

Interprofessional orientation for students in paediatrics within the Central Metropolitan CPN

Submitted by:

The Royal Children's Hospital

September 2012

Executive summary

The online student orientation project was undertaken at the Royal Children's Hospital (RCH) to standardise the process of student orientation for students attending RCH for clinical placements and improve efficiencies for staff involved in the process. This followed the identification of the provision of student orientation to be an often repeated activity across medicine, nursing and allied health disciplines within the hospital, with content including RCH-specific and paediatric-specific largely mirrored for each discipline.

The objectives of the project were to develop collaborations between disciplines with respect to student education and orientation, develop a framework for the preparation of undergraduate students at RCH and to develop and implement an online orientation program.

The project involved the appointment of a steering group and the evaluation of content of the existing orientation programs across disciplines to map commonality. Staff and students were surveyed to evaluate the effectiveness of the existing programs and any further areas which could be included. This information guided the development of the orientation modules, with the content being determined by expert working parties for each module.

The website was developed and has been in use since by students March 2012. It is estimated that over 250 students have completed the online orientation program, and the level of satisfaction with both content and method of delivery has been very high with 82% of students who completed the evaluation reporting the overall content to be relevant or very relevant and 78% of students reporting the method of delivery to be effective or very effective. Staff have also reported an improved efficiency in providing student orientation since the online program was implemented.

The online orientation project has successfully met the objectives identified at the start of the project period and a level of sustainability has been achieved by the structure of the program. Further work could be done to include areas identified by the evaluation, namely the inclusion of IT systems. The program could also be expanded to cover other paediatric placements within the community using much of the existing information and allowing for the development of other site-specific modules.

Background and context

Each year approximately 855 undergraduate students complete placements at RCH from several universities, with the aim of these placements being to provide students with exposure to and foundation skills in the area of paediatrics. Historically, students have been coordinated within their specific discipline, with each discipline providing orientation including RCH specific information (site orientation, clinical organisational structures, other disciplines involved with children), expectations of workers at RCH (legislative compliance, professional conduct, OHS) and base knowledge in the paediatric fields of learning.

The delivery of these orientation programs for each new cohort of students at RCH, estimated at more than fifty sessions per year, has resulted in duplication of information presented and a major inefficiency in one aspect of clinical education provision and provided a catalyst for the investigation of a more efficient means of providing orientation for all students attending RCH.

Objectives

The objectives of the project were to:

- Develop collaborations between medicine, nursing and allied health at RCH with respect to student education and orientation.
- Develop a framework for the preparation of undergraduate students at RCH.
- Develop a common online orientation package for all medicine, nursing and allied health students undertaking clinical placement at RCH.

Project activities and methodology

The commencement of the project saw the appointment of an interprofessional steering group with members from nursing, medicine, allied health, People and Culture (HR), the Educational Resource Centre (ERC) and Corporate Communications. The establishment of an interprofessional committee was to ensure that the program was relevant to students of all disciplines, was professionally presented and included all relevant RCH and clinical information.

A project coordinator was appointed who worked with student coordinators and clinical educators to compare and map commonality between current student orientation programs across disciplines. This information was collated and formed the basis for the development of the orientation modules for the project.

As this information was being collected, twenty-four student coordinators and clinical educators from across participating disciplines were surveyed to determine their perceptions of gaps in current orientation programs, topics that may be useful in orientation/foundation knowledge and areas that could be effectively covered in an online format either to better prepare students for placement or to improve efficiency.

A sample of fifty-six students from participating disciplines who had recently completed their clinical placements at RCH were also surveyed to determine their perceptions of the RCH orientation programs, which parts helped with readiness for their placements, which parts were least helpful, what other information may have been useful. They were also asked their perceptions of the idea of online orientation.

All of the information collected was taken back to the steering group and from this the modules for inclusion in the online package were determined. The modules included in the program were:

- Getting to know the RCH: The history of the RCH and an overview of hospital structure and function.
- Preparing for placement: Important information for starting placement, including necessary forms and checks and discipline-specific information regarding contact person, placement hours and where to go for day one.
- Coming to RCH/hospital tour: Important information for way-finding around the hospital.
- Professional conduct: Guidelines for appropriate professional behaviour and considerations while on clinical placement at the hospital.
- Differences between children and adults: An overview of some of the physiological, anatomical, cognitive, social and emotional differences between children and adults.
- Patient and family-centred care: Highlighting the importance of working in partnership with the child and family in clinical decision making.
- Procedures: An overview of important procedures at RCH.
- Effects of hospitalisation on a child: An overview of some of the factors that can impact on the way children and young people cope with hospitalisation and ways to minimise the negative impact.
- Roles of different health professionals: Outline of some of the specialist staff in a paediatric setting.
- Child rights: An overview of rights specifically relating to children and young people in healthcare.

Compliance training is provided to staff prior to commencing work at RCH through Learning Seat (www.learningseat.com) and this was investigated as an option to provide students with aspects of their orientation. On investigation and consultation with the relevant staff it was decided that these modules were too in-depth and lengthy for students to complete and therefore, all of these areas were covered more succinctly within the modules.

Once the steering group had established which modules would be included, working parties were established to develop the content for each of these modules. The working parties were made up of experts in each particular area, as well as a staff member from ERC to provide expert opinion on delivery mode for each of the modules. The progress of the working parties was reported to the steering group at each meeting and relevant feedback and input was obtained.

