

Title: Introducing Interprofessional Education (IPE) to foster patient centered health care

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What problem was addressed: Although doctors, nurses, and medical technologists contribute to patient care in Bangladesh, experience shows that cooperation between professions is often limited. Barriers to team work such as conflicting interests, power differentials, and competition for resources compromise patient care. The three professional groups are educated in educational systems that are not linked and each has strong and independent professional organizations.

The Institute of Medicine and WHO reported that poor communication among health care professionals and lack of team work are leading causes for poor patient outcomes.¹ Gittle (2009) suggests that team work and relationship building in health care teams leads to quality health care. Interprofessional education (IPE) could create a gateway for co-existence of doctors, nurses and medical technologists which will ensure patient centered health care.

What was done: After IRB approval, 32 trainees were selected from medical, nursing and health technology institutes. Three one-day long sessions on five topics (basic concept of IPE, role delineation, team work & team building, communication, patient centered care) were conducted. Pre-tests and post-tests were conducted adapting IPE assessment tools. Trainees' attitudes toward IPE sessions were observed. Focus group discussion (FGD) was conducted with trainees.

What lessons were learned: All participants viewed that medical, nursing, and medical technologists should have few common sessions in their student life. About 91% of respondents opined that IPE sessions will develop positive relationships among health professionals and help them recognize and respect the contributions of each other. Around 97% of respondents viewed that IPE sessions will reduce silos in professional life. All respondents viewed team work will ensure patient centered care.

FGD revealed relationships among professionals are at average level and common learning sessions will help to develop relationships and reduce silos. Participants' perceptions were found to be positive in post-test. The post-test score was significantly more than the pre-test. Recommendation was made to introduce IPE where medical, nursing and medical technology institutes are situated in same campus for smooth conduction of IPE and to foster patient centered care. Such IPE sessions could eliminate tribalism and silos among the trainees which were also reflected within sessions, group works, tea breaks, etc. IPE training experiences could be implemented in larger scales in different institutes.

Reference

World Health Organisation (2010). Framework for action on interprofessional education and collaborative practice. Retrieved from:

http://who.int/hrh/resources/framework_action/en/index.html.