Current Literature Summary

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Introduction: Improved communication and teamwork among healthcare professionals is advocated as a strategy to solve numerous challenges within the health care system, such as allocation of limited resources, poor clinical outcomes, and low job satisfaction. Interprofessional collaboration (IPC), which occurs when multiple health care providers from different professional backgrounds provide comprehensive health care by working with patients, their families, and communities to deliver the highest quality care possible, may offer a partial solution to the aforementioned challenges. We will provide brief synopses of current research on IPC and discuss possible applications to athletic training education, research, and practice.

Messersmith JJ, Brouwer K. Student perspectives of an interdisciplinary approach to clinical provision and supervision. *Perspect Issues Higher Educ.* 2012;15(1):38–43.

Reviewed by Jennifer Doherty-Restrepo, Florida International University

Summary of research context and methods: Clinical instruction is an integral component in the education of health care professional students, such as audiologists and speechlanguage pathologists. Traditionally, clinical education involves pairing one student, or a small group of students, with one clinical supervisor. When students transition into clinical practice, they will likely work as members of an interdisciplinary health care team; therefore, incorporating interdisciplinary experiences into the clinical education curriculum is warranted. Providing interdisciplinary experiences and supervision during clinical education may improve student learning and interdisciplinary collaboration in practice.

The purpose of this study was to examine student perspectives of an interdisciplinary approach to clinical supervision and provision in a pediatric aural habilitation case involving a preschool-aged child who received a cochlear implant. Seven students (3 from audiology, 4 from speech language pathology) participated in an interdisciplinary clinical practicum supervised by 2 faculty members from differing disciplines (1 audiology and 1 speech-language pathology faculty member). During this clinical practicum, students collaborated with others outside of their discipline to plan and provide aural habilitation in the aforementioned case. Following the interdisciplinary clinical practicum, students completed a 10item survey (including Likert-scale and open-ended questions) to assess how participation in and the supervisory structure of the clinical experience affected their clinical knowledge and interdisciplinary teamwork.

Summary of research findings: Student responses to all survey items indicated positive knowledge and skill outcomes related to the interdisciplinary clinical practicum across disciplines. Specifically, all students reported that they believed they became stronger clinicians and became more comfortable working in a multidisciplinary or interdisciplinary team following this interdisciplinary clinical practicum. Additionally, all students indicated that the interdisciplinary supervision provided during this clinical practicum contributed to their clinical growth. Student responses to the open-ended questions suggested that interdisciplinary collaboration increased the quality of therapy they provided, their understanding of the relationship between audiology and speechlanguage pathology, and their confidence to be effective in future interdisciplinary aural habilitation cases. One unintended outcome of the interdisciplinary clinical practicum was the facilitation of communication among students outside of their discipline, resulting in social and professional relationships.

Implication for athletic training education/research: Although this study reflects outcomes of interdisciplinary collaboration in a single aural habilitation case, the results suggest increased discipline-specific as well as cross-discipline knowledge and skills. Athletic training educators should consider developing interdisciplinary clinical experience opportunities and incorporating interdisciplinary preceptors into the clinical education curriculum. Multidisciplinary educational strategies could enhance athletic training student learning as well as promote the profession across other disciplines. There is renewed, growing interest in interdisciplinary education and collaboration due to the changing health care landscape, which appears to require a more collaborative, interdisciplinary approach to produce better patient outcomes with fewer available resources. Research needs to be conducted to determine the utilization and effectiveness of multidisciplinary

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educational strategies in athletic training so that we can adapt to and position the profession within the changing health care landscape.

Murray-Davis B, Marshall M, Gordon F. From school to work: promoting the application of pre-qualification interprofessional education in the clinical workplace. *Nurse Educ Prac.* 2012;12:289–296.

Reviewed by Alison Gardiner-Shires, West Chester University

Summary of research context and methods: England, among other countries outside of the United States, has adopted an interprofessional education (IPE) approach to the training and clinical practice of nurses and midwives. Despite the emphasis on IPE within and outside of the educational domain, little is known about the extent to which IPE is translated into practice. The purpose of this study was to understand the influence of IPE on the professional practice of midwives. Specifically, the relationship between universities and clinical sites was examined. The central aim of the study was to better understand the barriers and facilitators which exist in the application of IPE skills in practice.

