Interprofessional education: The student perspective

MELODIE LUMAGUE, ALISHA MORGAN, DIANA MAK, MARY HANNA, JOANNE KWONG, COLETTE CAMERON, DORI ZENER, & LYNNE SINCLAIR

Toronto Rehabilitation Institute, and the University of Toronto, Department of Physical Therapy & Faculty of Nursing, Toronto, Ontario, Canada

Abstract
The Toronto Rehabilitation Institute (Toronto Rehab) is a current leader in the movement of interprofessional education (IPE) initiatives in Ontario, Canada. Nine students from seven different health care disciplines, including medicine, nursing, occupational therapy, pharmacy, physiotherapy, social work, and speech language pathology participated in the second IPE clinical placement in the winter of 2005 on Toronto Rehab's Stroke inpatient unit. In an effort to increase interprofessional collaboration, improve communication skills, foster respect and enhance knowledge of the different roles each discipline plays on the health care team, these students met together over a five week period and participated in interprofessional group sessions led by different health care professional leaders from the unit. This paper discusses the students' perspectives on this IPE experience and the corresponding benefits and challenges. All participants in the study recognized the importance of interprofessional teamwork in patient care and agreed that all health care education should include opportunities enabling them to develop the skills, behaviours and attitudes needed for interprofessional collaboration.

Keywords: Interprofessionalism, interprofessional education, health care students

Introduction
The issues and problems currently facing clients and patients in the health care system are often very complex. Consequently, the notion of improving an individual’s health has many different dimensions. It is extremely difficult for an individual health care professional from any one discipline to provide truly comprehensive care which addresses all of the issues required to ameliorate a client’s health status. An interprofessional approach to treatment enables individuals from various disciplines to share unique perspectives to achieve a common goal – the augmentation of the current health status of a patient or client (Parsell & Bligh, 1998).

Thus, in order to address all aspects of a patient’s rehabilitation, health care workers must integrate information and work as a team. One solution to improving this much needed communication and collaboration between health care professionals is the concept of interprofessional education (IPE).
Interprofessional education is a useful method employed to improve the ability of professionals to engage in the collaborative process. Geissler, Freeth, Hammick, Koppel, Reeves, & Barr (2002) define IPE as “members [or students] of two or more professions associated with health or social care, to be engaged in learning with, from and about each other” (p. 12). Amongst its many objectives, IPE strives to create holistic health care by empowering a group of professionals to cope with issues that surpass the scope of any one profession. IPE also aims to improve trust and communication amongst professionals, ultimately leading to a change in the attitudes and perceptions that members of a discipline may have towards other disciplines (Barr, 2002).

Many beneficial outcomes of clinical IPE for professionals have been noted. Not only does IPE stimulate intra-professional communication, it also facilitates communication between clinicians from different professions by promoting mutual understanding and respect for each other (Geissler et al., 2002). Clinicians have also experienced increased personal and professional confidence and enhanced job satisfaction as a result of IPE (Sinclair, 2004; Parsell & Bligh, 1998). Furthermore, clinical IPE encourages professionals to partake in reflective practice whereby they critically examine their clinical performance and make appropriate modifications to strengthen this performance (Geissler et al., 2002). All of the aforementioned benefits of clinical IPE result in enhanced quality of clinical practice and patient care.

The workplace is currently the environment where the majority of professionals learn about collaborative, team-based approaches to problem-solving concerning patient care (Geissler et al., 2002). While these initiatives have proven beneficial for collaboration at the post-registration level, more and more institutions are realizing the benefit of initiating interprofessional learning at the pre-registration level. At the present time, IPE is not a major focus in the university programs which train future professionals (Geissler et al., 2002). This is an unfortunate occurrence, as students who have had the opportunity to participate in IPE have noted several benefits similar to those mentioned by clinicians engaged in IPE. Students discover that IPE leads to increased knowledge of other disciplines, thus generating opportunities for consultation with members of other professions (Geller, Rhyne, Hansbarger, Borrego, VanLeit, & Scaletti, 2002). Moreover, IPE facilitates the development of team-building skills and increases the awareness of the social advantages related to working in interprofessional teams (Geller et al., 2002). Of the numerous benefits of IPE, students state that its most valuable feature is the opportunity it creates to learn about and engage in the group process (Geller et al., 2002).

