

Interprofessional Education in Teaching Hospital

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Abstract

Context: This paper describes the innovative features of interprofessional education (IPE) model implementation experienced by the faculty of medicine and health sciences, Universitas Muhammadiyah Yogyakarta (UMY), Indonesia. IPE had been implemented in the teaching hospital as the clinical experience of the students. IPE in this teaching hospital is managed by teaching hospital coordinator together with the clinical education coordinator in the Faculty. Faculty of Medicine and health sciences UMY consists of school of medicine, nursing, dentistry, and pharmacy. At the moment IPE is running down for the nursing and medical students. We have motto : The integration of medical science and health sciences and islamic values. This is the first step to develop IPE in the teaching hospital.

Objective: This brief communication describes an interprofessional education at teaching hospital.

Method: An interprofessional education based on development of triangel: faculty member, student, and teaching hospital coordinator.

Discussion: Interprofessional education implementation in teaching hospital needs role and responsibility strengthening from the three elements which are faculty member, student, and teaching hospital coordinator. It needs similar understanding in the importance of IPE to support collaborative practice among healthcare team. Later on there will be inter-professional collaboration in the healthcare service and finally there will be quality service improvement as the outcome.

Recommendation: Interprofessional education should be start in the academic phase of education and include in the curriculum. So that the students will used to it when they are doing practice in the teaching hospital.

Keywords: Interprofessional education, Teaching Hospital

Introduction

World Health Organization (2010) defined that Interprofessional education (IPE) occurs when two or more profession learn about, from and with each other to enable effective collaboration and improve health outcomes. The Center for Advancement of Interprofessional Education defines IPE as a teaching and learning process that fosters collaborative work between two or more professions. It occurs when students learn with, from, and about one another. IPE is a proven, beneficial approach to collaborative learning that is frequently promulgated but not always successfully implemented. Typically, IPE involves different health care professions within the confines of a single-site, academic health sciences center. Substantive participation in IPE among geographically distinct institutions poses additional obstacles and challenges (Olenick et al, 2011).

According to Center of Advanced Interprofessional Education (CAIPE) in the year of 2007, McGrath (1991) stated that interprofessional working is not about fudging the boundaries between the professions and trying to create a generic care worker. It is instead about developing professionals who are confident in their own core skills and expertise, who are fully aware and confident in the skills and expertise of fellow health and care professionals, and who conduct their own practice in a non-hierarchical and collegiate way with other members of the working team, so as to continuously improve the health of their communities and to meet the real care needs of individual patients and clients. CAIPE (2006) definition of IPE is the most widely used 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. As Freeth (2007) notes, IPE is primarily concerned with students or professionals actively learning together. The learning is based on an exchange of knowledge, understanding, attitudes or skills with an explicit aim of improving collaboration and healthcare outcomes.

Teaching hospital is the place to grow healthcare students' professionalism. It is a hospital where the clinical education and training are given to the medical students, nursing students, and any other health professionals as well as to deliver health care to patients. Faculty of medicine and health sciences have to have a teaching hospital as a learning field for students. Teaching hospital could be a government hospital, private hospital or a university hospital. To be a teaching hospital, a hospital should accredited by fulfilling the 7 standard established by the Ministry of Health Republic of Indonesia.

By the establishment of accredited teaching hospital, faculty member who are understand the important of IPE as well as the students who are ready to implement IPE, the IPE in teaching hospital will running well.

Method

Interprofessional education (IPE) in teaching hospital is not easy to implement. According to Interprofessional Education Collaborative (IPEC) expert panel (2011) merekomendasikan are available to serve as the stimulus for dialogue and development of an action plan to catalyze the widespread implementation of these competencies in health professions education and practice, with particular focus on opportunities for and challenges to implementation. Many defiance and barriers will decrease the success of IPE implementation in the teaching hospital. The IPE implementation process should It needs to implement systematically. rbagai tantangan dan hambatan akan mengurangi kesuksesan implementasi interprofessional education di rumah sakit pendidikan. Untuk itu perlu diurai secara sistematik proses implementasi interprofessional education di rumah sakit sehingga outcome yang dihasilkan akan memperbaiki mutu pelayanan kesehatan di rumah sakit. Berikut uraian konseptual framework interprofessional education in teaching hospital. Interpretations of the terms multidisciplinary, interdisciplinary, and interprofessional with respect to clinical practice and education vary in the literature. Table 1 identifies definitions of the terms used in this paper.

