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Annals of Anatomy

journal homepage: www.elsevier.com/locate/aanat



Interprofessional education in pediatrics—Child protection and family services as a teaching example

Christine Straub^a, Marcus Krüger^{a,b}, Sebastian Bode^{a,*}

^a Center for Pediatrics—Department of General Pediatrics, Adolescent Medicine, and Neonatology, Medical Center—University of Freiburg, Faculty of Medicine, University of Freiburg, Germany

^b Department of Neonatology, Harlaching, Munich Municipal Hospitals, Munich, Germany

ARTICLE INFO

Article history:

Received 29 January 2016

Received in revised form 27 March 2017

Accepted 21 April 2017

Available online xxx

Keywords:

Interprofessional education
Interprofessional collaboration
Child protection
Family services
Pediatrics

ABSTRACT

Interprofessional collaboration between different professional groups in the health care system is essential to efficient and effective patient care. Especially in pediatrics, in the field of child protection, and family services it is mandatory to involve experts from different health-care professions to optimize support for children and their families. Interprofessional education in medical schools and specifically in pediatrics is rare in Germany, but is called for by the German National Competence Based Catalogue of Learning Objectives for Undergraduate Medical Education (NKLM).

We developed an interprofessional course aimed at bringing medical students together with students of psychology, social work, clinical education, and educational science to learn from, about and with each other in the context of child protection and family services. This offers opportunities for all participants to understand profession-specific competencies, roles, attitudes, and limits of their professional roles. The course is led by an interprofessional teaching tandem (social scientist & physician); further input is provided by other health and social care professionals. After the students get a brief overview about the requirements for a successful interprofessional cooperation they solve case studies in interprofessional teams with online support by the teaching tandem. We assess the feasibility and acceptability of this interprofessional course and describe challenges encountered when conducting this kind of learning concept for health care professions.

All conducted courses over five consecutive terms were evaluated with an arithmetic mean of AM = 1.32 on a 6-point scale (1 = “excellent”, 6 = “insufficient”), the teaching tandem was evaluated with AM = 1.1. All participants (N = 85 complete evaluations) voted for the course to be continued in the following terms. Especially the opportunity to discuss cases with students from different degree programs was highly valued as were interprofessional discussions and more in-depth understanding of other professions’ competencies and roles.

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Abbreviations: AM, arithmetic mean; CUF, Catholic University of Applied Sciences Freiburg; FU, Freiburg University; IPC, interprofessional collaboration; IPE, interprofessional education; ISI, interprofessional self-assessment instrument; ISI mod, modified interprofessional self-assessment instrument; LongSti, longitudinal interprofessional string; N, total number (of participants...); n, part of total number of participants...; NKLM, National Competence Based Catalogue of Learning Objectives for Undergraduate Medical Education; PUF, Protestant University of Applied Sciences Freiburg; RIPLS, readiness for interprofessional learning scale; ST, summer term; WT, winter term; ZKJ, Center for Pediatrics and Adolescent Medicine Freiburg, Germany.

* Corresponding author at: Center for Pediatrics—Department of General Pediatrics, Adolescent Medicine, and Neonatology, Medical Center—University of Freiburg, Mathildenstrasse 1, 79106 Freiburg, Germany.

E-mail address: Sebastian.Bode@uniklinik-freiburg.de (S. Bode).

<http://dx.doi.org/10.1016/j.aanat.2017.04.003>

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1. Background

Interprofessional education (IPE) is defined as students from two or more professions learning about, from and with each other to enable effective collaboration and improve health outcomes (WHO, 2010). Interprofessional learning (IPL) results from the interaction of students from at least two different professions – this might happen spontaneously or during planned IPE (Freeth et al., 2005). Shared learning is considered essential to future interprofessional collaboration (IPC) in routine work (Archer, 2010; Hammick et al., 2009; IECEP, 2011; WHO, 2010). The recommendations by the German Council of Science and Humanities (German Council of Science and Humanities, 2012), the memorandum of the Robert Bosch Foundation (Robert Bosch Foundation, 2011), and the report of the German expert council for the assessment of the advance-

ment in the health care system (German expert council for the assessment of the advancement in the health care system, 2007) put emphasis on structures and working methods that highlight IPE as an important part of future health care systems.

IPE is underrepresented in the curricula of German medical schools so far (Rodger and Hoffman, 2010; Zirn et al., 2016). The German National Competence Based Catalogue of Learning Objectives for Undergraduate Medical Education (NKLM), which was adopted in 2015, now demands acquisition of patient-focused interprofessional competencies during medical school and especially highlights the roles of medical doctors as professional, communicator and collaborator (Hahn and Fischer, 2009; NKLM, 2015). Similar competence-orientated frameworks (Bürgi et al., 2008; Frank, 2005; Michaud et al., 2016) and interprofessional concepts (O'Halloran et al., 2006; Walkenhorst et al., 2015) have been implemented for example in Canada, Switzerland, the United Kingdom, or Scandinavian countries for some years. Additionally there is need for action to integrate non-medical professions, participating in systems of care delivery, into IPE during undergraduate studies. Innovative concepts of IPE are needed to underpin the perception that IPE leads to safer, timelier, more effective, efficient, and equitable patient care.

