

Supporting the transition from student to professional — a case study in allied health

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Abstract

Allied health graduates are entering an increasingly complex and demanding workforce. They require a mix of clinical competencies and broader professional skills. Making the transition from the learning environment of university to the workplace can be difficult and challenging. Graduate support programs are common in nursing and medicine, but not in allied health. This case study reports on the implementation and outcomes of a structured program for allied health practitioners making the transition from student to professional. Implications for the health service and for education are discussed.

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THE EDUCATION AND TRAINING of health care workers is evolving. There is an international trend towards graduate-entry health professional education¹ and a growing focus on interprofessional learning and practice.¹⁻³ There has long been a tension in health professional training between an academic “learning to learn” approach and the practical development necessary for learning the skill set of a specific craft group.^{1,4,5} Employers expect graduates to have the clinical competencies necessary to effectively work with patients and their carers. In addition, health systems need graduates with competencies in team working, understanding and applying the research evidence in practice, and capacity to

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What is known about the topic?

Structured programs to support new graduates are common in nursing and medicine, but there is little information about similar new graduate programs for allied health professionals.

What does this paper add?

This paper describes three cycles of a program designed to support the transition of allied health professional graduates from student to practising professional at an outer metropolitan health service. The program comprised eight interactive sessions and an end-of-year reflection.

What are the implications for practitioners?

Subjective evaluation suggests the program has been successful in facilitating the transition and contributing to improved retention rates among allied health staff.

contribute to the corporate life of the organisation.⁶⁻⁹ We require flexible and adaptable professionals who can work effectively under pressure in a resource-constrained environment. Is this the training currently provided in health professional courses? How do we ensure that allied health graduates are workforce ready?

The tensions in translating the learnings of academic training to the workforce are particularly evident during the graduate year.¹⁰ Structured programs to support graduates are common in nursing and medicine.⁴ However, a search of the international literature revealed few publications about the transition from student to allied health professional, or programs to support graduate allied health staff. The allied health executive team at an outer metropolitan health service in Australia identified the need to better support graduates through this transition phase and to supplement current discipline-specific induction by introducing an interdisciplinary team-oriented approach. This case study describes the process and outcomes of implementing an interdiscipli-

Program topics and focus

- “Get to know you” and overview of the program
Explore expectations
- Transition challenges — from student to health professional
How to use a supervisor
- Transition challenges — strategies to manage
- Exploring roles, responsibilities and working in teams
- Critical reflection/critical thinking
- Negotiation and communication skills — team focus
- Reporting and documentation: communicating within the team
- BREAK
- Final session (end of year): review/ reflection on the year

nary allied health program at the health service. Process and outcomes from the first 3 years of the program are described.

Objectives

The objective for the program was to provide a structured program to supplement routine induction, professional development and supervision activities for new graduate allied health staff with the aims of:

- Supporting new graduates through the transition from student to professional
- Providing a “health service-wide” context for work — promoting the values and goals of the organisation
- Fostering interdisciplinary working and collaboration
- Developing critical reflection skills.

Participants

The participants included allied health staff commencing with the health service in their first professional role since graduation. Between 11 and 13 graduates have commenced the program each year from a mix of disciplines including: dietetics, exercise physiology, occupational therapy, physiotherapy, podiatry, social work, speech pathology.

The program commences in March each year and takes in participants up to the third session (April).

Methods

Program design (in 2004) was informed by the available literature, input from allied health discipline managers and the previous year’s graduates. The program draws on contemporary adult learning principles to deliver experiential, facilitated sessions that are relevant to learner needs. It is a closed group (no new participants after session 3), run by facilitators who are generally not the direct line managers of those in the group. Sessions include a combination of structured learning activities to promote the program’s key aims and opportunities for debriefing and discussion (Box).

Each session runs for 2 hours. The venue rotates through three health service campuses. During the first year of operation (2004) the program ran every 3 weeks for the first three sessions, then monthly for the remainder of the year. Based on graduate feedback, from 2005 onwards this was modified to every 3 weeks from March to July (eight sessions), with one follow-up session in November to enable graduates to reflect and feed back on their first working year.

Follow-up tasks are set from each session — usually with a reflective focus. These are used to reinforce learning between sessions and as the basis for subsequent sessions.

Evaluation is based on participant feedback, facilitator observation and feedback from the allied health executive. Retention rates are monitored, however, it is acknowledged that many factors influence staff recruitment and retention and changes are not attributable to participation in the program.

Outcomes

Participants have identified major strengths of the program (based on 3 years’ feedback) including:

- Good forum for sharing with others in the same situation — this is supportive and reduces the isolation of being new in a team or department
- Multi-professional peer support is highly valued

- Positive opportunity to get to know more about other disciplines' work and to get to know people from other disciplines and campuses. Makes rotation into new roles/campuses/programs much easier and less stressful
- Good to have a forum where you can ask questions you may not ask/may be afraid to ask elsewhere
- Facilitated program is helpful
- Mix of information/teaching and debriefing opportunity is positive
- Reflective exercises useful (although can be time consuming).

