Clinical education without borders: development of an online multidisciplinary preceptor program

The AUSTRALIAN CONSORTIUM for the EDUCATION of PRECEPTORS (ACEP)

Funded by: Rural Health Support, Education & Training (RHSET)
The presentation

This presentation describes the development of this RHSET-funded on-line program and reports 'work-in-progress'.

The program aims to provide:

• accessible
• educationally robust

preparation for rural practitioners acting as clinical educators and complements and supports existing rural health workforce recruitment and retention initiatives.

It will strengthen local networks of practitioners and use information and communications technology to bridge discipline boundaries.

[Insert slide on the outline of the talk]
Outline of presentation

• Why develop a program?
• Australian Pharmacy Preceptor Program
• Multidisciplinary Preceptor Program
  – allied health professionals
  – design
  – modules
  – advisory group
  – progress

Presentation outline

[Insert slide on ‘Why develop a ‘clinical educator’ program?]
Why develop a ‘clinical educator’ program?

• Successful rural clinical placements – crucial to recruitment to rural and remote workforce
• Clinical educator role – a critical factor
• Sufficient knowledgeable clinical educators
• Effective clinical educators need training

Terminology
Before proceeding too far an explanation about terminology is required. Over the past few years different professions have used different terms to denote the same role. The terms used include:
• “preceptor”
• “clinical supervisor”
• “clinical educator”

This program uses the term “clinical educator”. The clinical educator, in their usual workplace has students for clinical placement and training. Successful rural clinical placements have been identified as being crucial to recruitment to the rural and remote health workforce, and the clinical educator is a critical factor to the success of clinical placements.

Sufficient knowledgeable clinical educators.
The availability of sufficient, passionate and knowledgeable health professionals to act as clinical educators is of central importance to developing the well-prepared and committed health professionals of the future.

Effective clinical educators need training
The consensus throughout the literature is that for effective learning to occur within the clinical setting, health care professionals, who will be, or are clinical educators, require formal education and training. This provides them with the understand of the mechanisms by which learning takes place. Clinical education in health care settings is characterised by three aspects:
• variability
• unpredictability
• the overriding service needs of the patient population

Clinical educators therefore require a program which allows them to:
• develop knowledge and skills for the role
• fulfil the role with confidence and enthusiasm

The depth and adequacy of the existing clinical educator training programs is variable. In many instances the quality of the program has been severely handicapped by such things as the need for expediency and a lack of understanding of the role.

To quote ?? ‘without adequate knowledge and preparation preceptorship programmes are in danger of becoming condensed orientation programmes or crash courses in survival’

This multidisciplinary program has as its basis the Australian Pharmacy Preceptor Education Program.

[Insert slide on Australian Pharmacy Preceptor Education]
Australian Pharmacy Preceptor Education (APPE)

- **Consortium of Universities** - Charles Sturt, Monash, Sydney, Latrobe and Tasmania
- **Program for rural pharmacy preceptors**
- **Via online and also on CD ROM**
- **Modules**
  1. Introduction to preceptor education
  2. Focus on the student
  3. Focus on the preceptor
  4. Challenges and problems in supervision
  5. Putting theory to work
  6. Mentoring

**Consortium of Universities**
The Australian Pharmacy Preceptor Education program was developed by a consortium with members from Charles Sturt, Monash, Sydney Latrobe University of Tasmania.

**Program for rural pharmacy preceptors**
Although this was a project designed for pharmacists, the project team consisted of:
- a speech pathologist
- a physiotherapist/clinical educator
- nurses
- pharmacists

**Via online and also on CD ROM**
The pharmacy program was developed to assist rural pharmacists who are preceptors or "clinical educators". It is an online program, with material also being available on CD ROM.

**Modules**
The Pharmacy program contains 6 modules. It includes information on the topic, reflective exercises, a discussion board and assessment that uses multiple choice questions. The information is constructed so that the program can be easily accessed. There are two levels of delivery:
- a short summary that includes links to relevant areas within the module
- a longer more detailed section dealing with each topic in more depth

References are supplied to both levels.
The program targets specified learning outcomes while addressing the individual interest, needs and available time of each participant.
The modules are:

1. Introduction to preceptor education
2. Focus on the student
3. Focus on the preceptor
4. Challenges and problems in supervision
5. Putting theory to work
6. Mentoring

Australian Consortium for the Education of Preceptors (ACEP)

[Insert slide on Introduction to the multidisciplinary program]
Introduction to the multidisciplinary program

• Existing preceptor development programs
• RHSET funded multidisciplinary program
• Flexibility - i.e. access, delivery, timing and appropriateness to any health professional
• Interactive
• Learner centred
• AHEAD Program
  – Allied Health Education and Development Program for Clinical Educators

Existing preceptor development programs
In the main, the existing preceptor development programs, despite their generic nature, have been designed for one specific discipline. Some are task orientated and concentrate on the day-to-day role of the position. They do not deal with the range of roles required of an effective preceptor or “clinical educator”. Some models are designed to respond appropriately to the educational needs of rural health care workers.

