Review Article

Instilling the core concept of inter professional education

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Abstract

The Inter Professional Education (IPE) is an innovative teaching learning intervention in Health Professions’ Education during which members of more than one health profession learn interactively together to improve collaborative practice and health of the patients. Thus this approach provides positive outcomes for students enhancing their awareness towards other professional groups, improving knowledge and understanding of how to work in an inter professional team and strengthening their communication and collaboration skills. Within the hierarchical nature of many clinical settings, the aims of IPE courses intersect with socialization of health professional (HP) students into roles of responsibility and authority. The IPE in HP courses emphasizes the practice of frequent high quality communication, strong relationships and partnerships among health care providers to maximize the quality of care thus improving the efficiency of care thereby improving clinical outcomes. Health Professional Schools are this motivated to opt for inter professional education to improve the learning of the students, health care delivery and patient outcomes.

Keywords: Inter professional relations, patient centered care, education

Introduction

Inter Professional Education (IPE) is a novel teaching learning approach for health professions’ students which involves learning interactively together. This innovative pedagogical approach prepares health professions’ students learn the applications of effective patient care in a collaborative health care team environment. The concept of IPE is based on the fact that once health care givers start working in a collaborative and coordinated manner, there will be improvement in patient care with enhanced quality, lower costs, decreased hospital stay and reduced medical error and complaints. Various health related organizations e.g the World Health Organization, National Academies of Practice and the American Public Health Association have encouraged practice of IPE and have emphasized that health professionals should be educated to work effectively in a team, communicate productively, understand each others’ roles so that best patient centered care can be delivered as part of an interdisciplinary team. Though much evidence has been collected supporting IPE for health professions’ students, this pedagogical approach is still not the norm in most of Health Professional Schools.

Definition

Inter Professions’ Education involves 2 or more health professions’ educators and learners who develop and foster collaborative teaching learning environment which encourages attainment of effective knowledge, skills and attitudes through Inter Professional(IP) team involvement. Incorporation of IPE throughout entire Health Professions’ curricula with vertical and horizontal integration is a need of
Concept of interprofessional education this millennium paving the path for reaching the Millennium Goals.\textsuperscript{11, 13, 25} However, there are evidences of confounding application of IPE.

1. Students from different health professions in a class room being imparted same learning experience without sharing of reflective interaction.\textsuperscript{6}

2. An educator from a different profession in a class room learning setting fails to relate how the health care professionals would interact in an IP health care team.\textsuperscript{6}

3. Participating in a patient care setting led by an individual from another profession without sharing of decision making or problem solving or responsibility for patient care.\textsuperscript{11,13,25}

4. Multi disciplinary health care professionals developing individual treatment plans for patients observed and assessed by them independently and individually. These professionals are experts in their own fields but they cannot be considered as a part of an IP team.\textsuperscript{57}

Therefore, the goal of IPE is to encourage students to learn and develop skills regarding how to function in an IPE team, its application in future practice providing collaborative and effective inter professional team based patient care outcomes. Thus, an IP team comprises of members from different health profession background with specialized knowledge, skills and expertise who establish a common goal and work in a concerted manner to achieve patient centered goals.\textsuperscript{5,11,25}

The IP model vs traditional model
Team members in IP model synthesize their individual observations and professional expertise to collaborate, share and communicate as a team for joint decision to provide optimal patient care. According to individual expertise, each team member is thus empowered to assume leadership role on patient care issues in a health care setting.\textsuperscript{25}

In the traditional model, the medical professional observes and assesses the patient independently, develops a treatment plan, orders the services, coordinates and leads the patient care without including collaboration thus sometimes ending in overlapping treatment practice or conflict in care.\textsuperscript{25}

The need for IPE
The 2003 IOM Report “Health Professions Education: A bridge to quality” reflected on 5 core competencies common in health professions’ education for health professionals to deliver patient centered care as members of inter professional team based on evidence based practice and use of informatics for quality improvement approaches in patient care and health care delivery.\textsuperscript{11}

