

Health Science Teacher's Attitudes Towards Interprofessional Education.

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Abstracts: Introduction: The concept of Interprofessional Education (IPE) in Indian health sciences education is lacking. The purpose of this study was to find out the perception of faculty from different health sciences faculties regarding IPE. Methodology: A modified version of the Readiness for Interprofessional Learning Scale (RIPLS) was used to find out the faculty perception regarding IPE. Results: 118 teachers from medical, physiotherapy and nursing responded to the survey. Majority of them did not have any experience of IPE. Conclusion: Teachers agreed that IPE will prepare students for collaboration in healthcare teams, and felt that teaching as well as learning in interprofessional groups is possible. Faculty training in IPE is required. [Baxi G NJIRM et al 2015; 6(3):84-87]

Key Words: Interprofessional Education, IPE.

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Introduction: Interprofessional Education (IPE) is an educational process that provides students from different professions to learn with, and from one another to improve collaboration, and quality of care.¹ IPE is both timely and highly relevant for the current context of health team based practice towards patient centered care.^{2,3,4}

The goal of IPE is to bring various professional groups together in the educational environment to promote collaborative practice and improve the health care of patients. Interest in IPE has been sparked by several factors in the health care system, including an aging population, the shift of the burden of illness from acute to chronic care, and lack of access to basic health care.

One of the major challenges in patient care is to make students interact as an interdisciplinary health care team. Traditionally, there has been very little collaborative IPE for our students from different health sciences like medical, dental, nursing, and physiotherapy. Our health professionals are trained in isolation, with long-standing inter-professional and intra-professional rivalries. Most faculties teach in a cloistered environment and are not adequately prepared to teach skills needed to foster interdisciplinary collaboration and joint decision making.⁵ A lack of awareness of the roles of other disciplines fuels interdisciplinary rivalry. Fears that professional identity may be diluted through an interdisciplinary focus often manifest as lack

of cooperation, with disciplines defending their authority at the expense of the overall process, and at many times, the patient.⁵

There are many IPE programmes running successfully in western countries.¹ However, the Indian medical education system is highly compartmentalized and departmentalized. Interdepartmental and IPE is deficient in our system of education. In order to bring about a change in the system and to introduce some form of interprofessional education into the formal education pattern, we need to know the perception of faculty for the same, as they have to be aware and trained in the process of IPE. Their feedback can gather momentum for convincing the authorities for the implementation of a formal IPE program into the regular curriculum.

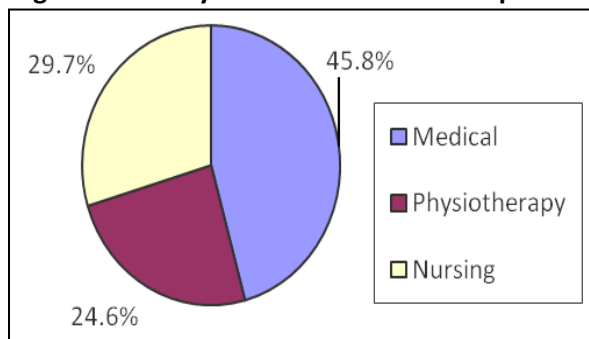
Material and Methods: A modified version of the Readiness for Interprofessional Learning Scale (RIPLS), developed initially by Glenyse Parsell and John Bligh⁶ and modified by Lisa Dalton and Judy Spencer⁷ was administered to health science teachers of medical, nursing and physiotherapy faculties to find their attitudes towards IPE.

The questionnaire consists of 27 items, grouped under five categories; (i) Collaboration in healthcare teams, (ii) Professional boundaries, (iii) Teaching identity, (iv) Teaching practices, and (v) Person centeredness.

Data was collected using convenient sampling, as well as sending a link of the online survey on GSMC FAIMER listserve using surveymonkey. Data was analyzed using microsoft excel.

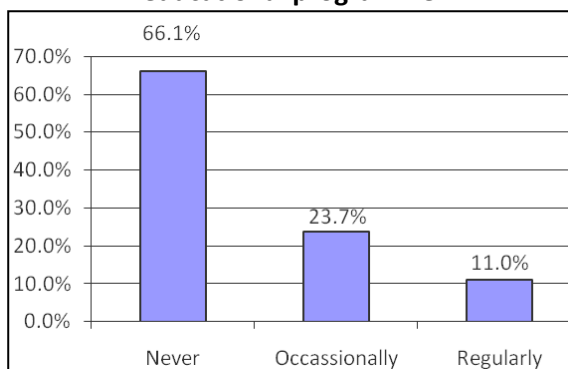
Results: A total of 118 teachers from different faculties responded to the survey. These included 54 from medical faculty, 35 from nursing and 29 from physiotherapy. (Fig. 1)

Figure 1: Faculty wise distribution of respondents



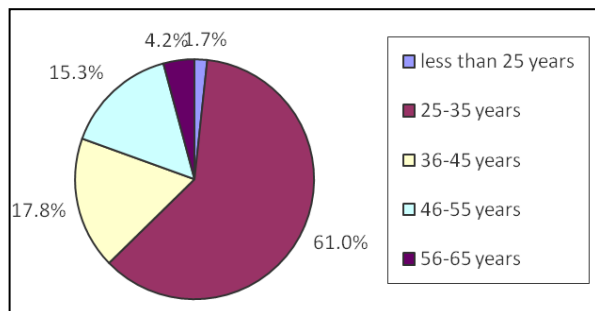
Majority of teachers reported that they have never been part of an IPE programme. (Fig. 2)

Figure 2: Experience of being part of an IPE educational programme



Majority of respondents were in the age group of 25 to 35 years. (Fig. 3)

Fig. 3: Average age of participants



While 66.7% teachers from medical profession had experience in IPE, only 13.7% physiotherapy teachers and 2.9% nursing teachers had experience with IPE.

