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INTERPROFESSIONALISM IN ACTION

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Lessons learned by INPRO Consortium Members

Notes from the Open Exchange Forum (Christoph Lang, Anita Kidritsch,
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What is too much / too little person-centred interprofessionalism?

Open Exchange Forum 26.01.2023

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The client decides / wants…

In practice, it is about the discussion of needs, assessment, goal-setting / decisions and strategies.

Discuss them narratively and ensure „feeling safe“ first.

It is a balance of resources:
Other professions provide additional knowledge and discussions support understanding, but may also lead to thoughts such as a „waste of time“, or a collaboration could get too complicated.

What is too much / too little person-centred interprofessionalism?

Do not think too big, maybe two are enough.

Respect the client/other profession if no (more) collaboration is wanted!

Not every step affords an opinion to be asked.

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Are students trained enough in-depth to consider risks when counselling clients?

Consider the competence of the client and the complexitiy of the health need
-> is an informed choice possible?

Identification of reasons for habits – they cannot be taken away.
-> “History interview”

The „patients‘ levels“:
participative aspect and personal factors are relevant to consider!

It is about moment and settings:
Inpatient may focus
on functions and activities

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Are students trained enough in-depth to consider risks when counselling clients?

Learning to consider options may relate to professionalism and professional identity.

This is complex, students need to exercise this: Reflect on themselves, then talk to other professions, this helps them „seeing more“, „giving words“ to what they enravel.

„Therapeutic rapport“:
creating good relations with clients, not ignoring goals, trying to understand reasons for goals.

e.g. goal attainment scaling applies rating of importance and difficulty…

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Today's personal learnings

To understand the complexity of interprofessionalism and client-centredness.

What I heard from practice what is needed to start a shared decision-making conversation with a client (therapeutic alliance, etc).

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Today‘s personal learnings

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Discuss ethics by asking for the limits of interprofessionalism.

Valuable time to reflect on interprofessional working.

That professionals are also not sure about the "best way " for goal setting. There are different approaches also depending on the client and the setting. This can be communicated to students and they also have to reflect on it, even if it is not comfortable.

Teaching competences in shared decision-making by considering the professional working situation. I have to think about how to do that and if this can be learnt in student life.

Interaction between practice and high-level education; various perspectives

In teaching: we may tend to train the students in only one conversation style (tool), but it should be more diverse.

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By looking at the competences of the INPRO CF: What have you learned in the field visits?

Open Exchange Forum 23.02.2023

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By looking at the competences of the INPRO CF:
What have you learned in the field visits?
How is the person-centred approach facilitated?

Important skill to always remember when working interprofessionally with a client.

Making sure that the client is in the centre of the conversation and well informed about the whole process.

IPC 3
Communicates effectively with the person, their family, and their interprofessional healthcare team

Communication has to be individualised to the background of the client. Take time to value the client‘s needs.

A lot of agreement on how communication is key to a proper connection to the client and also to a successful interprofessional management.

Start the whole process with the clients perspective and work from there on forward. For that you need early and good communication.

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By looking at the competences of the INPRO CF:
What have you learned in the field visits?
How is the person-centred approach facilitated?

Being in the client‘s enviroment helps to facilitate a collaborative relationship. Not being in a hospital but rather at home can help this process.

IPC 2
Establishes a collaborative relationship with the person and their family, and the interprofessional team

A good connection is important, especially when working in a team. When everybody is involved, there has to be a feeling of integration by the client.

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Who is taking the lead in a group of interprofessional workers? How does this work? Is someone taking the lead or is it a process that develops?

Management and Leadership

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Management and Leadership MLC2 Works to enhance the performance of an interprofessional service delivery

Agreed, that someone has to take the lead in a team consisting of practitioners and the client, otherwise things could fall apart.

Who is taking the lead?
The client? The person with the "highest-ranking" position? The person most in contact with the client?

The question of “leadership” should be answered in a structured approach as part of the treatment.
It is also dependend on the setting: primary vs. secondary care, etc.

