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Does a short-term interprofessional clinical placement early in a graduate-entry medical course affect students' readiness for interprofessional learning?

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Abstract

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Hudson JN, Bushnell JA, Farmer EA

Introduction:

An inter-professional educational initiative involving two cohorts of first year graduate-entry medical students was piloted at the University of Wollongong. The learning activity, a 3-week interdisciplinary clinical experience (ICE) where students worked with practitioners from a range of health professions, aimed to help students gain perspectives on professional roles, teamwork and inter-professional communication, and the impact of these on quality and safety in health care. Complexity theory provided the conceptual framework for the placement¹, with the National Patient Safety Education Framework guiding its implementation and evaluation².

Methods:

Implementation included briefings and resources for students and preceptors. Quantitative and qualitative methods were used to evaluate the outcomes from student and preceptor perspectives, including a pre-and post-ICE administration of a 4 sub-scale version of the Readiness for Inter-professional Learning Scale (RIPLS)³ to students.

Results:

Most students and preceptors agreed that ICE met its learning outcomes, with reflective comments providing some insight in to the nature of the learning experience. Significant RIPLS findings included the tendency of medical students, post ICE, to agree less strongly with statements relating to 'Teamwork and Collaboration' and 'Positive Professional Identity', and disagree less strongly with those relating to 'Negative Professional Identity'.

Discussion/conclusions:

Early clinical encounters make students more confident approaching 'real' patients, increase their awareness of health professionals' roles, and facilitate their transition to the workplace. After the ICE placement, perhaps students were less positive in their responses to questions about 'teamwork and collaboration' and 'professional identity' due to the experience itself or because it reinforced negative beliefs about the value of learning from other health professionals who are not doctors. Alternatively, students may have had an underdeveloped professional identity themselves. Further study of the effect of preceptors, the educational climate and the learning experience itself, as well as the timing, should provide some insight in to the findings.

References:

1. Cooper H, Braye S, Geyer R. Complexity and interprofessional education. *Learning in Health and Social Care* 2004; 3:179–89.
2. McFadyen, AK, Webster V, Strachan, K, Riggins E, Brown H, McKechnie J. The Readiness for Interprofessional Learning Scale: A possible more stable sub-scale model for the original version of RIPLS. *J Interprofessional Care* 2005;19:595–603.
3. National Patient Safety Education Framework
[http://www.health.gov.au/internet/safety/publishing.nsf/Content/C06811AD746228E9CA2571C600835DBB/\\$File/framework0705.pdf](http://www.health.gov.au/internet/safety/publishing.nsf/Content/C06811AD746228E9CA2571C600835DBB/$File/framework0705.pdf) Accessed 28/08/06.