Participants responses to the RILPS questionnaire are given below. (Table 1)

Table 1: Responses to questionnaire

No	Answer Options	Rating Avg
1	Students from different professions who learn together will become more effective members of a health care team.	4.20
2	For small group learning to work, students need to trust and respect each other.	4.51
3	Team-working skills are essential for all health science students to learn.	4.58
4	Shared learning will help students to understand their own limitations.	4.23
5	Health care consumers would ultimately benefit if health science students worked together to solve their health issues.	4.24
6	Shared learning with other health science students will increase their ability to understand clinical problems.	4.21
7	If students from different professions learn together before qualification, relationships after qualification may improve.	3.87
8	Communication skills should be learned with health science students across different professions.	4.20
9	Shared learning will help students to think positively about health professionals from professions other than their own.	4.30
10	Shared learning with other health science students will help them to communicate better with consumers and each other.	4.10
11	I would welcome the opportunity to work with students from different professions on small-group projects.	4.26
12	Shared learning will help to clarify the nature of health care issues.	4.12
13	Shared learning before qualification will help students to become better team workers.	3.95
14	I don't want to waste my time teaching other health science students.	1.97
15	It is not beneficial for undergraduate health science students to learn together.	2.19

No	Answer Options	Rating Avg
16	Clinical problem-solving skills are best learned in single profession groups.	2.81
17	The function of nurses and therapists is mainly to provide support for doctors.	2.52
18	There is little overlap between my role as a health science teacher and that of teachers from other schools.	2.88
19	I would feel uncomfortable if another health science teacher knew more about a topic than I did.	2.32
20	I have to acquire much more knowledge and skills than other health care teachers.	3.24
21	I'm not sure what my responsibilities as an interprofessional teacher will be.	2.75
22	Interprofessional education will change the focus away from content to teaching method.	3.01
23	My main responsibility will be to teach students how to improve health care outcomes.	3.97
24	I like students to understand the health care consumer's side of a health care issue or problem.	4.13
25	It is important that students from different professions learn together about how to establish trust with health care consumers.	4.21
26	Students from different professions can learn together to communicate compassion to health care consumers.	4.11
27	Thinking about the health care consumer as a person is important in dealing with health care issues and problems.	4.30

(Rating on a 5 point likert scale, from strongly disagree to strongly agree)
(1 = strongly disagree, 2 = disagree, 3 = not sure, 4 = agree, 5 = strongly agree)

Discussion: A majority of health science teachers agreed that IPE may be conducive to preparing students for collaboration in health care teams, which is essential for all health sciences students. Teachers appear to recognize that teaching as well as learning in interprofessional groups is possible.

Although health science teachers recognize the value of IPE for training students to work collaboratively as healthcare professionals, there is uncertainty concerning teaching practices for achieving effective interprofessional programs.

Teachers are willing to work with students from different professions on small-group projects.

Health science teachers agree that IPE may be effective for teaching students about patient centered care. Patients will ultimately benefit if health science students worked together to solve their health issues.

Conclusion: This study has brought out the willingness of health sciences faculty for IPE, and the need for faculty development for the same. Our curriculum needs to be reformed, incorporating knowledge and skills to promote collaborative practices through Interprofessional teaching and learning.

Introducing IPE in our curriculum shall inculcate a feeling of professionalism in health sciences students, and hone their abilities to interact with members of other professions. In the long term, the patient will benefit, as he would be in the hands of a rehabilitation team involving different health care professionals, rather than an individual health profession. Community at large shall benefit by the combined efforts of different health care professions.

References:

1. Hammick M, Freeth D, Koppel I, Reeves S, Barr H. A best evidence systematic review of interprofessional education: BEME Guide no 9. *Medical Teacher*. 2007, Vol. 29, No. 8, Pages 735-751.
2. Hoffman SJ, Rosenfield D, Gilbert JHV, Oandasan IF. Student leadership in interprofessional education: benefits, challenges and implications for educators, researchers and policymakers. *Medical Education* 2008, 42 (7) : 654 – 661.
3. McPherson K, Headrick L, Moss F. Working and learning together: good quality care depends on it, but how can we achieve it?. *Quality in Health Care* 10.suppl 2 (2001): ii46-ii53.
4. Whitehead C. The doctor dilemma in interprofessional education and care: how and why will physicians collaborate? *Med Educ* 2007;41(10):1010–16.

5. Wilder et al. Is Dentistry at Risk? A Case for Interprofessional Education. *Journal of Dental Education* 2008, 72 (11): 1231.
6. Parsell G, Bligh J. The development of a questionnaire to assess the readiness of health care students for interprofessional learning (RIPLS). *Medical education* 1999, 33.2: 95-100.
7. Dalton L, Spencer J. Report of the health sciences teacher attitudes towards interprofessional learning and teaching. University department of Rural health, Tasmania. June 2009

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