## Interprofessional Skills Day

### Description

Students of different studies had lessons from other teachers but did not have a mutual problem in which they felt the need of each other's knowledge and skills to solve a patient problem collaboratively. In accordance with the model of Jan Jaap Reinders, students need to feel like a team and have a shared problem. A game strengthens the interprofessional identity by means of working as a group in order to win a game. Students meet a real complex patient on which they can ask question during history taking and who is their starting point for the ISD.

**Cooperation partner:** Rehabilitation Centre

**Additional funding required:**

- One ISD is a learning interventions of 2 times 3 hours Interprofessional Education. The first 3 hours are based on an examination of a complex patient; the next 3 hours are based on developing a joint treatment plan of a complex patient. Every semester different students attend the 2 times 3 hour ISD.
- 68 hours per academic year (The ISD comprises a learning intervention of 2 times 3 hours and is offered every semester)
- Lecturers' hours per 25 students per 3 hours ISD = 6 hours, consisting of 2 hours preparation and evaluation, 1 hour central kick start whole team of lecturers, 3 hours for during the ISD program). If a university would join with 125 students, they would need 5 lecturers and in total 30 hours.
- Coordinator per study direction = 12 hours per year (4 times ISD); Every study direction delivers one coordinator that is in the midst of contacts of that study
- Gift cards for the winners 6x20 euro for the winning team per ISD program of 3 hours.

**Profession, number and semester of students:** Bachelor programme, 383 students per semester. 3rd year physiotherapy students, 2nd year speech, dietetics and nursing students.

**Didactic concept:**

| Patient- centeredness | ICF | Clinical reasoning |
|---|---|---|
| Yes | Yes | Yes |
| *Implementation of Patient Centeredness:* Students meet a real complex patient on which they can ask question during history taking and who is their starting point for the ISD. Therefore, this might be seen as a patient based program. Patient-centredness is not operationalized and defined but we use the ICF as central in our clinical reasoning. | *Implementation of ICF:* without introduction | *Implementation of Clinical Reasoning:* During the program students work in a group of 5-6 students and perform clinical reasoning by means of the RPS formula and make use of a hypothetico-deductive clinical reasoning model during both the diagnostic process (anamnesis only on a real patient) and the therapeutic process (without the patient) leading to an interprofessional health care plan. Diagnostic reasoning (searching for relations in physical disability and impairment- after the anamnesis) but also narrative reasoning (understanding |

| | | patients' story- during the anamnesis) is applied. With respect to management of the patient: Students perform reasoning about the procedure (day care plan) by means of collaborative reasoning (Is the nurture of a consensual approach toward the interpretation of examination findings, the setting of goals and priorities). The ISD-game starts with students performing one after the other the anamnesis in a real patient. Thereafter students are asked by means of the SLACK program to fill in the ICF for all professions in one RPS formula. Thereafter students choose there, choose together, formulate action of each other disciplines and make together a virtual care plan with short and long term goals. In the last ISD students show their treatments to each other. |
|---|---|---|

**Learning principles applied:**

- Practice-based learning
- Activity-based learning

**Teaching/learning locations:** Online teaching/learning only

**Use of learning management system:** No

**Workload and Duration of IPE Interventions:** 2 times 3 hours learning intervention with 1 additional hours preparation per 3 hours ISD

| Intended Learning Outcomes incl. personal ranking | | |
|---|---|---|
| 1 | Roles/responsibilities | Yes |
| 2 | Teamwork | Yes |
| 3 | Communication | Yes |
| 4 | Ethics/attitudes | Yes |
| 5 | Learning/reflection | Yes |
| 6 | The patient | Yes |
| | International competence (in some groups English taught physical therapy students are present (divided over groups)) | Yes |
| | Digital competence | No |
| | Other: Interprofessional Identity (degree of interprofessional belonging, commitment and beliefs) is applied | Yes |

| Assessment domains of interprofessional learning incl. personal ranking | | |
|---|---|---|
| 1 | Reflexivity | Yes |
| 2 | Teamwork | Yes |
| | Coordination and collaborative decision-making | No |

| | | |
|---|---|---|
| | Interprofessional communication | No |
| | Interprofessional values | No |
| | Role understanding | No |
| | Other: Students find out what their role is for the complex patient. Students feels their boundary as well, because the complexity is too much to do it on their own. By filling in together the ICF form to make this form interprofessional students' needs to communicate and discuss about it. Students need to discuss which item are belonging to their IP care plan. At each task students can only achieve the tasks asked if they work together as a team. For reflexivity students need to reflex on their own how they were acting and we reflect the whole program with the research of Jan Jaap Reinders. | Yes |

**Requirements for students:** Basic knowledge of the own profession at the end of year 1. ICF basic knowledge.

**Requirements for educators:** Teachers have to be flexible, not to strict. Teachers need to like coaching on the process, not on the health related content. Teachers need technical skills of the program. Adaptive personality. Teachers need to have ICF-knowledge and skills.

**Students' evaluation:** There is a student survey but only in physiotherapy students. Students evaluate personally by means of peer-reflection.

**Learning experiences:**

| Learning experience | Measurement/ Evaluation |
|---|---|
| Changes in students' views on the learning experience and its interprofessional nature | Students find it interesting to get more knowledge and see skills of other students' profession. |
| Changes in attitudes or perceptions between participant groups or towards the value and/or use of team approaches to caring for a specific client group | Student enjoyed the game and gain positive attitude towards the other profession, mostly based on their urge to treat the real patient as good as possible. The curiosity level to what other profession add is high. |
| Acquisition of knowledge/skills linked to interprofessional collaboration | Acquisition more of both skills and knowledge |

**Prerequisites:** We use staff members (managers) to get the ISD in our general education. We asked technical support by filming our case for ISD treatment. We asked technical support by organizing break-out groups and to get a use online environment for 383 students. We give didactical support to teachers. We have one person as coordinator for the rehabilitation centre.

**Barriers:**

- Teaching staff: teaching staff has to be enthusiastic about the need of interprofessional education. It is supportive if staff members are a bit flexible and like to upgrade the program every time.
- Students: We do not prepare students enough by having role modells or teachers that emphasize enough that IP work is important.
- Organisational/structural elements: Online is better than physical (As we did before Corona) because the organisation is online a lot easier.

- Working with real patients or actors: Working with real clients is lovely but please have a backup with a complex patient on video, because a real patient is a vulnerable part.

For further information please contact: inpro@org.hanze.nl

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