RHSET funded multidisciplinary program
After examining existing programs it was clear that there was a need for a unified national approach to preceptor and “clinical educator” education and support, and that this approach had to take into account the particular needs of rural and remote practitioners. Developing an understanding of the continuing education and professional development context for rural practitioners is a positive step. It predicated the design of an appropriate national multidisciplinary preceptor and clinical supervisor education and support strategy.

Flexibility
There are three key principles that underpin the successful provision of flexible education for rural and remote health professionals:
• access
• delivery and timing
• appropriateness to any health profession
The pharmacy program that is delivered through the web, with CDROM backup, was shown to be flexible. This has been a critical principle adopted for the multidisciplinary program.

The cornerstone of clinical competence in the rural and remote health care setting is the ability to work and interact across the health disciplines. Thus, we were redeveloping and implementing an online collaborative education and support program for mixed groups of health professionals in rural and remote community settings (Healthy Horizons Goal 5).

Interactive
Learner centred
One way in which the interactive nature of the program is maintained is through the use of bulletin or notice boards, and by being learner centred it allows the learner to progress through the program at their own pace.

To summarize, our multidisciplinary consortium of health science academics and practitioners, from five universities in three states, is developing a rurally-focused multidisciplinary preceptor program based on the successful and fully evaluated national online pharmacy preceptor program which was established in 2004.

AHEAD Program
In true rural health style, we have an acronym – AHEAD – Allied Health Education and Development Program for clinical educators

[Insert slide on Program development design]
Program development design

- Literature review
- Review Pharmacy Program
- Restructuring of the Pharmacy Program
- Development of the AHEAD (Allied Health Education and Development) Program

Literature review
A comprehensive literature review was undertaken.

Review Pharmacy Program
Following the successful design of the Pharmacy Program the consortia endeavoured to incorporate flexible delivery methods. Many of the principles of adult education such as:
  • placing an emphasis on reflection of existing practices
  • self assessment of the need to change attitudes or behaviour
  • the use of collegial peer support
also informed program development.

The Pharmacy Program is now sustainable. Most importantly, the process for sustainability encompassed the strong support from professional organisations, Pharmacy Boards of Australia, Schools of Pharmacy and practitioners themselves. This provides a strong structure upon which to plan sustainability strategies for the inter-professional program.

A sustainability plan will be developed as part of the project. It has been recognized that the objectives of the University Departments of Rural Health network also presents a potential avenue for sustaining the program.

Restructuring of the Pharmacy Program
It is interesting to note that this underway. This Program utilises principles of inter-professional learning to capitalise on the ways in which the rural health team functions. The Program design also incorporates principles of adult and e-learning. This means it will have links to course specific information and has a series of stand alone modules.

The curriculum will be comprehensive, flexible and user-friendly. It will:
  • have the capacity to meet a variety of learning needs
  • be well suited to self-paced learning
  • be readily updated

Development of the AHEAD (Allied Health Education and Development) Program
[Insert slide on Expert Advisory Group (EAG)]
Representatives from...

Meeting multidisciplinary needs

An expert advisory group of allied health professions, with national and rural representation, provides advice on the redevelopment of the existing program to meet multidisciplinary needs. These expert advisors provide a comprehensive review of general and discipline-specific clinical education, and guidance concerning the sustainability strategy.

[Insert slide on Expert Advisory Group review]
The expert committee reviewed the existing pharmacy specific program for:

- relevance and suitability of content
- potential for multi-disciplinary use
- program structure
- ease of navigation
- aesthetic appeal

The pharmacy modules were reviewed by Expert Advisory Group. They were asked to review the:
- relevance and suitability of content
- potential for multi-disciplinary use
- program structure
- ease of navigation
- aesthetic appeal

and they suggested a number of changes....... (next slide)

[Insert slide on Expert Advisory Group feedback]
Expert Advisory Group feedback

- Overall the program was suitable for multi-disciplinary use
- The need for new case studies including examples and photos of other professions
- Some language was too academic and needed to be made more friendly and accessible
- Some updating was required to incorporate new articles
- Some terminology needed to be changed e.g. *preceptor* and *patient* were not found to be suitable
- Context relevance
- The program needed to acknowledge the prior learning and experience that health professionals might already possess

**Overall the program was suitable for multi-disciplinary use**

The feedback received was very positive and the group agreed that the program could be used for multi-disciplinary groups. However, there were some excellent changes suggested. These would reshape the program to appeal to a multidisciplinary audience. They included:

- The need for new case studies including examples and photos of other professions
- Some language was too academic and needed to be made more friendly and accessible
- Some updating was required to incorporate new articles
- Some terminology needed to be changed e.g. *preceptor* and *patient* were not found to be suitable
- Transferability of skills to any context (not just rural) needed to be considered
- The current program was aimed at a beginner level while many health professionals have a great deal of experience in clinical education. A more reflective approach which acknowledged and strengthened prior experience was recommended.