Maybe it‘s a matter of personality?
Who is able to take the lead?

The client should lead but should not have to bear the responibility!

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Why are students not trained more extensively in the field to work in an interprofessional manner?

As an academic profession, you need scientific education and that might be difficult to acquire in the field.

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In a situation where more professionals are needed, both the society and the students could benefit from students beeing more in the field and supporting the healthcare system.

Maybe it comes down to numbers… too many students to supervise and train them in the field.

Why are students not trained more extensively in the field?
And why are they not trained to work in an interprofessional manner?

Can students “be trusted” to work increasingly independent in the field when they are not finished with their training? Would we be putting patients “at risk”?

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Bringing the students earlier and more often to the field… more helpful or harmful?

By taking away from the higher education, we are possibly taking away options from the students. Maybe they develop a passion for research and become a great researcher. Higher education gives you more options in the profession.

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Bringing the students earlier and more often to the field… more helpful or harmful?

Students need the theoretical background, otherwise they cannot become proper clinicians. Internships during the education are meant introduce students to the field. More extensive training would mean more time in total.

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That is dependent on the country. Duration of study for physiotherapy ranges from 3 to 4 to 5 years.

Also, in nursing, there are examples of where you can choose between a more practical or theoretical form of education.

Also: Higher education ist often times better paid. Could this be a reason for a trend towards that form of education?

Maybe it is an issue of society. Should we be valued more because of our degree or because of what we contribute to society in healthcare?

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Today's personal learnings

It is all about sharing knowledge, power and emancipation to move forward to a better future.

Life-long learning in the healthcare sector has a lot of challenges.

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Today‘s personal learnings

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To work person-centred is a good way to translate theory into practice.

Only 3 years of studies are quite short and a bit stressful to collect many practical experiences.

It is interesting how we can develop education and practice into learning together and integrate practice into education.

We have the same struggle and can learn from each other.

By mutual exchange, we deepen our knowledge of the whole picture that is person-centred care.

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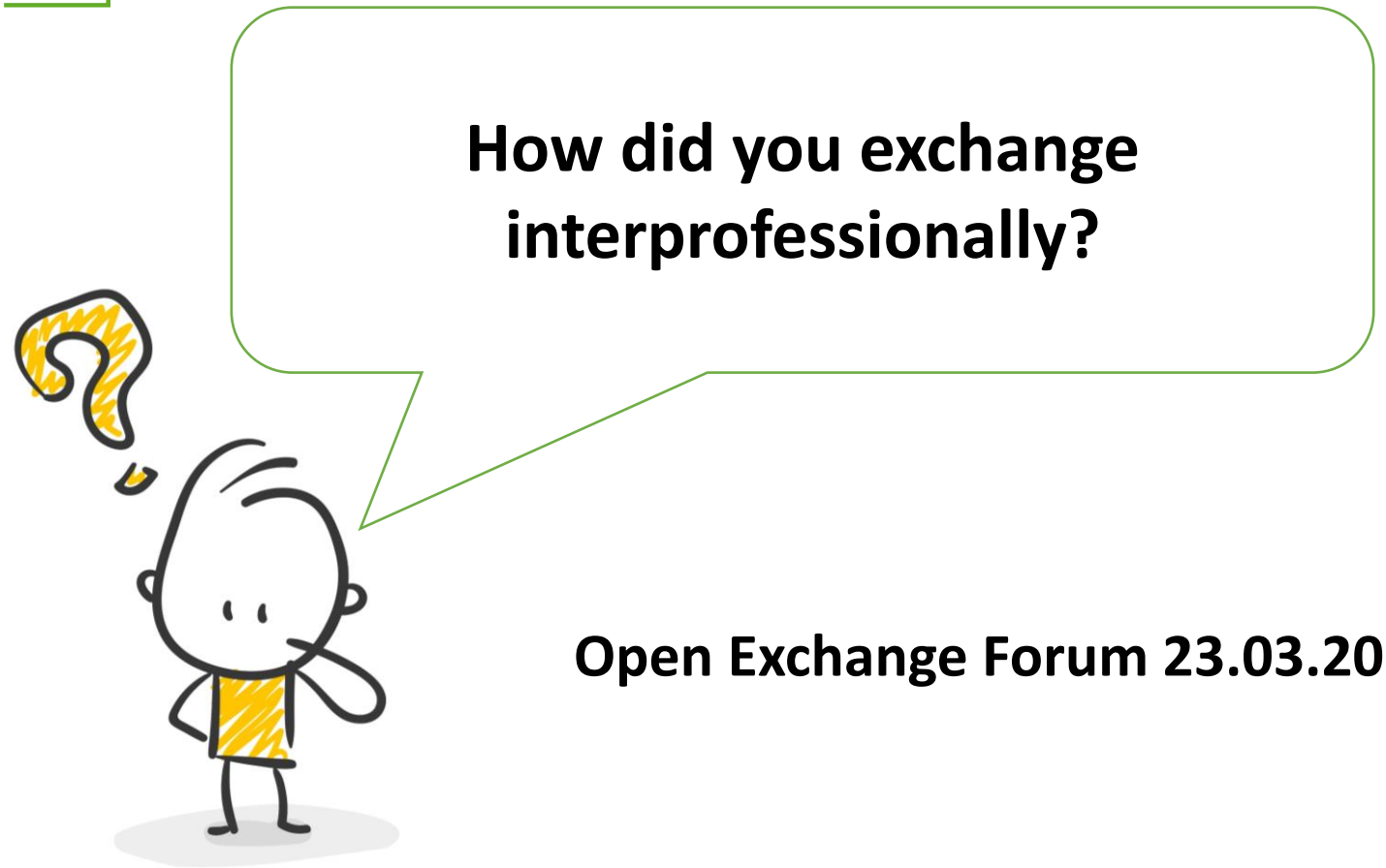

