Interprofessional education to improve patient outcomes

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21st century competences

- Utilize Informatics
- Employ Evidence-Based Practice
- Work in Interprofessional Teams ➔ Core Competencies
- Provide Patient-Centered Care
- Apply Quality Improvement

% of focused interprofessional training in study programmes

- 0,1%
- 0,5%
- 1%
- 5%
- 10%
- 15%
“The systematic maintenance, improvement and continuous acquisition and/or reinforcement of the lifelong knowledge, skills and competences of health professionals. It is pivotal to meeting patient, health service delivery and individual professional learning needs.

The term acknowledges not only the wide ranging competences needed to practise high quality care delivery but also the multi-disciplinary context of patient care.”

EU CPD Report

Questions asked

Most CPD activities take a profession-specific approach. How can interprofessional education and collaborative practice improve patient outcomes? What are the barriers and incentives? How can we assess the impact of CPD activities on the competences or performance of health professionals? What indicators are or could be used that would allow such an assessment?
A new book on IPE

Interprofessional education (IPE) is acknowledged as a need in higher education based on societal demands. The impact of interprofessional collaboration on the quality of care and on the quality of human health is substantial. A continuous effort is needed to underpin interprofessional learning and working with evidence and to support it with tools created by research and development.

This book is written by scholars from various European countries, all members of the European Interprofessional Practice & Education Network (EIPEN). It contains two chapters on policy issues and six chapters with concrete examples of programme reforms or successful interprofessional courses in health and social care. The examples of good practice show elements which have to be taken into account when developing and implementing interprofessional courses, course units, or study programmes.

This book may contribute to the development of IPE in higher education institutions where IPE is not yet deployed, but also in institutions where IPE is present but not fully developed. It may encourage other people, professionals as well as academics and policymakers, to engage themselves in fostering the further development of this domain.

*Andre Vyt (Artevelde University College and University of Ghent, Belgium), Majda Pahor (University of Ljubljana, Slovenia), and Tiitaa Teraskari-Maenpaa (Oulu University of Applied Sciences and University of Oulu, Finland) are Executive Officer Members of the European Interprofessional Practice & Education Network (EIPEN). They have chaired and hosted the European Conferences on IPE.*

Core chapters

- Strengthening the links between practice and education in the development of collaborative competence frameworks: 9
- Beyond interprofessionalism: Caring together with rather than for people: 37
- Creating spaces for interprofessional learning: Strategic revision of a common IPE curriculum in undergraduate programmes: 49
- Interprofessional education in health and social care: Changing students’ opinions: 67
- The development and implementation of an IPE education programme: A multifaceted approach: 77
- IPE in undergraduate medical and health care studies: Collaboration with authorities, public services and schools: 85
- Focused interprofessional courses: Aiming for effective competence acquisition: 97

Everyone benefits: Interprofessional work placement
Related publications

Exploring quality assurance in Interprofessional education (Vyt, 2009).
Only 10€ for EIPEEN Members (instead of 16,90€), 20€ for 3 copies, 30€ for 5 copies.
This book contributes to the development of Interprofessional Education (IPE) in health and social care programmes in higher education institutions where IPE is not yet deployed, and in institutions where IPE is present but where it is not underpinned by mechanisms of quality assurance (QA). It depicts relevant policy issues and QA mechanisms, but also existing initiatives, tools and resources. It points out possible pitfalls and informs the reader about directions to be taken for effective quality assurance in IPE. Non-members can order the book for 20,00€ incl. handling and postage.

Related publications

Transdisciplinary professional learning and practice (Gibbs, Ed., 2015).
This book presents thinking about and through transdisciplinary and professional development as an educative process. Rather than focusing on the delineation of the approaches offered, an analysis of these contributions points to commonality in those problems that benefit from a transdisciplinary perspective. The book brings together the constituting views of transdisciplinarity, and focus them on current professional practice. The first part deals with key issues in Transdisciplinarity, its actuality and how it creates knowledge. Part two is directly focused on professionals and their education. The third section considers research pedagogy and graduate education for the professional. This is followed in section 4 which offers a discussion on team work. In the final section six chapters present the transdisciplinary practitioner in different contexts. The book is published by Springer.
Charter for Interprofessional Practice & Education in Europe

Interprofessional collaboration in practice not only requires competency-based training and education in shared care planning and patient-centered care, but also necessitates a continuous attention to the contextual conditions to effectuate this care. As promoted by the European Interprofessional Practice & Education Network, and by the knowledge that interprofessional education can only be fruitful if the necessary changes are implemented in practice, I ask specifically that

Professional bodies of health and social care professions explicitly formulate the necessity of competences in interprofessional collaboration being present in graduating students in health and social care professions.

