



International Conference on
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Inter-Professional Education (IPE) in Clinical Setting: Conceptual Framework

Moh. Afandi¹, MAN

Background

This paper describes the innovative features of inter-professional education (IPE) model implementation experienced by the faculty of medicine and health sciences, Universities 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 inter-professional education at teaching hospital.

Method

An inter-professional education based on development of triangle : faculty member, student, and teaching hospital coordinator.

Discussion

Inter-professional 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.

Conclusion

Inter-professional education should be started 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: INTER-PROFESSIONAL EDUCATION, CLINICAL SETTING, CONCEPTUAL FRAMEWORK

¹Head of Nursing Management Department, School of Nursing, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta, Indonesia e-mail: mohafandi2003@yahoo.com



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Introduction

World Health Organization (2010) defined that Inter-professional 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 Inter-professional 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 the Center of Advanced Inter-professional Education (CAIPE) in the year of 2007, McGrath (1991) stated that inter-professional 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 for the healthcare students to grow their 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.



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Method

Inter-professional education (IPE) in teaching hospital is not easy to implement. According to Inter-professional Education Collaborative (IPEC) expert panel (2011) recommended that IPE 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 process should be implemented systematically, so that there will be health care service's quality improvement as the outcome.

Interpretations of the terms multidisciplinary, interdisciplinary, and inter-professional 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

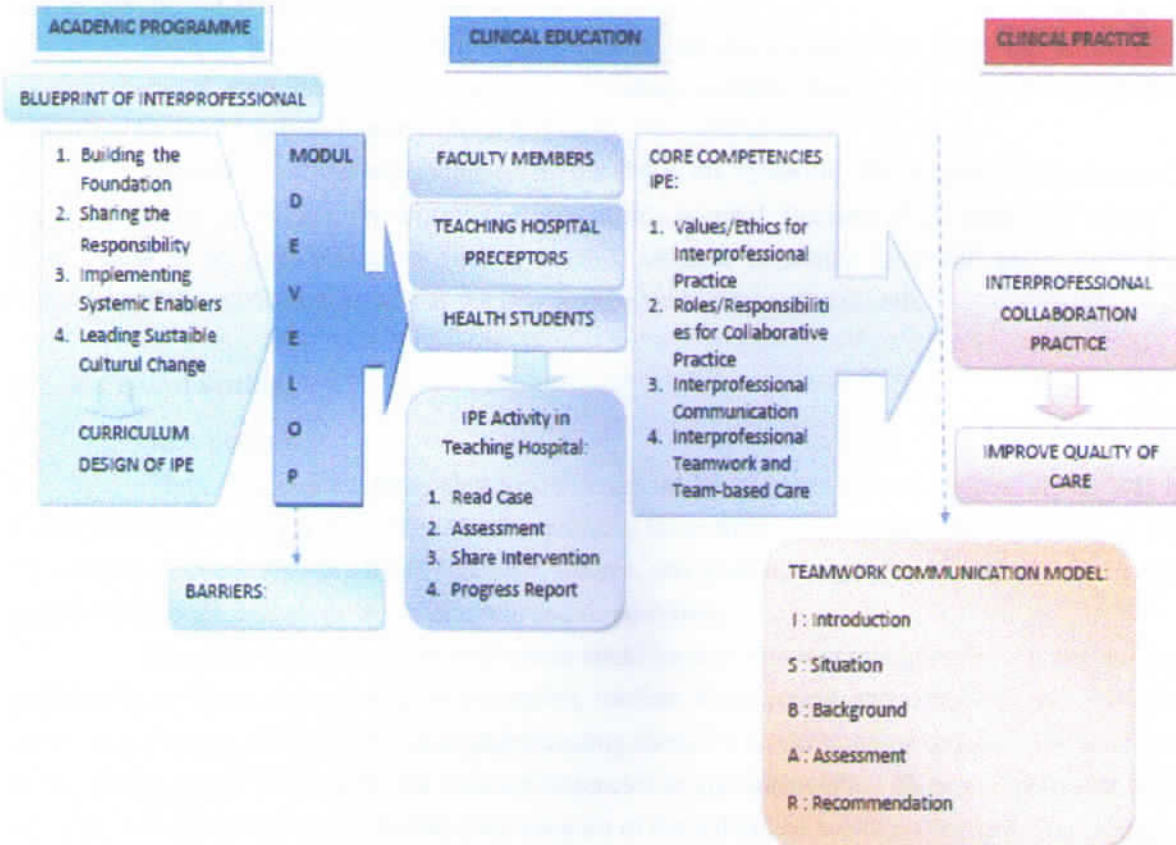
Term	Definition
(Uni)Disciplinary	One provider working independently to care for a patient. There is little awareness or acknowledgment of practice outside one's own discipline. Practitioners may consult with other providers but retain independence.
Multidisciplinary	Different aspects of a patient's 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 inter-professional 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/ inter-professional education	An educational approach in which two or more disciplines collaborate in the teaching-learning process with the goal of fostering interdisciplinary/inter-professional 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 et al (2009)



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Inter-professional Education in Clinical Setting: Conceptual Framework



Interprofessional Education in Teaching Hospital Model

Academic Setting

According to Poldre, L., Taylor, J.S. (2010) explained that it is very important to make a blueprint before doing action on IPE implementation. The blueprint includes: first, building the foundation, the building process begins with the education system, which needs to prepare current and future caregivers to work within inter-professional 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 inter-professional education into existing curriculum or develop new curriculum.

Second, Sharing the responsibility, professions need to review their standards of practice with a view to integrate inter-professional 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 include inter-professional care concepts in collective agreements.



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Third, 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.

Fourth, leading sustainable cultural change, all leaders must look for ways to integrate inter-professional care into existing strategies. Funding systems should be structured to provide incentives for the adoption of inter-professional 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 and periodically meeting, 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 Lee et al (2009) that competencies includes:

Table 2. Competencies for Inter-professional 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



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Table 2. Competencies for Inter-professional Education

Competency	Definition
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



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Table 2. Competencies for Inter-professional Education

Competency	Definition
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 inter-professional 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 inter-professional education which involved all profession.

Inter professional 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, inter-professional education could be done by doing case presentation, consultation, and problem solving. mock inter-professional rounds, team interview, reflection, discussion, debate, and case studies (Drynan, 2010).

Most students after doing inter-professional education with the patients, they do consultation with the preceptor, then case presentation, and discussion. This activities will be very interesting, because of the join presentation and discussion, will make competencies of each professions are clearer.

IPE Evaluation

In the evaluation process, the most important thing is how the goal of IPE is reached. The goal of IPE are the first gaining experience in inter-professional team work and collaboration (establishing and maintaining interdependent relationships with other professionals and students, and developing an understanding of inter-professional team structures, effective team functioning and



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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.

Evaluation should use appropriate measurement tools, such as readiness for inter-professional 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 et al, 2009).

Barriers to IPE

Although the IPE started since in the academic phase, it may find some barriers, which could be from the faculty member, teaching hospital, preceptor, or the students them selves. According to Lee et al (2009) that the barriers exist on a variety levels and can be organizational, operational, communicational, cultural, or attitudinal. Some of the barriers can be seen in this following table.

Table 3. Potential 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
Resistance to change	Create seed grants to faculty for development of courses 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



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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 IPE implementation easier for the students 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 included in the undergraduate curriculum. Inter-professional 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 inter-professional 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 improved. 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 professionals will use one tool to do communication.

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