Open Exchange Forum 23.03.2023

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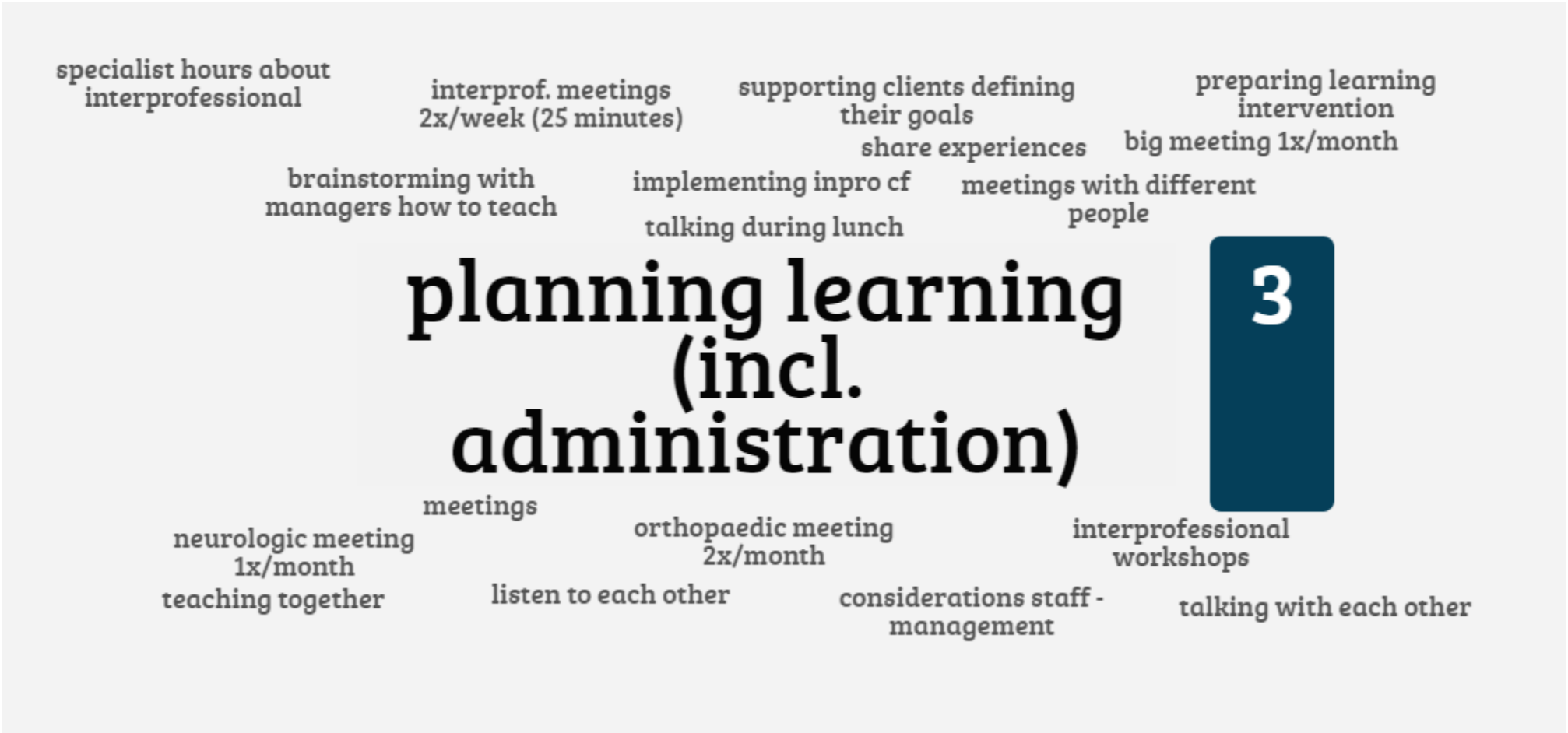
How did you exchange interprofessionally?