*[Insert slide on Program modules]*
Program modules

- Clinical education and roles and benefits
- Focus on the learner - i.e. the student or the new graduate health professional
- Focus on the clinical educator
- Working together
- Focus on learning in the workplace - the relationship between the learner and the clinical educator
- Mentoring

The modules are:

1. Clinical education and roles and benefits
   This module explores the importance of clinical education in developing professional competence in beginning health science practitioners. It considers the various roles the practitioner fulfills as a health science professional including the reasons for taking on the task of clinical educator with the associated benefits for all stakeholders. It also suggests ways of evaluating these.

2. Focus on the learner.
   This module focuses on the learner i.e. the student or new graduate health professional. It discusses key principles of learning, different learning styles and the impact these might have on the way the person can help different learners to learn. It explores the learning domains which underpin professional competence and suggests strategies for encouraging learning and reflection.

3. Focus on the clinical educator
   This module outlines the key tasks associated with the roles that support student learning and suggests a framework for organising these tasks. Some individual characteristics which influence the task are also explored.

4. Working together
   This module has a focus on the relationship between the learner and clinical educator and it explores the importance of the development of an effective working relationship and individual differences which influence that relationship. Communication skills and strategies for managing groups are also discussed. A problem solving approach is presented should difficulties arise.

5. Focus on learning in the workplace
   This module investigates extensions to the relationship between learner and clinical educator with the focus on the workplace setting and the importance participation in practice activities has on learning. It presents a socio-cultural theory of learning as a framework for planning learner activities. This takes into account the culture of the workplace and individual features of the learner, the team in the workplace and the work i.e. patient care activities. Important workplace issues (e.g. legal and ethical implications and the potential for ‘burnout’) are also explored.

6. Mentoring
   The last module explores the similar methodology behind the process of ‘mentoring’, but clearly distinguishes it from the role of clinical educator. It describes benefits for both the mentor and the learner and provides details of a variety of ways mentoring programs may be set up and managed.

[Insert slide on Program progress]
The steering group meets regularly, and the expert advisory group has also met. The course material has been extensively revised and is nearly complete. Ethics applications have been submitted to all the universities. Negotiations are proceeding re website.

[Insert slide on Program timeline]
Research component and relationship with the development

Pilot program evaluation
- clinical educator questionnaires
  - pre program
  - post program
  - online access
  - education program
- clinical educator focus groups

Pilot program evaluation
The generic program is to be piloted with a range of rural allied health professionals. There will be a three state pilot program targeting allied health professionals in rural and remote locations receiving students from the consortium universities.

Clinical educator questionnaires
The program will be analysed using pre program survey, looking at questions such as level of preparedness for students, confidence in dealing with students. There will be a post program survey which will also enquire about internet access and the educational program e.g. readability of information, navigation around the program.

The content of each module will be rated for items such as clarity of information provided, relevance to the role as a clinical educator.

Clinical educator focus groups
Focus groups will be conducted with participants from all three states. These will explore content, delivery and implementation issues, and provide more in depth feedback.

The program will be refined in response to feedback from the questionnaires and focus groups. DATE? TIMELINE?

The EAG will also provide feedback into the program and be involved in finalising the sustainability strategy. DATE? TIMELINE?
Take home messages

- **Well prepared preceptors** and clinical educators are **fundamental** to optimal undergraduate and graduate **learning experience**, and to ensure the success of rural health initiatives.
- An online program offers a viable solution to the needs of a widely dispersed health professional community.

**Final comments**

*Well prepared preceptors* and clinical educators are *fundamental* to optimal undergraduate and graduate *learning experience* and to ensure the success of rural health initiatives. This program provides a professional development program where delivery strategies must be flexible and acknowledge the relative isolation of rural and remote health professionals. It is an interactive learner centred flexible program.

An online program offers a viable solution to the needs of a widely dispersed health professional community.

**AHEAD Program for Clinical Educators**

Ultimately it is anticipated this program will *lead to more flexible and responsive approaches to meeting the health care needs of rural and remote communities* by preparing the rural and remote workforce to contribute positively to the rural educational experience of undergraduate students from a variety of professions.

Effective inter-professional teaching and learning approaches to professional development can lead to improved inter-professional practice. The benefit of this program is that is has the long term potential to significantly improve health outcomes for rural communities through impacting on recruitment and retention of health professionals. These gains are made through:

- reduced workplace stress
- reduced duplication of services and procedures
- increased respect for and understanding of the roles of other health professionals
- improved skills and attitudes that contribute to successful education of undergraduate health professionals, inter-professional practice and teamwork.

These benefits are also likely to have a positive impact on the attractiveness of rural health training and professional practice.

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