Interprofessional Collaboration in Medical Education - What European students want

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Background: Interprofessional learning is today a highly-debated topic in medical education. When incorporated in the undergraduate education of academic training, it allows students to acquire knowledge, skills and attitudes that will enable them to work as part of a multidisciplinary team.

Summary of Work: In Europe, collaboration at pre-graduate level happens as joint events, students’ exchanges and soft skills trainings through the students associations of dentistry, medicine, nursing, pharmacy and physiotherapy (EDSA, EMSA, ENSA, EPSA, ECPTS). To develop a strategy regarding interprofessional collaboration policies an online survey targeting pre-graduate students was performed in November-December 2014. The survey featured 10 questions on the current situation in undergraduate education.

Summary of Results: A total of 1550 students from 38 countries answered the survey. Of them of 93.3% (1400) considered that contact with other healthcare students should be a part of their curriculum and 77.4% would like to see internships including an interprofessional component. Currently 78.2% of the students are not satisfied with today’s implementation of interprofessional collaboration and only 42.5% of them state that extracurricular interprofessional activities are organised by their students’ associations.

Discussion and Conclusions: Nowadays, medical students envision themselves as part of a future interprofessional healthcare team. Extensive and specific research is needed to examine how a more multidisciplinary approach to patients can be made real in both medical curricular and extracurricular activities, not only through students associations.

Take-home messages: It is necessary to collect innovative ideas on how to increase the team based approach in the undergraduate setting.

Shared leadership in an inter-institutional interprofessional education program

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Background: In 2009 Western University of Health Sciences (WesternU) launched a comprehensive interprofessional education (IPE) program including nine health professions. In 2011 WesternU opened a distance campus in Oregon for one program (medicine.) To replicate the IPE curriculum an inter-institutional IPE program was designed to include two additional institutions near the new campus in Oregon.

Summary of Work: Initially the curriculum being used at the main campus in California was instituted at the Oregon locations. However, there were vast differences in the institutional cultures across partner institutions in addition to significant differences in student demographics and health professions participating. To address these differences a systematic shared leadership process was instituted.

Summary of Results: A series of meetings to establish shared leadership was instituted. There were significant challenges in establishing a culture of trust and collegiality among the faculty who already were feeling overwhelmed with the new workload that this collaborative curriculum raised. After three years of working closely this collaboration has overcome institutional and cultural barriers and created mutually collaborative and collegial relationships.

Discussion and Conclusions: It is ironic that in the process of creating and instituting an IPE curriculum professional and institutional silos and barriers were met and overcome. The process used to create inter-institutional collaboration will be discussed in detail along with pitfalls and lessons learned.

Take-home messages: Creating an inter-institutional educational program successfully can be a wonderful model for overcoming professional silos and institutional culture bias. Lessons learned are applicable to overcoming similar barriers in interprofessional clinical practice.
Interprofessional education: the contribution of the Interdisciplinary community program

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Background: Modern patient care requires the collaboration of different health professionals working as a team in collaborative practice. Interprofessional education (IPE) has been emphasized in postgraduate programs, but less in undergraduate programs.

Summary of Work: We describe the experience of a health sciences school with 16 different careers that, since 2008, reorganized all undergraduate curricula using the same educational approach, which IPE as one of its pillars. IPE takes place in various steps of each curriculum: interprofessional classes; Interdisciplinary Community Program (ICP); joined clinical experience and Interprofessional conferences. The ICP is a mandatory discipline for all health careers, were mixed groups of students from all programs go to a local community, where they are supposed to identify health issues and propose interventions to solve them, using problematization methodology.

Summary of Results: Since 2008, more than 7500 students attended the program in local communities, schools, rest homes, neighborhood associations and primary care clinics. Local health issues were identified and several health interventions were proposed and executed. The program is well evaluated by students and teachers. Difficulties reported by students about the program resemble the same difficulties reported by health professionals when working in teams.

Discussion and Conclusions: ICP created a space of interaction between different health professionals during their formation, allowing students them to see how each profession can contribute with their different skills and knowledge to improve the health care of the population.

Take-home messages: Interprofessional education can successfully be started at the beginning of the formation of health professionals, improving students’ abilities to work as an effective health care team.

Key Aspects for Creating a Successful IPE Program

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Background: Many institutions all over the world are starting Interprofessional Education (IPE) programs. Uncertainty and fear is often present when facing the change in culture and structure it requires, compared to traditional teaching methods.

Summary of Work: Since we do not have a single globally accepted model, learning from others’ successes and failures is very relevant. In this presentation, we will share the experiences, good and bad, of the Directors of the IPE programs from the Universidad Europea de Madrid (Spain) and the University of Minnesota (USA), mainly with undergraduate students.

Summary of Results: The key elements we have selected for successful IPE programs are: 1. Passionate champions. 2. Engagement and integration into curriculum. 3. Meaningfulness and drive (motivation). 4. Outcomes-focused. 5. Spread. We will also analyze our programs under the light of the 8-step process for leading change (Kotter 1995).

