Attachment 4a-2

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Toronto Academic Health Science Network
Education Committee

PERCEPTIONS OF ORIENTATION OF HEALTH PROFESSIONAL LEARNERS SUMMARY REPORT & RECOMMENDATIONS

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LEARNERS across our system who took the time to share their experiences with us.

CONTENTS

Background & Purpose

In 2010, the Toronto Academic Health Science Network (TAHSN) selected Learner Engagement as an indicator of learner success. As a result, the TAHSN Education (TAHSNe) Committee developed the learner engagement survey for all member hospitals to report on as a collective. Since 2014, it has generated over 15,500 responses from learners. Historically, the TAHSN Learner Engagement Survey Quality Improvement Working Group (LE-QIWG), which provides leadership and oversight for the survey, has focused on data collection, improving the quality of the data collected and more recently, the reliability and validity of the overall survey.

In 2016 following successful collection of consistent data for three academic years, the LE-QIWG identified one of the eight TAHSN questions, *I felt prepared to begin my placement after orientation,* which consistently demonstrated lower engagement scores, as an area of improvement. In response, the LE-QIWG sought to understand our learners' experiences related to orientation across TAHSN, with the intention of identifying key and meaningful areas for improvement.

Objectives

1. To determine learners' perspectives of what orientation does and should encompass;
2. To identify which aspects are the most/least important for learners' orientation; and
3. To understand what orientation means for learners' perception of preparedness for clinical placement.

Participating Hospitals

Baycrest Centre for Geriatric Care; Centre for Addiction and Mental Health; Holland Bloorview Kids Rehabilitation Hospital; North York General Hospital; Sinai Health System; St. Joseph's Health Centre; St. Michael's Hospital; Sunnybrook Health Sciences Centre; The Hospital for Sick Children; University Health Network; and Women's College Hospital.

Report Objectives

The following report summarizes key findings and provides recommendations for review and approval by the TAHSNe Committee. Detailed study findings will be submitted as a manuscript for peer-reviewed publication.

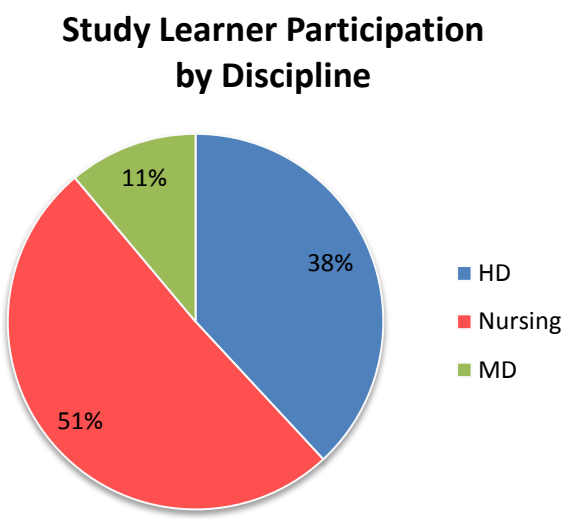
METHODOLOGY

To understand the learner perspective as it relates to orientation, we took a qualitative approach by hosting focus groups for clinical learners across TAHSN sites. Iterative content analysis of our focus group data allowed us to evolve the interview guide and explore emerging themes. Once saturation of key themes was reached and no new insights in subsequent groups were found, data collection was concluded.

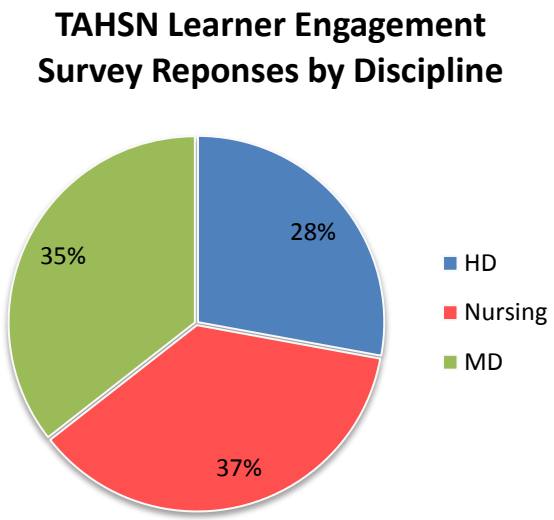
We recruited learners that were completing a clinical placement/rotation that was equal to, or greater than, two weeks in one of the participating TAHSN hospitals.

63 learners participated in **18** focus groups from across nine of the TAHSN sites with representation from nursing, health disciplines and medicine. The below graphs reflect the responses by discipline for the Learner Engagement Survey, as compared to those who participated in this study.

Graph 1: *Perceptions of Orientation of Health Professional Learners: Responses by Discipline*



Graph 2: *TAHSN Learner Engagement Survey: 2016 – 2017 Responses by Discipline (clinical learners)*



FINDINGS

WHAT IS ORIENTATION?

Through our content analysis of the focus groups, we sought to explore how our learners understood orientation and what they perceived it to encompass. During our semi-structured interviews, learners described orientation as a multi-layered process: *hospital; rotation/unit; and individual*, that was not a static or single event. Learners with more experience felt they were able to navigate more quickly through *hospital* orientation, however still required additional *rotation/unit* and *individual* orientation to feel completely prepared.