As the content was decided and outlined by the working parties, the staff from ERC worked on the production of the modules, with sound and video recording, photography and development of the website.

Evaluation questionnaires were developed for students and staff involved in clinical education to determine the effectiveness of and their satisfaction with the online orientation program. Staff were also asked for feedback about the efficiency of the program and how this impacted on their clinical education provision.

Project management

As outlined above, the project was managed by a steering group comprising representatives from medicine, nursing, allied health, People and Culture (HR), the Educational Resource Centre and Corporate Communications and a project coordinator. This group was responsible for developing the framework for the online program and overseeing the implementation of the project and met on a regular basis during the development of the modules and in the lead-up to the launch of the website.

Working parties were formed for each of the modules and these working parties were responsible for developing the relevant and appropriate content for inclusion in the modules.

A timeline for the project was developed at the outset and was largely influenced by the length of time required for the production of each module once the content was developed and the date the program was required to be operational to allow for the orientation of students at the start of the semester.

The budget for the project was overseen by the Director of Allied Health, who was responsible for the grant application.

Outcomes and impacts

The interprofessional online orientation program was implemented in March 2012 following a twelve-month period of planning and consultation. This was achieved by effective interprofessional collaboration over the period of the project, from both the steering group and the working parties, which resulted in a wide range of professionals from various fields contributing to the final program.

A basis for preparation of undergraduate students attending RCH for clinical placements was developed, which considered the needs of various disciplines and allowed for input from the target audience, being students from a range of disciplines. From this basis the content was then developed for the initial implementation and this has been used successfully for the first semester of 2012.

The implementation of this program has significant medium and long-term impact for the students and staff attending RCH for clinical placement. There is the potential for significantly improved efficiency for staff involved with staff orientation and education, as well as standardisation of information provided to the large number of students attending RCH for clinical placements, ensuring mandatory information is covered for all students and allowing students a resource that is relevant and continually updates as appropriate. As links are provided to RCH policies, these aspects of the program will be updated as policies are updated and therefore there is less risk of the program becoming less relevant over time.

Much of the information included in the program can be generalised to other paediatric settings within the CPN, potentially with changes to reflect site-specific information for each particular venue. The format and method used in this project is also easily transferrable and could be adapted to suit any type of placement. It could also be used for students undertaking placements in similar areas of practice in different locations, by including the same relevant clinical information but with sections for individual or alternative site-specific information.

Limitations and management strategies

One of the main areas of difficulty encountered during the project was trying to ensure the program was general enough to cater for the interprofessional nature of our target audience while keeping it specific enough to be relevant to all students. There were problems at times attempting to balance the needs and preferences of different professions, and overcoming some of the reluctance to consider alternative ways of approaching student orientation from both staff and students.

The expectations and ideas from individuals involved in the project about what it should look like and the best way to present the information, both with respect to the individual modules and the program as whole was also difficult to gain consensus on at times. This was helped in some instances as the website came together, and it was easier to gain an understanding of what the modules looked like, however it was also problematic at other times as what was produced differed from what some people expected. These challenges were largely overcome with time, and by attempting to involve all members of the steering group in the decision-making process.

With the large number of busy staff members involved in the project there was some difficulty getting all involved people together for the regular meetings required to keep the project moving forward. It was necessary for the project coordinator to be flexible to meet when others were available, and to ensure all meeting minutes and other communications were circulated regularly and in timely manner to allow for appropriate feedback.

Due predominately to placement cancellations, staff changes and new staff being unaware of the evaluation process, and failure of a number of students to return completed evaluations, significant numbers of students who completed the online orientation did not complete the evaluation. This resulted in the extension of the time allocated to collect evaluations and fewer than expected students participating in the evaluation with 104 of an estimated 250 students who completed the online orientation completing the evaluation. There was still, however, a cross-section of disciplines represented and identifiable trends in the feedback received.

Finally, the project period coincided with the move to the new Royal Children's Hospital which presented challenges around engaging staff who were occupied with the move, preparing for a new environment and orientation information related to the new hospital and new processes being unclear until quite late in the project period. This was factored into the initial timeline, and these particular modules developed last, and the steering group attempted to still meet regularly and facilitate the activity of the working parties too continue to develop the content over this period.

Evaluation

Evaluation of the project was undertaken through the distribution of questionnaires to participating students and to clinicians involved with student orientation and education.

Students were asked to rate each of the modules with respect to satisfaction with the content and satisfaction with the method of delivery. They were also asked which aspects of the orientation package were most useful during their placement, which were least useful, what else may have been useful to include in the orientation and whether they found the online package an effective method of providing orientation information.

Out of the 104 students who completed the evaluation 97 felt that the online package was an effective method of providing orientation information, with comments including "It was good to be able to complete orientation before the placement began so we could optimise clinical time without spending a whole day on orientation" and "It was good to have information to go back to". Four students didn't answer the question, while the three students who felt that it was not effective would have preferred face-to-face orientation and a guided tour of the hospital.

Areas that were found to be the most useful were predominately the information specific to starting placement, in particular the "paperwork required for starting placement" on the homepage and the "differences between children and adults", with comments such as "good preparation for the first day of placement, got you into frame of mind" and "information regarding working with children was helpful". There was a broad range of areas highlighted by individual students as the most helpful for their clinical placement.

