



Family & Community Medicine
UNIVERSITY OF TORONTO

The Role of the Health Professional Educator in Undergraduate Medical Student Education: A Formal Curriculum

Dr. Sherylan Young

Andrea Goncz

Dr. Evan Chong



Sunnybrook

ACADEMIC FAMILY HEALTH TEAM

STFM MSE – February 2, 2019

DISCLOSURES

NONE

LEARNING OBJECTIVES

- Explore the value of formal health professional education (HPE) learning experiences for medical students
- Be able to create a simple formal clinical learning experience curriculum for HPE learning experiences
- Be able to create a learning experience that increases the medical students' appreciation of health professionals in collaborative practice

BACKGROUND

Interprofessional education enables effective collaborative practice that in turn optimizes health services, strengthens health systems and improves health outcomes¹

Clinical experiences with allied health providers (AHP) change students' perception and understanding of the role of the AHP^{2,3}

BACKGROUND

In order to be **effective clinicians** upon graduation, learners must graduate with the understanding of the roles and responsibilities of all of our health care team members

PROBLEM

Medical students are learning in environments that include **interprofessional health care providers** (IHPs)

BUT, they are not being **formally** taught by IHPs as health professional educators (HPEs) while participating in direct patient care

ALSO, **no formal curriculum exists** to facilitate this learning

BACKGROUND

- Sunnybrook Academic Family Health Team
- University of Toronto
- Itemized clinical learning experiences that our students were already having
- Worked collaboratively with our health professional educators to create learning objectives for each session
- Mapped the learning experiences to CanMEDs competencies

CANMEDS COMPETENCIES

Competencies learned by students during HPE clinical learning experiences:

- Medical Expert
- Communicator
- Collaborator
- Health Advocate

STUDYING THE FORMAL CURRICULUM

NURSING SESSION

- **Learning Objectives:**
 - Be able to perform the following clinical skills:
 - Venipuncture
 - Immunization
 - Become more competent in the Communicator Role and the ability to assess a patient. This may include use of the SBAR tool.
 - Acquire a better understanding and appreciation of the role of the nurse in the care of a Family Health Team patient.
- **CanMEDS Competencies:**
 - COMMUNICATOR: 1. Establish professional therapeutic relationships with patients and their families; 4. Engage patients and families in developing plans that reflect the patient's health care needs and goals; 5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality and privacy
 - COLLABORATOR: 1. Work effectively with physicians and other colleagues in the health care professions

CREATING A FORMAL CURRICULUM

DIETITIAN SESSION

- **Learning Objectives:**
 - Gain experience in the skills required to promote behaviour change
 - Acquire some basic knowledge on the medical nutrition therapy for various health care concerns eg weight loss, HTN, weight gain, DM2
 - Acquire a better understanding and appreciation of the role of the dietitian in the care of a Family Health Team patient.
- **CanMEDS Competencies:**
 - COMMUNICATOR: 1. Establish professional therapeutic relationships with patients and their families; 4. Engage patients and families in developing plans that reflect the patient's health care needs and goals;
 - COLLABORATOR: 1. Work effectively with physicians and other colleagues in the health care professions

WHAT MAKES IT FORMAL?

- During their 6 week clerkship family medicine core rotation, students were assigned to clinical sessions with HPEs
- HPEs were instructed on how to deliver the “formal curriculum”:
 - **“Orientation huddle”**⁴: students met with the HPE to review learning objectives
 - **“Post-encounter huddle”**⁴: students met with the HPE to debrief and review questions about the clinical experience

EVALUATING THE IMPACT

- At the end of each rotation, focused interviews were conducted to get students perspectives on:
 - The Role of Interprofessional Healthcare Providers
 - HPE Clinical Learning Experiences from an Education Perspective
 - HPE Clinical Learning Experiences from a Patient Care Perspective
 - Impact of a Formal Curriculum
- Transcripts were analyzed using qualitative data processing software employing an inductive thematic analysis approach
- Categories of results were organized into final overarching themes

