Current trends in interprofessional practice and the education of healthcare professionals in Ireland

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Faculty of Health Sciences Structure

- Speech & Language Therapy
- Pharmacy and Pharmaceutical Sciences
- Faculty of Health Sciences
- Nursing & Midwifery
- Medicine
- Occupational Therapy
  - Physiotherapy
  - Radiation Therapy
- Human Nutrition & Dietetics
- Dental Science
The case for collaborative practice

- Significant health reform in Ireland since early 2000
- Overreliance on acute hospitals and specialist services
- Significant expansion of primary and community care services
- Service provision delivered by multidisciplinary teams with emphasis on health promotion, preventative services and chronic disease management
- The multidisciplinary nature of these services will necessitate health care professionals working together in a more integrated way than ever before

"the promotion and facilitation of strategies for maximising appropriate interdisciplinary education, training and research to contribute to the development of integrated health care in Ireland” HSE 2009
Learning together to work together

The problem of education in silos

Accreditation and regulatory bodies require evidence of IPL in professional courses

Understanding the mechanisms that shape successful IPL programmes

WHO 2010
Overview of IPL in Trinity

At curricular level

At clinical level
IPL within the medical curricula

Teaching across disciplines

Formal IPL programme introduced in School of Medicine in 2010

Commenced with three disciplines (Medicine, Physiotherapy & Occupational therapy)

Expanded annually, now includes seven disciplines across Faculty of Health Sciences
IPL programme

Mandatory component of third year

Blended course consisting of online materials and attendance at three interprofessional workshops

Workshops held over three consecutive weeks, each lasting 1.5 hours

Students work through a number of patient case studies in small interdisciplinary groups

Learning objectives integrated into each curriculum
The learning materials

Case study 1
Rheumatoid Arthritis (RA)
- Students view discipline specific video vignettes of health professionals assessing an RA patient and record assessment findings on supporting clinical assessment forms
- Prepare discipline specific management of patient prior to workshop

Structured problem, students present with “answers” to allow for easier introduction to novel teaching approach

Case study 2
Stroke
- Students receive limited amount of information relevant to each discipline concerning the acute, rehabilitation and discharge management of a stroke patient
- Prepare discipline specific management of patient prior to workshop

Less structured problem, prompts on collaboration, teamwork and discharge planning during workshop

Case study 3
Older person
- More complex multi-morbidity presentation
- Unclear diagnosis with added complexity of social problems and ethical considerations
- Prepare for a multidisciplinary conference on this patient

Ill defined, ill structured problem. Requires thinking in an interdisciplinary way
Problem design

Developed in collaboration with lecturers from across the faculty and in consultation with clinical partners

Refined in response to student/facilitator feedback following workshops

Based on constructivist learning theory

Workshops designed to facilitate skills and attributes desirable in health professionals

...........that is students build new knowledge based upon the learning they achieved together

Trinity College Dublin, The University of Dublin
The logistics: student numbers

Based on 2015 figures

507 students in total
37% medical students
24% nursing
13% pharmacy
Other disciplines < 10%
The logistics: course progression

<table>
<thead>
<tr>
<th>Year of course</th>
<th>No. of disciplines</th>
<th>Student numbers</th>
<th>Staff numbers</th>
<th>Workshop numbers</th>
</tr>
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<tbody>
<tr>
<td>2010</td>
<td>3</td>
<td>210</td>
<td>3</td>
<td>31</td>
</tr>
<tr>
<td>2011</td>
<td>4</td>
<td>392</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td>2012</td>
<td>5</td>
<td>418</td>
<td>13</td>
<td>42</td>
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<tr>
<td>2014</td>
<td>7</td>
<td>545</td>
<td>30</td>
<td>57</td>
</tr>
<tr>
<td>2015</td>
<td>7</td>
<td>507</td>
<td>31</td>
<td>57</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2071</td>
<td></td>
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</tr>
</tbody>
</table>
## Student evaluations

