

In service placement and effective monitoring and Supervision of Students

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Objectives

Specific Objectives

General Objectives

- To improve on the management of the Field experience of students in our Region

1. To ensure better prospections for clinical experience.
2. To ensure administrative procedures are followed.
3. To ensure students are well oriented for field experience.
4. **To ensure a better in-service placement of students.**
5. **To ensure effective monitoring and supervision of all students.**
6. To ensure proper reporting and feedback at all the levels.
7. To come up with resolutions binding to all.

Outline

- Objectives
- Introduction
- Criterion
- Standards
- Indicators
- Criteria for site selection
- Responsibilities
- Tools
- Case study
- Challenges
- Appreciations

Introduction

A supervised practical experience of on-the-job training (variously known as *practicum*, *clinical training*, *internship*, depending on the discipline) forms an essential part of the pre-service preparation of professionals across disciplines.

There is a growing universal demand for well-prepared professionals in all disciplines.

(World Health Organization, 2006) recently drew the world's attention to the looming crisis related to preparing enough trained personnel for the global health-workforce. This crisis not only places pressure on educational and health institutions to "train, sustain, and retain" these health care workers.

Criterion

Practice-based learning forms a mandatory and essential component of the professional education to enable students to develop the domains of competence to become safe, caring, competent decision-makers, who are willing to accept personal and professional accountability for evidence-based health care. This stands out in the various authorizations for training of health professionals in our country (MPH and Ministry of Higher Education).

Standards

Clinical Placement Coordinators should be appropriately qualified and adequately prepared for and supported in the role of guidance, support, facilitation and monitoring of practice-based learning among students.

Preceptors and assessors of students' practice-based learning should be appropriately qualified and adequately prepared for and supported in the role of student supervision and assessment of proficiency towards competence in practice in the health care domains. Failure to do this is actually a criminal offence.

Indicators

- Clearly written, up-to-date learning outcomes or objectives.
- Objectives should be available and accessible and explicit to ensure optimal use of valuable practice placement experience.
- Students and all those involved, (Clinical placement coordinators, preceptors, practice development coordinators, clinical managers, link academic staff and supervisors, authorities (RDPH), should be acquainted with learning outcomes relating to that practice placement setting.

Indicators

- Practice based learning is supported by adequate numbers of appropriately qualified and prepared practitioners with experience of the relevant division,(also relates to the geographic location and travel considerations for such settings).
- Preceptorship arrangements are in place to support student placements and the preceptors must have completed an approved teaching and assessing course ,to enable them support, guide and assess students' learning and competency development.

Indicators

- Assessment of the achievement of practice learning and competence development is undertaken in a fair, effective and transparent manner in accordance with the assessment strategy , standards and requirements.
- Practice-based assessment of learning and attainment of competence is based on an explicit model or framework for progressive achievement of proficiency.
- Mechanisms for preceptorship evaluation are in place.
- Time allocated for reflective practice to enhance consolidation of theory to practice.

Indicators

- Standards for quality assurance and enhancement mechanism put in place by the authorities are respected. These should include; Reports of internal and external subject quality reviews, reports of module, year and programme evaluation; students', former students' and employers' evaluations of the programme, sufficient registered practitioners to facilitate the supervision of the students, evidence based practice guidelines to support care delivery, reports of research awareness and the application of research findings among clinical practitioners.

Indicators

- Evidence of maintenance of competence and of continuing professional development of all academic and practice staff involved in program delivery, evidence of clinical risk management programs, mechanisms for and evidence of student support, supervision and assessment whilst in practice settings, mechanisms for and evidence of educational and clinical audit.
- Supervisory grills to carry out regular propection.

Criteria for site selection

- An approved health institution that fulfills the needs of the specialty and outside the students normal work area, if he or she is been working before.
- Site visits of schools and their partner hospitals and health services are conducted where students learn the art and science of their professions. This is verify whether their programs meet with national and international standards.
- This is a collaborative process between, the students, clinical and administrative staff. Usually recommendations and observations are then written out.

Criteria for site selection

- The site may request various requirements of the student. It is the student's responsibility to ensure all site requirements are understood and completed prior to the beginning of the practicum. This can include but is not limited to: background check, drug or urine screening, immunizations, proof of health insurance, etc.
- The practicum coordinator is available to assist with contractual agreements. This may take several weeks, so should be started on time.
- All agreements must be completed prior to the beginning of the practicum course.

Responsibilities of the schools

- Ensure students have met all eligibility requirements prior to beginning the practicum
 - Define competencies to be addressed during practicum assignment
 - Suggest activities to enhance the educational experience.
 - Provide a faculty member to act as instructor and facilitator
 - Instruct students to abide by practicum-facility policies and procedures, rules and regulations.
 - Consider promptly any complaints by facility, mentor or student
- Maintain communication with student and mentor during the assignment.
- Ensure all financial arrangements are made. This is not obligatory but is allowed depending on the terms of agreement

Responsibilities of schools

- Agree on terms for appropriate discipline or dismissal of a student clinician.
- Provide reasonable accommodations to student clinicians with disabilities so that they can perform essential job functions and acquire the necessary clinical knowledge and skills.

Responsibilities of practicum coordinator

- Make contact with the site and confirm all needed compliance forms.
- Confirm compliance agreement and needed requirements are in place between the site and the student prior to practicum registration
- Make contact with mentor, providing the course syllabus, mentor manual, practicum handbook and contact information of the school and practicum coordinator
- Be a conduit if mentor changes are requested by student
- Follow up with mentors, students and faculty about the overall practicum experience upon the completion of the course.