Educational and clinical institutions formulate interprofessional collaborative work as one of the main values in their mission and in their quality management policy, and support and adhere to bodies and networks that promote and/or supervise interprofessional health and social care.

Educational institutions comply with this need by ensuring that graduates are competent in interprofessional health and social care and by ensuring that professional body representatives ratify the competence chart of their educational programmes based on the presence of interprofessional competences.

Clinical institutions comply with this need by ensuring that staff is competent in interprofessional health and social care, by providing continuous training in this, and by allowing patient representatives and/or representatives from patient organizations to take part in the institutional policy.

Governmental agencies focus on the compliance of clinical and educational institutions with regulations promoting and necessitating interprofessional practice and education, and support the institutions by implementing accreditation and financial mechanisms that foster this practice and education.

Health insurance bodies, patient organizations, and supportive networks explicitly formulate the need for interprofessional practice and education towards the clinical and educational institutions, as well as towards the governmental agencies.
IPC Characteristics

- Transdisciplinary
- Interdisciplinary
- Multidisciplinary
- Unidisciplinary

Commonality of goals and tasks

Problem-solving model

(Pahor et al., 2015)
Needs and stimuli

- Growing complexity and multidimensionality of health problems
- Increasing specialization of health care workers
- Growing focus on prevention, coherence and continuity of care
- Growing attention to multidimensionality of wellbeing
- Need for efficient communication, consultancy, referral, and information management

Conditions and elements

- policy & pillars
- methods & mechanisms
- competences & coaching
- communication & coordination
- interprofessional collaborative quality
Impact of communication errors

- Communication failures underlie the majority of errors in hospitals (U.S. hospitals Joint Commission’s accreditor database).
- We have learned that many of these failures owe to dysfunctional relationships between doctors and nurses, between trainees and their supervisors, or between patients and their providers. Unlike medicine, “safe industries” (such as aviation and nuclear power) have learned to “flatten hierarchies” – to create environments and cultures in which it is not only acceptable for someone lower on the organizational totem pole to raise a concern, it is seen as essential (Robert M. Wachter, Professor and Chief of the Division of Hospital Medicine, University of California, San Francisco)
Barriers and resistances

- Siloing of health care study programmes and identity profiling of professional bodies
- Increasing specialization of health care professionals may impede openness towards and knowledge of other disciplines
- Health care professionals are not always in the same location
- Stereotyped and biased opinions
- Policy and mechanisms

For IP teamwork we need…

- A collective code of ethics
- Shared vision
- Complementary responsibility of members
- Teamcoaching
- Instruments that scaffold IP teamwork, such as shared patient files
- Coordination of care planning
WHO 1988

Learning together to work together for health


World Health Organization
Technical Report Series
769

World Health Organization, Geneva 1988

WHO 2001

Health condition

Body function and structure
Activities (limitation)
Participation (restriction)

Environmental factors
Personal factors

1. International Classification of Functioning, Disability and Health.
Interprofessional education:
“When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010)

Interprofessional collaborative practice: “When multiple health workers from different professional backgrounds work together with patients, families, carers (sic), and communities to deliver the highest quality of care” (WHO, 2010)

Interprofessional teamwork: The levels of cooperation, coordination and collaboration characterizing the relationships between professions in delivering patient-centered care

Interprofessional team-based care: Care delivered by intentionally created, usually relatively small work groups in health care, who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient or group of patients, e.g., rapid response team, palliative care team, primary care team, operating room team
Table 2. Modified version of Kirkpatrick's (1967) outcomes model by Barr et al. (2000, see also Hammick et al., 2007). Additionally the level of behavioural change could be divided in a level comprising the acquisition of a competence in simulated conditions (3a) and in real practice (3b).