In an effort to pave the way for interprofessional education at the clinical level, the Toronto Rehabilitation Institute (Toronto Rehab) located in Toronto, Ontario, Canada started its first interprofessional clinical placement program, as a pilot project in the spring of 2004, with students from nursing, occupational therapy, pharmacy, physiotherapy, social work, and speech-language pathology. The success of the program encouraged Lynne Sinclair, previously Toronto Rehab’s Interprofessional Education Leader, and now Director of Education, to implement the program again the following year, with the addition of a medical student to further enhance the interprofessional perspective. This paper will describe this IPE program and its goals, as well as attempt to capture the unique experiences of the students involved.

**Program description**

The second Toronto Rehab IPE initiative was held on the Neuro-Rehabilitation Stroke Unit over five weeks in the winter of 2005. Nine students in various years of study from medicine,
nursing, occupational therapy, pharmacy, physiotherapy, social work, and speech language pathology were chosen to participate in the program. Two group orientation sessions were dedicated to introducing the concept of interprofessionalism and group dynamics. This was followed by weekly tutorials facilitated by corporate IPE facilitators and health care professionals on the unit. The tutorials consisted of a brief introduction to the weekly patient care theme, followed by the presentation of a related patient case study. A discussion ensued on different patient care issues from each profession’s perspective and concluded with an integration of ideas, goals and treatment plans. In addition, because the students in the IPE program were placed on the same unit and shared the same patient caseload as part of their academic placement, group discussion was enhanced during the tutorial sessions with real-life, common issues that could be worked on together. The format of each tutorial gave participants a better understanding of the perspectives and roles of each profession regarding patient care.

The final component of the IPE program consisted of a group presentation to Toronto Rehab staff and University of Toronto faculty members regarding personal learning experiences and the benefits of IPE from the students’ perspectives. The goals of the presentation were to:

- Increase respect and knowledge of roles, contributions and expertise of various health care professionals in the delivery of health care services to patients/clients;
- Increase knowledge and understanding of the importance of interprofessional collaboration and communication;
- Improve skills in building interprofessional relationships to maximize team function;
- Share the students’ IPE experiences with other health care professionals, including the benefits gained and the challenges noted.

Discussion

The IPE clinical group consisted of nine students, each with different backgrounds and health care educations. Because we were such a large group, each with different perspectives and roles, it was interesting to see how all of our ideas could come together, how our perspectives changed regarding each profession and how learning within an interprofessional setting was beneficial. The following discussion is based on several students’ unique perspective of their IPE experience, including how IPE in the clinical setting was beneficial for them, in addition to the challenges and barriers that were encountered in the process. Of note, students in medicine and speech-language pathology were unavailable to collaborate on this paper due to time constraints in their schedules.

The student physiotherapists’ perspective

As a member of an interprofessional team, the physiotherapist is able to contribute in many ways. In the setting of stroke rehabilitation, physiotherapists aim to enhance patient mobility, balance and overall functioning. Furthermore, treatment is based on goals to increase the independence of patients in their daily activities. For example, physiotherapists engage in gait training, teach safe transferring techniques and practice stair walking with patients. In addition, they are involved in fitting individuals with any adaptive equipment that may be necessary for functioning (i.e., walkers, crutches, manual wheelchairs) and are responsible for teaching the correct use of these devices. In collaboration with all of the other health care disciplines, information from the physiotherapist can be used to help the team
determine the extent of patient progress, the readiness for safe discharge, and the need for continued therapy in the community.

The IPE approach at Toronto Rehab was advantageous to us, as physiotherapy students, in many ways. We had the opportunity to enhance the education of other health care students by discussing our roles and responsibilities as physiotherapists on the team. As a result, because other health care team members increased their knowledge about the services physiotherapists provide, they were able to refer patient care issues in a timely manner to our part of the team. In turn, we gained a better understanding of the ways in which the specialized knowledge of other professionals on the team could benefit our patients.

For example, on the stroke rehabilitation unit, we had discussions around drug scheduling with the pharmacy student (e.g., good pain control to enable a patient to participate in therapy), received updates on patient status from nursing, and learned techniques for facilitating communication with patients with aphasia from the speech language pathology student. Furthermore, our social work team members provided us with strategies for handling the emotional and financial concerns of our patients. As physiotherapists, we were able to teach other health care team members, like the nursing student, proper lifting and transfer techniques to ensure both her safety and the safety of her patients. These interactions are just a few examples of the numerous ways in which physiotherapists rely on the interprofessional team to enhance care and maximize patient outcomes.

