Short duration clinically-based interprofessional activities prepare health professional students for the workforce: A systematic review

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What are the effects of participation in short duration clinically-based interprofessional activities for health care professional students?

Method:

SEARCH AND STUDY SELECTION:
• Eight databases searched from inception to June 2017
• Reviewed independently by two reviewers for inclusion

Inclusion Criteria:
• Participants: - Training for initial qualification / UG or Graduate entry
- Will include studies with professionals as long as working with students

Exclusion Criteria:
• Participants: - Qualified professionals only

Interventions:
- Only 1 setting involved
- Longer than a working day / iterative
- ‘Shadowing’ and ‘Student-run’ Clinics
- Solely classroom based / simulation

Outcomes:
- Describe outcomes for students (eg. Intervention / tool development)
- Good level of agreement attained (κ= .702, int −.980 -.815)

QUALITY ASSESSMENT:
• Assessed independently by two reviewers against criteria:
  • Description of aim/objective of study;
  • Clear description of intervention;
  • Appropriateness of outcomes measures;
  • Independence of assessors;
  • Outcomes measured at multiple time points
  • Number of participants lost to follow up

DATA ANALYSIS:
• Descriptive and content analysis – quant. and qual. data
• Analysed against ‘Core Competencies for Interprofessional Collaborative Practice’ (2016 update)

Core Competencies for Interprofessional Collaborative Practice Framework (see figure below)

Four core competencies:
1. Roles and Responsibilities;
2. Interprofessional Education Collaborative (IPEC)
3. Interprofessional Communication;
4. Teamwork

Each core competency includes a set of sub-competencies
Analysis was completed to the sub-core competency level

Other data extracted included:
• Participant information (age, gender, discipline, year);
• Study information (type, response rate);
• Intervention information (type, duration, location, etc.);
• Quality assessment data

Results:

OUTCOMES - SHADOWING:
• Participants in 1st or 2nd year of study
• 2 – 10 hours duration

QUALITATIVE DATA:
• Most commonly related to core competencies: ‘Roles and Responsibilities’ then ‘Teams and Teamwork’

QUALITATIVE DATA:
• Data related to all four core competencies

Additional Theme:
• Positive experience of participation

OUTCOMES - PATIENT REVIEW ACTIVITIES:
• Participants in 3rd – 5th year of study
• 2 – 4.5 hours duration

QUALITATIVE DATA:
• Most commonly related to core competencies ‘Teams and Teamwork’ then ‘Roles and Responsibilities’

QUALITATIVE DATA:
• Across 1 core competencies : ‘Teams and Teamwork’, ‘Roles and Responsibilities’ then ‘Interprofessional Communication’

Additional Theme:
• ‘Development of a clinical skill’

Discussion:
• Benefit to student participants – competency/skill development;
• Participation in different types of activities develops different competencies;
• The level of the learner is an important factor in selecting the activities;

Practical implications for sustainable IPE:
• Less logistical barriers – not needing to ‘bring learner together’;
• IPE comes in context – links with situational and adult learning theory, not taking away ‘clinical time’;
• Downward pressures – eg. room size, facilitators.

Conclusion:
• Limitations of the available data evident
• Future research using more rigorous study designs is needed

Findings suggest short-duration clinically-based interprofessional shadowing and patient review activities may have a role in preparing health professional students to practice collaboratively.