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reaction</td>
<td>Learners' views on the learning experience and its interprofessional nature</td>
</tr>
<tr>
<td>2a. Modification of perceptions and attitudes</td>
<td>Changes in reciprocal attitudes or perceptions between participant groups: changes in perception or attitudes towards the value and/or use of team approaches to caring for a specific client group</td>
</tr>
<tr>
<td>2b. Acquisition of knowledge and skills</td>
<td>Including knowledge and skills linked to interprofessional collaboration</td>
</tr>
<tr>
<td>3. Behavioural change</td>
<td>Identifies individuals' transfer of interprofessional learning to their practice setting and their changed professional practice</td>
</tr>
<tr>
<td>4a. Change in organisational practice</td>
<td>Wider changes in the organization and delivery of care</td>
</tr>
<tr>
<td>4b. Benefits to patients/clients</td>
<td>Improvements in health or well being of patients/clients</td>
</tr>
</tbody>
</table>
Performance criteria for IPC

- Ways of perceiving/assessing contexts
- Ways of talking to and about colleagues
- Fine-tuning ideas and working methods
- Planning and evaluating shared care
- Avoiding conflicts and misunderstandings
- Having an eye for cost-effectiveness
- Having an eye for less salient professionals (e.g. in prevention of falling, depression, obesity)

Behavioural dimensions in IPC
Knowledge about…

- The competences, target groups, and working methods of the different health care professions
- The structure of health care facilities and organizations in society on macro- and mesolevel
- The processes and goals of interdisciplinary meetings
- Models of cooperation
- Styles and methods in managing meetings with small groups
- …

Skills to…

- Present and defend his own vision in a small group, verbally and nonverbally
- Analyse complex patient situations
- Draw up a plan of care and intervention
- Give feedback on the opinion and the behavior of others
- Manage conflicts and differences in opinion
- Plan activities in accordance with those of others
- …
Attitudes

• Have eye for the possible role and information of other disciplines
• Show respect for the opinion and role of others
• Focus on efficiency in group meetings
• Be careful not to draw conclusions too soon on the basis of partial data
• …

Learning outcomes (competences)

☐ Consult and collaborate effectively in IP teams, on the basis of knowledge of competences of health care workers
☐ Work out patient-centred shared care plans on the basis of information and interaction with other health care workers
☐ Anticipate, identify, and remediate problems in interprofessional teamwork and shared care planning
☐ Make appropriate referrals to other health care workers based on the knowledge of competences of health care workers
☐ Evaluate interprofessional communication, decision making and care planning in terms of efficiency
Performance indicators that qualify competent professionals

- Consult spontaneously relevant colleagues of other disciplines, as needed/required by the situation
- Clearly formulate own ideas and clinical reasoning toward other professions, and check for adequate understanding
- Assess which targeted function a colleague from another discipline can assume in an intervention
- Work constructively with other professions on drawing up a shared treatment & care plan
- Spontaneously mention and talk positively, toward patients, about (possible) intervention of other professions
- Make observations on patient problems, and report these to the relevant team member (health care professional)

Table 7. Benchmarking statements of the UK Quality Assurance Agency with IP implications (QAA, 2001; see also appendix in Barr, 2002).

<table>
<thead>
<tr>
<th>Statements for health care referring to collaboration between professions in health care say that each award holder should:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Participate effectively in interprofessional and multi-agency approaches to health and social care where appropriate</td>
</tr>
<tr>
<td>☐ Recognize professional scope of practice and make referrals where appropriate</td>
</tr>
<tr>
<td>☐ Work, where appropriate, with other health and social care professionals and support staff and patients/clients/carers to maximize healthy outcomes</td>
</tr>
<tr>
<td>☐ Draw upon appropriate knowledge and skills in order to make professional judgements, recognizing the limits of his/her practice</td>
</tr>
<tr>
<td>☐ Communicate effectively with patients/clients/carers and other relevant parties when providing care</td>
</tr>
<tr>
<td>☐ Assist other health care professionals in maximizing health outcomes</td>
</tr>
<tr>
<td>☐ Recognize the place and contribution of his/her assessment within the total health care profile/package, through effective communication with other members of the health and social care team</td>
</tr>
<tr>
<td>☐ Work with the client/patient (and his/her relatives/carers), group/community/population, to consider the range of activities that are appropriate/feasible/acceptable, including the possibility of referral to other members of the health and social care team and agencies</td>
</tr>
<tr>
<td>☐ Plan care within the context of holistic health management and the contribution of others</td>
</tr>
<tr>
<td>☐ Have effective skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, their relatives and carers; and, where necessary, to groups of colleagues or clients</td>
</tr>
</tbody>
</table>
A case

Martha, a 67-years-old widow, living alone in a rental house. Since 14 years of age she worked in a textile factory. She has one daughter. She has diabetes (type II) since 10 years now, and suffers from arthrosis deformans in both knees and a neuropathic ulcus on her right foot. She has trouble with adhering to her prescribed diet and medication. The neighbor told that, when knocking on her door to visit her, she frequently does not open although she is at home. Since her husband died two years ago from cancer, she lives quite isolated. When the nurse, who comes now once a week for the ulcus, proposes her to visit her regularly and to get help for cooking and household, Martha considers it as unnecessary.

