First Steps towards Interprofessional Education (IPE)

Dr. med. Ulrich Woermann, MME
Institute for Medical Education (IML)
University of Bern

9. February 2015
Agenda

> Point of Departure

> Three IPE Initiatives

> Medical and Nursing Students’ Knowledge and Attitudes
Point of Departure

> Swiss Catalog of Learning Objectives for Undergraduate Medical Training

> Report “Interprofessionality” of Federal Office of Health

> Educational Landscape of Bern

> Medical Faculty of the University of Bern
Swiss Catalogue of Learning Objectives for Undergraduate Medical Training, 2008

Diagram: 
- Professional
- Communicator
- Scholar
- Collaborator
- Manager
- Health Advocate
- Medical Expert
3 General Objectives
3.4 Collaborator (CL)

Competencies: The physician is able to......

effectively consult with her/his supervisor and other physicians and healthcare professionals, striving for good teamwork aiming at optimal patient care and at patient safety
Swiss Catalogue of Learning Objectives for Undergraduate Medical Training, 2008

- **G CL 1:** The physician synthesizes the relevant information and reports on her/his findings and her/his proposals concerning the management plan in a concise form to her/his supervising physician and other healthcare professionals \([G \, ME \, 14, \, G \, CM1 \, 9]\).

- **G CL 3:** The physician recognizes personal limits of expertise and decides appropriately if and when other professionals are needed to contribute to a patient’s care \([G \, ME \, 34, \, G \, MA \, 16]\).

- **G CL 4:** The physician communicates in an efficient way with all team members to ensure shared understanding of patients’ problems and to foster continuity of care \([G \, CM \, 18]\).

- **G CL 9:** The physician displays effective team working skills and describes her/his personal role and responsibilities in the team.

- **G CL 10:** The physician supports nursing staff in designing and implementing monitoring or calling criteria concerning her/his patients.

- **G CL 11:** The physician seeks out opportunities to discuss the evidence base of clinical decision making and clinical care with colleagues and other professionals \([G \, SC \, 9]\).

> Published 05.12.2013

> Authors were representatives of the educational institutions for health professions

> Goal is integration of interprofessional collaboration in the curricula of health professions and better coordination between those curricula

> Problem:
  — The FOH/BAG is only responsible for licensing of medical doctors
  — Undergraduate medical education is task of university cantons
Educational Landscape of Bern

> University of Bern (bachelor, master)
  — 240 medical students per year

> University of Applied Sciences of Bern – Health (bachelor)
  — 100 nursing students per year
  — 100 physiotherapy students per year
  — 50 dietician students per year
  — 70 Midwifery students per year

> Bildungszentrum Pflege Bern
  — 350-400 nursing students per year
Interprofessional Culture

> Master of Medical Education MME
  — Postgraduate Master Program of University of Bern
  — Since 1999
  — Open for other health professions than MDs

> SPSIM Conference
  — Biannual international conference on the use of standardized patients and simulation in healthcare
  — Supported by four Institutions
    - IML, BFH Gesundheit, BZPflege
    - HES-SO Lausanne

> Interprofessional platform funded by FOH/BAG
Medical Faculty of the University of Bern

> Two initial projects could not be realized because
  — Other priorities
  — Belief that interprofessionality develops automatically, immersion is sufficient
  — Students’ fear of additional workload

> Installation of an interprofessional and interinstitutional working group
  — Concept for Interprofessional Education
  — Still to be discussed by the Medical Faculty
Three IPE Initiatives

- Learning with Nursing Students
- Practical Course on Venipuncture
- Seminar on Medical Confidentiality
Learning with Nursing Students

> **Elective** for medical and nursing students of year 1 and 2 - 15 to 20 students from each side

> **Idea:** Learning with, from and about each other (WHO)

> **First activity:** Explaining own curriculum to others

> One afternoon at the Institute of Anatomy
  — Microscopy and ultrasound of the abdominal organs

> One afternoon at the nursing school (BZPflege)
  — Giving food to handicapped patients
  — Communication with a patient (SP) with eating disorders
Learning with Nursing Students