Examples for IPC in pediatrics are child protection and family services. Especially in these contexts it is of paramount importance to guarantee a good and unobstructed IPC of various health care professionals (e.g. physicians, nurses, psychologists, education specialists, teachers, social workers, physiotherapists). This allows initiation of adequate patient focused support for children and adolescents in need as well as their families. All participants in child protection and family services need to cooperate and bring their specific expertise together bearing the welfare of the children, adolescents, and their families in mind (Fröhlich-Gildhoff et al., 2011).

We wanted to implement an interprofessional course on child protection and family services as a teaching example in the curriculum of last year medical students at the center for pediatrics (ZKJ) Freiburg. We here describe challenges both before and during the implementation and results of the student evaluations.

2. Methods & implementation

Beginning in the winter term (WT) 2013/2014 the interprofessional course “To help better – work together?! – interprofessional collaboration in child protection and family services in pediatrics” is offered once a term at the ZKJ Freiburg, Germany.

The aims of the course are the distribution of knowledge and competencies regarding expertise and approaches to problems of different health care professions, the identification of fostering and hindering factors for IPC, a common professional language and understanding as well as the reorganization of roles and limits of different health care professionals.

Our course aims at students from five different master degree programs (1st to last year of the master course) or students in the last year of medical school from three different universities, respectively (see Fig. 1). All professions involved are characterized by an early access to children, adolescents, and their families. They are important players in later interprofessional teams to recognize potential medical and psychosocial problems. Medical students, who opted for pediatrics as elective course in their final year at the ZKJ Freiburg had to participate, whereas the course was a voluntary offer for all other students.

The course is part of the “longitudinal interprofessional string” Freiburg (LongStI), a program which is part of the MERLIN Project that is concerned with “competence-oriented learning, teaching and examining in medicine” (MERLIN-Project, 2017). The LongStI is organized by the office of student affairs, faculty of medicine,

Box 1: Exemplary case study.

Anna is a 20 month old girl. Her mother repeatedly noticed extended hematomas, especially when Anna spends a day with her father who lives separated from the mother and Anna. The hematomas typically show on top of the head, on both knees and shins. The mother grows increasingly worried and presents her daughter at the children's hospital where she is admitted. During the conversation both parents interact lovingly with their daughter and are differentiated.

Questions:

- 1) What are potential differential diagnoses and how do you clarify those? Please expand in detail on the history from each profession's point of view and send your questions to firstname.lastname@uniklinik-freiburg.de
- 2) Please conduct a literature research:
 - How high is the incidence of different causes of hematomas in children?
 - Are there risk factors for Anna to be abused?
- 3) Do you think Anna is at risk for child abuse? Please expand on the history and send your questions to firstname.lastname@uniklinik-freiburg.de
- 4) Who do you involve in the further steps?
- 5) Please develop a poster presenting the case and different causes of hematomas in children.

university of Freiburg and funded by the MERLIN Project, respectively the German Federal Ministry of Education and Research. The LongStI consists of different mandatory interprofessional courses that are spread out from the first to the final year of medical school. Other participating professions apart from the ones mentioned in Fig. 1 are physiotherapists and nursing students.

2.1. Course outline

The course was planned and prepared by the two authors (CS & SB): It consists of two meetings in person with mandatory attendance two weeks apart and a self-study phase over this period of 14 days in between (see Fig. 2).

During the first meeting in person the students establish basic knowledge and competencies for IPE and IPC led by an interprofessional teaching tandem (social scientist and physician). The students exercise a common professional language and discuss stereotypes and the boundaries of their specific professional roles. After that, students are provided with an overview of child protection and family services by different professionals (medicine, social work, psychology, clinical education). Therefore frontal and small group teaching methods are alternated.

Four to seven students then work together as interprofessional teams and have to solve a clinical case study in the context of child protection and family services within the self-study phase. The students are given the task of completing the patient histories and medical information from their specific professional points of view (e.g. check for coagulation markers but also family history in the case in Box 1). The group has to gather the questions from all group members and send them to the teaching tandem within five days after the first meeting and get the answers within 48 hours by the teaching tandem. With that reply the group also gets additional information on the respective case that the students need to put in the interprofessional perspective. Background information, e.g. literature, is also made available via cloud services. The students are encouraged to contact the teaching tandem with any other questions regarding the case study or the course. This gives the students the opportunity to receive short term feedback and additional information and help if necessary. The case studies comprise of typical topics of cases in child protection (e.g. uncommon

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