DESIGNING INTERPROFESSIONAL PEDIATRIC EDUCATION EXPERIENCES IN ALLIED HEALTH



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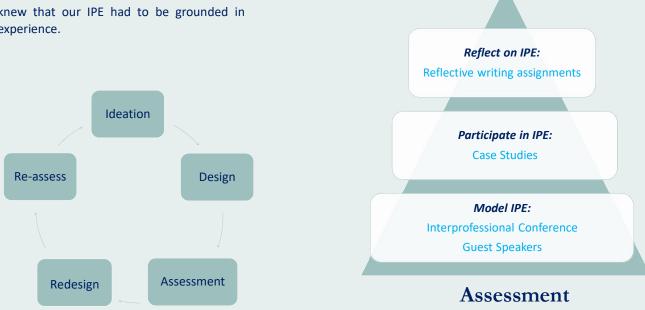
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Ideation

Clinical practice in pediatric occupational and physical therapy is interprofessional in nature. Current pediatric curricular structure often does not include training in interprofessional pediatric practice. We believe, as Bainbridge (2014) said, "We need to teach students and practitioners how to collaborate but we do not need to continue to teach them about collaboration." We knew that our IPE had to be grounded in experience. We designed clinically based IPE that would have relevance and meaning if it were simply taught to OT or PT students. However, we found that student learning was enhanced when IPE was taught to and experienced by OT and PT students working together. The collaborative interprofessional education experiences first *modeled* IPE, then allow students to *participate* in interprofessional activities, then allowed students to *reflect* on IPE. Data was gathered through analysis of reflective writing, focus groups, student course evaluations, and faculty feedback.



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Redesign

UNIVERSITY VIEW

Each year, we have revised IPE experiences based on the feedback from prior years. For example, we increased the number of sessions for our case studies, increased the number of speakers and small group sessions during our interprofessional conference and we work to arrange student schedules and communication systems to allow for collaboration during class time.

Observations

Obstacles to IPE include scheduling challenges, administrative financial support, and significant faculty prep time.

Students struggle to find time for outside class work. Issues students reported were not specific to working with other disciplines but struggling with knowing how to work with other people and personalities.

Despite increased focus on IPE in allied health education, students had only a novice understanding of other professions.



Bainbridge, L. (2014). Interprofessional education in allied health: Is this yet another silo? Medical Education, 48, 225–23,doi:10.1111/medu.12414 We gratefully acknowledge the assistance of all of the Graduate Assistants/Associates who helped produce these IPE experiences.



SPRINGFIELD

Learning Together: Strategies for Designing, Implementing, and Evaluating Inter-professional Learning Experiences

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Background

Inter-professional Education (IPE) can have different definitions depending on where it is happening, with whom, and for what purpose (Melieis, 2016).

IPE might be learning how to work together, attending the same class with those of a different profession, or learning from each other in order to enlarge one's understanding (Fook, D'Avray, Norrie, Psoinos Lamb & Ross 2013)

IPE as a focus "on health professionals and students learning with, from and about one another to improve collaboration and the quality of patient care" (Thistlethwaite, 2012, p. 58).

Challenges to creating meaningful IPE experiences may be logistical, educational, or how to make it quantifiable. The large number of stakeholders can lead to a lack of necessary central infrastructure and ownership (Fook et al., 2013; MacKenzie, Doucet, Nasser, Godden-Webster, Andrews, & Kephart, 2014),

Established "hierarchies" can lead to poor communication and departmental "silos" that make the difficulties of coordinating activities seem insurmountable (Bainbridge, 2014; Melieis, 2016).

Scheduling problems can make the learning opportunities minimal, superficial, irrelevant (not meeting student learning needs), or overly burdensome if they occur outside the regular curriculum (McNaughton, 2013; Rosenfield, Oandasan, & Reeves, 2011,).

In order to be relevant, IPE needs to be an ongoing, sustainable project, which requires interdepartmental and administrative support (Melieis, 2016, MacKenzie et al., 2014).

Melieis (2016) stresses the importance of institutional supports and a change in mindset so that IPE is part of a new and accredited definition of professionalism, a "paradigm shift" that will require time and energy to implement.

An institutional culture that values IPE includes organizational and financial support, collaborative leadership, qualified faculty who are experienced with and believe in IPE, and faculty development so that faculty know how to facilitate IPE, how to work collaboratively, and how to model IPE for their students (Bainbridge, 2014; Fook et al., 2013; MacKenzie et al., 2014).

