

Interprofessional Education (IPE) Activity amongst Health Sciences Students at Sultan Qaboos University

The time is now!

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فعالية التعليم المشترك بين طلاب العلوم الصحية في جامعة السلطان قابوس آن الأوان لتطبيقه الآن!

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الملخص: تاريخياً، يتم تعليم المهنيين الصحيين في مهنة محددة الأفاق والتي توفر بدورها فرصاً محدودة لاكتساب مختلف المهارات عبر التعلم المشترك بين الطلبة. أصبح الكثير - تبعاً لذلك - من الممارسين المؤهلين، ولكنهم غير مهيئين لمواجهة التحديات التي تخص الممارسة المشتركة. لدى المرضى هذه الأيام احتياجات معقدة وتتطلب عادة أكثر من مهني متخصص، وتعتمد الرعاية الفعالة المشتركة على قدرات المتخصصين في الرعاية الصحية ومدى التواصل مع بعضهم البعض. إن التواصل الجيد يعمل على تحسين نوعية الرعاية، وتحسين نتائج العلاج. الهدف من التعليم المشترك يتمثل في إعداد الطلاب لتقديم الرعاية المشتركة في المستقبل. تقوم كليتا الطب والعلوم الصحية والتمريض بجامعة السلطان قابوس بتدريب القوى العاملة الصحية المستقبلية في عُمان. ومع ذلك، ليس لدى الطلاب فرصة للتعلم المشترك فيما بينهم. وهنا لا بد من أن يتم خلق فرص بحيث يتعلم الطلاب فيما بينهم وذلك بهدف تحسين نوعية الرعاية التي من المحتمل أن تُقدّم في المستقبل.

مفتاح الكلمات: طلاب الطب، تعليم طبي، تعاون، علاقات مهنية، متعدد التخصصات، رعاية صحية، عُمان.

ABSTRACT: Historically, health professionals have been educated in profession-specific institutions which provide limited opportunities for learning interprofessional (IP) skills. Many qualified practitioners are therefore poorly prepared for the challenges of IP practice (IPP). Patients today have complex needs and typically require more than one professional to address their medical issues and effective IP care relies upon health care professionals' abilities to communicate with one another. Competent communication improves the quality of care, thus enhancing patient outcomes. The objective of IP education (IPE) is to prepare students to deliver IP care in the future. Sultan Qaboos University's medical and nursing colleges train the future health workforce for Oman. However, students have no opportunities for collaborative learning. It is imperative that opportunities be created where students learn with, about, and from each other with the aim of improving the quality of care they are likely to deliver in the future.

Keywords: Students, medical; Education, medical; Collaboration; Interdisciplinary; Interprofessional relations; Healthcare; Oman.

THE PURPOSE OF ALL HEALTH CARE education is to prepare students to become professionals who can competently deliver high quality care. However, although health care professionals share common core values, their respective education programmes have traditionally been conducted separately, with students in one programme rarely meeting those in other programmes. Teachers from each specialty

educate and instruct their students to develop profession-specific knowledge, skills, and attitudes. Simultaneously, teachers transfer their opinions of other medical professions. As a result, subsequent difficulties in teamwork are often encountered due to a lack of awareness, understanding and respect of the roles or knowledge of other health professionals.¹⁻²

As a result of this situation, the World Health

Organization (WHO) has now firmly fixed interprofessional education (IPE) on the global health agenda, where it is recognised as a necessary component of every health professional's education.³ According to the WHO, IPE refers to the process by which a group of students (or workers) from health-related occupations with different educational backgrounds learn together during certain periods of their education. In this phase, interaction is an important goal, and the participants learn to collaborate in providing supportive, preventive, curative, rehabilitative and other health-related services.³ The result of this training is that such professionals learn with, from, and about each other in order to improve collaboration and the quality of care. Through IPE activities, participants are likely to become mutually respectful, maximise the use of collective resources, develop an awareness of individual accountabilities, and acquire competence and capabilities within respective scopes of practice.

In contemporary medical practice, medical problems are often complex and are best addressed by interprofessional (IP) teams working collaboratively.⁴ This process, referred to as interprofessional collaborative practice (IPCP), includes effective communication and decision making which enables a synergy of group knowledge and skills with the aim of improving patient outcomes.⁵ For IPE to be effective, learning activities should include the following critical elements: 1) active interaction between two or more students from different health care programmes; 2) a process by which participants learn with, from, and about one another, both within and across disciplines via the experience itself, and 3) acknowledgment, but setting aside, of the differences in power and status between professions.⁶

Numerous reports and policy documents over many years have emphasised the importance of well-articulated teamwork in the health care setting. For example, the Commission on Education of Health Professionals for the 21st century, in a published analysis on health professions education, global health, and health workforce needs, suggested an emphasis on "the promotion of inter-professional education that breaks down professional silos while enhancing collaborative and non-hierarchical relationships."⁷ Meads *et al.* suggested that health care teams working interprofessionally have the potential to improve the quality of health care

and decrease costs.⁸ However, moving to an IPCP model of health care service delivery first requires changing the educational experiences of health care providers during and after their qualification programmes.