This study utilized qualitative methods. Participants included 39 individuals—midwifery educators, recent midwife graduates, students, and heads of Midwifery from 4 universities in England. All schools and participants were purposefully chosen due to their involvement in IPE and to overcome gaps/limitations in the existing literature. Data collection methods included semistructured interviews, focus groups, and questionnaires followed by telephone interviews. The researchers used sound analysis techniques, specific to the grounded theory methodology, including constant comparison, concept mapping, coding, and member checking.

Summary of research findings: Three themes were presented: (1) Supporting the IPE agenda within the clinical setting: Participants indicated many ways in which the IPE agenda was or was not being supported in the clinical setting. Examples of facilitators included students engaging in specific workplace IPE projects, IPE training for clinical faculty, and designating a staff member in the clinical site as an IPE specialist. In these instances, the university and clinical sites are interdependent in a positive manner. Barriers included a lack of understanding of how the IPE curriculum could be implemented in clinical practice and a lack of commitment to IPE from the clinical site. (2) Transitioning new graduates: A midwife's transition into professional practice is a critical time, but the participants in this study appeared to disagree on the role of IPE in this area. New midwives indicated IPE should have had a stronger presence in their professional preceptorship to facilitate their transition into practice. In fact, the lack of exposure to IPE during the preceptorship was identified as a barrier to their transition. In contrast, current midwife professionals felt IPE was not central to a new graduate's role—rather, they should focus on developing their clinical skills first and engage in IPE later. Despite these differing opinions, many heads of Midwifery expressed their appreciation for IPE by stating, if they were presented with two candidates, they would hire an individual with an IPE background over 1 without. (3) Evolving professions: A clear description of how the education and profession of midwifery has evolved in the past decade was described, and it is that

growth which has fostered collaboration and created an environment for IPE to occur. Thus, IPE was described as being "pivotal" in promoting change within the profession.

Implication for athletic training education/research: Athletic trainers work with numerous professionals on a regular basis—coaches and athletic administrators, a wide variety of sports medicine physicians, and emergency medical technicians to name a few. This presents us with a unique opportunity to embrace IPE within the "continuum" presented and examined in this study. As the authors note, incorporating IPE into the preprofessional phase alone is not enough. Interprofessional education must also be a central theme in postprofessional education programs, internships, and in each of our workplace settings in order for students to apply their preprofessional knowledge and skills. Examples of strategies that can be employed throughout the IPE continuum include preceptor training, workplace think tanks, and symposium workshops. Once we embrace the IPE model, numerous research opportunities will exist to better understand our own successes and pitfalls.

Pinto A, Lee S, Lombardo S, et al. The impact of structured inter-professional education on health care professional students' perceptions of collaboration in a clinical setting. *Physioth Can.* 2012;64(2):145–156.

Reviewed by Kelley Henderson, Florida Gulf Coast University

Summary of research context and methods: There is considerable research that shows interprofessional collaboration (IPC) improves patient and worker satisfaction, improves coordinated access to appropriate clinicians, and reduces health care costs. There is little information on the effectiveness of student interprofessional education (IPE) activities which could lead to subsequent IPC in clinical settings. The purpose of this study was to examine the influence of a structured IPE clinical placement on health care professional (HCP) students' perceptions of IPC and to explore the students' perceptions of IPE.

The structured IPE clinical placement consisted of a 5-week program with 1 introductory tutorial, 4 weekly patientthemed tutorials, and an interprofessional student presentation. The researchers administered the Interdisciplinary Education Perception Scale (IEPS) to 22 HCP students in the structured IPE clinical placement (baseline IEPS at week 1 tutorial and the follow-up IEPS at the time of week 5 tutorial) and 22 HCP students in the traditional clinical placements (baseline IEPS at recruitment and again 4 weeks later). The IEPS is an 18-item questionnaire with a 6-point Likert scale (anchors: 1 = strongly disagree, 6 = strongly agree, no neutral value) and subscales to evaluate (A) perceptions in professional competency and autonomy; (B) perceived need for professional cooperation; and (C) perception of actual cooperation. A 1.5-hour focus group was held at the end of the structured IPE clinical placement (2 pharmacy students, 1 creative arts therapy student, 1 radiation therapy student, 1 physical therapy assistant student, and 1 speech and language pathology student).