> Personal impressions
  — Both groups of students are very interested in knowing more of the other group
  — Both groups get very well along with one another
  — Many contacts outlast the course

> Evaluation with RIPLS
  — Both groups have a very positive attitude towards IPE
  — Nursing students tend to be a more skeptical in the beginning and become more positive
  — Medical students tend to be more enthusiastic in the beginning and become more skeptical
Peer teaching of venipuncture and injection in third year

Mandatory for medical students
elective for nursing students

Course of 2 x 2 hours

Peer tutors didactically and technically trained
- 6/5 medical students (last year/this year)
- 2/4 nursing students from the university of applied sciences
- 2/4 nursing students from BZPflege

Learners
- 150/200 medical students
- 16/28 nursing students from the university of applied sciences
- 3/10 nursing students from BZPflege
Seminar on Medical Confidentiality

> Blended Learning Course
  — Preparation for seminar via online survey based on clinical vignettes
  — Discussion of vignettes in seminar of 90 minutes
    – Interprofessional small groups
  — Two tutors: medical and nursing school (BFH) each
  — First run in fall 2014

> Participants
  — All medical students of first year
  — All students of nursing and midwifery of first year
Problems for planning

> Differing curricula
  > Length: 3 years vs. 6 years
  > Timetable: loose (medicine) vs. dense (nursing)
  > Planning: short term (medicine) vs. long term (nursing)
  > Onset of practical learning:
    early (nursing) vs. late (medicine)
  > Examination dates and vacation = blocked periods

> High number of students

> Differing organization and structure
  > Fulltime teachers (nursing) vs. researchers/clinicians with teaching assignment (medicine)
  > Decision-making process
Medical and Nursing Students’ Knowledge and Attitudes

> Doctoral thesis of medical student (Lena Weltsch)  
  — Not given in yet

> Online survey conducted in fall 2014

> All medical and nursing students of Bern

> Response rate of 21% resulting in 498 completely filled out questionnaires
Method

> RIPLS
  — Readiness of Health Care Students for Interprofessional Learning Scale (9 out of 19 questions)

> IEPS
  — Interdisciplinary Education Perception Scale (13 out of 18 questions)

> Knowledge on other health professions
  — Requirements, length of study, type of certificate
  — 14 health profession educations

> Own questions on Readiness for Interprofessional Learning
  — IPE when in study, with which subjects, what theory/practice ratio?
Results I

> RIPLS
  — Both groups think positive about IPE, but medical students less
  — Significantly less in questions about clinical work

> IEPS
  — Subscore 1: Competence and autonomy
    Medical students rated their competence and autonomy
    significantly higher than nursing students
    Difference diminishes in higher study years
  — Subscore 2: Necessity of cooperation
    Strong approval in both groups, no difference
  — Subscore 3: Effective cooperation
    Medical students see their profession significantly less
    cooperating with other health professions
Results II

> Knowledge on other health professions
  — Medical students know significantly less about the requirements, length of study and type of certificate of other health professions

> Readiness for Interprofessional Learning
  — Readiness in general: Many positive responses from both groups, but many medical students fear additional workload or lowering of standards
  — When in curriculum should IPE take place?
    Clear preference for third (medicine) and second year (nursing)
  — Subjects suited for IPE: ethics, communication, patient safety, reanimation, team-work training and clinical skills
  — Comments show strong desire of both groups to know more about the other professions
Conclusion

> Students of both groups want to know more about the other group

> Medical students tend to be more skeptical and are afraid of additional workload as well as lowering of standards

> Best time for IPE seems to be in the middle of the curriculum

> Learning of practical skills is most preferred for IPE
Problems to solve

> Inclusion of all students

> Definition of time slots for IPE

> Introducing IPE as a thread in the medical curriculum
  — A proposition:
    First year: Getting to know the other health professions by personal contact
    Third year: Learning together practical skills
    Fifth year: Training of team work such as simulated ward rounds

> Introduction of assessment formats for IPE
Our Vision

BIZePs
Berner interprofessionelles Zentrum für Peerschulung
Bernese interprofessional center for Peer schooling