STUDY FINDINGS

Reflections on the Role of the IHP:

- Diverse perspectives and expertise are valued and provide optimal, comprehensive care for patients.
- Sessions provided insight into the care patients received from IHPs

Operationalizing Collaboration:

- Bringing each other's strengths and expertise to the table and working with each other towards the same goal of patient care with different care perspectives
- Gained a more practical sense of collaboration

STUDY FINDINGS

Value of the HPE Learning Experience:

- Valued learning other professionals' scopes of practice
- Greater appreciation of other health professionals and their roles in patient care
- Observing health professionals working collaboratively on a patient
- Empowered student to feel more comfortable reaching out to nurses to ask questions
- Opened eyes to approaching problem-solving with an IP lens
- Gained new skills

STUDY FINDINGS

Perception of IHPs as Contributors to the Health Care Team

- Deeper appreciation for IHPs
- Without IHPs, care would be sub-optimal
- Reinforced the importance of the IHPs in patient care

STUDY FINDINGS

Effects of the Formal Curriculum:

- Huddle helped by contextualizing the learning session
- Objectives enhanced and framed the learning experiences
- Helpful to reflect on the learning sessions
- Useful to bring teachings together in a discussion
- Helpful to ask questions and learn about resources to support learning
- Formalized the role of the HPE teachers
- Gained more respect for IHPs through their role as teachers

STUDY FINDINGS

Influence on Clinical Care in the Future:

- Students found value in being part of an interprofessional team
- Better understanding of scopes of practice than in first 2 years of medical school
- Will trust the expertise of other interprofessionals

“now I certainly do feel that it’s of...significant importance, and... it does so much to make you a better physician... I’m significantly more encouraged and motivated to continue interprofessional learning throughout my journey “

STUDY FINDINGS

Awareness of Interprofessional Collaboration in Comprehensive Patient Care:

- Understanding of health professionals' scopes of practice contributes to comprehensive care, leading to making more connections with other care providers to create more care opportunities, with greater efficiency
- Working directly with IHPs developed a better understanding of scopes of practice which increased comfort level in communicating with each other

Preparedness To Work Effectively With Other Health Professionals To Provide Safe, High-Quality, Patient-Centered Care

- Prepared them to work effectively with other IHPs
- Sessions demonstrated the value of IP teams

CONCLUSIONS

Implementation of a formal HPE curriculum resulted in students having a better understanding and appreciation of IHPs

Students feel that


- **IHPs play an important role in their medical education**
- **formal clinical education sessions with HPEs are valuable**
- **formalizing the HPE clinical learning experience has increased their respect of HPEs as teachers**

Students feel more prepared to work effectively with IHPs to provide high-quality, patient-centred care because they had a chance to see interprofessional collaboration in action

WHAT CAN YOU DO?

1. Examine the HPE clinical learning experiences that your students are already having
2. Create objectives for these sessions
3. Formalize the learning experiences

QUESTIONS??

Please evaluate this presentation using the conference mobile app! Simply click on the "clipboard" icon  on the presentation page.

REFERENCES

1. Barr, H. The WHO Framework for Action. *Journal of Interprofessional Care*. September 2010; 24(5): 475-478.
2. Owens, P., Gibbs, T. More than just a shopkeeper: involving the community pharmacist in undergraduate medical education. *Medical Teacher*. 2010. Vol 23(3): 305-309.
3. Shafran, D., Richardson, S., Bonta, M. A novel interprofessional shadowing initiative for senior medical students. *Medical Teacher*. 2015, 37: 86-89.
4. Lie, D et al. Interprofessional education and practice guide No. 5: Interprofessional teaching for prequalification students in clinical settings. *Journal of Interprofessional Care*. 2016, Vol 30, No 3, 324-330.
5. Barr, H., Freeth, D., Hammick, M. et al. Evaluations of Interprofessional Education: A United Kingdom Review for Health and Social Care. Review. CAIPE (Centre for the Advancement of Interprofessional Education)/ BERA. 2000.