



**Trinity  
College  
Dublin**

The University of Dublin

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

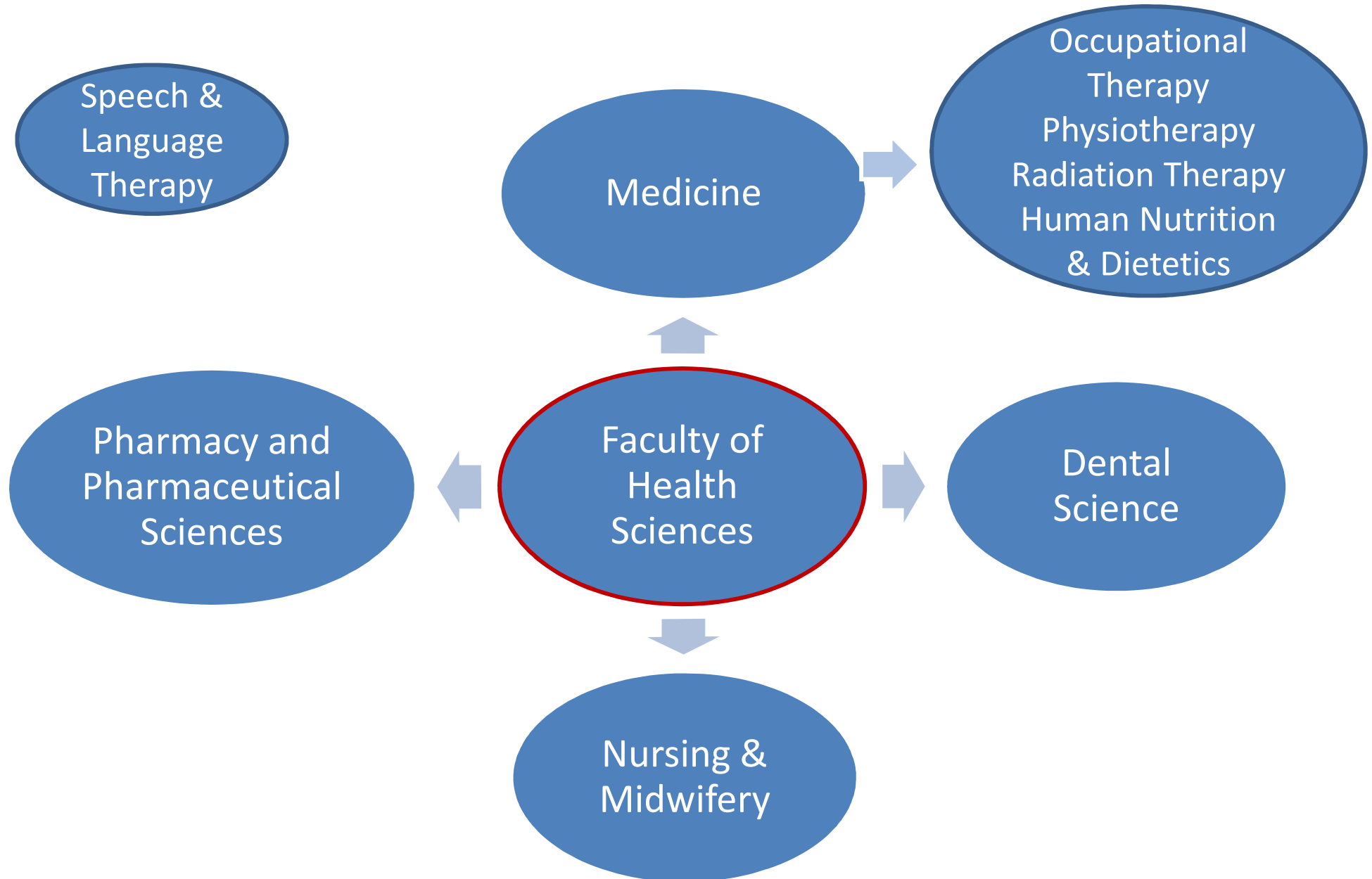
**Dr Martin Henman**  
School of Pharmacy and Pharmaceutical Sciences