Areas participants find challenging, or would like to improve or change include:

- Reducing the number of sessions (feedback from first year only)
- Balance between structured activity and open opportunity to debrief
- Follow-up tasks between sessions
- Managing competing demands to enable participation in the program.

Although attendance is not compulsory, graduates are actively encouraged and expected to participate in the program. Participation rates are high, with illness or annual leave the reasons for non-attendance. During the first year, participation reduced in the latter half of the year. Since the program has been shortened, no drop off in participation over the year has been observed.

The Allied Health Interdisciplinary Graduate program has been identified by the allied health executive team as one of the factors contributing to graduate retention. Retention rates improved from pre-program rates of 42%–46% at 2 years post-employment to 75% at 2 years post-employment after program introduction. This change in retention rates cannot be attributed solely to participation in the graduate program, however, it is clear from participant feedback that many perceive the program to be an important support, particularly during the early months of employment.

Problems and challenges

In a time-pressured environment, 2 hours (plus intercampus travel), every 3 weeks for eight

sessions is perceived by many as a large time investment. However, a 2-hour session is needed in order to offer effective opportunities for debriefing and discussion, as well as specific learning activities. The eight sessions enable coverage of a range of topics, as well as time for participant-driven content.

Some participants perceive the follow-up tasks as a burden and additional time pressure. Despite this, there is a good completion rate of the activities, and the information is able to be used effectively in the program. Follow-up tasks are an important tool for developing reflective practice and application of learning in everyday practice, so have been kept in the program.

The interdisciplinary focus of the group aims to encourage interaction and collaboration between the different discipline groups. There is a strong tendency for participants to gravitate to their discipline groups and it is necessary to constantly structure the group and activities to foster mixing and interaction.

Many of the graduates don't feel "new" after their first 5 or 6 months, and, particularly in the first year of the program (full-year commitment), graduates reported that participation became less useful after this time. This has not been an issue with the shorter program. Those who had rotation at various campuses or different programs revisit the "new" experience at the time of the rotation (usually 3 to 4 months after commencing with the health service).

Ensuring active support from all discipline and campus managers to enable graduate participation has been challenging from time to time. This is particularly evident if there are vacant positions or other competing pressures. The facilitators have taken on a role of advocating for graduates and assisting them to negotiate with managers if there is an issue with attendance.

Lessons learned

The challenges faced by graduates during the transition from student to professional are remarkably consistent. The biggest challenges reported across each year's program are:

- Managing a full caseload
- Managing *all* the patients in the caseload (both the “tricky” and the “straightforward”. It is common for students on clinical placement to mainly be given patients with few co-morbidities or complex issues)
- Having full responsibility for patients — not always having a supervisor around to ask for assistance or go through plans and issues in detail
- Taking up personal authority — even when confidence is low
- Time management — adjusting to full-time work and balancing a full caseload with other competing demands
- “Feeling like I should know everything — and knowing that I don’t.”

Many of these challenges provide important feedback for the way we design allied health training and structure clinical placements so as to better prepare our students for their first professional experience.

The critical reflective skills emphasised in the program are important and need to be fostered more effectively in everyday practice. To address this we are in the process of reviewing and revising our approach to ongoing staff supervision.

The mix and balance of disciplines influences the group dynamic. It is essential to foster a “safe” environment to enable open discussion and disclosure. We have found it to be effective having facilitators who are not the line managers for any (or for only one or two) in the group. It has also been important to clarify the rules around confidentiality and achieve agreement about how information is taken out of the group.

The use of experiential learning and structured activities to promote interaction, disclosure and discussion is useful. We have found it essential to allow sufficient “open” space for the participants to raise *their* issues of importance or concern.

The experiences arising from the allied health graduate program have reinforced the need for our health service to consider a number of key programs and issues:

- Approach, content, consistency and effectiveness of routine staff supervision

- Training offered to allied health students and how to improve this to produce clinicians who are more workforce ready
- Application of reflective practice in everyday work
- Interdisciplinary teamwork — should it happen, does it happen, can we make it happen?
- Importance of adequate support to staff retention.

Further development in these areas could influence the perceived usefulness of the allied health graduate program. However, one of the key strengths of the program is the opportunity for facilitated peer support that is not a common feature of routine practice.

In future, we would like to explore the feasibility of including others, such as graduate medical and nursing staff in the program in order to better reflect the working team.

Graduates describe feeling stressed and challenged by the full working demands of a busy health service as they make the transition from student to professional. We need to consider how this can be better addressed during training, as well as in the graduate year. The innovative allied health interdisciplinary graduate program has been a valuable addition to our staff development and support program, providing benefits for individual graduates, and more broadly for our health service and its community.

Competing interests

The authors declare that they have no competing interests.

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