Responsibilities of Mentors, preceptors etc

- Cooperate with school to promote student success in the practicum
- Orient the student to the facility environment and policies
- Design suitable experience situations as described in the course outcomes and student-learning agreement
- Serve as mentor for students in professional development
- Participate in initial conference call with student and practicum-course instructor during the first week of the course.
- Refuse to pay students for practicum or use students to replace paid staff.
- Provide constructive feedback to students about their performance in the practicum setting

Responsibilities of Mentors, preceptors

- Not disclose any personal student-identifying information or records of students' participation except as set forth by an agreement or required by law.
- Provide feedback to the schools as requested.

Responsibilities of the students

- Complete a self assessment professional competency form which will help guide the students development goals for practicum experience.
- Students are expected to present professional demeanor, behavior, appearance and communication at all times. They must also abide to the rules and regulations of the practicum site.
- Meet eligibility and course requirements
- Be familiar with all procedures and content for practicum experience
- Meet deadline dates for all practicum coursework and activities.
- Assist in the facilitation of an initial meeting between the practicum course instructor, mentor and student during the first week of their practicum.

Responsibilities of students

- Demonstrate competence in practicum assignments
- Abide by facility rules and regulations
- Conduct oneself in a professional manner during the practicum assignment
- Accept instruction from facility personnel as a learning opportunity
- Maintain communication with the school.
- Comply with all facility requirements (e.g., liability insurance, background screening, physical examination, drug screening and current immunizations).
- Evaluate the practicum experience
- Perform a self-evaluation on the practicum assignment
- Fund all travel arrangements and any associated expenses.

Responsibilities of students

- Students should not engage in direct patient care as part of the practicum experience. Therefore, students will not be given patient care assignments except under close supervision.
- Acceptable practicum experiences may include patient interviews, chart reviews, participation in pre-clinical conferences, post-clinical debriefings and observation of the mentor doing clinical teaching or patient care. Students may also observe and/or oversee lower level students carrying patient care.

Responsibilities of the Practicum sites.

- Provide student clinicians and academic institution with the rules and policies of the practicum site
- Provide student clinicians with the necessary experiences to attain learning objectives
- Maintain student records and protect the confidentiality of these records .
- Gather data regarding clinical performance
- Evaluate performance and provide feedback to the student clinician and academic institution
- Provide the student clinician with any necessary credentialing information (e.g., requirements for provisional licensure from the state) .

Monitoring and Supervisory tools

- Orientation on practicum forms to be fill, general information about the site should be done both by the school and site mentors.
- Practicum portfolio guidelines- Self assessment of professional competence, CV, learning agreement, project, completed students log activities, by rating scale or grading by number of times an activity is performed or observed.
- Narrative performance reporting forms.
- All the above mentioned portfolio elements are supposed to be graded and these forms the final mark for the practicum.

Monitoring and Supervisory tools

- Competency-based learning- focuses on student learning and the student's ability to demonstrate expected learning knowledge and skill as they progress.(Novice to expert approach).
- Anderson 'continuum of supervision- includes evaluation feedback, transitional and self supervision, and allows the student move from interdependence to independence.
- Use of critical thinking skills.
- Mentoring
- Reflective practice, through self analysis, self evaluation and problem solving and ability to modify behaviour.
- Supervision, strategic questioning and feedback.

Monitoring and Supervisory tools

- Cognitive apprenticeship modeling- modeling, coaching, scaffolding(tailoring to students current level then moving progressively), articulation, reflection, exploration.
- Simulations
- Grand rounds
- Problem-based and case learning scenarios.

Case study

- Regional hospital Bamenda, is a second level referral hospital serving the about 20.000 inhabitants of the North West Region and the 19 districts.
- Consults about 80.000 patients per year
- 400 bed capacity, ALS, 5.5days, Bed occupancy rate 82%
- Admits about 25.000 patients.
- Staffing of about 250 staff including auxiliary staff.
- Receives about 1500 students per year from NW, nationally and internationally for various options.

Case study

- Students are received first administratively, then deployed according depending on their options and objectives. Log or activities books must be approved by top management before commencement of practicum.
- Changes may be made depending on the situations but in collaboration with the schools , but in line with the objectives .
- Approval letters for training institutions are a must for each prospection.

Challenges

- Very higher students to mentor ratio
- Surprised assignment of students without prior notice or prospection.
- Halo effect- cognitive bias leading the evaluation based on certain traits.
- Central tendencies.
- Similar to me effect.
- Judgmental bias
- Leniency or strictness errors, language barriers, cultural influences and professional traditions, generational differences.
- Difficult conversation especially pertaining to students behaviour and students with disabilities.
- Short internship periods.

Recommendations

- Use of qualified personnel for training(up to date with the requirements for cognitive, affective and psychomotor domains of training.)
- Performance improvement plan for both schools and students.
- Effective follow up by the schools
- Early prospections
- Confidentiality in handling students final evaluation grading(should be collected by schools).
- Collaborative monitoring and supervision of students.
- Use of various professional association, for reviewing authorizations to operate professional schools.

Appreciations

- The students for serving like an inspiration for staff development.
- Our patients for accepting improvements for the future
- The Proprietors and Directors of various schools for our constant wangles to improve.
- The Regional Delegate of Public for organizing this enlightening and quality assurance forum.
- The Ministries of Higher Education and Public Health especially for serving like a watch dog organization.
- All trainers for ensuring a better future for our health system.

Thank You for Your Kind Attention