**Dr Emer Barrett**  
School of Medicine, Discipline of Physiotherapy  
Trinity College Dublin



Co-funded by the  
Erasmus+ Programme  
of the European Union

# Faculty of Health Sciences Structure



# 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***

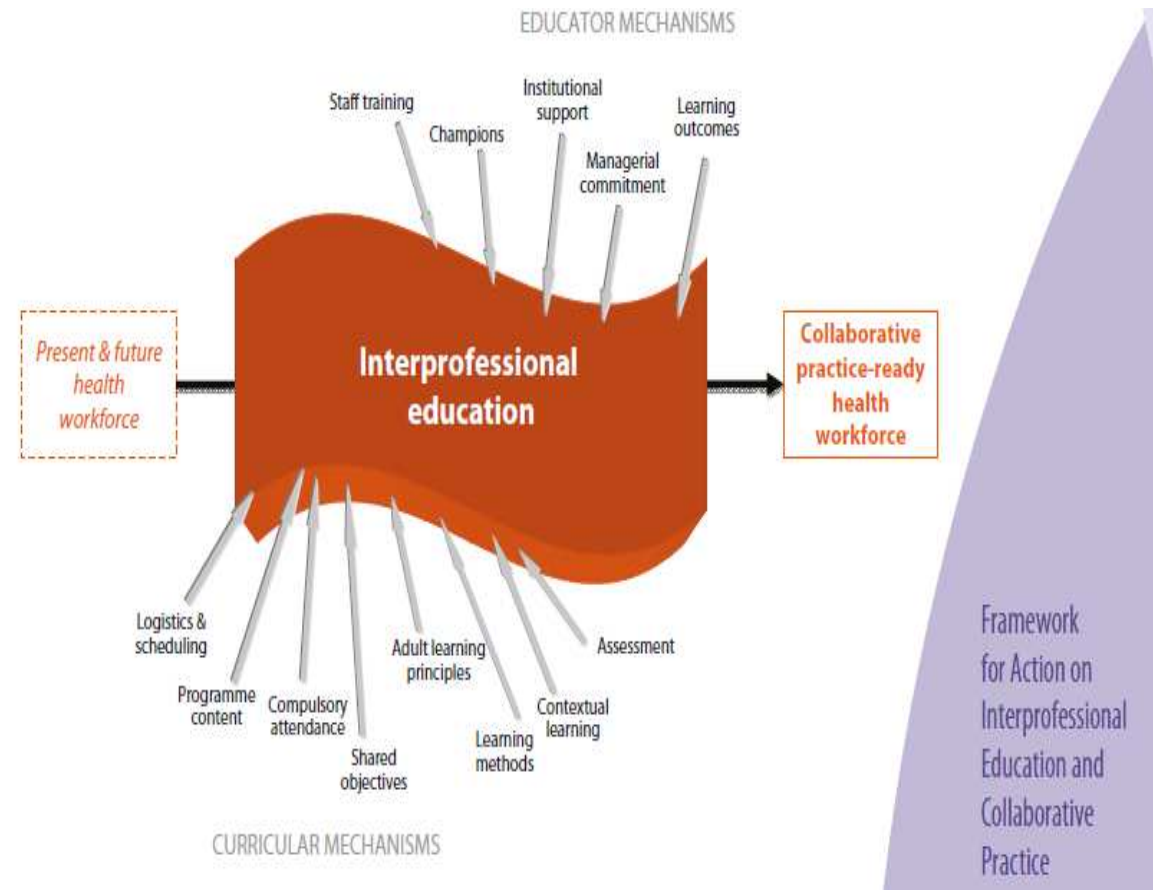


# Learning together to work together

**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

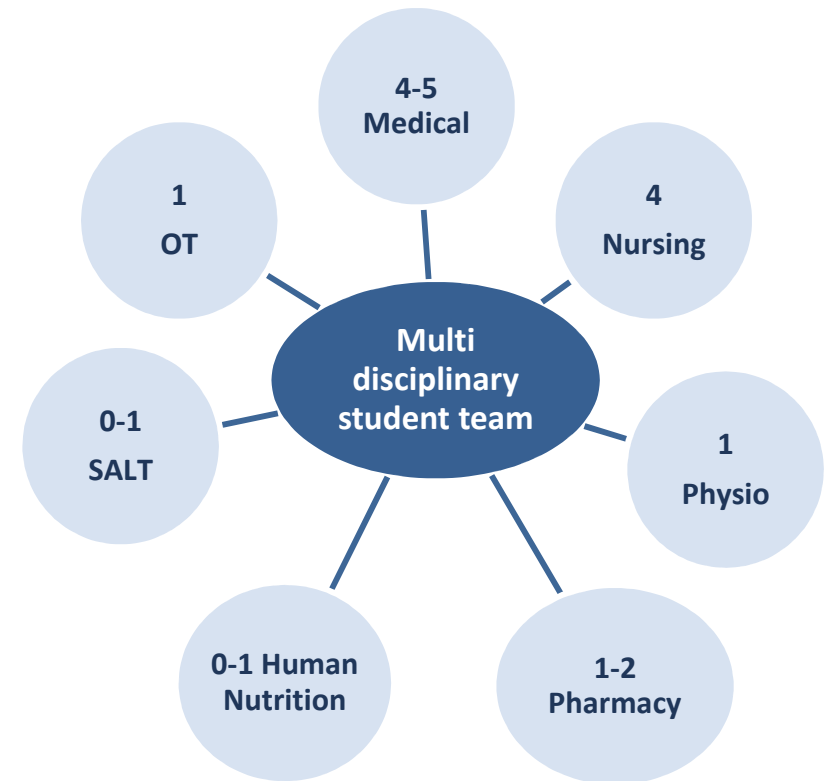