The parts of the package that students found least useful were the hand hygiene information, which a number of students felt they had covered adequately on other placements and at university. The orientation program was thought to be too long and in-depth by a number of students. Interestingly, these two factors were identified as positives by other students.

Suggested additions to the package from students surveyed were further information about each of the different wards and information/online tutorials for the computer systems and electronic medical records.

Each of the modules were rated on a 5-point Likert scale for satisfaction with content (1 = not relevant, 5 = very relevant) and method of delivery (1 = not effective, 5 = very effective). The results are illustrated below.

Getting to know RCH



Student Orientation A A

RCH > People & Culture > Student Orientation

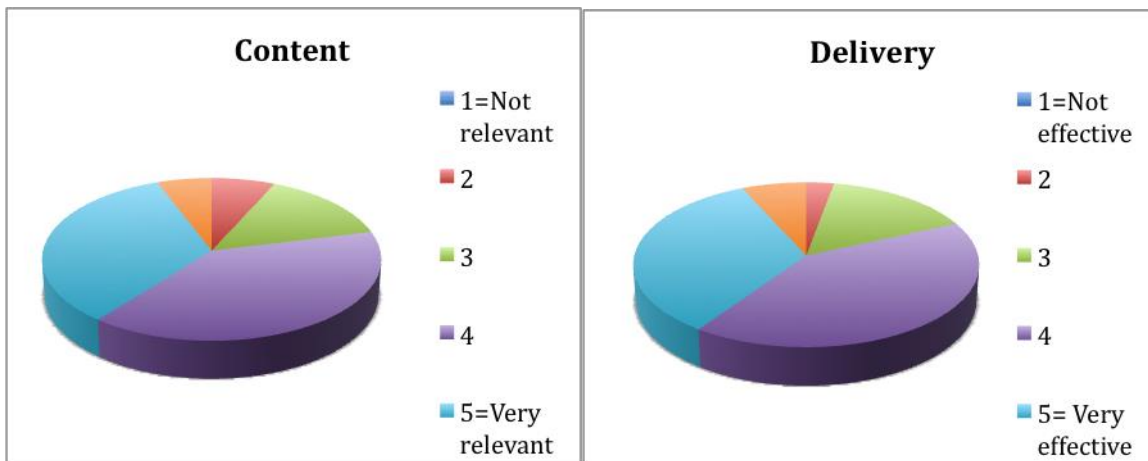
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Getting to know the RCH

The history of the Royal Children's Hospital and an overview of hospital structure and function.

- [History](#) of the RCH
- [About](#) the RCH
- [Web tour](#) of the RCH Intranet site

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Preparing for placement

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Preparing for placement

Important information you will need to know to start your placement.

Getting to RCH

- [Public transport](#)
- [Parking](#)
- [Bike parking/ facilities](#)

The Royal Children's Hospital has a secure bike storage facility with 500 spaces and access to change room facilities. The bike storage facility can be accessed via Flemington Road and is located in the East Building, Lower Ground.

All RCH staff can access the bike storage facility using their security ID card.

University of Melbourne Department of Paediatric staff can request access to the bike storage facility by contacting Paula O'Malley or Jacqui Burnheim.

MCRI staff can request access to the bike storage facility by contacting MCRI Human Resources.

Bike storage racks, reserved for visitors to the hospital, are located near the Emergency entrance to the hospital.

Bikes should not be chained to seating, railings or other fittings around the hospital grounds.

Around RCH

- [Wards](#)
- [Library](#)
- [Health Education and Learning Precinct](#)

The Health Education and Learning Precinct, developed in collaboration with the University of Melbourne

Department of Paediatrics, features a variety of learning and education spaces just like this for paediatric students, researchers and staff.

This learning space is equipped with digital projectors and computer facilities to provide a versatile training and educational facility. Interstitial doors can be opened to provide a larger space.

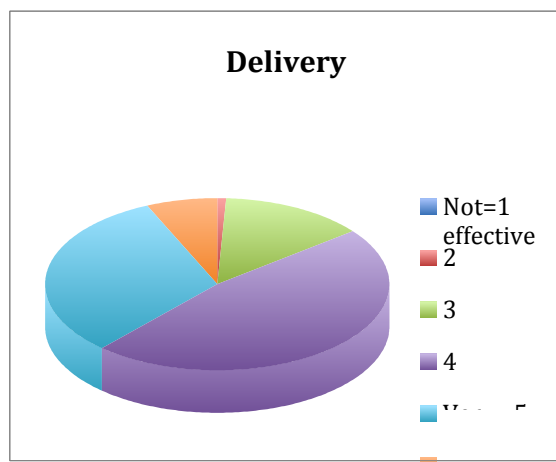
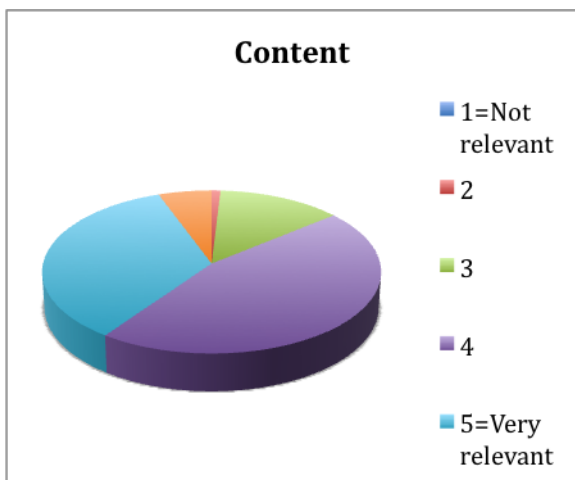
- [Telephones](#)
 - Information about [Telephones](#) in RCH
 - [Telephone handset instructions](#) 📄
 - [Map](#) 📍

Essential paperwork

The following items **MUST** be shown to your supervisor on day 1 of your placement or you will be unable to commence your placement.

