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Hot topic in geriatric medicine

Interprofessional education in geriatric medicine

C.J.P.W. Keijsers [a], R. Dreher [b], S. Tanner [c], C. Forde-Johnston [d], S. Thompson [e,*]
The Special Interest Group Education, IPE section, EUGMS

[a] *Department of Geriatric Medicine, Jeroen Bosch Hospital, PO Box 90153, 5200 ME 's-Hertogenbosch, The Netherlands*
[b] *Department of Geriatric Medicine, Centre de Traitement et de Réadaptation Aubonne-Gilly, Ensemble Hospitalier de la Côte, 1110 Morges, Switzerland*
[c] *STR Geratology, Oxford University Hospitals, Oxford, United Kingdom*
[d] *Oxford University Hospital NHS trust and Oxford Brookes University, Oxford, United Kingdom*
[e] *Geratology Department, Oxford University Hospitals, Oxford, United Kingdom*

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ABSTRACT

The majority of older patients present with complex health needs that often require to be addressed by more than one discipline. Hence, the involvement of physicians, nurses, physiotherapists, occupational therapists, pharmacists and other disciplines, adopting a patient-centred interprofessional approach, is an essential component of successful care. A growing phenomenon in education is interprofessional education (IPE), in which various health professionals learn with, from and about another in order to improve collaboration and the quality of care. This article presents a geriatric medicine literature review on IPE, covering several studies that have examined such education, describing different types of intervention and the involvement of various health professionals. There was no clear evidence that could be drawn from the available literature about best practice and intervention, due to the differences in interventions and the lack of replication studies. In this article, we have also reviewed the theories on which IPE is based and its suitability for application to the discipline of geriatric medicine (e.g. regarding curriculum design, clinical practice, and the optimisation of collaboration between team members). Present evidence supports the assumption that IPE-related general principles are applicable to education in geriatric medicine.

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> There is now sufficient evidence to indicate that interprofessional education enables effective collaborative practice which in turn optimizes health services, strengthens health systems and improves health outcomes
> WHO 2010

1. Introduction

Geriatric medicine is characterised by a multidisciplinary approach in which physicians, nurses, physiotherapists, occupational therapists, psychologists, pharmacists and many other disciplines work closely together in a so-called collaborative practice [1]. An increasing number of health professionals are expected to be involved in future care, given the trend in increasing life expectancy worldwide, patients' safety, and the complexity of their needs. This has led to an increasing need for appropriate training in geriatric medical care using a multidisciplinary approach [2]. Within the traditional model, all disciplines are trained separately during undergraduate and/or postgraduate training [1,3]. To date, training in interdisciplinary teamwork for collaborative practice, e.g. interdisciplinary collaboration, has not received much attention from any particular profession [1,2]. However, it is well known that communication and collaboration problems may cause team failure and negative patient outcomes [4]. A monodisciplinary educational approach does increase each profession's knowledge and skills separately; however, there may also be advantages in IPE, which is a growing phenomenon in medical education [5]. The World Health Organization has indicated that IPE is an innovative and system-transforming solution that will ensure the appropriate supply, mix and distribution of the health workforce [1]. Many professional accreditation bodies, such as the General Medical Council in the UK, and others worldwide (e.g. CanMEDS framework for learning

* Corresponding author. Geratology Department, University of Oxford, Oxford University Hospitals, Headley Way, Oxford OX3 9DU, United Kingdom.
Tel.: +44 7789 150 098; fax: +44 1865 763 284.
E-mail addresses: k.keijsers@jbz.nl (C.J.P.W. Keijsers), Rebecca.dreher@ehc.vd.ch (R. Dreher), Sophie.tanner@ouh.nhs.uk (S. Tanner), cforde-johnston@brookes.ac.uk (C. Forde-Johnston), Sanja.Thompson@ouh.nhs.uk (S. Thompson).

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goals for residents in medical specialties) recommend education in interprofessional collaboration [6–8].

2. IPE definitions and theory

2.1. Definitions

There are many definitions of IPE, the best known and widely accepted is from CAIPE: "Interprofessional education occurs when two or more health professionals learn with, from and about each other to improve collaborations and the quality of care" [9]. IPE includes all such learning in academic and work-based settings before and after graduation, adopting an inclusive view of 'professional' [1,9]. Two types of education should be distinguished: multiprofessional and interprofessional (Fig. 1). Multiprofessional education (MPE) is often not much more than the simultaneous education of different health professionals. As such, professionals learn with another, not from or about another. It is also called shared learning, interdisciplinary education (IDE) or common learning (Fig. 1a) [5,10]. In MPE, the educational content sent to the participating health professionals is identical, and interaction between these professionals is not the primary goal. Interaction certainly can happen unplanned during the education time, e.g. if a teacher stimulates interaction between the participants or during coffee breaks [11]. IPE is shown in Fig. 1b, the learning between different health professionals, in which they learn from and about another, while being with the 'another' is called peer learning and peer teaching. This is referred to as the 'real' IPE in most medical education research papers [12,13], which also happens informally when health professionals collaborate in patient care [5,10], for example, when pharmacists and physicians manage polypharmacy in geriatric patients. The primary goal of optimising patients' drugs leads to informal workplace learning, due to the differences in knowledge and skills [14].