Table 1. Definition of Terms

Term	Definition
(Uni)Disciplinary	One provider working independently to care for a patient. There is little awareness or acknowledgment of practice outside one's own discipline. Practitioners may consult with other providers but retain independence.
Multidisciplinary	Different aspects of a patient's care are handled independently by appropriate experts from different professions. The patient's problems are subdivided and treated separately, with each provider responsible for his/her own area.
Interdisciplinary/ interprofessional	The provision of health care by providers from different professions in a coordinated manner that addresses the needs of patients. Providers share mutual goals, resources, and responsibility for patient care. The term interprofessional is used to describe clinical practice, whereas the term interdisciplinary is often used to describe the educational process. Either term may be used when referring to health professions education and practice.
Interdisciplinary/ interprofessional education	An educational approach in which two or more disciplines collaborate in the teaching-learning process with the goal of fostering interdisciplinary/interprofessional interactions that enhance the practice of each discipline
Transdisciplinary	Requires each team member to become familiar enough with the concepts and approaches of his/her colleagues to "blur the lines" and enable the team to focus on the problem with collaborative analysis and decision-making.

Source: Lee, Robert et al (2009)

Preparation of IPE Academic Setting

According to Tom Closson and Dr. Ivy Oandasan (2006) explained that it is very important to make a blueprint before doing action on IPE implementation. The blueprint includes: the first building the foundation, the building process begins with the education system, which needs to prepare current and future caregivers to work within interprofessional care models. New health care providers entering the system should be trained to provide care in a collaborative environment. Educators at universities and colleges need to incorporate interprofessional education into existing curriculum or develop new curriculum.

Second, Sharing the responsibility, professions need to review their standards of practice with a view to integrating interprofessional collaborative, team-based care approaches. Professions should practice within their full scope of practice, consistent with safe care. Unions and management should be open to including interprofessional care concepts in collective agreements.

The fourth implementing systemic enablers, legislation and liability coverage for all health care providers must be reviewed, paying specific attention to the meaning of professional responsibility and accountability within team-based structures.

The fifth leading sustainable cultural change, all leaders must look for ways to integrate interprofessional care into existing strategies. Funding systems should be structured to provide incentives for the adoption of interprofessional care.

Those are the first step to implement the IPE in the academic. The success in this phase will influence success in the IPE implementation in teaching hospital. Because of the important of this, a strong team in Medical Education Unit is needed. Medical Education Unit will prepare the IPE blueprint and the curriculum as well as the IPE module for tutorial and skills lab.

IPE in Clinical Setting

Key Elements

There are at least three elements that should be prepared before implement the IPE in teaching hospital. In the IPE implementation process, these three elements can not be separated and should be developed. They are faculty member, student, and teaching hospital coordinator. They have to have competencies in accordance to their role and responsibility.

Development of those three elements could be done through training program, regular meeting and periodically, doing a routine evaluation, module development and doing research. So that, those three elements will have the same understanding about IPE in the teaching hospital. The final goal of this phase is each of elements has core competencies to implement IPE. These competencies are a key adjunct to the general professional competencies of the individual health professions. According to Robert Lee (2009) that competencies includes:

Table 2. Competencies for Interprofessional Education

Competency	Definition
KNOWLEDGE COMPETENCIES	
Cue/strategy associations	The linking of cues in the environment with appropriate coordination strategies
Shared task models/situation assessment	A shared understanding of the situation and appropriate strategies for coping with task demands
Teammate characteristics familiarity	An awareness of each teammate's task-related competencies, preferences, tendencies, strengths, and weaknesses
Knowledge of team mission,	A shared understanding of a specific goal(s) or objective(s) of the team objectives, norms, and resources as well as the human and material resources required and available to Achieve the objective; when change occurs, team members' knowledge must change to account for new task demands
Task-specific responsibilities	The distribution of labor, according to team members' individual strengths and task demands
SKILL COMPETENCIES	
Mutual performance monitoring	The tracking of fellow team members' efforts to ensure that the work is being accomplished as expected and that proper procedures are followed
Flexibility/adaptability	The ability to recognize and respond to deviations in the expected course of events or to the needs of other team members
Supporting/back-up behavior	The coaching and constructive criticism provided to a teammate, as a means of improving performance, when a lapse is detected or a team member is overloaded
Team leadership	The ability to direct/coordinate team members, assess team performance, allocate tasks, motivate subordinates, plan/organize, and maintain a positive team environment
Conflict resolution	The facility for resolving differences/disputes among teammates without creating hostility or defensiveness
Feedback	Observations, concerns, suggestions, and requests, communicated by team members in a clear and direct manner, without hostility or defensiveness
Closed-loop communication/information exchange	The initiation of a message by a sender, the receipt and acknowledgment of the message by the receiver, and the verification of the message by the initial sender
ATTITUDE COMPETENCIES	
Team orientation (morale)	The use of coordination, evaluation, support, and task inputs from other team members to enhance individual performance and promote group unity
Collective efficacy	The belief that the team can perform effectively as a unit when each member is assigned specific task demands
Shared vision	The mutually accepted and embraced attitude regarding the team's direction, goals, and mission
PRIMARY TEAMWORK COMPETENCIES	
Team cohesion	The collective forces that influence members to remain part of a group; an attraction to the team concept as a strategy for improved efficiency
Mutual trust	The positive attitude that team members have for one another; the feeling, mood, or climate of the team's internal environment
Collective orientation	The common belief that a team approach is more conducive to problem solving than an individual approach
Importance of teamwork	The positive attitude that team members exhibit with reference to their work as a team