Summary of research findings: When comparing the 2 groups, a significant difference was found between total IPES scores at

baseline and follow up and between scores in subscale B (perceived need for professional cooperation) at baseline only. Within each group, there were no significant findings for each subscale or the total IPES score. Although not significant, the change in total score was greater in the structured IPE clinical placement group, but it should be noted that the traditional group scored higher on the baseline questionnaire. Both groups reported some prior IPE exposure which could account for the lack of significance in the questionnaire data. The participants of the focus group (structured IPE clinical placement students only) reported feeling more at ease communicating with others and working as part of a team. They valued the opportunity to learn about other professions and the relationships they formed with other health care students). Implication for athletic training/research: It has been shown

that IPE promotes collaboration between health care professionals which can result in improved patient outcomes and reduced cost. This study showed that students participating in IPE activities reported a positive learning opportunity and perceived IPE as necessary in providing the best possible health care. The activities included a tutorial in which the students learned about one another and explored common professional interests and knowledge and 3 weeks of patient case studies that explored issues relating to their clinical expertise and issues related to interprofessional roles and collaboration. Allowing athletic training students to learn about other professionals through IPE activities may lead to positive perceptions about interprofessional collaboration and may lead to more collaboration as a professional. There is still a need for more rigorous evaluation of the impact of IPE on students' perceptions. This particular study had several limitations and 1 of the major issues was a lack of certain professionals involved with the IPE activities. Activities that include health care professionals that represent the sports medicine team may be beneficial for athletic training students. Interprofessional education should continue to be expanded and implemented for athletic training students and other health care professional students.

professionals.

Sheldon M, Cavanaugh JT, Croninger W, et al. Preparing rehabilitation healthcare providers in the 21st century: implementation of interprofessional education through an academic-clinical site partnership. Work. 2012;41(3):269–75.

Reviewed by Anthony Breitbach, Saint Louis University

Summary of research context and methods: Interprofessional educational (IPE) initiatives have historically faced difficulties connecting their programs to interprofessional practice (IPP). This article describes an IPE program designed to expose Master of Science in Occupational Therapy (OT) and Doctor of Physical Therapy (PT) students to roles of other disciplines through a partnership between the university and a tertiary care hospital. The research design consisted of a series of activities where clinicians, faculty, and students in OT and PT interacted with patients and families in a series of interprofessional learning activities in an acute care setting. Activities included OT and PT students participating in the following with faculty facilitation: observations of the clinicians providing standard patient care (n = 132 students), practice conducting team patient interviews (n = 64 students), and online interactive treatment planning sessions (n = 53

Summary of research findings: Student perceptions were measured before and after these activities using electronic surveys that featured both quantitative (Likert scale) items and open-end qualitative questions. The researchers stated the response rate was high (100%) in the observation activity and low (20–45%) in the interview and planning session activities. In all of the surveys, the students felt that this was a worthwhile activity, they had improved understanding of the respective profession's role, and clinicians were positive role models for professional behaviors. Feedback was similarly positive when faculty, clinicians, patients, and families were surveyed by the researchers. Statistical significance of the responses was not reported by the authors.

Implication for athletic training education/research: One of the fundamental justifications for IPE is that student and clinician attitudes influence behavior. When students feel that IPE and IPP are worthwhile, the hope is they will embrace IPP in clinical practice when they enter their profession after graduation. Therefore, research such as this is essential in IPE curriculum development. However, there are several things that limit the implications of these results in athletic training education and practice. First, students in only 2 professions, which have similar curricula and practice settings, are included in this study. Second, the response rate to the surveys was low, making generalizability of the results difficult. Third, by choosing an acute care setting in a hospital, they were able to experience IPP in a highly controlled environment. This study serves to be a promising model that may be able to include more professions (such as nursing or athletic training) and practice settings (such as outpatient or in the field) in the future.