

Inter-Professional Education

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Abstract: As the call for enhanced collaboration among healthcare professionals continues to rise, there is a need for students to acquire the necessary knowledge & skills for a collaborative practice in their preregistration education. Individuals from different professions learn together in InterProfessional Education (IPE). IPE had started developing about 30 years before and in India it is still in infancy. The aim of IPE is to provide students and practitioners an opportunity to learn and develop attributes and skills required to work in an effective collaborative manner. Working together, learning with from and about each other, developing mutual respect and enhancing practice within profession are some of the characteristics of IPE. IPE provides a balanced milieu for students to share their views emphasizes the importance of multidisciplinary team approach and increases the critiquing and reflecting skills in students.

Keywords: Inter Professional Education (IPE), Health Professions education (HPE), Collaborative practice, Team Learning

I. INTRODUCTION

As the call for enhanced collaboration among healthcare professionals continues to rise, there is a need for students to acquire the necessary knowledge & skills for a collaborative practice in their preregistration education. Improving the quality of healthcare delivery services is the goal of every health profession education. Evidences indicate that if students from various professions learn and practice together, they work better in patient care and delivery of healthcare services (Hammick, Freeth, Koppel, Reeves & Barr, 2007).

II. EVOLUTION OF IPE

Interest in IPE has grown significantly in the past few decades. From a small number of IPE enthusiasts scattered across the world 30 years ago, the IPE movement has grown exponentially, and has now become a common feature in the bulk of health and social care curricula (Gotlib, Reeves, Dainty, Kenaszchuk, & Zwarenstein, 2012). Globally, for over three decades, health policy makers have identified the key role of IPE in improving health care systems and outcomes (Gilbert, Yan, Hoffman, 2010 ; WHO 2010). In India IPE is still in its infancy. Medical schools in United States have incorporated the IPE as a component of the curriculum. Until recently IPE programs existed transiently, whereas now it is viewed as a means to bring down the medical errors and improve the quality of health care delivery (Roethel, 2012 ; Shakman, Renu, & Obeidat, 2013).

III. DEFINITION

Interprofessional education (also known as inter-professional education or "IPE") is defined as "Occasions when students from two or more professions in health and social care learn together during all or part of their professional training with the object of cultivating collaborative practice for providing client- or patient-centered health care" (CAIPE, 2008 ; Shakman, 2013). IPE encompasses students learning from with and about students of other professions. IPE is also known as "multi-professional education", "common learning", "shared learning", and "interdisciplinary learning". Centre for the Advancement of Inter Professional Education (CAIPE, 2008) uses the word "interprofessional education" to include education in both academic and clinical settings. According to CAIPE (2006) "IPE occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care and includes all such learning in academic and work-based settings before and after qualification, adopting an inclusive view of 'professional' ". The aim of IPE is to provide students & practitioners with opportunities to learn together to develop the attributes and skills required to work in an effective collaborative manner.

IV. CHARACTERISTICS OF IPE

The main characteristics of Interprofessional Education as identified by CAIPE (2008) are 1. No one profession who work in isolation has got the expertise to respond quickly, adequately & effectively to the complexity of a patient's need, whereas interprofessional education fills this lacunae and works to improve the quality of care. 2. Encourages professions to learn with, from and about each other because it provides an opportunity to introduce

skills, languages and perspectives associated with each profession. It is comparative, collaborative, and interactive (as is interprofessional practice) and takes into account respective roles and responsibilities, knowledge and skills, powers and duties, codes of conduct, values, opportunities & constraints. Thus IPE cultivate a culture of mutual trust and respect, a culture that acknowledge differences, confronts misconceptions and stereotypes, and dispel rivalry & prejudices.³IPE is grounded in mutual respect and honors the distinguishing experiences and expertise that each participant brings from their professional practice.⁴ Enhances practice within profession, and by IPE each profession gains a deeper understanding of its own practice and how it can complement and reinforce that of others. It demonstrates and reinforces the importance of teamwork and collaborative practice.

V. IMPORTANCE OF IPE

IPE is a pedagogical philosophy that recontextualizes the traditional & distinct bodies of professional knowledge and focuses on developing a culture of collaborative practice. Through this influence on the constructs of traditional knowledge, IPE attempts to sensitize students to the role of other healthcare disciplines and teach the delivery of interprofessional care. This reconceptualize the traditional outlook on how to be a professional practitioner and has the potential to result in more effective relations within the healthcare team. The most predominant philosophical argument for IPE is that when IPE is offered at the prelicensure level, improvements will be made in interprofessional communication and collaboration in practice and, ultimately, this will result in quality delivery of healthcare services and improved patient care outcomes (Hammick et al., 2007). Interprofessional activities and opportunities should be offered to health professional students so that they will be able to expand their level of understanding and appreciation of other professionals' roles and will learn to respect and value the input of other disciplines in the team decision-making process.

