

Interprofessional learning in clinical placements promotes students' competencies: a mixed-methods evaluation of the Lübeck interprofessional training ward

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The authors declare they have no conflicts of interest with regard to the content of the following presentation.

- IPE of healthcare professions is an important step towards interprofessional collaboration and person-centred care in clinical practice (Girard 2021)
- IPE should be integrated into placements of health professions students (Oosterom et al. 2019)



Photo: University of Lübeck



Interprofessional training wards (Oosterom et al. 2019)

- Students of different healthcare professions constitute an interprofessional team and are responsible for patient care and ward management
- Supervision by professionals from respective healthcare professions

Setting

- University Hospital of Schleswig-Holstein (Campus Lübeck, Germany), Department of Haematology and Oncology
- Spectrum of diseases: lymphomas and solid tumours

Target group

- Medical students (practical year)
- Nursing students (2nd and 3rd year)
- Physiotherapy students (2nd year)

Competencies

Developing skills for person-centred care and diagnostic and therapeutic interventions



Interprofessional collaboration (e.g. communication, reflection)



Clinical analysis and decision-making

Two introduction days

Structured daily routine

Inter-
professional
handover

Inter-
professional
ward rounds

Structured
hospital
admission
procedures

Scheduled
and situation-
based
feedback

Participation in the lymphoma board (weekly)

Supervision (weekly)

Continuous supervision by professionals

- Students' satisfaction
- Development of students' interprofessional learning outcomes (competencies for interprofessional collaboration)
- Evaluation of structures and processes of the LIPSTA concept

Quantitative strand

- Questionnaire
- **Content:** subjective competence development (Mahler et al. 2023) and satisfaction with the placement model
- **Measurement time points:** at the beginning (T0) and end of the placement (T1), three months post-placement (T2)
- **Target group:** Nursing, medicine, and physiotherapy students
- **Data analysis:** descriptive statistics using IBM SPSS (version 22)

Qualitative strand

- Semi-structured interviews
- **Content:** satisfaction and experiences with placement model, context factors of implementation, competence development
- **Measurement time point:** T1
- **Target group:** Nursing, medicine, and physiotherapy students and professionals
- **Data analysis:** content analysis (Mayring 2015) using MAXQDA 2022 (VERBI GmbH)

Quantitative strand

Four LIPSTA periods with nursing (n=7), medicine (n=4), and physiotherapy (n=2) students

Qualitative strand

Interviews with students (n=10) and supervisors, professionals and management (n=8)

Categories:

Interprofessional
competencies

Learning
outcomes based
on Kirkpatrick
Model (Kirkpatrick &
Kirkpatrick 2021)

Context factors
based on LIPSTA
structures and
procedures

Role as
supervisor*

*Only interviews with professionals

Quantitative strand

Four LIPSTA periods with nursing (n=7), medicine (n=4), and physiotherapy (n=2) students

Qualitative strand

Interviews with students (n=10) and supervisors, professionals and management (n=8)

Categories:

Interprofessional competencies

Learning outcomes based on Kirkpatrick Model (Kirkpatrick & Kirkpatrick 2021)