Discussion and Conclusions: Planning correctly before starting an IPE program is necessary. Learning from others successes and failures is relevant to the success of an IPE program.

Take-home messages: Before starting your IPE program, learn what others are doing or have done, and let them criticize each one of your planned activities before moving forward.
How can they work together if they don’t learn together?

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Background: To improve interprofessional collaboration in clinical settings, we developed an education model for trainee nurses, Medical Students and Psychology Students in cooperation with the student-based "Anamnesis-Group" (AG). In 2014 trainee nurses were first integrated in the AG-Program: Students and trainees met weekly over the course of one semester in different departments of the University Medical Center Freiburg, where they held patient interviews and discussed them in a tri-professional peer assisted learning (PAL) environment.

Summary of Work: In 2014 we initiated the nationwide first and only tri-professional AGs by encouraging trainee nurses to participate. We assessed the participants’ individual needs in regard to interprofessionality with a self-developed questionnaire. Based on that, we offered them a needs-oriented workshop to train interprofessional skills and focus on their Professional Identity which was held once during the semester in addition to the weekly AG-meetings.

Summary of Results: Six tri-professional AGs with N = 53 participants were held weekly. Out of these, N = 21 participants from all three professions attended the workshop, which was rated “very good” on average. The great majority (95%) stated to have gained more confidence in interprofessional interaction through the workshop.

Discussion and Conclusions: The model of a) tri-professional AGs meeting on a weekly basis in a PAL-environment and b) an additional workshop seems to meet the participants’ needs. In the successive semester the program was successfully continued (eight tri-professional AGs met weekly, N = 31 attended the workshop).

Take-home messages: Our educational model meets the high demand for interprofessional training and exchange as shown by participants’ feedback and evaluations.

What did first-year students actually experience in interdisciplinary education? A qualitative analysis of learning portfolio

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Background: Interprofessional collaboration is considered essential to providing comprehensive patient care. Showa University has incorporated interdisciplinary education into the first-year curriculum to cultivate students’ basic and key skills for interprofessional practice. This yearlong educational programme encompasses different pedagogical methods, including Interdisciplinary Problem-based Learning (PBL) and Early Exposure where multidisciplinary student groups visit healthcare sites and observe health professionals’ collaborative practice.

Summary of Work: This study aims to better understand students’ ongoing experiences and specify “actual” learning outcomes in this interdisciplinary educational course. Qualitative analysis of 45 students’ reflection in a series of e-portfolios was carried out by following an inductive approach to thematic analysis.

Summary of Results: Four core categories regarding students’ learning experiences were identified: communication (e.g., active listening and comprehensible explanation), teams and teamwork (e.g., mutual engagement and leadership), roles/responsibilities as a health professional (e.g., understanding of their own professional), and roles/responsibilities as a group member (e.g., self-directed learning and information literacy). Furthermore, these qualitative analyses demonstrate the socialisation of first-year students to student-centred learning context, changes in their epistemological beliefs about interprofessional collaboration and identity formation as a health professional.

Discussion and Conclusions: This qualitative study shows that students have noticed the importance of interpersonal communication and teamwork in practice and developed professional identity through ongoing participation in the interdisciplinary education. A better understanding of their learning processes is pivotal to tutors who facilitate the student learning and develop interprofessional education in undergraduate curriculum.

Take-home messages: Interdisciplinary education in the first-year curriculum has functioned as a springboard for becoming a health professional who realizes the importance of interprofessional collaboration for patient care.
An Introductory IPE Course for Entering Medical Students: What Makes Collaborative Learning Happen?

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Background: Entering medical students are familiar with individual learning but have insufficient experiences in collaborative learning which is essential in interprofessional education (IPE). Since the needs and interests in IPE have been increasing, we implemented an introductory IPE course for our medical students and explored their development of collaborative learning competency.

Summary of Work: In each session of the course, an expert of eight clinical disciplines firstly introduced his role in the complex medical care system. Subsequently, a co-teaching time with course director offered an interactive discussion, and finally tasks were given to the randomly-grouped students for practicing teamwork in the classroom. The results of teamwork should be timely uploaded to Moodle for feedback. At the end of the semester, 73 of 77 second-year medical students submitted reflective writings to describe their changes in the learning journey. We adopted an “immersion/crystallization” approach to analyze these writings.

Summary of Results: Our students perceived conceptual changes from personal beliefs to team beliefs. They constructed collaborative pattern through shared communication, work division, and coherence. They also mentioned that the mechanisms of their changes were resulted from peer observation, reflection, self-awareness, and self-regulation.

Discussion and Conclusions: Bandura’s reciprocal determinism (1977) proposed the interactive relationship among environment, person, and learning behavior. These factors were interactively operated during the teamwork process. Moreover, our students experienced the different construction elements during communication process (Van den Bossche et al, 2006). These findings explained how entering medical students transformed their individual learning habit to collaborative learning throughout the course.

Take-home messages: A situated introductory course of IPE with co-teaching strategy can positively nurture students’ attitude, beliefs and skills of collaboration.