A second case

A man, 86 years of age, was brought to the hospital by his son after he had fallen in his house and couldn't get up by himself. Luckily, he had been able to drag himself to his telephone and call his son. There is a bleeding wound at his forehead. The patient's wife died two years ago. Since then he lived alone in his house. His son came to visit him regularly. Although the son interpreted the back pain as a sign of normal ageing, the aggravating back pain withheld the patient to go outside for shopping or visiting friends. Three years ago treatment was started for mild prostate cancer. This seemed to be well in control until some months ago he started to suffer severe back pain. The blood test showed a high increase in markers indicative of prostate cancer, and bone imaging showed multiple lumbar fractures based on bone metastases.
Some outputs from students

**Goals**
- Nurse: treatment of the ulcer problem (might make her more mobile etc.)
- Physiotherapist: open up for the possibility for her to go to a centre and eat with other people, so she is not so isolated at her meals.
- Physiotherapist: Exercises so it will be motivated to be more physically active.
- Physiotherapist: increase her social capacity (help her to get social contacts)

**We have to educate her in:**
- Nutrition (NU)
- Using hearing aid (NU/OT/PT)
- Personal hygiene (NU/OT)
- More activity (knitting, daycare center, gardening, rea)
- Routines on waking up in the morning, medication, ()
- Mobility (PT)
- Mobility tools/home modifications (OT)
- Importance of getting more help in general (NU/OT/P)

**Wrong method: starting from your own professional actions**

<table>
<thead>
<tr>
<th>actions</th>
<th>A</th>
<th>V</th>
<th>K</th>
<th>E</th>
<th>S</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Organisatie van mantelzorg en thuishouder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2 Optimalisering diabetesregulatie</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Depressieve behandeling</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Wondverzorging en wondcontrole</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Stimuleren van sociale contacten</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

A= arts, V= verpleegkundige, K= kinesitherapeut, E= ergotherapeut, S= social worker, P= psycholog

**Good method: starting from the goals you want to reach**

<table>
<thead>
<tr>
<th>doelen</th>
<th>A</th>
<th>V</th>
<th>K</th>
<th>E</th>
<th>S</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Ateropat mobiliteit binnenhuis f/f ADL.</td>
<td>3 mtd</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Zelfstandige inzadeltrening</td>
<td></td>
<td>3 wkd</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Rekiemaling van depressive neiging</td>
<td>6 mtd</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Zelfstandige wondverzorging</td>
<td>3 wkd</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Onderhoud van sociale contacten</td>
<td>3 wkd</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

A= arts, V= verpleegkundige, K= kinesitherapeut, E= ergotherapeut, S= social worker, P= psycholog
### A. A classical multidisciplinary care plan with action points

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>Physician</th>
<th>Nurse</th>
<th>PT/OT</th>
<th>Social worker</th>
<th>Psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treat prostate cancer / cancer pain</td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treat depressive mood</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Reduce falls / install a mobility-aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Wound care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

### B. An interprofessional shared care plan focusing on joint/shared/common goals of care

<table>
<thead>
<tr>
<th>GOALS OF CARE</th>
<th>Physician</th>
<th>Nurse</th>
<th>PT/OT</th>
<th>Social worker</th>
<th>Psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient does not suffer severe pain, by installing adequate (holistic) pain treatment</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Patient regains psychosocial well-being, by health care workers treating depression and breaking social isolation</td>
<td>✔</td>
<td></td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Patient is more active at home and has a reduced fear of falling, by health care workers promoting and sustaining his mobility</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Quality criteria of an IP care plan

1. It contains the perspective on well-being and autonomy of P, also in the long-term
2. The opinion and motivation of P and the context is actively used and put alongside the opinion of professionals
3. It is easy to read and understandable for the different professions involved
4. The intervention goals are clearly defined in relation to the involvement of professions:
   1. The goals are concrete in terms of actions that are to be derived
   2. The involvement of the different health care workers is identified
5. The main responsibility for each goal is identified

Steps to take in setting up the plan

1. What are the problems and underlying factors? (problem definition and analysis)
2. What are the strengths, limitations and expectancies? (patient involvement)
3. What extra information do we need? (information gathering)
4. What are the realistic goals to be set? (goal setting)
5. Who can help in achieving those goals? (task setting)
6. What can we do to use strengths and improve autonomy? (long-term empowerment)
How to evaluate the quality of an IP team meeting?