Context factors based on LIPSTA structures and procedures

Role as supervisor*

*Only interviews with professionals

(High) satisfaction of students with the LIPSTA placement

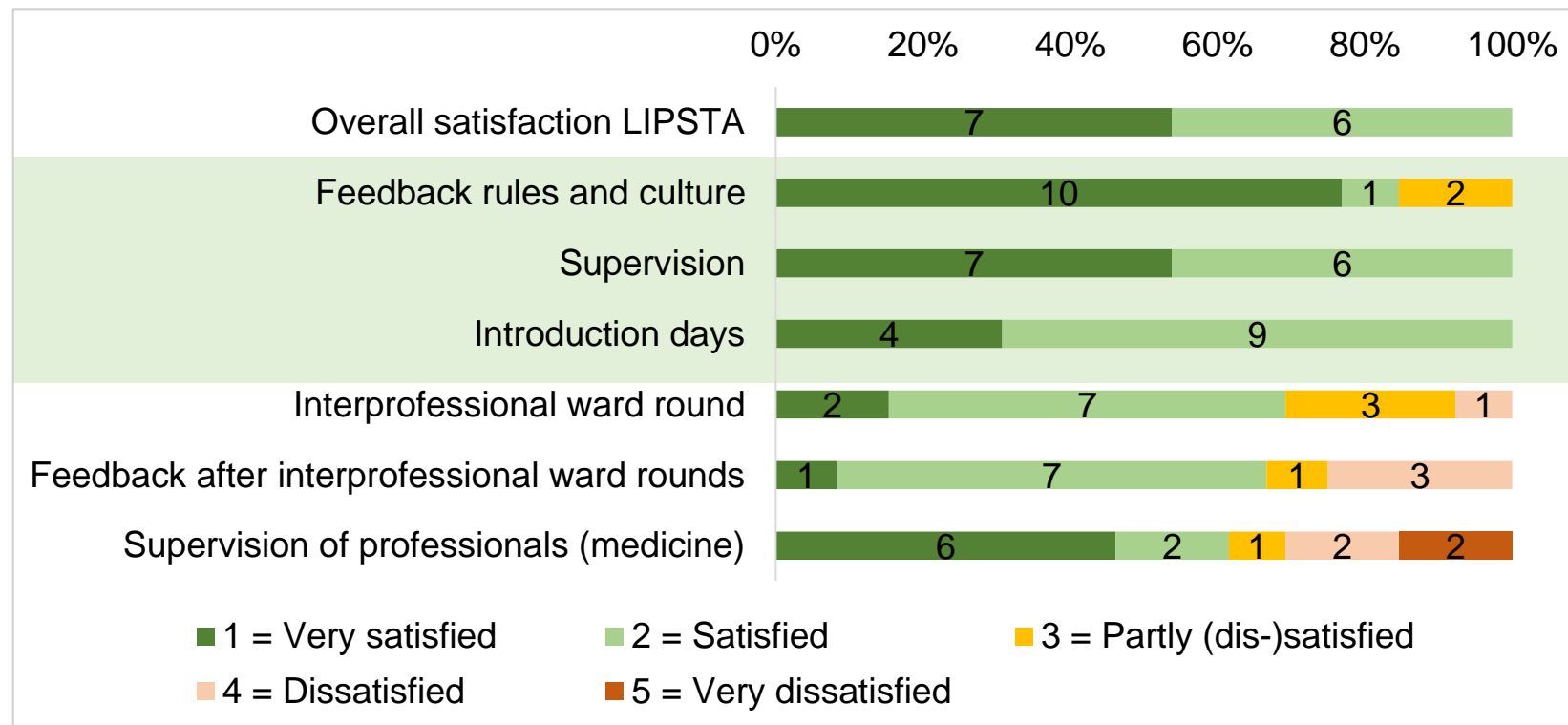


Figure 1 Students' satisfaction with LIPSTA components

"Basically, I was very, very satisfied with the placement. I have to say: for me, it was the best practical placement I've had in my entire study period. Because I thought we were totally well integrated into the team and were really perceived as full members of the team." (Nursing student)

- Gain in autonomy
- Self-confidence in interaction with patients, relatives and within interprofessional team
- Specific knowledge in the field of haematology and oncology

„I had the feeling that people felt much more responsible because they were looking after their own patients and had gained a lot of knowledge as a results, made a lot of effort for the patients and somehow the communication between the healthcare professionals was much better.“
(medical supervisor)

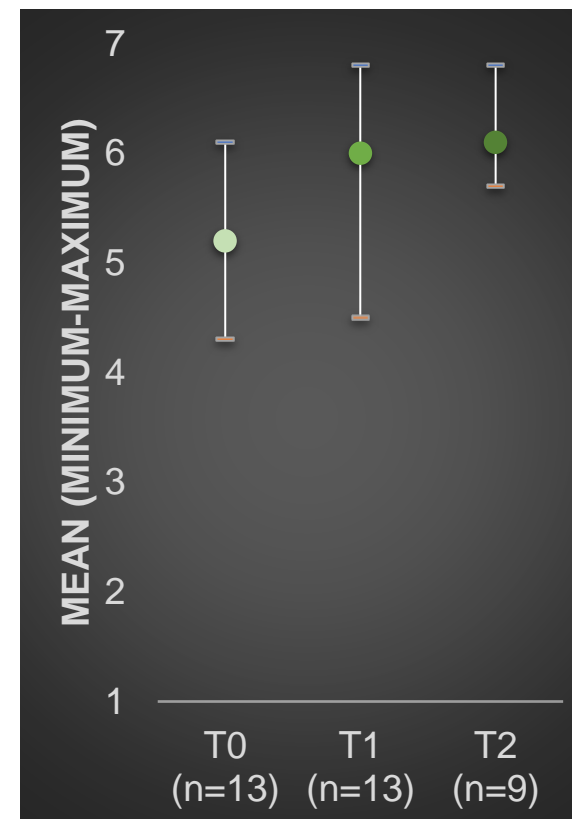


Figure 2 Results of the Interprofessional Socialization and Valuing Scale (ISVS)

The higher the better.

- Continuing autonomy in healthcare practice
- Maintaining communication with other healthcare professionals in an understandable way

„[...] monoprofessional, the [knowledge gain] is very high. Because you (...) had your own patients, who you were responsible for and cared for very intensively, from admission to discharge. And this is not realised in the same way on other wards. Unless you ask for it. But you can't expect what you don't know.“
(medical student)

- LIPSTA model proved to be feasible in one clinical department in oncology
- Increased competencies for interprofessional collaboration from students' and supervisors' perspective
- Integration of IPE in curricula of healthcare professionals (especially clinical placements)

Next steps

- Integration of patient-relevant outcomes and patient-reported experiences
- Implementation of LIPSTA components in other departments

Thank you!

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