Interprofessional Teaching and Learning in Health and Social Care Professions. An Evidence-Based Proposal for Pre-licensure Education

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Overview

Background
Research Question
Objectives
Methods
Outcomes
Proposal
Discussion
Definition: “Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.” (CAIPE 2012)

Interprofessional Education = IPE
Interprofessional Collaborative Practice = ICP
Background

• Health and Social Care is fractured and highly specialized → poor coordination of treatment, therapy and care → client outcomes are negatively affected
• Effective interprofessional collaboration = improved quality of care delivery = better outcomes
• Prelicensure IPE → ICP-prepared workforce
St. Loreto College of Applied Social Sciences

- 4 Professional Schools: Geriatric Nursing, Special Education, Early Childhood Education & Youth Social Work

- Mission Statement: Interprofessional Teaching

- Marchtaler Plan: Interdisciplinary Teaching

- German Conference of Ministers of Education: Interprofessional Vocational Training
Research Questions

What recommendations for implementing IPE can be gleaned from the literature?

How can these recommendations be applied to pre-licensure health and social care training programs?
Objectives

• Systematically review the current literature base and synthesize results to formulate best practice recommendations for IPE-implementation at the institutional level

• Develop a proposal for implementation of IPE in the study of geriatric nursing and the social care professions
Methods

- **Systematic Review**
  - Best Practice recommendations for pre-licensure IPE

- **Scope of Practice Analysis**
  - Common or related tasks & practice settings

- **Curriculum Analysis**
  - Common or related curricular content & learning objectives
Results of the systematic review

Curricular recommendations:

- IPE is a complement, *not* a replacement
- Guiding principle: client-centered care
- 3 areas of learning, from which IPE-competencies are derived: *communication, teamwork & role clarification*
- IPE-competencies are the learning objectives
- Vigotsky’s theory of social constructivism offers the best educational-theoretical foundation for IPE
Results of the systematic review

Didactical-pedagogical recommendations:

• Use of the principles of adult education
• Learning in small groups of 5-10 participants, at least 2, at most 4 professions represented
• Learning in both classroom & clinical settings, (skills lab helps to bridge theory-practice-gap)
• Utilization of PBL & authentic case scenarios of increasing complexity
Results of the systematic review

Organizational & personnel recommendations:

• Include Stakeholders from all participating institutions & professions in planning IPE

• Set up a steering committee to coordinate project development and sustainability

• Train at least one member of each professional faculty as a facilitator to support team development & encourage interprofessional culture of teaching & learning.
Results of scope of practice analysis

Common or related practice settings:

• Geriatric care of persons with intellectual disabilities (Geriatric Nursing & Special Ed)
• Work with intellectually disabled persons (Special Ed, Early Childhood Ed & Youth Social Work)
• Early Childhood Education (Special Ed, Early Childhood Ed & Youth Social Work)
• Work among youth (Special Ed, Early Childhood Ed & Youth Social Work)
Results of curriculum analysis

Common or related curricular content and learning objectives, e.g.:

- Health promotion & disease prevention
- Nutrition
- Communication
- Intercultural & gender sensitivity
- Teamwork
- Scope of practice & professional role
IPE-Proposal for St. Loreto

Learning objectives:

• Interprofessional communication
• Interprofessional teamwork
• Understanding and accepting roles in an interprofessional team
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Geriatric Nursing
Freshman yr.

Special Education
Freshman yr.

Early-Childhood Education
Freshman yr.

Youth Social Work
Freshman yr.

IP-specific content

IP-specific content

IP-specific content

Junior year

Junior year

Junior year

Junior year

External Partners:
EMT, PT, RN,
Speech or occupational Therapists

(Geronto-) psych.

Integrative Kindergarten

Youth Work

Senior year

Senior year

Senior year

Senior year

Hospital

Family counseling

Vocational counseling
IPE-Proposal for St. Loreto

1st Day
- Lecture on IP-Topic
  ~ 2 hrs.
  ~ 60 Participants

PBL in IP-Teams
- ~ 4 hrs.
- ~ 10 Participants per Team
  Professional ratio = 1:1

2nd Day
- Clinical translation in diverse practice settings and/or skills lab
- Small groups of ~ 4-6 participants
  Professional ratio = 1:1

3rd Day
- Reflexion & Evaluation in small groups & class

X 4
IPE-Proposal for University of Ulm

Day 1
Starter-Seminar
4 hours
ca. 60 Participants; Equal representation of each profession

2 hours
Students are assigned to small groups of 6. Time allotted for practice of learning methods.

Day 2 (6 hours)
Skills-Lab
8 hours
Possible geriatric scenarios: client with feeding tube, multimorbid client, emergency situations, etc.
Method: high-fidelity simulation
Social form: 10 groups of 6 (see day 2)

Day 3
Clinical practice
4 hours
Client contact in diverse practice settings in groups of 3 (1 participant from each profession)

Day 4
Debriefing & evaluation in plenary session

M=med student
N=nursing stud.
PT=physical therapy
Methods: case studies, PBL, expert puzzle
Social form: 10 groups of 6, 2 participants from each profession
Discussion

• The call for IPE comes at a time of change for pre-licensure health care training in Germany.
• Although the IPE-paradigm was originally conceived for health care, it makes a good fit for social care professions as well.
• This proposal can easily be adapted to fit other courses of study.
• The best-practice recommendations put forth here constitute a significant contribution to establishing IPE programs.
Discussion: future research

• Proposal meets needs at the micro-level; ideas for the meso- & makro-levels are needed!
• IPE concepts for educating current workforce
• RCTs and NRCTs as longitudinal studies, beginning pre-licensure, following up on cohorts after entering the workforce \(\rightarrow\) proof of causality
• Development of valid evaluation instruments (Curriculum, learning outcomes, client outcomes)
Thank you for your interest in our work!

Questions?
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