



Interprofessional education: principles and challenges

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Learning outcomes:

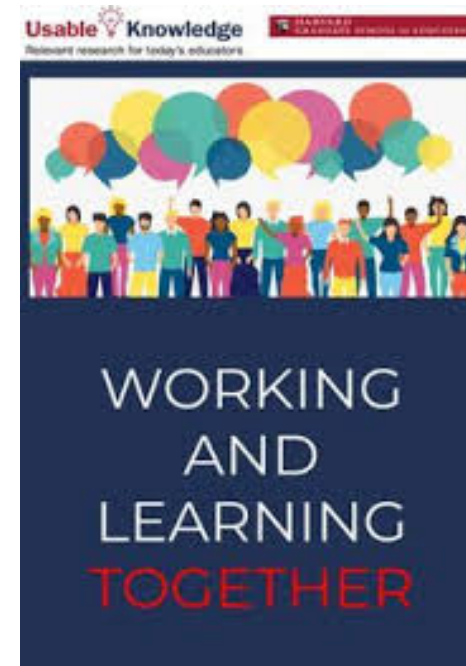
- Describe principles of interprofessional education in health
- Identify advantages of interprofessional education in health
- Discuss challenges in implementing interprofessional education (particularly in the context of behaviour change support education to facilitate self-care in chronic diseases) and strategies to overcome them

Why: Lancet Commission 2010

- ‘a slow burning crisis’ due to the ‘mismatch of professional competencies to patient and population priorities because of fragmentary, outdated and static curricula producing ill-equipped graduates’

A team of experts is not necessarily an expert team

Learning together to work together for better health



Why:

- Purpose is quality education to improve patient care and safety
- Context is important – relevant and appropriate for local health system and patient needs
- Team composition varies – depending on workforce, necessity & scope of practice

Definitions

- Interprofessional collaboration is the process of developing and maintaining effective interprofessional working relationships with learners, practitioners, patients/clients/ families and communities to enable **optimal health outcomes** (CIHC)
- Learning **from, about and with**

The importance of prepositions:

- ‘with, from and about’ highlight that IPL necessitates *active* and *interactive* learning.
- IPE is not about a mixed group of people acquiring the *same* knowledge or developing the *same* clinical skill (=multiprofessional).

From (who's involved):
Trust, respect, dialogue, confidence in
other's skills



About (learning outcomes):
Define learning outcomes/
competencies
Roles & responsibilities
Values. Avoids stereotypes