- [Police & Working With Children Checks](#) (Please refer to your university clinical office who will help you with the

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Coming to RCH/hospital tour



Student Orientation

RCH > People & Culture > Student Orientation

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Coming to RCH

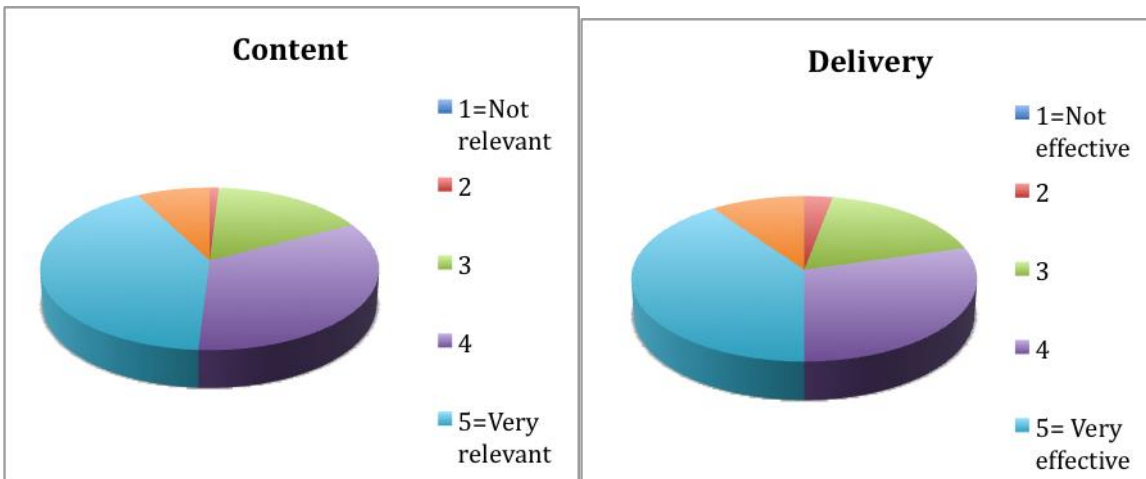
The video below shows important information for way-finding around the Royal Children's Hospital and services that are offered.

Hospital tour



- [Guide to the RCH](#)

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Professional conduct

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Professional conduct

Guidelines for appropriate professional behaviour and considerations at the Royal Children's Hospital.

Professional Behaviour

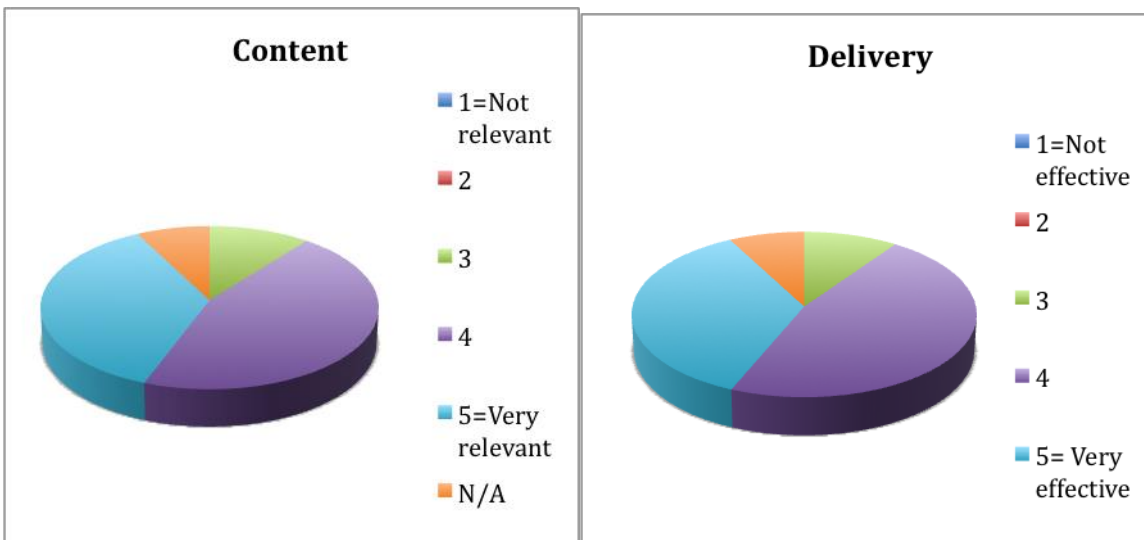
The following are expectations of the student as a training healthcare professional.