A student social worker’s perspective

Social workers provide emotional support and psycho-education to patients and their care partners. They are responsible for ensuring that patients and their families are aware of the services that are available to them while they receive treatment in a facility and in the community. The IPE program allowed me to develop an in-depth understanding of the patients’ therapeutic program. This enabled me to give patients and their families a more comprehensive description of the treatment plan and better explain how each of the specific rehabilitation disciplines work together to help the individual make gains. Furthermore, as a result of the IPE program, I felt comfortable approaching my peers to gain more information when I was unable to answer questions, thus expanding my ability to respond to patients’ questions and concerns regarding treatment.

This experience confirmed for me that IPE facilitates better patient care and should be a part of any health care professional curriculum. The use of the case method, where we shared our professional perspective on hypothetical and real patient scenarios, gave us an opportunity to witness colleagues collectively apply their passion, knowledge, and skills to patient care. This method of collaborative learning fostered new respect for each other as colleagues and professionals, and provided an opportunity to demonstrate the valuable but often misunderstood role that social workers provide to both patients and the health care team.

A student pharmacist’s perspective

The pharmacist is the drug expert of the team and can be a resource for any drug-related issue. Our responsibilities include optimizing patients’ drug regimens, problem-solving medication problems and examining patient care issues from the pharmacological point of view. Some questions that pharmacists keep in mind as they are going over a patient’s profile include: Will another medication cause fewer side effects? Be more efficacious? Be less
expensive? Enhance compliance due to fewer dosing times? Will patients be able to
manipulate the delivery device for the medication? In order to address these questions
properly, it is important to collaborate closely with not only the patient, but with all the
members of the team, to fully understand the status of the patient, as well as their goals and
plan of care.

Through this IPE program, I learned many things which improved my ability to
collaborate with other health care team members. One example of a beneficial learning
experience I had occurred during our first tutorial session. A physiotherapist was leading the
session and the weekly patient care theme was on “transfers”. I went into the tutorial
thinking they were going to talk about transferring a patient from acute care to rehab care. It
was not until part way through the tutorial that I realized “transfers” meant the transferring
of a patient from one position to another such as the transferring of a patient from the bed to
the wheelchair. After that first session, I realized how little I knew about the other
professions and their roles. I also came to realize how our profession-specific jargon could
compromise effective communication with other health care team members. This IPE
program allowed us to overcome these common communication barriers by providing an
environment where we could educate each other on our profession-specific terminology,
roles and responsibilities. In addition, it gave me an opportunity to get to know and interact
with other health care professional students, which allowed me to feel more comfortable in
approaching them with any issues regarding patient care.

This was a very educational and valuable learning experience because it not only taught
me more about the roles of the different rehab team members, it also enhanced my
communication and group collaboration skills. This experience will impact positively in my
future working relationships with other health care professionals because I now have a solid
understanding of each profession’s expertise and the pharmacist’s role within the health care
team.

A student occupational therapist’s perspective

An occupational therapist works with clients who experience difficulties performing their
day-to-day activities as a result of physical, cognitive and perceptual impairment. The aim of
occupational therapy is to help an individual restore function, independence and safety, as
well as develop necessary skills in order to perform meaningful self-care, work and leisure
activities. My role on the interprofessional team included assessing functional ability,
providing clients with opportunities to practice meaningful and necessary activities (e.g.,
meal preparation, dressing, housekeeping, bathing, etc.), educating clients and family
members and offering recommendations on adaptive equipment/techniques that could be
used to complete difficult tasks. In addition to my direct duties with the client, much of the
comprehensive care provided involved indirect client care that was accomplished through
consultations with fellow team members.

During my IPE experience in inpatient stroke rehabilitation, it quickly became apparent
that I alone could not possibly address and undertake all of the goals outlined by my clients.
There were times when I did not have the answers and I needed to draw upon another team
member’s expertise in order to fill in the blanks. By liaising with the interprofessional team,
I was able to make informed decisions to the benefit of my clients. The knowledge I gained
from other professionals helped me to cater my treatment to the client so that it was
appropriate for their needs, their level of function, and their environment. I became
increasingly aware of the answers I needed and whom to seek for these answers. As a result,
I found myself more comfortable interacting with team members as well as the clients. The
true meaning of “team” became apparent as the process of problem-solving and decision-making became more collective.

Overall, the IPE experience enhanced my understanding of the patient as a whole, and therefore improved my therapeutic rapport with the clients. The knowledge I gained from the IPE experience continues to translate into my ongoing practice as an occupational therapist. I continue to seek opportunities where there is an interprofessional delivery of care because I truly believe that this is the best kind of patient care.