VI. IPE COMPETENCIES

IPE competencies can provide the basis for interprofessional opportunities and activities(Barr, Freeth, Hammick, Koppel, & Reeves, 2005).

1. Describe one's own professional roles and responsibilities, and the general scope of practice for other health professionals.
2. Understand how to collaborate with other profession in care for patients by understanding their roles, responsibilities and competencies.
3. Establish mutual goals by collaborating with other professionals, shared decision making, problem solving and resolution of conflict.
4. Contribute to team effectiveness by sharing of information, active listening, respecting opinion of others, being flexible, using a common language, providing feedback and responding to feedback form others.

VII. WHO FRAMEWORK FOR ACTION ON IPE& COLLABORATIVE PRACTICE

A 'Framework for Action on Interprofessional Education and Collaborative Practice' was developed by WHO in the year 2010 (Figure 1). The model highlighted current status of interprofessional collaboration around the world, identified mechanisms that shape successful collaborative teamwork and outlined a series of action items that policy-makers can apply within their local health system. This framework mainly provides ideas and steps for policy making in interprofessional education and collaborative health practice which are maximally beneficial in their own areas.

The WHO Study Group framework focuses on the local health needs and emphasizes to train the workforce with a goal to make IPE a preparation for "collaborative practice-ready" workforce. The WHO framework highlights the need for institutional support, working culture and environmental elements which drive the collaborative practice between the curriculum designers and educators. This model integrates the activities that can be used by leaders and policymakers to strengthen interprofessional -education and collaborative practice for the change of health care services. At the national level, the health professionals' education and health system actions are pointing the driving need of health workforce planning and policy making.

The goal of the framework is to provide strategies and ideas that will help health policy-makers implement the elements of interprofessional education and collaborative practice that will be most beneficial in their own jurisdiction. (WHO, 2010). The two major components of this model are Interprofessional Education and Collaborative practice. According to this model, "Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" and "Collaborative practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings." (WHO, 2010).