- be punctual and reliable
- behave in a responsible, reliable and dependable manner
- project a professional image in your manner, dress, speech, and interpersonal relationships
- treat other health professionals with respect and courtesy
- place concern for clients above personal requirements for study and social activities
- wear identification badges on a lanyard at all times
- be aware that supervisor and other staff need to meet their daily work requirements in addition to providing learning opportunities for students
- be aware of and follow the guidelines of the Privacy Act especially when dealing with patients in order to protect their privacy.

RCH Policies (Intranet only)

- **Dress code**
Students should always be dressed in clean, well-maintained clothing which provides appropriate coverage and allows for the requirements of their role. Low-cut tops, bare midriffs and low-cut pants are not acceptable. Please refer to the [RCH dress code policy](#)
- **Professional Boundaries**
Professional Boundaries are integral to the relationship between those working in the caring professions and patients, clients, families or carers. Maintaining professional boundaries / relationships with patients who have lengthy, ongoing or frequent episodes of care can be particularly challenging in healthcare organisations like The Royal Children's Hospital (RCH) which is committed to patient and family-centred care. Please refer to the [RCH Professional Boundaries policy](#)
- **Social Media**
Students and staff should not mention RCH or detail anything about their work, or communicate with patients or their families using social media. Please refer to the [RCH Social Media policy](#)
- **Documentation**

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Differences between children and adults

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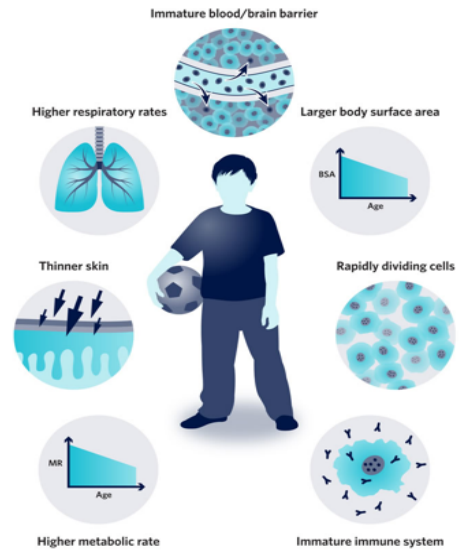
Differences between children and adults

There are a many differences between children, adolescents and adults- physiological, anatomical, cognitive, social and emotional- which all impact on the way illness and disease present in children and young people, as well as the way healthcare is provided.

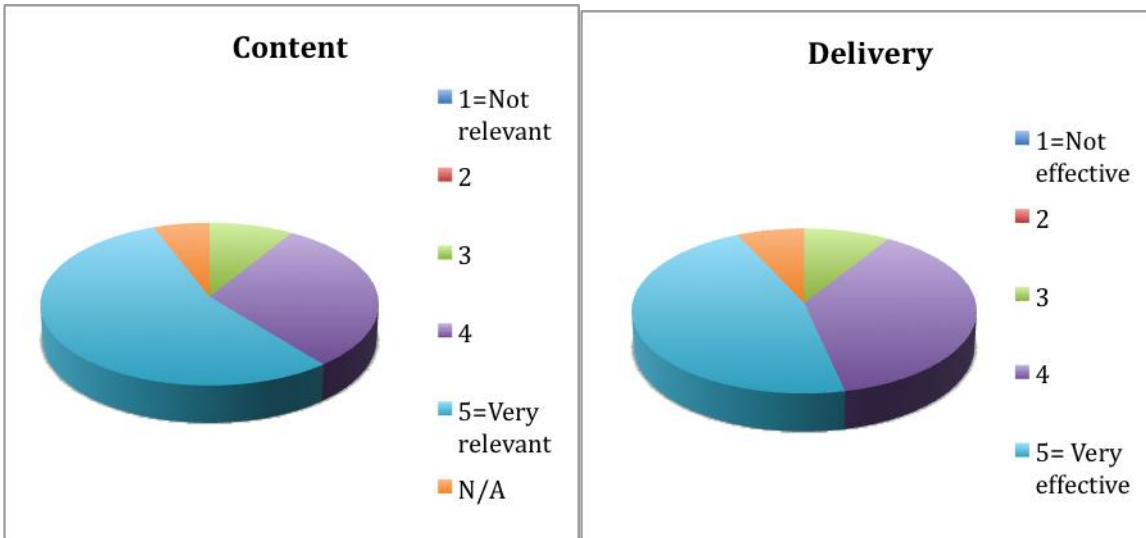
Overview of differences

Anatomical/ physiological

- **Larger BSA-** Children have a proportionately larger body surface area (BSA) than adults do. The smaller the patient, the greater the ratio of surface area (skin) to size. As a result, children are at greater risk of excessive loss of heat and fluids; children are affected by more quickly and easily toxins that are absorbed through the skin.
- **Thinner skin-** Children have thinner skin than adults. Their epidermis is thinner and under-keratinized, compared with adults. As a result, children are at risk for increased absorption of agents that can be absorbed through the skin.
- **Rapidly dividing cells-** Children's cells divide more rapidly than adults to assist in their rapid rate of growth. As a result, children are more susceptible to the effects of radiation than adults.
- **Higher HR and RR-** Children have higher respiratory rates than adults. Higher respirator rates lead to proportionately higher minute volumes. As a result, children may be more susceptible to agents absorbed through the pulmonary route than adults with the same exposure. Children may also respond more rapidly to such agents. Signs and symptoms in children may be an "early warning" of a chemical, biological, or radiological incident.
- **Immature blood brain barrier-** Children have immature blood-brain barriers and enhanced central nervous system (CNS) receptivity. As a result, children may exhibit a prevalence of neurological symptoms. Nerve agents may produce more symptoms in pediatric patients, requiring levels of treatment for children that are not indicated for adults with the same level of