*Clinical Teacher: in this document, is defined as any person with direct teaching responsibilities for clinical learners

LAYER 1	**HOSPITAL ORIENTATION** represents the large foundational knowledge and onboarding steps required to feel prepared for an organization's specific expectations of the learner. For example, legislative requirements/training modules, hospital specific requirements/training modules, security badges and codes, student lockers, etc. For more novice learners, exposure to this knowledge increased their confidence in their environment and when not completed in a timely manner, it became a barrier for learners to engage in their rotations.
LAYER 2	**ROTATION/UNIT ORIENTATION** represents the training required to feel prepared for rotation/unit specific responsibilities. This can include knowing who their main contact person is, the team they will be working with, typical schedule and workflow, as well as an understanding of the patient population. Learners stress the importance of knowing rotation specific information, such as where equipment and resources are, to allow them to feel safer and more prepared to respond to situations during their rotations. Learners were also able to identify that despite being oriented to one rotation/unit, that specific orientation did not fully prepare them for working and learning in another area. Similar information, such as workflow or knowing who to speak to when needed highlighted as a requirement to be successful in the new area/unit. When rotation/unit orientation was not fulsome enough, or when there was a lack of psychological safety that allowed learners to ask questions, learners' identified peer support to supplement their knowledge.
LAYER 3	**INDIVIDUAL ORIENTATION** represents the learner's individual understanding of their scope of practice, responsibilities, and accountability as it relates to their role during that placement. Learners indicated that much of this information comes from their clinical teacher*. The role that a clinical teacher* plays in setting expectations and guiding how a learner fits into the team were perceived as vitally important to learners' feeling of preparedness and belonging.

Relating Orientation to Learners Feelings of Preparedness

To assist our interpretation of the data, we used *Maslow's Hierarchy of Needs Human Motivation Theory* (Maslow, 1943) to describe our learners' feelings of preparedness. Maslow's theory defines five 'needs' that people seek to fulfill in order to be motivated; physiological needs, psychological safety, belonging, esteem, and self-actualization. Similar to Maslow's Hierarchy, the 'needs' our learners describe are linear in that one cannot fulfil a need at the top of the hierarchy unless the lower needs are fulfilled. Our learners always begin with foundational 'needs', moving through psychological safety, socialization into role, self-efficacy, and finally to engagement. Interestingly in our context, as a learner's clinical experience and exposure grows, they are able to achieve the first two 'needs' faster, though learners always begin at the foundational level.

Foundational

As described by our learners, these 'needs' encompass the most basic requirements that allows for learners to feel prepared to begin their clinical placement. From a hospital perspective (layer one), they include tangible items such as receiving ID badges, scrubs, pagers, access to systems (i.e. Electronic Patient Records) and completing mandatory training requirements. From a rotation/unit perspective (layer two), it includes knowing where to go on the first day and who to meet. Learners articulated significant barriers to their learning and experience when the aforementioned foundational needs were not met (layer three).

Psychological Safety

These 'needs' are described as those that facilitate learners' understanding of clinical teacher* and rotation expectations, meeting their team and knowing how to access them, knowledge of patient care processes on the unit, who to reach out when questions arise and how to escalate care concerns as necessary.

Socialization into Role

As learners continue to move through the 'needs' levels, learners refer to socialization and an increased sense of belonging achieved through improved understanding of their own role and responsibilities, as well as how to work collaboratively with other professions.

Self-efficacy

Once learners are able to move through the first three 'needs' levels, they feel more confident in their ability to achieve expectations of their clinical teacher*, team, and of themselves.

Engagement

Following achievement of the four levels of 'needs', learners are able to engage fully in their learning and performance. As well, advanced/senior learners highlight the feelings of being able to contribute to their team, and patient care in a meaningful way.

RECOMMENDATIONS

In our context, *Foundational, Psychological Safety,* and *Socialization* 'needs' have components that can be influenced at a network level. The latter two 'needs', *Self-Efficacy* and *Engagement* are attributed to the individual learner's confidence and performance. As such, by meeting the earlier needs (*Foundation Needs, Psychological Safety and Socialization into Role)* our analysis suggests that we would support the self-efficacy and engagement of our learners.

Based on our findings, we present six recommendations. By pursuing these, we will proactively address learners' needs related to orientation in an effort to enhance their confidence and performance. While the following recommendations are designed to be adopted across our system, we recognize that operationalization may differ dependent on each institution's processes and resources.

Recommendations below are listed according to the action priority matrix. Recommendations are intended to be reviewed and approved individually.

HIGH IMPACT, LOW EFFORT RECOMMENDATIONS

Human Resources Required

1. Develop standard guidelines for procedures related to learner orientation for adoption and tracking across the system;

2. Develop guidelines for standardized communication with learners related hospital orientation that are adopted and tracked across the system; and

3. Develop a clinical teacher* 'checklist' to support learner orientation to their rotation/placement and role.

HIGH IMPACT, HIGH EFFORT RECOMMENDATIONS

Human and Financial Resources Required

1. Identify TAHSN minimum training expectations for clinical teachers*.

2. Develop easily accessible TAHSN-wide training modules for learners, as well as processes to ensure they are maintained with up-to-date content.

3. Develop a business case for the creation of a TAHSN-wide online database for learners and administrators that stores learner engagement and training data, modules and proof of completion.

Next Steps

The following next steps are recommended in order to respond to learner feedback and needs.

1. Leverage the established LE-QIWG to provide oversight of the development, implementation and evaluation of the proposed recommendation.
2. Develop an operational plan to determine timelines, areas of opportunity and monitor progress; and
3. Evaluate improvements through analysis of learner engagement data.

References

Maslow, A.H. (1943). A Theory of Human Motivation. *Psychological Review, 50*(4), 370-396.