<table>
<thead>
<tr>
<th></th>
<th>Highly agree % (n)</th>
<th>Somewhat agree % (n)</th>
<th>Neither agree or disagree % (n)</th>
<th>Disagree % (n)</th>
<th>Total n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked well as a group</td>
<td>64 (358)</td>
<td>34 (193)</td>
<td>1 (8)</td>
<td>1 (4)</td>
<td>563</td>
</tr>
<tr>
<td>Improved understanding of professional roles</td>
<td>76 (427)</td>
<td>21 (119)</td>
<td>2 (10)</td>
<td>1 (7)</td>
<td>563</td>
</tr>
<tr>
<td>IPE workshops useful</td>
<td>62.5 (352)</td>
<td>34 (189)</td>
<td>2 (12)</td>
<td>1.5 (9)</td>
<td>563</td>
</tr>
<tr>
<td>Recommend workshop to others</td>
<td>69 (384)</td>
<td>24 (137)</td>
<td>5 (29)</td>
<td>2 (11)</td>
<td>563</td>
</tr>
<tr>
<td>Stroke workshop relevant</td>
<td>61 (297)</td>
<td>32.5 (157)</td>
<td>5 (24)</td>
<td>1.5 (7)</td>
<td>485</td>
</tr>
<tr>
<td>Rheumatology workshop relevant</td>
<td>65 (287)</td>
<td>30.5 (135)</td>
<td>3.5 (15)</td>
<td>1 (6)</td>
<td>443</td>
</tr>
<tr>
<td>Older person workshop relevant</td>
<td>53 (198)</td>
<td>37.5 (140)</td>
<td>6 (23)</td>
<td>3.5 (12)</td>
<td>563</td>
</tr>
</tbody>
</table>
Student evaluations

Professional identify

“Even though I thought I had a good understanding of the disciplines I learned a lot about everyone’s individual roles” Medical student

“Found the session very useful in developing MDT relationships, learning various roles and showing your area of expertise.” Physiotherapy student

Collaboration and teamwork

“It was a great learning experience. Also brought up questions for me about how to explain things that SALT (Speech and Language therapy) do. Helped me try and be concise and to summarise and be relevant with my information” SALT student

“Good insight into the role of other professionals and encourages respect and admiration of the integral and important work other professionals do” Pharmacy student

“Workshops were great and consolidated a lot of things for me. Disheartening however when some group members did not prepare or seem to interact enough” OT student
Additional insights

Timing of IPL important

“I think it is a bit premature to hold MDT meetings when our own knowledge and education in basic medicine is still lacking” Medical student

“Probably not relevant for 4th years as MDT involvement has been seen through placement” OT student

Learning materials need to be authentic

“There needs to be a lot more of these workshops throughout our studies. Education should reflect real life situations. It was highly beneficial and it’s a shame we didn’t have more” Medical student

Educational needs of IPL staff

“Some (students) were less engaged than others. I found it difficult to facilitate at times”

“At times the various disciplines had the tendency to work alongside rather than collaborate”

Streamline programme outcomes, assessment strategies and course weighting

Need champions at discipline and faculty level
Assistant professor in IPL

Support schools across the Faculty to deliver current IPL programme

Lead the academic development and expansion of IPL within the Faculty

Develop a best practice model of IPL education in clinical practice

Facilitate the development of collaborative research projects and the increased use of case-based and simulated learning activities

Provide training to tutors in the education background to IPL

Lead the development of research in the area of IPL
Prospective longitudinal study commenced November 2016

**Study Objectives:**

- To examine pre-course attitudes of students to IPL at the start of their second and third academic years
- To measure change in attitude and perception arising from IPL workshops
- To evaluate the students’ learning experience during IPL workshops
- To assess knowledge of key IPL competencies following completion of IPL workshops

**Study tools**

- Readiness for Interprofessional Learning Scale (RIPLS) to evaluate students’ attitudes prior to formal IPL
- Interdisciplinary Education Perception Scale (IEPS) to measure change in attitude and perception to IPL (McFadyen et al 2007)
- Reflective assignments evaluated for the four key competency domains described by the International Learning Collaborative (2011)
Clinical IPL: St James’s Hospital

• Largest academic teaching hospital in Ireland
• Several student IPL activities
• Students shadow other professions
• MDT meetings, joint treatment sessions
• Evidence of effective communication and having established appropriate professional relationships with MDT formally assessed
Clinical IPL: St James’s Hospital

“Networking and Educating Students Together”

Formal networking and education group

Physio, OT, SALT, medical social work, nursing, pharmacy, radiography, lab, MedPhysics and expanding...