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Patient and family centred care



- Patients & Families
- Health Information
- Departments & Services
- Health Professionals
- Research



Student Orientation

RCH > People & Culture > Student Orientation

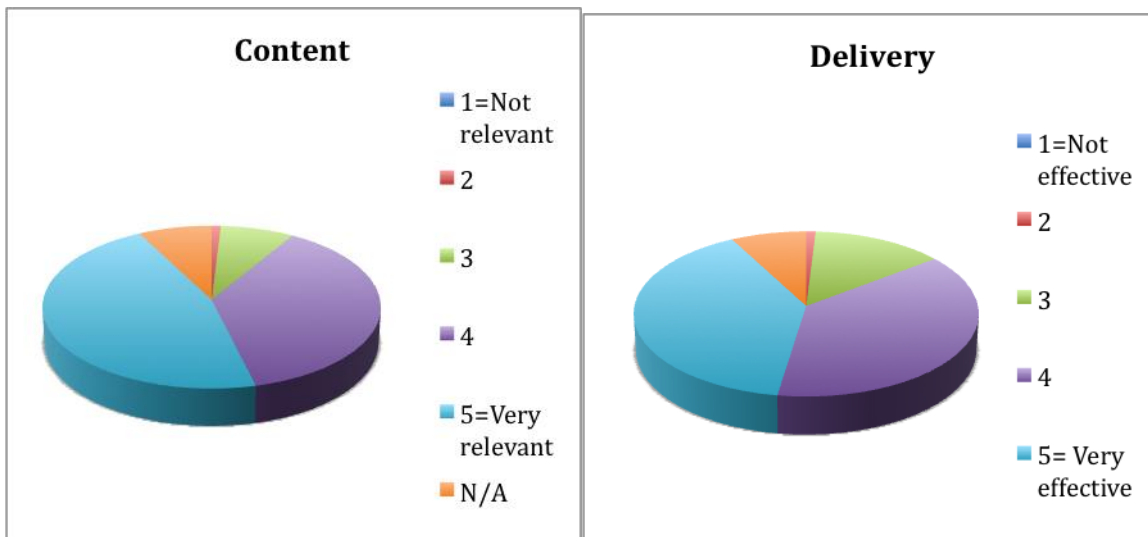
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Patient and family-centred care

Children and young people have a different social context than adults, and their parents and families are the main source of support and advocacy. The importance of working in partnership with the child and family is paramount and the perspectives and input of the child and family are important in clinical decision making.



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Procedures

Student Orientation



RCH > People & Culture > Student Orientation

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Procedures

An overview of important procedures at RCH.

OHS

The Royal Children's Hospital (RCH) is committed to the provision of a safe and healthy work environment for all employees, contractors and visitors.

Students are expected to:

- Work safely at all times to protect themselves and those working with them
- Participate in OHS training, consultation and initiatives to improve health and safety
- Report all OHS breaches, hazards and incidents, including near misses to their supervisor and assist with actions to reduce and eliminate risks; and
- Make recommendations for improvement on OHS related matters to their supervisors
- Take responsibility for the physical, mental and emotional health and wellbeing of themselves and their colleagues.

Please refer to the following policies (intranet only):

- [Manual handling](#)
- [Incident/injury/hazard reporting](#)
- [OHS](#)

Hand hygiene

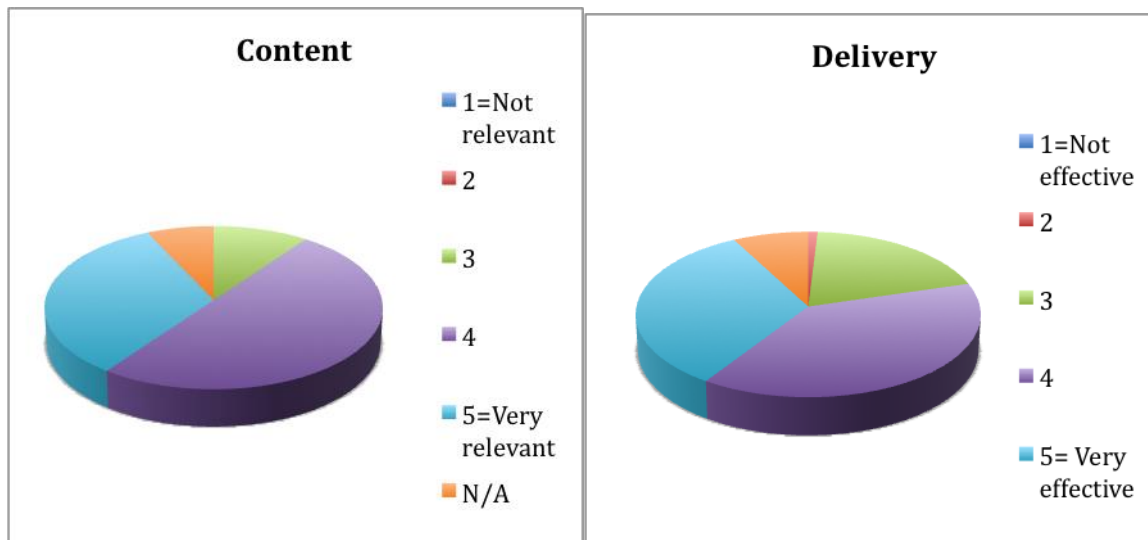
- [RCH Hand Hygiene policy](#) (Intranet)
- [Hand Hygiene Australia](#)

Infection control

The Infection Control team is a shared service between The Royal Children's Hospital and The Royal Women's Hospital, Melbourne and aims to minimize the risk of infection related to healthcare by providing evidence based preventative and management strategies for infection control.