Student "buy-in" to IPE is also key to successful IPE, and, to that end, obtaining and responding to student feedback is crucial (Fook et al., 2013; McNaughton, 2013).

IPE must be a meaningful part of the curriculum, aligned with relevant learning goals, and should include small group work that allows for active engagement with other disciplines (McNaughton, 2013; Rosenfield et al., 2011; Thistlethwaite, 2013).

Collaboration is a key ingredient to be fostered in both students and faculty and modeled by faculty who understand and value the importance of trust and respect (Bainbridge, 2014; MacKenzie et al., 2014).

That meaningful collaboration should be the primary focus of IPE. As Bainbridge states, "We need to teach students and practitioners how to collaborate, but we do not need to continue to teach them about collaboration" (2014, p. 229).

Who we are

This is the 4th year of our IPE Project. We were interested in developing Inter-professional Education (IPE) experiences for our students because, in our own clinical practices, we had transformative experiences. We believe in the importance of inter-professional practice and we want to give our students that experience. We saw opportunities for overlap in our pediatrics classes and we wanted to see what we could learn.

We began with a project that paired OT and PT students to learn developmental assessment. OT and PT students were trained in administering a pediatric screening and clinical observations. Small teams of OT and PT students performed screenings at a local davcare center. Each team worked together to write up a report

We reviewed students written reflections and we held feedback focus group(s)

What we learned

- > The students liked this experience
- > This activity cost hundreds of hours in preparation, implementation and evaluation
- It was difficult for students to find out of class time to meet to complete assignment
- > The real issues that students faced were not always specific to working with other disciplines
- They were more likely to struggle with knowing how to work with other people and personalities
- > Students' experiences with and responses to this interprofessional collaboration were somewhat superficial
- > Their challenges were similar to what has been found in the literature

How we changed the activity in response to what we learned:

We designed multiple opportunities to learn with different professionals

- > An Interprofessional Conference: a day-long series of guest lectures and break-out sessions
- Interprofessional Case Studies: OT and PT students work in small groups with area OT and PT clinicians to problem solve case studies. This takes place over over 3 class periods and requires out of class time work.
- > These are required, non-graded assignments for students enrolled in the pediatric OT and PT courses
- Our accomplishments:

Faculty were able to:

- > Coordinate times in the students' already overbooked schedules for students to work together.
- Get support from other professors and departments for changes in schedule.
- Get support for needed additional funding.
- Arrange time for educators from different disciplines to plan. meet, examine results, reflect,
- > Involve the practice community as guest speakers (conference) and team leaders (case studies)

Students want more IPE experiences

What we have learned

Following the Inter-professional experiences, students were asked to respond in writing to a series of reflection questions:

What did you find interesting about this experience?

Discuss what you learned from this experience.

What was most successful about this experience? (What worked well?)

What suggestions do you have to improve this experience in the future?

What feedback do you have for the clinician you worked with?

What did you think about doing this activity as an inter-professional learning experience?

Did your perception of the role of OT/PT in a clinical setting change during this assignment?

What the students told us:

- > Inter-professional collaboration benefits the children and families we serve
- > There is overlap between PT and OT in pediatric evaluation and intervention
- > This type of opportunity for open, interprofessional communication is needed more in our curriculum and in clinical education
- Students noted that having no "grade" or rubric allowed them to relax and more easily participate with their focus on learning rather than achievement
- > However, they wanted to have more structure or instructions: even if it is just to clarify that each group can determine how to handle this experiences
- > Students appreciated the scheduled time to work on these activities and they found it challenging to communication outside of class times due to different schedules
- Students very much appreciated the expertise, passion, intelligence and discussion facilitation offered by the community clinicians.
- > Students learned a great deal about each other, each other's professions, and about collaboration

As one student wrote,

"I learned that it is important to approach each client/scenario with an open mind and to look at all aspects of the client and his/her life (i.e. their level of functioning, the way that they function, their environment, etc. I also learned that it is important to be knowledgeable about your resources and to work as a team when at all possible.

What's next?



Students were very clear that they recommend:

- > More of these experiences infused throughout the curriculum and clinical education
- > Working on IPE with other professions
- > Using videos and other visual aids to make the child more "real" to students
- Having leaders from a variety of disciplines leading activities together
- Having the chance to work in clinical settings with other student professionals
- > Perhaps having a case study or a real child to follow over a longer period of time

"I think that multiple case studies and lab experiences would be good inter-professional learning experiences that would be meaningful for learning. In this class we did one clinical case study and one conference in which OTs and PTs worked together, but I think that it would be meaningful to be "forced" to work together more often during the program."

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