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Editorial Open Access

New Models in Clinical Education: A Call for Evidence

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Editorial

Regardless of practice setting, the demands on new practitioners include not only clinical competence in evidence-based methods of prevention, assessment, and treatment but additional skill sets. Clinical education, whether in graduate preparation programs or as a component of continuing education, must develop and implement new methodologies for effective clinical training to provide adequate opportunities for acquisition of new skill sets.

Among the skills that have received increased attention in graduate preparation programs are competencies in interprofessional practice. The Core Competencies for Interprofessional Practice were established by Interprofessional Education Collaborative in 2011 [1]. The core competencies include: values/ethics for interprofessional practice, roles/responsibilities, interprofessional communication, and teams/teamwork. According to the American Speech-Language Hearing Association [2] research has indicated "the benefits of interprofessional collaborations in health care that require continuous interaction, coordinated efforts, and knowledge sharing among health care professionals". The accreditation standards for master's degree programs in occupational therapy include IPE language and now require that students be able to "effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member's responsibility in executing an intervention plan" [3]. In 2013, as ASHA President, Dr. Patricia Prelock [4] summarized that graduate programs in communication disorders varied in the incorporation of IPE into the curriculum. While some programs were beginning to assess how to best address the IPE skill set, others were successfully implementing new models of preparation. While there is emerging evidence on successful methods of incorporating IPE into clinical training in communication disorders, more evidence is needed.

One method that has been utilized for preparing clinicians in a variety of disciplines for IPE is use of simulation [4]. In IPE simulations, students collaborate on scenarios such as clinical cases or community health issues (e.g. disaster simulation). A key component in simulation as a teaching model is debriefing with the faculty member [5].

In addition to preparing students for interprofessional practice, simulation has been used in both student training and continuing professional education. Simulation has been used to increase opportunities for students to practice skills in areas such as counseling, assessment and treatment [6]. Simulations can take many forms including standardized patients, virtual patients, and digitally enhanced mannequins [7]. A long-standing example is the use of specialized mannequins in CPR training. Simulations may be utilized to increase opportunities for practicing skills that would normally present limited opportunities. For example, Gregore and Sechrist [8] described use of simulation in FEES training. Similar opportunities can be developed for training of specialized skills such as those needed for AAC evaluation or working with patients dependent on tracheostomy and ventilation.

The complexity of the skills required of new practitioners has expanded. In addition, advances in the professions require seasoned practitioners to develop new skill sets to be acquired through continuing education. New models of clinical training will assist in building competencies in the new skill sets. I invite readers engaged in student preparation or continuing education to submit articles discussing effective models for acquisition of clinical skills. Dissemination of evidence on effective models of training will benefit both practitioners and the clients they serve.

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