With (process):
Interaction
Active engagement
Co-location
Teamwork
Collaboration

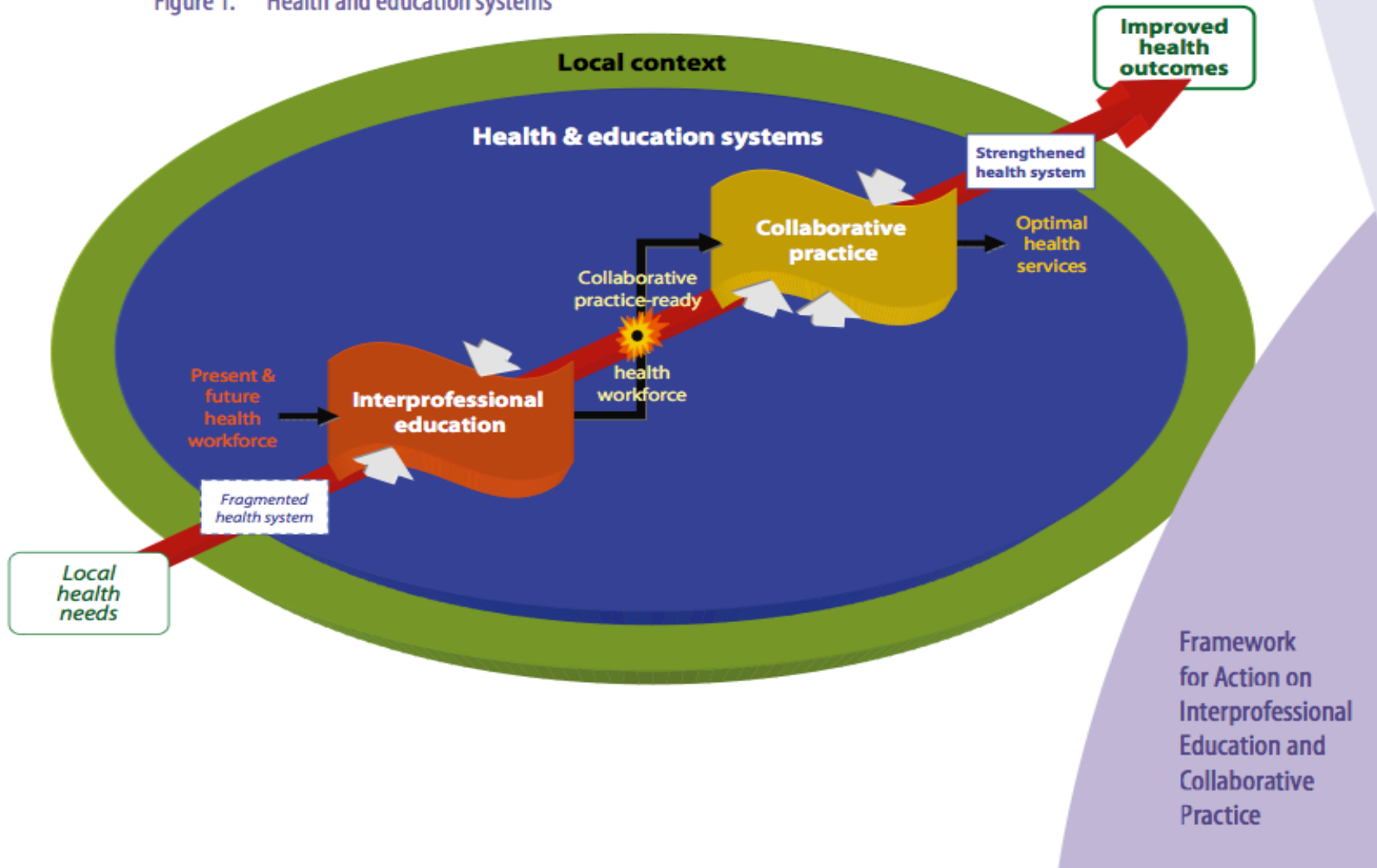


Adapted from Bainbridge & Woods,
2012

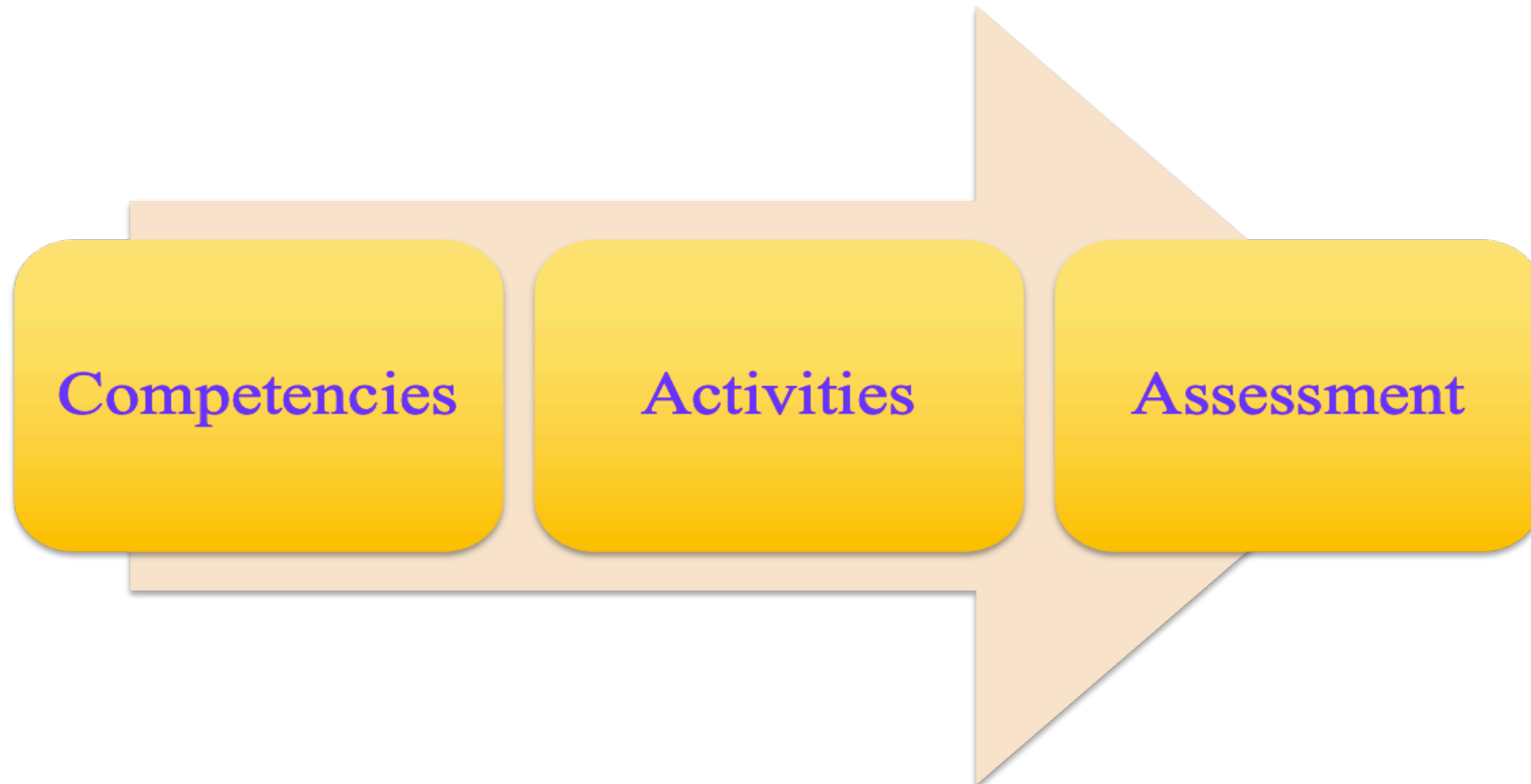
Reeves et al. (2017). An Updated Synthesis of Review Evidence of Interprofessional Education. J Allied Health, 46(1): 56-61.