- [RCH Standard Precautions for Infection Control policy](#) (Intranet)
- [RCH Transmission Based Precautions - Infection Control policy](#) (Intranet)
- [RCH Infection Control Principles - Clinical Staff Attire policy](#) (Intranet)

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Effects of hospitalisation on a child



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Effects of hospitalisation

Factors including developmental age, separation from their caregiver, removal from their familiar environment and the introduction of unfamiliar people and experiences can impact on the way children and young people cope with hospitalisation.

There are a number of ways the negative effects of hospitalisation can be minimised and children and young people supported to have more understanding and control of their situation.

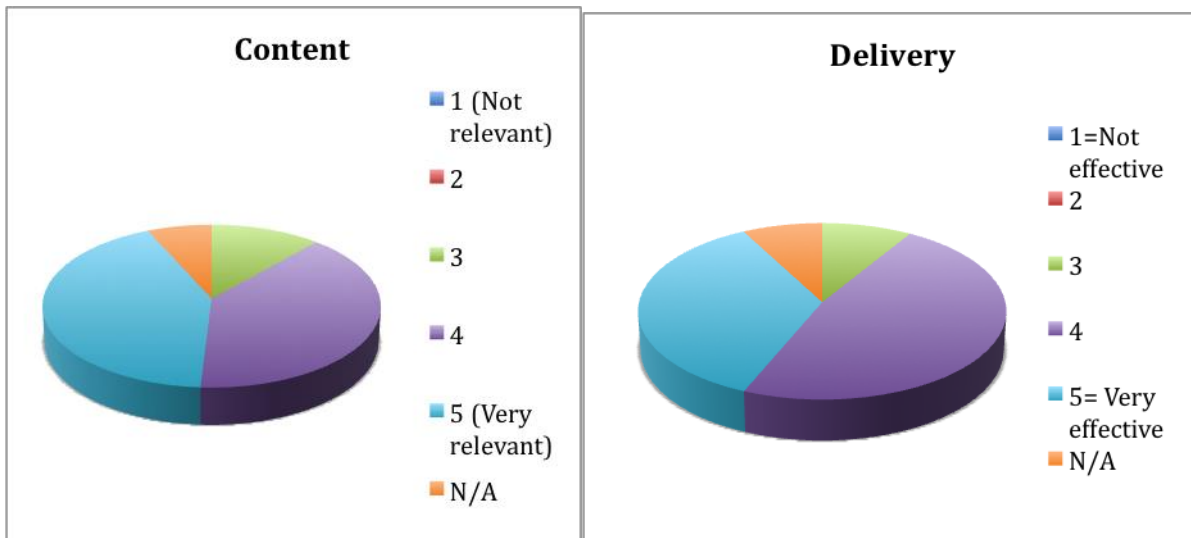
The following audio program gives an insight into the effects of hospitalisation on children and what health professionals can do about it.



To download, right click and ['Save Target As...'](#)

17mins

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Roles of different health professionals

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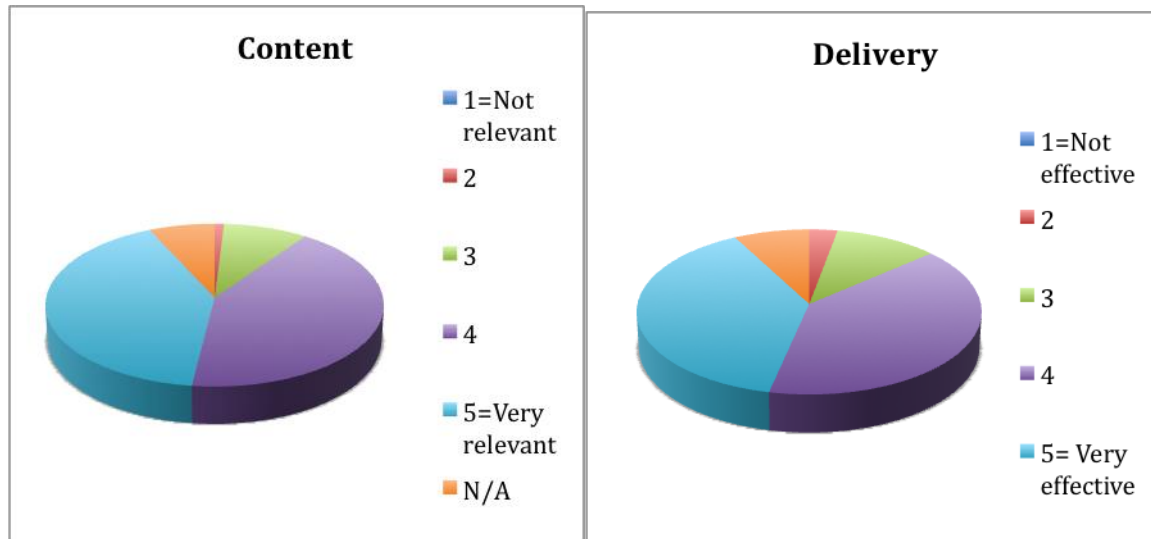
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Roles of different health professionals

Within a paediatric setting a number of different health professionals are required to cater for the specific needs of children and young people at different stages of their development, and age-appropriate environments are also an important part of working with children.