The Rationale behind Interprofessional Education

IPE was first introduced into the health and social care sectors over four decades ago through sporadic initiatives first implemented in North America and later in Europe. The first statement hinting at the concept of IPE has been credited to Dr. John F. McCreary, Dean of Medicine at the University of British Columbia (UBC), who published an article in the Canadian Medical Association Journal (CMAJ) in 1964 and stated, "All of these diverse members of the health team should be brought together during their undergraduate years, taught by the same teachers, in the same classrooms, and on the same patients."⁹ This was to be followed a few years later by the emergence of IP approaches to education and collaborative care in both the USA and the UK. Some examples of medical schools with distinct programmes in IPE include McMaster in Canada and Linköping in Sweden. These initiatives initially took place between 1975 and 1980.¹⁰ As a summary of these experiences, and to establish the underlying philosophy of IPE, a WHO working group followed up with a publication on the topic.¹⁰ This gave the impetus to promote IPE programmes and collaborative practices to many national and international organisations, including the Australasian Interprofessional Practice and Education Network (AIPPEN), the Canadian Interprofessional Health Collaborative (CIHC), the European Interprofessional Education Network (EIPEN), and the UK Centre for the Advancement of Interprofessional Education (CAIPE). It was the active involvement of these organisations that culminated in the publication by the WHO in 2010 of the *Framework for Action on Interprofessional Education & Collaborative Practice*, which serves as a blueprint for developing IPE and collaborative practice in health care.¹¹

Currently in many institutions, health care education, especially at the pre-qualification stage, is uniprofessional with students learning together in

homogenous groups (e.g. medical students learning with medical students, student nurses with other student nurses, etc.). Although uniprofessional education is necessary for students to develop knowledge, skills, and attitudes relating to their own professional group, in many instances it does not allow the students to learn how to function within IP or interdisciplinary teams.

Contemporary health care practice, however, recognises the shifting boundaries in relation to roles and responsibilities between health care professionals. It recognises that patient needs are best met by multiskilled and collaborative health care providers.¹² IPE can therefore reflect what happens in real clinical practice. It has been suggested that health care professionals who work in IP teams can best communicate and address these complex and challenging needs.¹³ This IP approach may also allow the sharing of expertise and perspectives in order to form a common goal of restoring or maintaining an individual's health and improving outcomes while combining resources.¹⁴

Content and Competencies of Interprofessional Education

Although the need for IPE is widely recognised, there were arguments in the past as to whether or not IPC is 'caught' indirectly or should be taught explicitly through IPE activities. What should an IPE activity include? What competencies should be achieved? The literature provides a wealth of

information defining the types of competencies that may be required of health professionals who work collaboratively [Table 1].

The WHO IPE and Collaborative Practice Study Group has developed a global framework for action.³ In this framework, the goal of IPE [Figure 1] is envisaged as a process of preparation of a "collaborative practice-ready" work force, driven by local health needs and local health systems designed to respond to those needs. Requiring students to achieve these competencies as part of the learning process ensures that they are likely to enter the workforce ready to practice effective teamwork and team-based care.¹⁵

Potential Benefits of Interprofessional Education

There are a number of potential benefits to be derived from creating opportunities for IPE.¹⁷ Learning in the IPE context is an important element of preparation for working in multiprofessional teams. In such a setting, prior exposure to IPE and the adoption of an attitude of interprofessional practice (IPP) could potentially improve the quality of care. This is because professionals realise that no one profession working in isolation has the expertise to respond adequately and effectively to the complexity of many service users' needs. Therefore, to ensure that care is safe, seamless, and holistic and delivered to the highest possible standard, IPP has to be adopted by all involved. IPE also allows for comparative, collaborative, and interactive learning, taking into

Table 1: Suggested collaborative competencies guiding interprofessional education (IPE) activities

