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Review Article

Interprofessional education and distance education: A review and appraisal of the current literature



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ABSTRACT

Background: Interprofessional education (IPE) is becoming essential for students and healthcare professionals. An evolving approach to implement it is via distance education. Distance education can provide a viable solution to deliver IPE in a variety of settings.

Methods: A literature search on PubMed and Academic Search Complete databases was conducted, revealing 478 articles ranging from the years of 1971–2015. The articles were screened for relevance using the following inclusion criteria: 1) Is this study implementing IPE? 2) Is this study utilizing the instructional delivery method of distance education? 3) Does this study contain students from two or more healthcare professions?

Results: Fifteen studies met the inclusion criteria and were systematically analyzed to identify data relevant for this review. Findings from this review provide a description of the teaching methods involved in distance education in promoting IPE and an assessment of the continuing use of distance education to foster IPE. Success varied depending upon on the distance-based instructional model utilized to facilitate IPE.

Implications: Incorporating distance education to implement IPE can be an opportunity to develop team collaboration and communication skills among students. Teaching models presented in this review have the potential to be adapted to methods that leverage the power of evolving technology. Further research is needed to understand which distance education instructional delivery models best maximize the IPE experience.

Background

Interprofessional education (IPE) is defined as “two or more professions that learn with, from, and about each other to improve collaboration and quality of care”.^{1,2} Many accrediting bodies including the Commission on Collegiate Nursing Education, the Accreditation Council for Pharmacy Education, the Commission on Accreditation in Physical Therapy Education, and the Council on Education for Public Health hold themselves accountable by issuing directives or requirements aimed at specific IPE learner outcomes.³ IPE uses a variety of interactive delivery methods, sometimes in combination with each other, including group problem

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solving, seminar-based discussions, and role playing activities.² In recent years, distance education has become another delivery method that adds to the repertoire of IPE.¹ Distance education is defined as “teaching and planned learning in which teaching normally occurs in a different place from learning, requiring communication through technologies”.⁴ E-learning is defined as the delivery of learning via any form of electronic media.⁵ Synchronous and asynchronous technologies that could be employed for distance education include websites, podcasts, mobile applications, blogs, discussion boards, internet forums, interactive online tutorials, video conference technology, and virtual learning environments.⁵ Although the literature provides examples of distance education for IPE, there is a lack of synthesis and critical appraisal of the evidence regarding the effectiveness of IPE using distance education. This article aims to provide a comprehensive review of the details of how distance education is relevant to IPE.

Methods

This literature review was undertaken to identify as many relevant studies as possible. Although the quality of studies in this review differ, meta-syntheses allow the evidence to be combined and evaluated to reach higher analytic goals and enhance the generalizability of qualitative research.⁶

Electronic searches on PubMed and Academic Search Complete databases were conducted to identify studies employing the search terms “interprofessional education” with each of the following: distance learning, distance education, e-learning, online learning, virtual patient, and simulation. This yielded 478 articles ranging from the years 1971–2015. The title, abstract, and, if needed, full text were screened for relevance using the following inclusion criteria: 1) Is this study implementing IPE?; 2) Is this study utilizing the instructional delivery method of distance education?; and 3) Does this study contain students from two or more healthcare professions? During this initial screening phase, only relevant citations were included.

Following the identification of relevant studies, we analyzed the evidence through a series of steps adapted from Reeves et al.² There are two major themes of interest for this analysis: to describe the teaching models employed through distance education to facilitate IPE for students, and to describe outcomes/results of examples of distance education and IPE.

Results

The findings are presented in three parts. An overview of the included studies is provided, followed by the two major themes of interest assembled from the findings.

Study overview

Fifteen studies were included in the final analysis based on the inclusion criteria (see Table 1).^{7–21} The sample size varied from 11 to 620 participants with one article (Myers and O'Brien⁹) not reporting a sample size and included an array of disciplines such as but not limited to pharmacy, nursing, and medicine. Further details regarding each study are described in Table 1.

Theme 1. Teaching models employed through distance education to facilitate IPE.

Several different teaching models were utilized to facilitate IPE through distance education. King et al.⁷ created an *Interprofessional Desktop* to build a learning community based on experiences from existing social networking. The *Interprofessional Desktop* was originally designed for a required interprofessional course consisting of nutrition, medicine, dentistry, dental hygiene, nursing, pharmacy, physical therapy, occupational therapy, and medical laboratory science students at the University of Alberta. In turn, these previous skills were used to build collaborations online for furthering professional practice. Clinical teams employed collaborative tools such as message boards and shared files to provide information rapidly to teammates and facilitators.⁷ Santy et al.⁸ used a “virtual town” to create an online student conference. This “virtual town” was a pilot project incorporating students in nursing, mid-wifery, operating department practitioner programs, and trainee endoscopists. These students were each in the second year of their respective three-year programs at the University of Hull. The learning management system Blackboard™ created a virtual learning environment to provide chat rooms and discussion boards for online communication and development.⁸ The imaginary town was developed with a plethora of written materials providing social and demographic details about the local communities, where the students would practice.⁸

Myers and O'Brien⁹ used Campus Pack (Learning Objects Inc., 2014) as an addition to Blackboard™ so occupational therapy, speech language pathology, and physical therapy students from the University of Kentucky and Eastern Kentucky University could participate together in the online portion of their early childhood and school-based practice courses. They utilized video conferencing to hold four synchronous meetings.⁹ Ellman et al.¹⁰ utilized an online case module to teach palliative care to medical, nursing, chaplaincy, and social work students who had prior clinical experience followed by a live workshop at Yale University. An embedded video showing an interprofessional team addressing the challenges of palliative care was included with the module.¹⁰ McKenna et al.¹¹ had Monash University students from nursing, occupational therapy, physiotherapy, nutrition, and paramedic training placed into three focus groups to investigate students' perceptions on distance learning to facilitate interprofessional education. These students completed a linear series of documents and media, first defining interprofessional education and then defining individual professions and their role on the healthcare team, followed by a video of a healthcare team managing a patient.¹¹ Students could explore and share the information through focus groups and an online discussion forum.

Cartwright et al.¹² allocated students from speech pathology, health information management, social work, occupational therapy, and nursing into 10 interprofessional groups with a facilitator and utilized one fictional patient and one online dementia case to teach

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