Activities:

Monthly workshops for educators

Bi-annual student IPL case presentations – facilitated by a centralised clinical placement timetable

Research: student experiences on clinical placement, Bedside teaching

Collaboration: HRB/UCC
Clinical IPL: National Rehabilitation Hospital

Students from 10 different disciplines

Supported by onsite tutors

Academic calendar online

Extensive listing (n=75) of weekly IPL tutorials including induction issues, clinical, cultural and specialist rehabilitation topics

All tutorials available to students from all disciplines and educators

Shared resource file and online booking system for tutorials

Benefits for students, staffing and patients
Future directions

Interprofessional Simulation Suite to provide students within the faculty a safe environment to evaluate their practice

IPL ward; early negotiations with clinical partner in St James’s to develop student led IPL ward in elderly services

IPL steering committee to work with Assistant Professor in IPL to develop Faculty wide IPL strategy

Streamline current course: Joint programme outcomes & competency based assessment

Development of elective modules: Trinity Education Project

Joint student research projects

Expand research outputs in this area
Personal reflections - IPL

- Raises awareness
- As an Introduction to IPL, it works well
- Pharmacy students need more preparation to benefit more
- Less capable of speaking about the process of care
- This IPL exercise is not built upon in the pharmacy curriculum
- Pharmacy must look for other opportunities for IPL with one or two other professional groups
- As a teaching experience, it interesting but not exceptional
- IPL needs to formulate more cases that draw from Primary Care
Personal reflections - IPL

Existing IPL in Ireland was not developed through a competency approach.

Patient scenarios are used to illustrate the roles/contributions of each profession.

Assessment is done by each profession according to its own needs – there is no Interprofessional Assessment.

The IPL exercise does not ask, ‘How well did the patient do?’ or ‘To what standard did the professional perform?’

We need to develop scenarios that allow these to be assessed and to assess them as a team.
Personal reflections – Teams & Collaboration

Multidisciplinary teams remain a hope rather than a reality in many parts of the Irish Health Service

Several views exist about what they are and how they should work

In Primary Care, pharmacists are not part of the Team but part of the Network

Pharmacists are often not included in hospital teams and in the Mental Health Services the main policy document omits any mention of them

**Multi-disciplinary team**

A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient. The team members independently treat various issues a patient may have, focusing on the issues in which they specialise.

The activities of the team are brought together using a care plan. This co-ordinates their services and gets the team working together towards a specific set of goals. Sometimes the person has a key worker, who becomes the main point of contact for the person.
Core Competencies for Interprofessional Collaborative Practice

Domain 1: Values/Ethics for Interprofessional Practice
1) interprofessional communication
2) patient/client/family/community-centred care
3) role clarification

Domain 2: Roles/Responsibilities
4) team functioning

Domain 3: Interprofessional Communication
5) collaborative leadership
6) interprofessional conflict resolution

Domain 4: Teams and Teamwork
Personal reflections & ReFEEHS

IPL is difficult because, in most countries, the Health Professions have not agreed what Inter-Professional Practice or collaboration is – we just look at the clinical outcome.

Each profession has not yet addressed this because within each one the range of views is wide and some are irreconcilable.

A national consensus would enable a competency framework to be developed, but we cannot wait for this.

We need to look at standardised patient scenarios in which both teams and individuals are assessed.

We need to consider how this type of IPL can be introduced into the periods of Experiential Learning and to find out which competences can be assessed.
References


Hugh Barr, Richard Gray, Marion Helme, Helena Low, Scott Reeves. CAIPE Interprofessional Guidelines 2016. UK: CAIPE;2016
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Networking and Educating Students Together – Health Research Board
Thank You

Go Raibh Maith Agaibh.

Havla Vam