**Mandatory component of third year**

**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

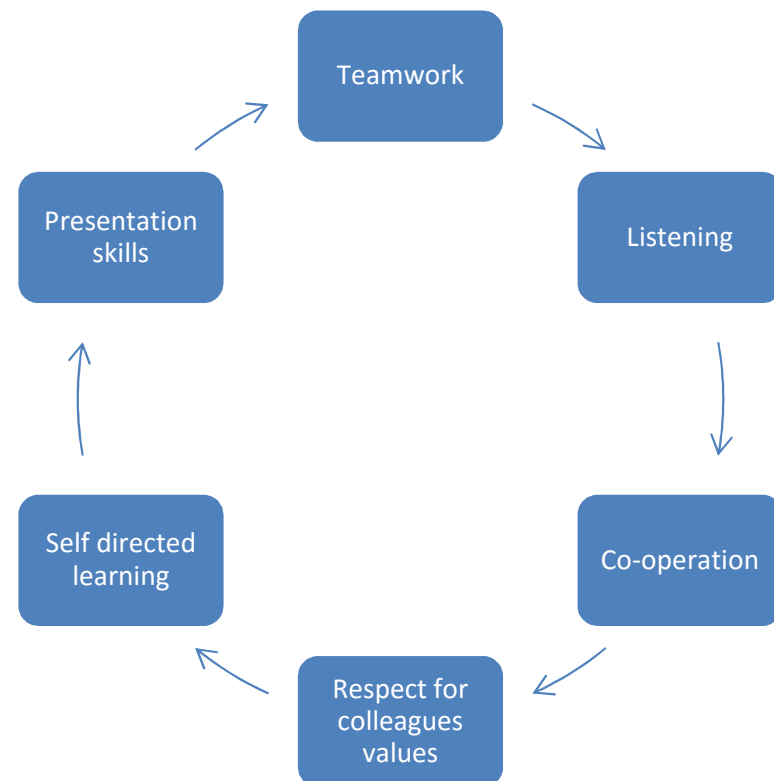
**Developed in collaboration with lecturers from across the faculty and in consultation with clinical partners**

**Refined in response to student/facilitator feedback following workshops**

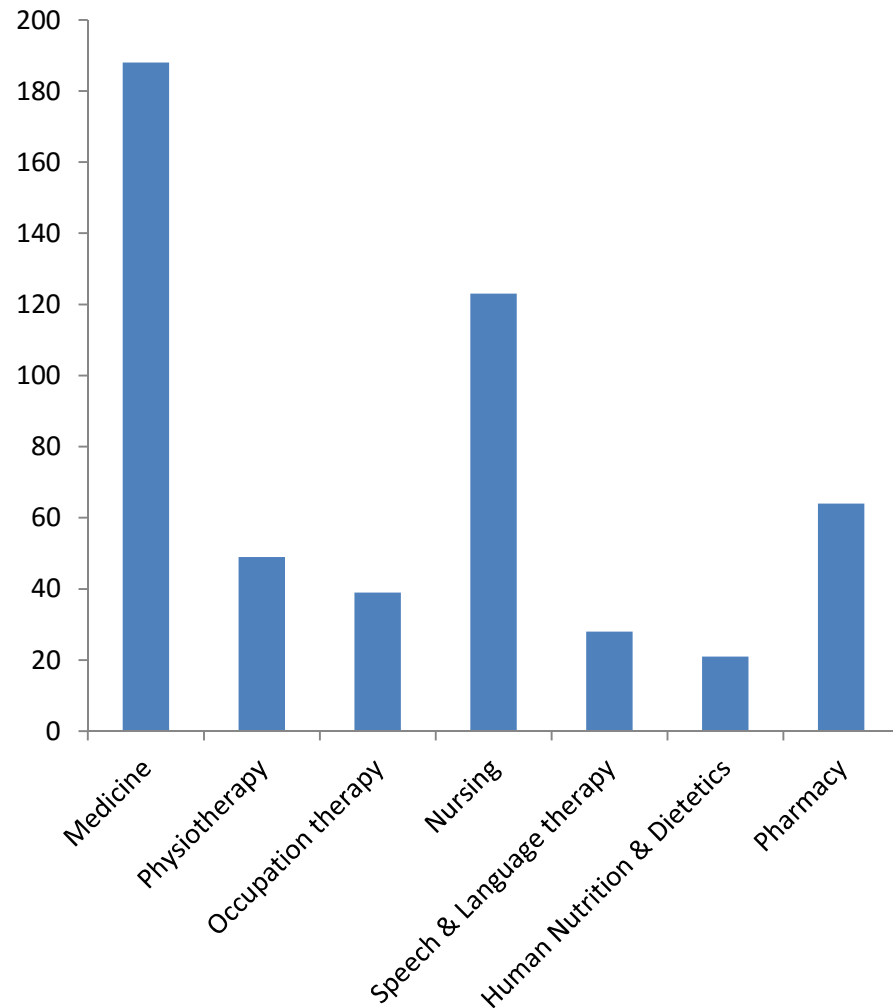
**Based on constructivist learning theory**