This report is an impetus for health care professionals and organizations to move forward in attaining the need for IPE. Accreditation standards and guidelines for health care organizations, schools, universities and professionals should also be developed in order to encourage the incorporation of IP teaching learning and collaborative practice in patient care promoting integrated and synergistic partnerships in inter professional and interdisciplinary issues and activities. The Health Professional curricula based on IPE approach should address the attainment of knowledge, skills and attitudes required to work in an IP team.\textsuperscript{26-29}

Currently, there are no official accreditation standards about IPE in medical education though the Accreditation Council for Pharmacy Education have developed some guidelines that delineate the implementation of IPE.\textsuperscript{26,30} However, Liaison Committee on Medical Education, Committee on Collegiate Nursing Education and Commission on Dental Accreditation have outlined standards for communication skills, practice of ethics, development of trust and values for other members of health care team.\textsuperscript{30-33}

The 2006 Annual Conference Report of Association of Schools of Allied Health Professions focuses on the IPE based preparation of allied health professionals for the 21st century.\textsuperscript{34}

The core competencies for IPE
As outlined in the IOM Report, the core competencies for IPE involve cooperation, collaboration, communication and integration of care while working in interdisciplinary teams providing continuous and reliable care.\textsuperscript{11} These core competencies have further been expanded to include team organization and function assessing and enhancing team performance, intra team communication, leadership, consensus building and conflict resolution with settling of common patient care issues and setting of common patient care goals.\textsuperscript{4,8,13,25}
Evolution of IPE and evidences to support IPE

Interprofessional relationships are affected by a variety of complex social and psychological factors which include an individual’s sense of professional identity. The perception of different groups have different objectives which results in hostile interprofessional relationships. In order to counter such attitudes, the Contact Hypothesis reveals that rewarding contact between different groups enable the group participants discover similarities between themselves thus fostering positive relationships. Mid 1980s saw the emergence of concept of IPE in Health Professions’ Education (HPE) when the need for IPE got initiated. In UK, the Journal for Inter Professional Care was first published in 1986 and the Center for Advancement of Interprofessional Professional Education (CAIPE) was established in 1987. Following this movement, in 2003, in Canada, the Inter Professional Education for Collaborative Patient Centered Practice Initiative begun by Health Canada. This millennium saw a few schools integrating IPE in the curriculum. The Institute for Healthcare Improvement Health Professions Education Collaborative was established to develop exemplary learning and care models promoting improved health care through profession specific as well as inter professional learning experiences. The All Together Better Conferences held biannually in locations around the world have also been playing effective roles to orient, disseminate and establish the concept, effectiveness in practice and outcome of IPE in HPE. Initial Cochrane Review in 2000 found no studies meeting inclusion criteria for IPE while reviews in 2007 and 2008 revealed the positive reactions from learners with positive changes in patient care. Systematic review by pharmacy educators suggested more controlled trials with objective outcome criteria on HPE. The American Association of College of Pharmacy (AACP) in 2005-2006, convened a Council of Faculties Interprofessional Education Task Force and came out with definitions of IPE developing competencies in IPE and identifying issues in implementing IPE in various schools and colleges. In 2006-2007, the Task Force came out with common curricular themes for IPE and implementation while in 2007-2008, the Task Force focused on identifying resources for faculty development for promoting competency in IPE, implementing strategies and disseminating findings in a scholarly manner.

Barriers in implementation

Multifactorial barriers for IPE have been identified which include attitudinal differences among various stakeholders, difficulties in scheduling a rigid curriculum, resource constraints and lack of commitment for perceived values related to IPE.

Conclusion

The definition, effective application strategies and potential outcomes of IPE may serve as a guide to educators beginning the process of IPE, instill in students the importance of IPE as more and more health professional schools come forward with plan for IPE to reach the millennium goals with optimal success. It is thus necessary to instill in students the importance of IPE to promote future change in the profession and in overall health care system.

References