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What are your thoughts about the INPRO Competency Framework development and implementation?

On giving advice for future developers:
Take your time and make little steps!
Take facilitators and barriers
into account and develop by
evaluating the process together.

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What are your thoughts about the INPRO Competency Framework (CF) development and implementation?

The whole CF is a valuable tool but to process it, you have to break it down into little pieces, otherwise it is overwhelming for a first time user.

Think about the important parts of the CF that would apply for the specific enviroment where you want to use it.

For it‘s usability, it should include the information that it is possible to only focus on the part that apply to you/your team

Making change is not easy. A framework like the CF can not be implemented everywhere. The structure of the choosen facility has to allow change.

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When implementing tools:
What makes it difficult to do so?
What are facilitators of change?

Change could also mean „instability“ in a working system. Decicion-makers have to see a usage for the change, otherwise it will hardly be accepted.

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When implementing tools like the INPRO CF or other examples: What makes it difficult to do so? What are barriers? But also: What are the facilitators of change?

As always when it comes to change, there is push-back from people because they are used to do things in a certain way.

It needs facilitators, meaning people who can motivate peers for the change.

Those people have to be enthusiastic. In general, working interprofessionally takes effort and it needs people who can go the extra mile and motivate people to go with them.

Developer and people involved in building tools often know what they are talking about because they are invested. User of the tool maybe don‘t have that knowledge. It should be easy to understand whether you have the knowledge or you don‘t.

Tools like CF or ICF should be easy to understand. Complicated words or phrasing are a huge barrier because if you don‘t understand it, you will not implement the new tool.

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To implement change in a working enviroment basically needs enthusiastic facilitators to push that change. The second thing is that new information can only be presented little by little for it not to be overwhelming to people who are completly new to the topic.

When introducing something like the INPRO CF into a new enviroment, and especially to people that were not invested in the developement, it needs examples on how to use it and how not to use it.
Don‘t just throw the whole thing at them, but rather show little pieces and then present examples on it‘s easy usage and maybe the benefits you can get out of it.

Agreed. And by doing a thing very easy and little by little it also facilitates peoples self-efficacy by giving them the feeling that they themself can be part of the „new thing“ without having to invest extended periods of time to get to know alle the details from the tool for example.