IPE Activity

Activities Involving Patients

Activity that involve patients can be done with interprofessional rounds, patients interview, patients assessment,

patient treatment, discharge planning, shadowing, and observation visit to other clinical areas (Drynan, 2010). These process could be planned as interprofessional education which involved all profession. Interprofessional education process planning could be started with making sure the case by each students in different professions. Second, each students doing interview and assessment, third, discuss the result of the discussion according to each profession. Fourth, doing treatment and fifth, doing monitoring and evaluation and progress report.

Activities Without Patient

When students do not next to the patients, interprofessional education could be done by doing case presentation, consultation, and problem solving. mock interprofessional rounds, team interview, reflection, discussion, debate, and case studies (Drynan, 2010).

Most students after doing interprofessional education with the patients continued by consultation with the preceptor, then case presentation, and discussion. This activities will be very interesting, because of the joint presentation and discussion, will make each competencies clearer.

IPE Evaluation

Didalam proses evaluasi interprofessional education yang terpenting adalah pertama bagaimana tujuan dari IPE ini tercapai. The goal of IPE adalah the first gaining experience in interprofessional team work and collaboration (establishing and maintaining interdependent relationships with other professionals and students, and developing an understanding of interprofessional team structures, effective team functioning and knowledge of groups dynamic). Secondly, understanding the roles and contributions of the professions with whom the students will interact during their IPE in teaching hospital placement.

Evaluasi juga dapat using appropriate measurement tools, such as readiness for interprofessional learning scale (RIPLS), interdisciplinary education perception scale (IEPS), and attitudes toward health care team scale (ATHCTS). Regardless of setting, the assessment plan and instrument chosen must match the purpose of IPE initiative and should objectively measure desired outcomes (Lee, 2009).

Barriers to IPE

Meskipun proses interprofessional education sudah dimulai sejak ditahap akademi, akan tetapi hal akan masih menemukan banyak hambatan. Dimana hambatan ini bisa dari faculty member, teaching hospital, preceptor, maupun dari mahasiswa sendiri. According to Lee (2009) that the barriers exist on a variety levels and can be organizational, operational, communication, cultural, or attitudinal. Beberapa hambatan dapat dilihat ditabel 3. Table 3. Potensial barriers to IPE

Barriers	Solutions and Alternatives
Academic calendars	Integrate calendars, integrate planning clinical placement
Communication issues	Coordinate program communications among the school/department through IPE organizational unit
Evaluation	Design a rigorous, programmatic evaluation plan for any IPE courses
Faculty development	Ensure that the IPE Unit collaborates with each school's or department's faculty/staff development efforts
Levels of student preparation	Categorize the courses and rotations that are developed and implemented in and maturity terms of appropriate student readiness for the material Establish pre-post assessment and establish all IPE courses as competency-based Create seed grants to faculty for development of courses
Resistance to change	Continue leadership efforts to stimulate interest in teaching including faculty development plans
Time Commitment	Create a separate organizational entity for IPE activities for bookkeeping purposes

Discussion

Inter-professional activity process in teaching hospital should be a continuing process from inter-professional education in the academic phase. This will make the students implementing IPE easier in teaching hospital. The IPE blueprint is very important in the academic phase, because it could be developed into IPE module.

Key success of IPE implementation is the three factors that supporting each other. They are faculty member, teaching hospital coordinator and students. But Buring, MS (2009) stated that key success of IPE implementation is three main factors which are learning location, faculty development, and curricular themes. The learning location here could be interpreted as the teaching hospital as the place for clinical learning.

The final goal from IPE is competencies mastered by the team of IPE. The competencies are: Knowledge competencies, skill competencies, attitude competencies, and primary teamwork competencies.

Conclusion

IPE implementation should be started since the students in the academic phase. This should be part of bachelor curriculum. Interprofessional education may be done through tutorial in the problem based learning (PBL) or in the skills laboratory.

Competency is the most important part in the success of interprofessional education. After each of elements has the competencies the expected outcome is readiness of each health care profession to do inter-professional collaborative practice in giving service to the patient in the hospital. By inter-professional collaborative practice so the quality service will be improve. In order to achieve that, communication tool in each profession is important. Some research recommended ISBAR (Identify, Situation, Background, Assessment, and Recommendation) as communication model. In case, all health care profession will use one tool to do communication.

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