Collaborative competencies
1. Describe one's roles and responsibilities clearly to other professions
2. Recognise and observe the constraints of one's role, responsibilities, and competence, yet perceive patient needs in a wider framework
3. Recognise and respect the roles, responsibilities, and competence of other professions in relation to one's own
4. Work with other professions to effect change and resolve conflict in the provision of care and treatment
5. Work with others to assess, plan, provide, and review care for individual patients
6. Tolerate differences, misunderstandings, and shortcomings in other professions
7. Facilitate IP case conferences, team meetings, etc.
8. Enter into interdependent relationships with other professions

IP = interprofessional

Adapted from: Barr H. *Competent to collaborate: Towards a competency-based model for interprofessional education*.¹⁶

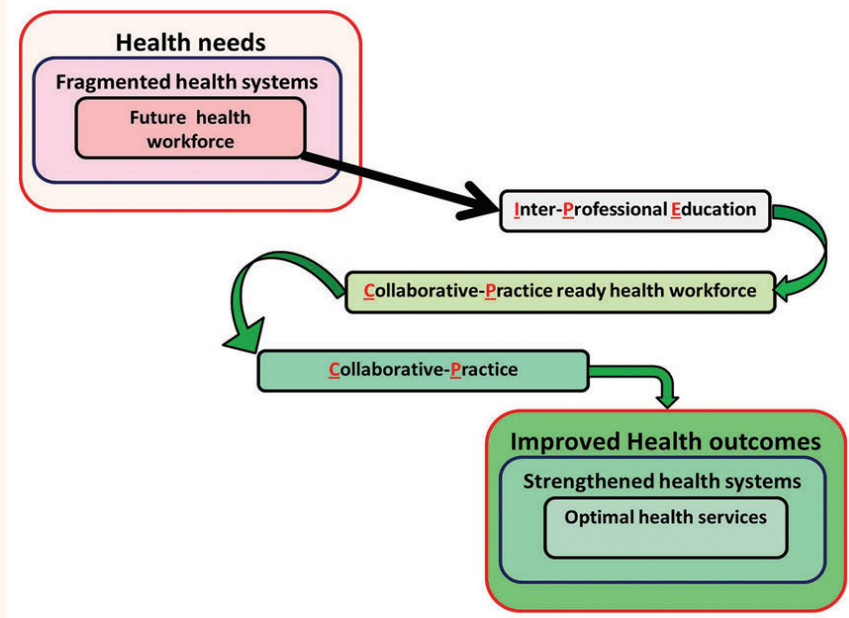


Figure 1: The objective of interprofessional education is to prepare a collaborative practice-ready health workforce able to deliver optimal health services through collaborative practice in a strengthened health system, thus improving health outcomes.

account respective roles and responsibilities; skills and knowledge; powers and duties; value systems and codes of conduct, and opportunities and constraints. This cultivates mutual trust and respect by acknowledging differences, dispelling prejudice and rivalry, and confronting misconceptions and stereotypes.

The concept of IPE is grounded in mutual respect. Participants, whatever the differences in their future status in the workplace, are equal as learners. They celebrate and utilise the distinctive experiences and expertise that participants bring from their respective professional fields. This engenders respect of contributions from each profession.¹⁸ Through IPE, participants can gain a deeper understanding of their own practice and how they can complement and reinforce the professional practice of others. Therefore, learners within IP contexts could potentially improve their practice within their own professions. Because IPE cultivates collaborative practice, there is a potential for increased professional satisfaction where mutual support eases occupational stress, either by setting limits on the demands made on any one profession or by ensuring that cross-professional support and guidance are provided if and when added responsibilities are shouldered. Some of the other potential benefits of interprofessional learning (IPL)

during health care training include: 1) improved relationships among team members; 2) increased trust between team members; 3) opportunity to dispel negative stereotypes, and 4) improved attitudes towards other professional groups.^{19–22}

Health care literature provides multiple examples of successful teamwork and collaboration following IPE activities. Parsell *et al.* demonstrated altered attitudes towards interprofessional work through collaborative teaching, whilst Wake-Dyster found that through IPE team members came to value the IP perspective stating that they felt better suited to meet the challenges of everyday work life and respond to consumer needs.^{23–24}

Although the suggestion that learning together may help people to work together more effectively seems instinctively reasonable, what evidence might indicate that the students' experience will carry over into working practice? Generally, an evaluation of IPE [Figure 2] could be divided into four broad categories, with learner reaction (a measure of satisfaction with the activity) as the most basic and benefit to patients or clients (the activity resulting in better patient outcomes) being the most advanced outcome.²⁵ Clearly, the level of evaluation possible will largely depend on the setting where the IPE activity is conducted. For example, IPE based in the early stages of training will largely focus on learners'