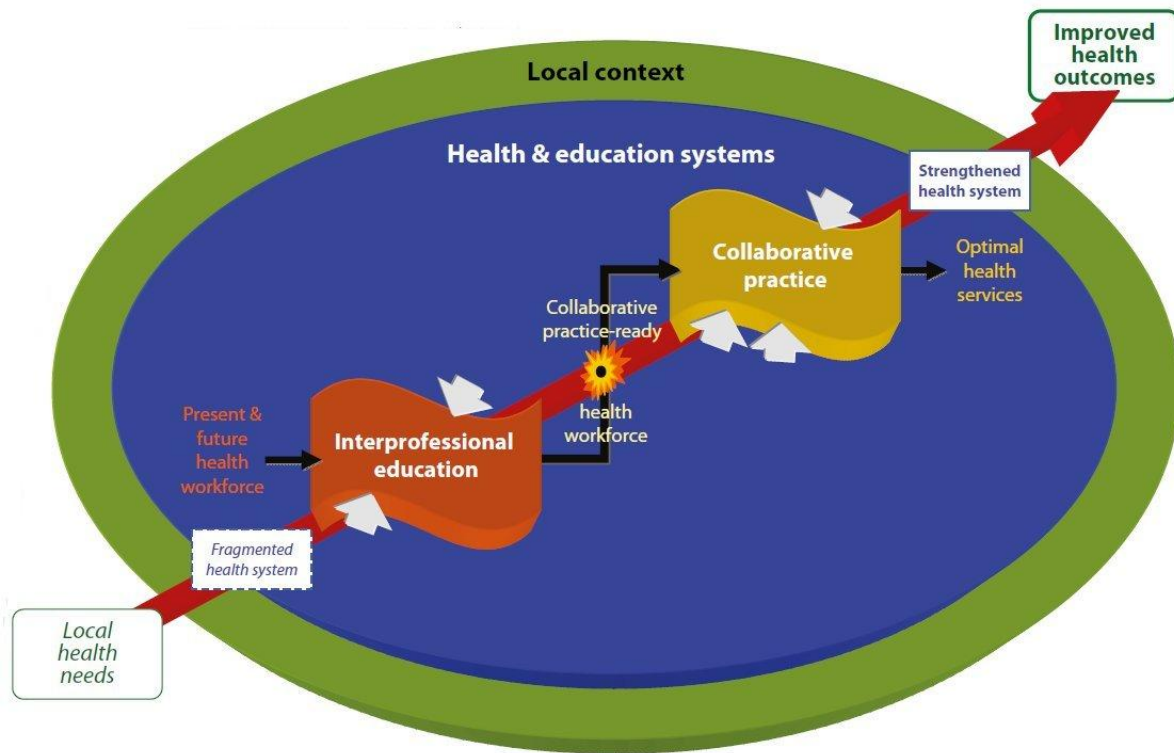


Figure 1: Action Framework on Interprofessional Education and Collaborative Practice (WHO, 2010)

VIII. IPE ACTIVITIES

The three types of IPE activities are exposure activities, immersion activities, and mastery activities

Exposure Activities: These are basically knowledge based activities. It focuses more on what are the roles & responsibilities and showing awareness of the scope of practice of other health professions. These activities are generally of short-term duration and examples include shadowing experiences, multidisciplinary panel discussions, a written reflection on an interprofessional interaction experienced in a clinical setting, and Interprofessional Student Council–approved activities (Program for Interprofessional Practice, Education and Research [PIPER], 2007; Bradshaw & Lowenstein, 2008).

Immersion Activities: These activities are longer in duration and need more interaction between the health professionals and students from other professions. This activity will address all four competencies of IPE. Students working in interprofessional education need to collaborate with other different area students, make decisions, and solve problems by working together. Tutorial classes, e- based activities for learning are the examples for immersion activities (e.g., day in aboriginal health), and communication skills labs (PIPER 2015; Bradshaw & Lowenstein, 2008).

Mastery Activities: It is the highly integrated and complex group of activities. The knowledge and skills for the students will be integrated in a team environment. Since this procedure takes a longer duration the relationship between students' increases and a team environment appear. Students will be fully engaged in team decision making in client care. Clinical practice activities are basically concentrating on mastery activities. Some extended courses or student projects may also be considered mastery activities (PIPER 2015). For some programs, participation in these activities is already mandatory. It is hoped that eventually all students in health science programs will be expected to demonstrate interprofessional competencies prior to graduation, with each student participating in at least one exposure, one immersion, and one mastery activity.

IX. BENEFITS OF IPE

Students will learn in a nurturing atmosphere where they can share their views and gain knowledge in a balanced comfortable environment. The interaction with the future health professionals will help in developing good practices in a young professional. Students' knowledge about different professions within the multidisciplinary team increases which values improves the patient care management. IPE improves the ability

to execute a for a successful multidisciplinary team work. It helps student in deciding how and when to refer patients for providing the most appropriate patient care. IPE increases the relations and improves patient care through improved communications among team members. Students will get a chance to reflect and critique on practice they view and get a chance to learn from the mistakes of mistakes. (Barwell, Arnold, & Berry, 2013)

X. DRAWBACKS OF IPE

Barwell et al. (2013) outlined the drawbacks of IPE. It is difficult to implement IPE because of the rigid academic plans proposed by regulatory authorities. In many situations curriculum schedules may not be synchronized across the professions and it pose a challenge to implement IPE. IPE demands full participation of the group which may not be possible all the time. Moreover all students may not benefit by discussion-based learning.

XI. REMEDIAL ACTIONS

IPE is time taking educational activity, hence there should be more of practical sessions for the students. High fidelity simulator labs to be developed to improve the skills. Development of a communication skill lab will improve the communication skills of students. Highly motivated and trained faculty to be included in the IPE teaching sessions. IPE faculty need to be proficient in applying principles of adult learning, as this has also been mentioned as important for implementing a successful IPE session. There should be a balanced group of different specialties in one session of IPE

XII. CONCLUSION

Health professional students cannot learn interprofessional concepts from the lecture halls. Development of communication skills and collaboration and teamwork cannot be taught through observation or working together. The communication skills labs provide the opportunity to collaborate with students from a variety of health professions and participate in experiential learning, which has been shown to promote role understanding, and the importance of working together as a team. Only when an awareness and appreciation of others' professions is established, and a skill such as communication and collaboration is acquired, can solid healthcare partnerships be built, and high-quality healthcare services be delivered.

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