A student nurse’s perspective

During this interprofessional clinical experience, I learned to appreciate the true value of the nursing role in the rehabilitation setting. As a rehab nurse, my role was not to simply provide care and administer medication, but to assist the patient to reach their optimal level of functioning and independence. This meant teaching patients how to re-learn and modify techniques in activities of daily living, such as dressing, bathing and eating, so that they could perform these activities on their own again. In addition, because nurses are constantly interacting with the patient, they are in the perfect position to monitor and communicate a patient’s status and concerns to other team members, as well as reinforce optimization strategies taught by other health care professionals.

This interprofessional experience improved my ability to carry out this role because I was able to interact with other health care professionals and learn specialized skills. For example, the information I learned from the physiotherapist allowed me to transfer patients safely from the bed to the wheelchair and from the wheelchair to the tub. By sitting in on a session with a fellow physiotherapy student, I was able to learn how to teach patients to transfer safely and independently by learning what points were most important to reinforce. Other valuable lessons included the speech language pathologist teaching us how to approach and communicate with the aphasic patient; and the occupational therapist enlightening us to the issues that were a concern when a patient was to be discharged home.

Before this experience, I was largely unaware of the different roles that these health care professionals played. This experience not only allowed us to learn about each other, it also created a learning atmosphere where we could discuss issues and ask questions in a safe environment. This comfort level eventually extended outside of the tutorials, as I became more confident in approaching fellow students regarding patient care issues, rather than consulting my clinical instructor alone. In this way, IPE expanded my information resources and enhanced my nursing knowledge, allowing me to provide more comprehensive care.

Challenges to interprofessional education

While other IPE studies have found similar benefits, many institutions still do not promote this clinical form of shared learning. This may be due to organizational barriers that exist, including differing clinical and schooling schedules, lack of resources to implement change, and a general lack of consensus on the definition and objectives of IPE (Barr, 2002). Without the knowledge of the benefits or objectives of IPE, others presented with the opportunity to participate in an IPE initiative may be unmotivated to do so.

We experienced similar challenges and problems in our own IPE initiative. Due to our busy school schedules, it was challenging to find common time to work on IPE projects, such as our group presentation and our group sessions. Furthermore, because this initiative was considered to be an extracurricular activity and did not count towards mandatory
clinical hours, we felt that other students would feel unenthusiastic about having to spend additional time in participating in similar IPE projects. In addition, resources had to be made available in implementing this program (i.e., course materials, time to prepare tutorial content, and space to accommodate our small group sessions). While we did not find securing these extra resources to be a large problem, it may pose serious obstacles for larger scaled implementations of IPE.

Conclusion

Currently, professional programs do not place great emphasis on interprofessional education in their curricula. Students are taught to focus on their specific roles while content is limited to their scope of practice; thus, the education of health care professionals does not reflect their interdependent roles. In order to help students understand the complexities of working in an interprofessional health care environment, it is important that their education be adapted to include opportunities which will enable them to develop the skills, attitudes, and behaviours needed for working on an interprofessional team. The Director of Education at Toronto Rehab, Lynne Sinclair (2004) states, “Interprofessional education of students and practicing health care professionals should be a vital component of every educational institution’s curriculum and every health care institution’s educational planning” (p. 13).

However, because little research has been done into whether learning together during basic training will result in improved collaboration in practice, educational institutions are cautious about adopting these new learning methods (Parsell & Bligh, 1998). Further research needs to be conducted on IPE at the university level to create more effective learning methods and to assess the effects of IPE on patient outcomes. As well, follow-ups may need to be done in the future to determine if the benefits gained at the pre-registration level, such as increased knowledge of interprofessional collaboration, carry over into post-registration practice. Increased evidence of such benefits may encourage the implementation of IPE at the educational level.

Having extolled the advantages and benefits gained through engaging in IPE, we are empowered to recommend that this experience be made available to all students studying in a health care discipline. University curricula need to include an IPE component within their designs, thereby allowing students to gain a deeper appreciation and understanding of the multiple perspectives that exist within the health care sector. Institutions and agencies that offer clinical placements to a variety of professional schools could enrich the learning environment by incorporating IPE into their settings. The collaborative and cooperative milieu that is created is advantageous not only to the student, but to their professional mentors, faculty members, and to patients as well. Patient care is enhanced when the health care team is cohesive.

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