Interprofessional Practice and Education Quality Scales (IPEQS)

A tool for self-assessment using the PROSE Online Diagnostics & Documenting System
IPEQS subscales

**organisation**
- conditions
- processes

**team**
- process
- result

**team member**
- competences
- experience
- perception

**Questions**
- e.g. “Are there regular opportunities for open and informal discussion between staff members?”
- e.g. “Do I formulate my own ideas clearly to colleagues, and ask them to clarify their ideas if necessary?”

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**SEL**

1. **Het verloop van het overleg**

2. **Het resultaat van het overleg**

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**Prof. A. Vyt**
Process of the team meeting

• The persons present knew in advance what the aims of the consultation were.
• All those present were prepared (e.g. by taking through the information obtained or by having asked/retrieved information).
• The participants had all the information necessary to have a targeted consultation meeting.
• During the consultation meeting sufficient attention was paid to the analysis of the problem in function of the situation, the need/demand for assistance/intervention, and the possibilities.
• During the analysis and the preparation/design of the care plan various aspects and possible solutions were considered/weighed in a balanced and realistic way.
• Conflicting information and/or conflicting visions were cleared up in an acceptable and effective way during the consultation meeting.

(first 6 items of the subscale)

Result of the team meeting

• The persons present knew in advance what the aims of the consultation were.
• All those present were prepared (e.g. by taking through the information obtained or by having asked/retrieved information).
• The participants had all the information necessary to have a targeted consultation meeting.
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• Conflicting information and/or conflicting visions were cleared up in an acceptable and effective way during the consultation meeting.

(first 6 items of the subscale)
Self-assessment of a team

Assessment of a team member

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
<th>Score</th>
<th>Score</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills, ability to work in a team</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ability to communicate effectively with colleagues and patients</td>
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<tr>
<td>Time management and ability to prioritize tasks</td>
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<td></td>
</tr>
<tr>
<td>Professional appearance and conduct in all interactions</td>
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<td></td>
</tr>
<tr>
<td>Ability to handle stress and manage difficult situations</td>
<td></td>
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</tr>
<tr>
<td>Attention to detail and precision in work</td>
<td></td>
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</tr>
<tr>
<td>Adaptability to different work environments and cultures</td>
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<tr>
<td>Leadership and ability to delegate tasks</td>
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<tr>
<td>Commitment to continuous professional development and learning</td>
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<tr>
<td>Ability to reflect on own practice and identify areas for improvement</td>
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<td></td>
<td></td>
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<tr>
<td>Collaboration with colleagues and interdisciplinary teams</td>
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</tbody>
</table>
Interprofessional education February 2016

The respondent starts with answering the questions. He/she can provide additional comments on any item.
The respondent can be asked also to indicate priorities for improvement, selecting 5 items to improve.

### Interprofessional teamwork

#### Interprofessional conditions and context

**Priorities**

The list below contains only items that have been evaluated by you as insufficient or just sufficient. Here you indicate the priorities for improvement. You can select 5 items which are important to you for improvement (1 = highest priority, 5 = lowest priority).

<table>
<thead>
<tr>
<th>Item</th>
<th>answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The department has specific job profiles for each health professional with clear indication of roles and responsibilities.</td>
<td>2/5 1 2 3 4 5</td>
</tr>
<tr>
<td>2. In your department, the teams are well coordinated (integrated).</td>
<td>N/A 1 2 3 4 5</td>
</tr>
<tr>
<td>3. Each team member updates his/her own professional knowledge skills to effectively contribute to the team tasks.</td>
<td>3/5 1 2 3 4 5</td>
</tr>
<tr>
<td>4. Teamwork is encouraged/supported by the management as an essential element in the department.</td>
<td>2/5 1 2 3 4 5</td>
</tr>
<tr>
<td>5. Employees have a day in the composition and method of working groups in which they are involved.</td>
<td>2/5 1 2 3 4 5</td>
</tr>
<tr>
<td>6. In your department there is an open and constructive culture in which problems can be well expressed and well handled.</td>
<td>3/5 1 2 3 4 5</td>
</tr>
<tr>
<td>7. All members of the team are themselves largely focused on teamwork.</td>
<td>3/5 1 2 3 4 5</td>
</tr>
<tr>
<td>8. Our team members have the necessary skills to work well in team.</td>
<td>3/5 1 2 3 4 5</td>
</tr>
<tr>
<td>9. We work as a team in a work context that allows/support us to collaborate effectively in team.</td>
<td>3/5 1 2 3 4 5</td>
</tr>
<tr>
<td>10. The composition of our teams is always efficient in terms of the problems and the needs of the patient.</td>
<td>N/A 1 2 3 4 5</td>
</tr>
</tbody>
</table>

The manager automatically gets the results of the team self-assessment, without knowing individual answers.