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Tools like the ICF-Framework can have a negative stigma. People may assossiate certain words with believes or prejudices. This could make it quite difficult to introduce new ideas that are based on the same ideas.

What could be a way to introduce such ideas without getting push-back right from the start?

1. Introduce a new and easy approach for interprofessional collaboration or person-centred approach.
   → Get them interested

2. Show examples of the new approach and what benefits it could bring.
   → Get them excited

3. By showing them examples, create a positive image of the „thing“ and make them „like“ it.
   → Get them enthusiastic

4. Finaly, say the word (e.g. ICF) and be sure and confident of the concept you are talking about
   → Get them on board

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How can we continue the work of INPRO and continue training interprofessionalism together?

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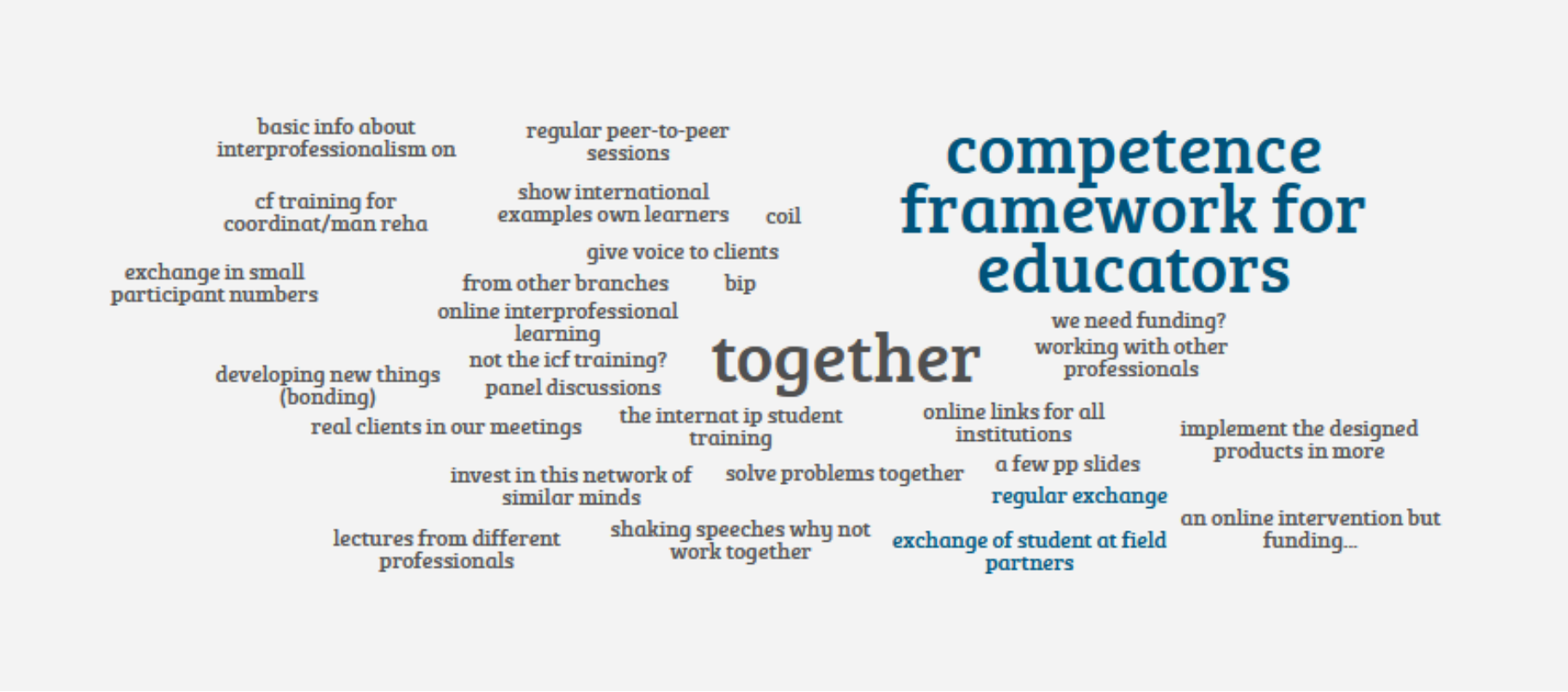
How can we continue the work of INPRO after the official end of the project at the end of 2023? How could we continue training interprofessionalism together?