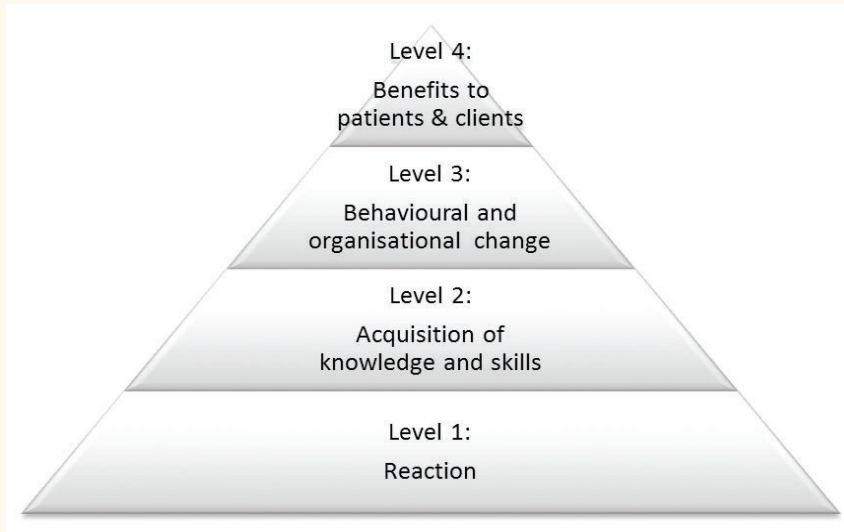


Figure 2: Classification of interprofessional education outcomes.

reactions, attitudes, perceptions, knowledge, and skills because the emphasis at that stage is on consciousness raising and preparation for future practice.

Interprofessional Education and Sultan Qaboos University

IPE has never been carried out at Sultan Qaboos University amongst health profession students. This is despite the fact that the current approach to health care education in many institutions is to produce professionals who are good communicators as well as adaptable, flexible team players who can collaborate with and share the same goals as other health care professionals.²³ There is an assumption that this will happen automatically in the workplace, although structural, organisational and attitudinal factors may inhibit team development. Structural and organisational barriers could be difficult to overcome and may reflect in large part the attitudes of individuals within such organisations.²³ IPE can, however, help to change attitudes by increasing knowledge and understanding of other professionals' potential contributions towards patient care. Such understanding can improve relationships, increase trust and dispel stereotypes.²⁶

Numerous educational theories inform the practice of IPE including theories of adult learning, the 'reflective practitioner', and social group behaviour.²⁷⁻²⁹ Each of these theoretical approaches

underpin and inform the practice of IPE. Students in our undergraduate medical, nursing, and allied health sciences programs spend years developing attitudes, beliefs, and insights that conform to their respective professions. However, students often complete these programmes with insufficient knowledge of the skills that facilitate working with other professional groups. As a result, many students enter the workforce poorly prepared for the challenges associated with IPP.

The literature supports the introduction of IPE at a time when pre-licensure learners have integrated health-profession-specific role identity.²² Several studies indicate that improved IPP in emergency response leads to better client outcomes.^{1,30} It is therefore logical to suggest that if people are expected to work interprofessionally, they should be educated in IPP.³¹ Research has suggested that the way to improve team work and the quality of patient care is to develop shared learning programmes at undergraduate level.³² The educational system has a major impact on IPP because it is during professional training that such values are instilled in students.³³ Previous studies indicated that in some settings medical students enter educational programmes perceiving nurses as less competent and academically weaker than doctors, and with lower social status. Such attitudes and perceptions have been identified as influential factors in determining the success of IPE and how both groups interact with each other in practice.^{34,35}

Learning in IP teams is increasingly an

important part of the learning experience for students of health and social care sciences during their initial education and training and in their post-registration programmes and continuing professional development (CPD). As Barr *et al.*³⁶ and Hammick *et al.*³⁷ have shown, there is now evidence to indicate that this type of learning is an effective means of enabling practitioners to understand each other better and work more collaboratively, and thus to enhance patient and client care, and service delivery.

Although there are three professional programmes in the College of Medicine & Health Sciences (CoMHS) and College of Nursing (CoN) with new courses in speech therapy and radiography being planned, IPE is not anticipated as a feature in the curricula of these programmes. Given global trends in this direction, it is vital that IPE be introduced in our medical and allied health sciences curricula.

Conclusion

Currently at Sultan Qaboos University, there are three courses for health professionals, with more courses being planned for the future. Considering the multiprofessional nature of health care delivery, it is crucial that IPE activities be created where students in all health professions learn with, about, and from each other. A future article on this subject will focus on practical suggestions as to how IPE activities might be implemented.

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