### Results of an evaluation

**Realization scores per questionnaire**

<table>
<thead>
<tr>
<th>Item</th>
<th>Sum of scale scores (1-5)</th>
<th>Sum of positive items (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interprofessional conditions and context</td>
<td>3 59.8 67 74 86 89 100</td>
<td></td>
</tr>
<tr>
<td>2. Interprofessional work in team</td>
<td>3 63.2 60 70 78 88 100</td>
<td></td>
</tr>
<tr>
<td>3. Interprofessional competence and setting</td>
<td>3 60.2 77 68 86 93 100</td>
<td></td>
</tr>
</tbody>
</table>

**Prioritized items for improvement**

<table>
<thead>
<tr>
<th>Item</th>
<th>Sum of scale scores</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Items being judged as positive**

<table>
<thead>
<tr>
<th>Item</th>
<th># positive scores</th>
<th>Sort of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>document experience data no idea</td>
</tr>
</tbody>
</table>

**Remarks/considerations**

- Teamwork was encouraged/supported by the management as an essential element in the department.
- Interprofessional conditions and context.
- All members of the team are themselves largely focused on teamwork.
- Interprofessional conditions and context.
IPEQS – Education & Training

1. For the IP programme or course, clear learning objectives have been defined for the students, and students are informed about these fully at the beginning of their learning trajectory

2. The learning objectives are defined in terms of competences, in which students integrate knowledge, skills, and attitudes in their professional behaviour, and for students it is clear by what kind of behaviours they can show they have acquired the competences

3. The learning objectives have been established in consensus by a team of staff members, and are regularly checked or revised on their validity or attainability by consensus meetings on the basis of experience, information and data gathered

4. In defining learning objectives, reference is made explicitly to a framework defining levels of qualification and to competences and competence levels of the study programme(s)

5. The IP course has clearly defined the workload of students, on the basis of an assessment of the expected and the real workload, and this workload is clearly explained to students

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IPEQS – Education & Training

6. The learning objectives of the IP programme have a clear focus on interatively learning together with from and about each other to improve collaboration and the quality of care, and small group learning takes a substantial part of the working method

7. A well-balanced and fair number of students from different professions are involved, and/or are distributed in such a way that real IP collaborative learning can take place

8. A well-balanced and fair number of different professions is represented in teaching staff to ensure different views, and these different views are used actively in discussions and reflections to define priorities and improvement objectives

9. In defining and revising concrete learning objectives and working methods, external inspiring sources of information are used which are themselves the result of evidence based practice, research or consensus

10. The working method in the IP course is clearly based on patient-centred health care, and the perspective of service users is actively involved in the working method
Item status in 20 institutions

Index status in 20 institutions

(Vyt, 2009)
Improving IP quality of health care

Quality of interprofessional teamwork in intensive care units: An short-term intervention study in a Flemish university hospital

B. Vandenbulcke, D. Benoit, A. Vyt

A short-term (12w) intervention

- optimizing, structuring and extending the existing weekly **interprofessional rounds and team meetings** with collaborative decision-making and clear communication of goal-directed actions, including the psychosocial aspects of care
- organizing the maintenance of effective information exchange over time between all professions involved by a **digital follow-up patient record information tool**.
Interprofessional education

**Intervention pre-post score total group**

- Organizational factors: p<0.01
- Processes of care factors: p<0.01
- Attitudes and beliefs: p<0.41

**Intervention effect pre-post Organizational Between teams p = 0.66**

- Team 1: p<0.01
- Team 2: p<0.02
- Team 3: p<0.05
- Team 4: p<0.05
**Interprofessional education**

**February 2016**

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**Intervention effect pre-post Process of care**

Between teams $p = 0.69$

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**Intervention pre-post Attitudes and beliefs**

Between teams $p = 0.01$
How does it lead to improved patient outcomes?

- Higher staff satisfaction
- Improved social network involvement
- More adequate identification of needs
- More adequate implication of health care workers
- More focus on autonomy and empowerment
- More efficient team meetings
- Less misunderstandings

Are you interested in becoming a true ambassador of interprofessional collaboration?

Then become a member of EIPEN!

www.eipen.eu