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

**Workshops designed to facilitate skills and attributes desirable in health professionals**



# 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

| Year of course | No. of disciplines | Student numbers | Staff numbers | Workshop numbers |
|----------------|--------------------|-----------------|---------------|------------------|
| 2010           | 3                  | 210             | 3             | 31               |
| 2011           | 4                  | 392             | 11            | 40               |
| 2012           | 5                  | 418             | 13            | 42               |
| 2014           | 7                  | 545             | 30            | 57               |
| 2015           | 7                  | 507             | 31            | 57               |
| Total          |                    | 2071            |               |                  |

# Student evaluations

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

# 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 4<sup>th</sup> 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 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

Domain 2: Roles/Responsibilities

Domain 3: Interprofessional Communication

Domain 4: Teams and Teamwork



## A National Interprofessional Competency Framework

- 1) interprofessional communication
- 2) patient/client/family /community-centred care
- 3) role clarification
- 4) team functioning
- 5) collaborative leadership
- 6) interprofessional conflict resolution



# 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

**Heath Service Executive. Education Training and Research: Principles and Recommendations for Education Training and Research in the HSE. 2009;**  
**<https://www.hse.ie/eng/services/publications/etr/education%20training%20research.pdf>**

**World Health Organization. Framework for Action on Interprofessional Education and Collaborative Practice. 2010;**  
**[http://www.who.int/hrh/resources/framework\\_action/en/](http://www.who.int/hrh/resources/framework_action/en/)**

**McFadyen, A.K., W.M. Maclaren, and V.S. Webster, *The Interdisciplinary Education Perception Scale (IEPS): an alternative remodelled sub-scale structure and its reliability*. J Interprof Care, 2007. 21(4): p. 433-4**

**International Learning Collaborative Expert Panel., *Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel*. 2011;**  
**<http://www.aacn.nche.edu/education-resources/ipecreport.pdf>**

**Hugh Barr, Richard Gray, Marion Helme, Helena Low, Scott Reeves. *CAIPE Interprofessional Guidelines 2016*. UK: CAIPE;2016**

# Acknowledgements

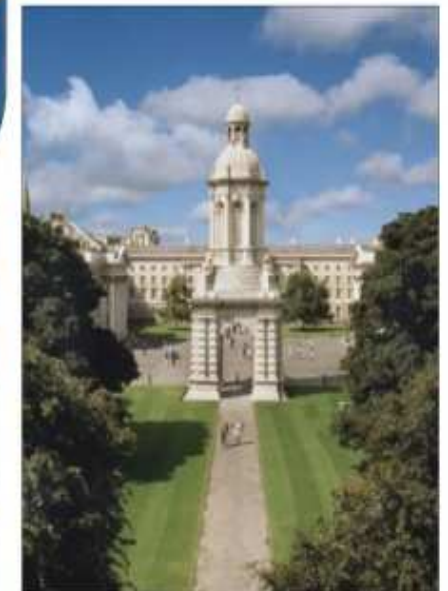
Dr Emer Guinan, Assistant  
Professor in Interprofessional  
Learning TCD

Freda Neill, Nursing & Midwifery

Alice Waugh, St James's Hospital

Sorcha Barry, National  
Rehabilitation Hospital

Networking and Educating  
Students Together – Health  
Research Board





Trinity  
College  
Dublin

The University of Dublin



Thank You

*Go Raibh Maith Agaibh.*

*Havla Vam*



Co-funded by the  
Erasmus+ Programme  
of the European Union