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Ideas for sustainability of the INPRO-Spirit after 2023

Creating an international online setting could reduce the barrier of travel and money.

We would need something cost-efficient so decicion-makers will agree to the projects.

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Ideas for sustainability of the INPRO-Spirit after 2023

Train conversations with other professions. How to prepare for the role of a(n) (inter-)professionalist?

Spread the word internationally when you do something in your own country so others can participate.

Communication comes first. Shape our own and our students‘ identity.

Communication and teamwork go hand in hand.

Communication is also a great learning tool for working interprofessionaly as well as working with other countries.

Maybe like a „specialist-hour“ between the INPRO-Partners.

Something like a regular, online case presentation with an interprofessional discussion could be implemented.

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Maybe it is possible to involve patient-organisations in the process. That would bring another partner for organisation and adds relevance to topics that are discussed.

Is it possible to include the patient in this process? Ethically and leagally?

Talking with people from outside your own „bubble“ is often quite beneficial. (See the example of a „Hackathon“).

Building a facilitator platform for a person-centred, interprofessional Shared-Decision-Making Hackathon.

Having an exchange internationally e.g., about a tricky case could facilitate an interprofessional and international exchange.

This could be an idea that starts small and can grow. Once it is estblished, it could also be used by teachers to show interesting cases to students.

Things like that also need funding… Who could provide for that?

Maybe other stakeholders like companies or assosiations could be interested in this idea.

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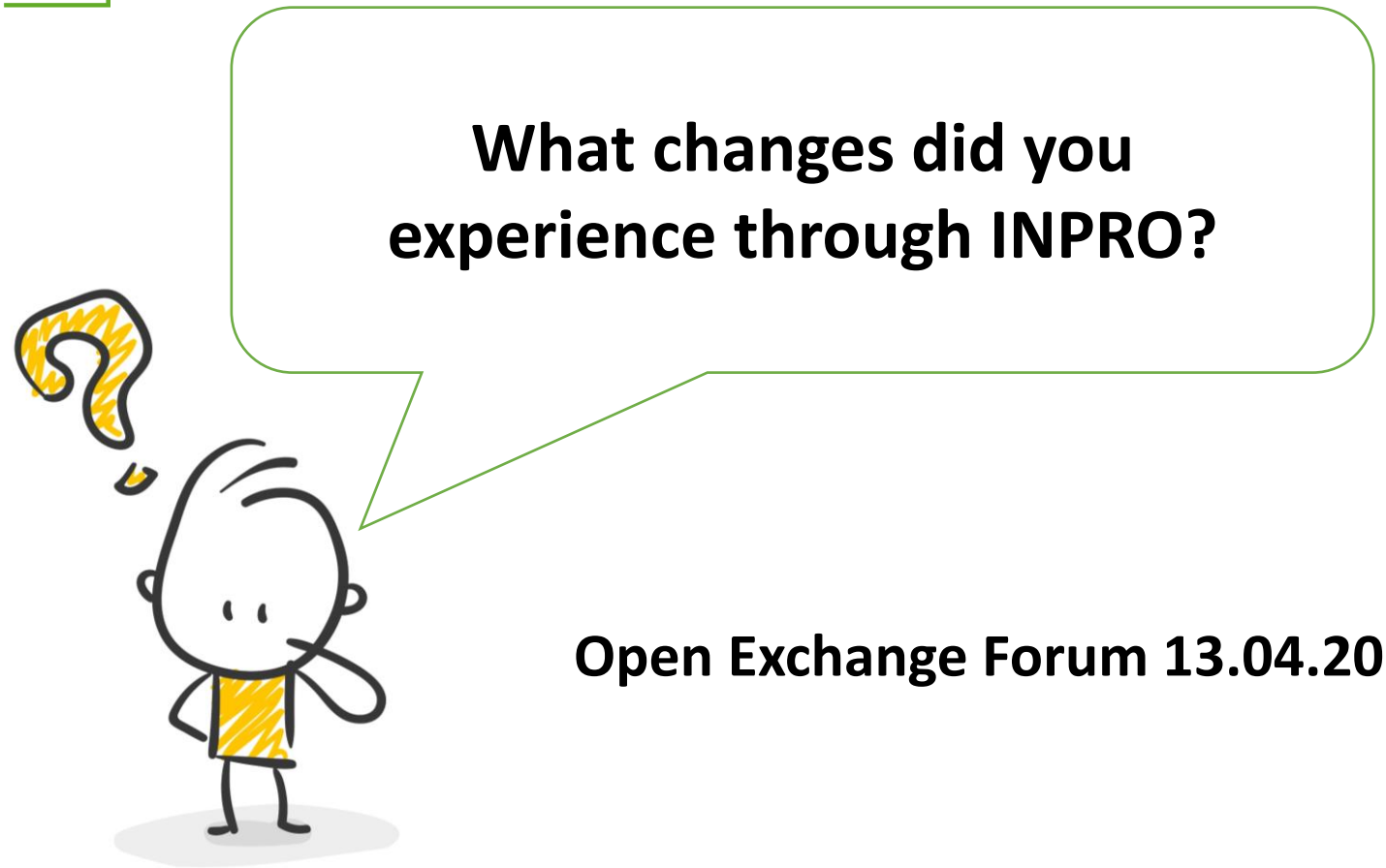