- ‘this updated review-of-reviews revealed that IPE can nurture collaborative knowledge, skills, and attitudes. It also found more limited, but growing, evidence that IPE can help enhance collaborative practice and improve patient care’.
- P66.

Figure 1. Health and education systems



Learning outcomes:



Learning outcomes - types

- **Profession specific** – related to a particular profession, learnt **unprofessionally**
- **Generic outcomes** that should be met by several professions; may be delivered **unprofessionally or multiprofessionally** but there is no difference in the outcomes from either mode of delivery
- **Generic outcomes** should be met by all professions; **IPE adds value** to the learning; enhances the chances of meeting the outcomes eg teamwork etc.

Learning outcomes:

- Teamwork & communication
- Understanding of each other's roles, responsibilities & values
- Ethical practice & respect
- Negotiation & conflict resolution
- Patient/client-centred practice

Definitions of teams....

- Different types of health care teams
- Different theories of how they work and dysfunction
- Learning about teamwork is therefore not simple

Types of teams...



Co-located
Meets regularly to set and monitor goals
Shared values
Understanding of roles, responsibilities and scope of practice



Membership rotates
Task focused
Similar to CRM
Hospital based

Learning about collaboration?

- Understanding of the health system
- Understanding of teams & different types of teamwork
- Referrals and communication
- Observation of teamwork/collaboration
- Immersion in a team
- Involving the patient in the team process

Educational innovation must be:

- Cognisant of local context & health service
- Mindful of interprofessional definitions
- Patient and community-centred
- Based on defined learning outcomes
- Aware that not all learners have the same experiences but must have equitable opportunities
- Appropriately evaluated and assessed
- Feasible and sustainable – adequately resourced

Challenges

- Top and bottom buy-in: consensus
- Multiple schools/departments
- Numbers
- Timetabling
- Accreditation bodies
- Professional hierarchies & values

Patients: At the centre of the team?

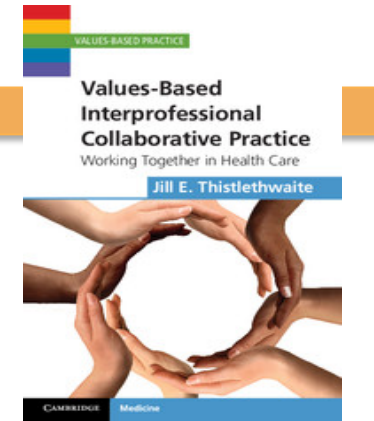


Self care
Shared decision making
Informed consent
Conflicting opinions, values
and models



Chronic disease: challenges

- Benefit from teamwork
- Patient with diabetes may see a doctor, a diabetes nurse, a podiatrist and a nutritionist at the same visit or spaced out consultations
- But does the team work interprofessionally? Do they meet before, during or after the clinic/visits to discuss optimum patient management? And if they do is the patient present?
- Do learners see the team in action?
- Compare patient interactions?



Values-based practice

- Is there a difference between the professions in terms of considering a patient holistically rather than as their disease?
- Biomedical & biopsychosocial & sociocultural models
- Self-care: patient ideas & concerns & motivation for behaviour change

Patient-centred

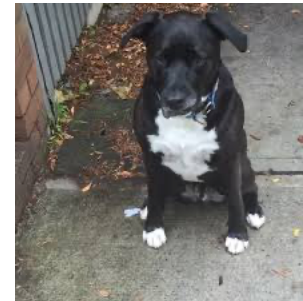
- What does living with LTC mean to you?
- What would you like to change about your health?
- What do you think you could change about your health?
- What do you most enjoy in your daily life?
- What would you find hardest to give up?

Organisation – prepared?

- Rationale for change – why now?
- Governance & infrastructure
- Workforce quantity and quality
- Culture change
- Faculty development – skilled facilitators
- Teamwork & collaborative skills
- Interprofessional ethos & processes
- Logistics & resources

Organisation

- Dedicated IPE unit?
- How links to faculties and departments?
- How to integrate...
- IPE as a required component of the curriculum?
- Similar processes and governance to other learning/courses?





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