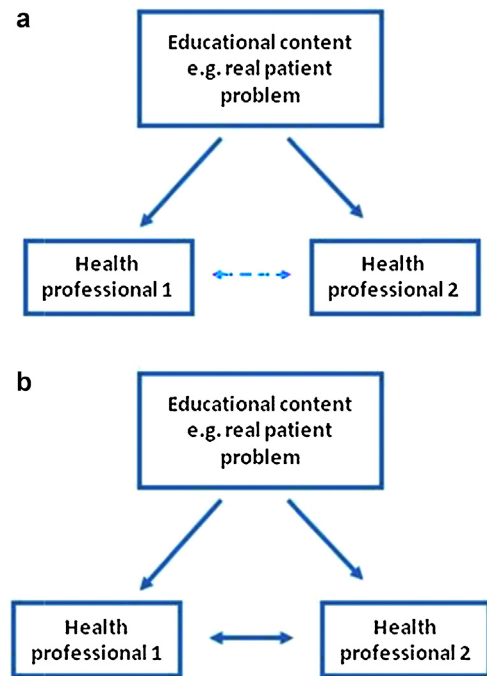

Fig. 1. Concepts of interprofessional education. a: multiprofessional education, also shared learning, common learning, or interdisciplinary education: low interaction between participants; b: interprofessional education, also interprofessional learning or teaching, peer teaching, peer learning: high interaction between participants.

2.2. The theories underpinning IPE

As stated above, the true IPE is shown in Fig. 1b, although the term is often misused for MPE shown in Fig. 1a. IP learning may be informal, bringing health professionals together in clinical practice, with adopted in work processes already established multidisciplinary team meetings or quality circles [5,10]. Unplanned learning, such as this can easily produce negative informal interprofessional learning by that same route [10]. A hidden curriculum can, for example, promote ageism through the interaction and observation of negative role models during this training, not planned by curriculum designers and relying only on informal interdisciplinary learning [15]. Therefore formal, organized IP learning should be considered for both undergraduate and postgraduate training [16].

Many educational theories underline the development and understanding of IPE, and are summarised in Table 1.

Some of these are explained in more detail below. The IPE is complex and it concerns the individual learners thus being "learner-centred", while others are orientated primarily towards group dynamics [11,16,27]. Regarding learners, the most frequently used theories are for adult learning and self-determination [28,29]. These theories assume that adult learners are independent and self-directing, have (various degrees of) experience, integrate learning to the demand of their everyday life, are more interested in immediate problem-centered approaches and are motivated more by internal than external drives [28,29]. What adult learning theory lacks is the context of learning, as described by self-determination theory – teaching and learning should be organized so that learning is within the learners' control and creates a goal towards which learners strive so that they become able to accept responsibility for their own learning [28,29]. Group dynamics may play an important role in IPE [11,27]. The contact theory of Alport concludes that contact between different groups is the most effective way to reduce tension between them. This requires equality between group members, working together on common goals, co-operation during contact, and understanding differences as well as similarities between themselves [30].

2.3. The effectiveness and evaluation of IPE

The relevant literature states that the effectiveness of IPE depends on achieving the following: it is delivered at an acceptable cost (in financial and other terms), it does not produce negative side effects (e.g. a negative stereotype about IPE), and it achieves positive outcomes (e.g. improved attitude towards collaboration) [62].

In practice, however, it may be difficult to ascertain IPE effectiveness (long- and short-term), which may be classified as [62,63,73]:

- positive;
- negative (the literature on IPE states that the absence of evidence of effectiveness is not sufficient for a conclusion that IPE is ineffective!);
- neutral – if data from the IPE impact does not show whether it is effective or harmful.

The ongoing expansion of IPE is determined by factors including the aim of cutting the costs of delivering undergraduate education, the aspiration to align real clinical practice with the health curricula, the changes in healthcare organisation (particularly regarding the improvement of patient safety), the rise of specialisation within the profession, and the increasing promi-

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