Open Exchange Forum 13.04.2023

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INPRO facilitates change!

Because of the INPRO project, the institution Moorheilbad Harbach Gesundheits-& Rehabilitationszentrum was inspired to implement the ICF-Framework not only within the work of the physiotherapists, but also with other professions such as the dieticians or psychologists. By doing so, a shared documentation system in the same form for every profession developed. It ensures uniform history taking in a person-centred approach right from the start of therapy.

Through the influence of INPRO, the learning ward in Revalidatie Friesland got to know the value of the dietetic profession. Before INPRO, they had little hours for that profession but now more and more students come in and they where able to raise the hours of dieticians for the patients.

Interprofessionalism is a topic that can and should be discussed not only on a national, but also on an international level to improve patient care. Through INPRO, institutions in different countries identified similarities and potentials for implementation (in field and education). In the future, by identifying common problems, international working groups could be implemented to meet regularly and discuss solutions for the improvement of patient care.

INPRO facilitates change!

INPRO facilitated the development and application of regional pilots – online and face-to-face.

Interprofessional exchange and recognition should be facilitated on the educational level AND in the clinical setting. INPRO showed that professions actually value each others contributions to patient care and that person-centredness starts by working together in a team.

The interprofessional mindset of INPRO led to a change in education-style in the Hanze University of Applied Sciences. It arose that many times the different professions don‘t know each other that well and because of that it was hard to see the value of the others. Because of INPRO they now try to connect the different professions quite early in their study and they developed classes that can be attended by different professions together.

Other institutes of higher education got interested in the ideas of INPRO. So much that programme leaders invited an INPRO-Member to talk about identified literature, developed materials and implemented activities that can now find a way into other universities curriculums.

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Today's personal learnings

By exchanging in INPRO,
I got inspired for my own field of work.
Seeing how simular facilities in different countries
approach their practice and how they solve problems,
is a great way to improve work
and patient-care in my own setting.

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Today‘s personal learnings

Other professions experience is a great source of inpiration for ones own work. That is what makes interprofessional and also international exchange so very valuable.

The teachers from the clinical setting are a great source of knowlege. The higher educational facilities should try to reach out to them more. That way, the students could already learn from the field before they get there.

Sharing is a great way to facilitate growth. But sharing needs rules. Other persons intellectual property can not be shared without consent and so, we need to apply rules/regulations on what can and cannot be shared by everyone. The same goes for pictures, frameworks,…

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