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Child rights

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Child Rights

All consumers have healthcare rights, regardless of their age, however the rights of children and young people in healthcare can be a more complex area due to developmental considerations and the involvement of family and carers in the healthcare process. Children and young people do have rights, and these rights need to be respected when providing clinical care.

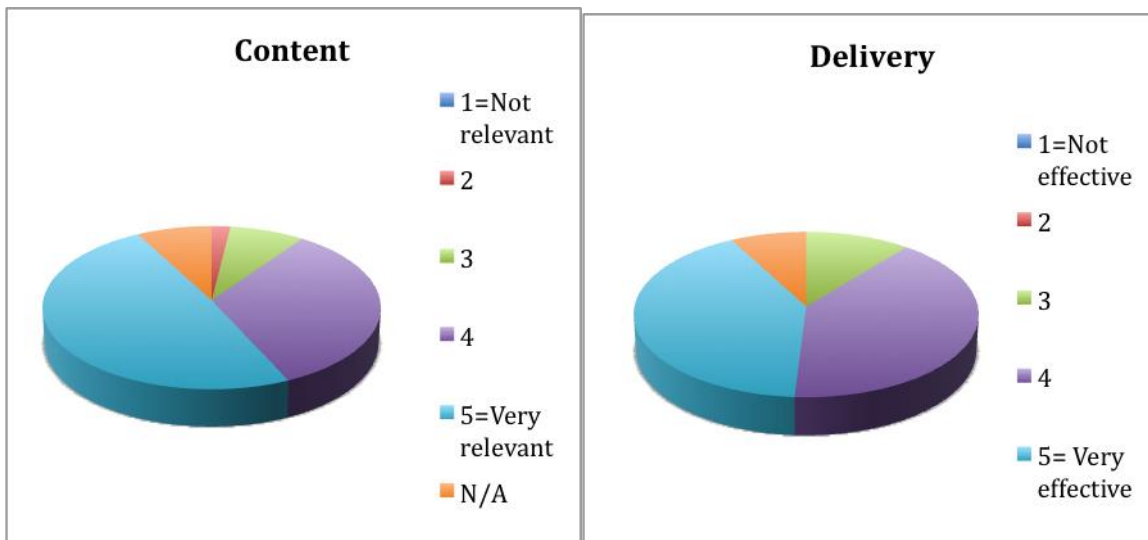
The following video has been produced by members of our Youth Advisory Council (YAC).



Some links

- [Charter on the rights of children and young people in Healthcare services in Australia \(PDF\)](#)
- [The Australian charter of healthcare rights](#)

Results



Students were asked where they accessed the orientation package and if they had any problems opening or accessing the information. The program was completed at home by 77% of students, at university by 7% of students and 6% on placement, while 10% didn't answer the question. Difficulty accessing the information was encountered by 1% of students who responded and this was related to some documents or links no able to be opened on iPads.

Staff were surveyed to determine if the implementation of the online orientation improved efficiency and reduced the amount of time spent undertaking student orientation, which aspects of the package they felt were most useful, which aspects were least useful and any other areas they felt should be included. All staff who responded felt that the online orientation improved efficiency and resulted in less time being spent in orientation at the start of the student placement, as well as some also reporting less time required for administration and preparation activities prior to student placements, as all student enquiries can be addressed by one link. There was also value noted in the information being readily accessible for students to refer back to, which was also highlighted as a positive by students.

The results of the surveys and the feedback will guide the editing and updating of the online package to ensure it is relevant for students and is being used effectively for the process of orientation.

Future directions

Future direction for the program relates to ensuring its sustainability. It has been linked to relevant RCH policies where appropriate to enable it to be automatically updated as policies are updated and without the need for specific review of the entire program.

The feedback obtained from the evaluation of staff and students will guide the editing and updating of the information and the inclusion of further information or streamlining of other aspects of the package.

Further direction for this project relates to the inclusion of more disciplines and departments within RCH and to roll out the program to other paediatric placements within the CPN. Much of the information is relevant and applicable across a variety of settings, and the roll-out could be achieved by developing specific information relevant to individual sites. Finally, it has also been suggested by both staff involved with the project as well as those from the broader hospital who have heard about the project that it would be very helpful to have a similar program available for new staff starting work at the RCH.

Conclusion

The project succeeded in meeting the objectives outlined in the proposal, namely to develop collaborations between disciplines with respect to student education and orientation, develop a framework for the preparation of undergraduate students at RCH and to develop and implement an online orientation program. The evaluation of the program has been overwhelmingly positive from both staff and students, and the program is now running smoothly across the hospital, resulting in improved efficiency and standardised preparation for students.

The process of developing the program highlighted the amount of repetition across disciplines, and the value of interdisciplinary collaboration in student education. This type of program would be of value in many organisations.