PiP partner (e.g. in having a 4th year student interested in their scope of practice, professional responsibilities and competencies)
- + The perceived differences b/t student and professional worked in favour of the student, how might we capitalize on this?
- + Follow-up with students at end of course, and again post graduation, with respect to their reflections on the experience of PiP and how they have continued use their knowledge in practice

Questions?

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Thank you for attending our presentation

Reference

Canadian Interprofessional Health Collaborative. (2010). A National Interprofessional Competency Framework. Canadian Interprofessional Health Collaborative, Vancouver, BC.

Bibliography

Canadian Interprofessional Health Collaborative. (2010). A National Interprofessional Competency Framework. Canadian Interprofessional Health Collaborative, Vancouver, BC.

Hepp, S. L.; Suter, E, Jackson, K. Deutschlander, S. Makwarimba, E., Jennings, J. & Birmingham, L. (2015). Using an interprofessional competency framework to examine collaborative practice. *Journal of Interprofessional Care*, 29(2), 131-137.

MacDonald, M.B., Bally, J.M., Ferguson, L.M., Murray, B.L., Fowler-Kerry, S.E., & Anonson, J.M.S. (2010). Knowledge of the professional role of others: A key interprofessional competency. *Nurse Education in Practice*, 10, 238–242. doi:10.1016/j.nepr.2009.11.012

Pfaff, K.A., Baxter, P.E., Ploeg, J., & and Jack, S.M. (2014). A mixed methods exploration of the team and organizational factors that may predict new graduate nurse engagement in collaborative practice. *Journal of Interprofessional Care*, 28(2), 142–148. doi: 10.3109/13561820.2013.851072

Shafran, D.M., Richardson, L., & Bonta, M. (2015). A novel interprofessional shadowing initiative for senior medical students. *Medical Teacher*, 37, 86-89. doi: 10.3109/0142159X.2014.929099

Speakman, E. & Arenson, C. (2015). Going back to the future: What is all the buzz about interprofessional education and collaborative practice? *Nurse Educator*, 40(1), 3-4.

Wright, A., Hawkes, G., Baker, B., & Lindqvist, S.M. (2012). Reflections and unprompted observations by healthcare students of an interprofessional shadowing visit. *Journal of Interprofessional Care*, 26, 305–311. doi: 10.3109/13561820.2012.678507

Appendix A: Pre-PiP draft document

- + Purpose is to supplement a consultative discussion between a student and their Faculty Mentor and to highlight *suggested* preparatory items including:
 - + Which HCP? Add rationale for choice
 - + What aspects of that professional's role are of interest and might link to your PiP activity?
 - + Student's proposed time frame for the experience?
 - + Table of *suggested* activities (columns for done, yet to do and questions for FM)
 - + 2 questions that you *may* ask the HCP
 - + Thoughts on how to reply to a question about RN scope of practice.