INPRO
INTERPROFESSIONALISM IN ACTION

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STUDENT-RUN INTERPROFESSIONAL LEARNING WARD

SOCIAL BUSINESS CASE

ALIGNING INTERPROFESSIONAL EDUCATION AND COLLABORATION IN PRACTICE

using promising regional experiences for international exchange

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PREFACE

INPRO is an international project, co-funded by the European Union, in which higher education institutions (HEI's) and rehabilitation centers work in partnership on aligning interprofessional collaboration. Or to state it more concrete: to further enable a smooth transfer from training in health and social professions to the actual work setting.

The guideline and roadmap of the Student-Run Interprofessional Learning Ward (SR-IPLW) are published and available free of charge at the INPRO website (www.inproproject.eu). In case a healthcare organisation in collaboration with a Higher Education Institute is interested in an SR-IPLW but needs more insight in organisational aspects of the innovation, such as financial projections and human resources, then this business case provides this information.

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1. SUMMARY

This social business case describes the motivation to develop a Student-Run Interprofessional Learning Ward (SR-IPLW), where patients, students, lecturers and professionals learn and work together. Students are in the lead of SR-IPLW together with professionals and lecturers on the basis of patients' needs.

Coaching and supporting the lecturers and professionals. Everyone learns and continues learning, which means that the SR-IPLW is constantly evolving. Innovation and Research support this process.

The business case makes clear that with a modest financial investment, an extensive (organization-wide) commitment and solid (organization-exceeding) cooperation, a SR-IPLW can be realized with a fundamental social impact. A new way of education, and a different approach of treatment resulting in a permanent influx of interprofessional educated young talented professionals.

2. INTRODUCTION

2.1 WHAT IS THE SR-IPLW?

The concept of an SR-IPLW is relatively young and differentiates from traditional monodisciplinary learning wards in clinical practice (mostly in hospitals for nursing education). It is granting an internship to an interprofessional group of students. These students learn and work together with professionals and lecturers from Higher Education Institutes (HEI) in patient care. Therefore, it is a form of continuous learning and collaboration of all the various stakeholders. This approach requires creativity from all involved, letting go of existing forms and ideas and setting off without boarded-up agreements. The aim is to deepen the person-centred care, but also to deepen education (why do we do what we do?). In this way we create an interprofessional community of learners (CoL) for rehabilitation medicine and education.

2.2 THE CURRENT STATE

In 2019, the SR-IPLW project started, a project that was carried out within the strategic partnership of Hanze University of Applied Sciences (HUAS) and Rehabilitation Centre “Revalidatie Friesland” (RF).

The SR-IPLW has become an indispensable department of RF and the Student Run Clinic is a permanent department of HUAS. There, 1st and especially 2nd year students from different vocational programs work within the same concept, but in an educational setting.

2.3 BACKGROUND OF INITIATORS

RF has designated the development and sharing of knowledge and expertise as an important goal. To this end, it has intensified and, where possible, formalized the collaboration with Higher Education Institutes (HEI; including the University of Groningen, NHL Stenden and HUAS). HEI's, especially the universities of applied sciences, are highly interested in the way RF carries out interprofessional collaboration in patient care and in research and innovation. The importance of involving the vocational training at an early stage in the way in which treatment, research and innovation are carried out is emphatically endorsed by RF. For our current employees, participating in a SR-IPLW is an opportunity to develop their talents and the principle of 'lifelong learning' is further developed. The influence of students at the innovation of our treatment offering and our processes, aided by the connection between education and practice, improves the quality of care.

In its vision, HUAS states that 'We do interprofessional collaboration and education from the outside (Engaged) together with the professional field'. The field of clinical practice is leading in the articulation of demand, but multiple parties at one table poses process-related challenges. A challenging collaboration between HUAS and RF concerns professionalisation, education and educational innovation, care and care innovation, research, marketing and network activities and the transition of (rehabilitation) care. The parties have developed a learning and working community at the location of RF in which employees of RF and HUAS work, learn and innovate in an equal manner together with students. The experienced success factors are: common urgency, dare to dream (dot on the horizon), dare to experiment, to do and to experience.

2.4 SOCIAL PROBLEM

The starting point is always what the relevant questions are in society. And from there, the central question is: Where do we want to be in five years' time with regard to interprofessional collaboration? Society asks for cooperation at intersections on tasks that transcend disciplines and, therefore, for professionals who have learned to work in this way. With a view to creating the right conditions, it is important that we have a clear structure, guidelines and preconditions for interprofessional cooperation in five years' time.

Recently there were monodisciplinary learning wards, the structure of which can serve as a starting point for example, but the learning wards will no longer be monodisciplinary in the future. There is good articulation of demand, based on the transdisciplinary questions in society and connecting students from various study programs and at various levels (vocational education, BA and MA). Collaboration between study programs and the professional field is essential, intensive and indispensable.

2.5 READING GUIDE

Chapter 3 explains the concept with an emphasis on the perspective of several stakeholders, starting with the patients. This chapter also provides insight into the range of care products / services and the core activities of the SR-IPLW.
Chapter 4 describes the target groups and the market potential, the scalability of the initiative, marketing and the method of distribution.
Chapter 5 discusses the organization and the minimum basic requirements in terms of material capacities and personnel.
Chapter 6 provides insight into where the social benefits can be achieved.
Chapter 7 concerns the financial projections of the SR-IPLW: 'What is the expected result?', 'How much funding is needed to run a SR-IPLW?' and 'Who are the possible financiers?'.
Chapter 8 provides insight into the continuity and key risks of the SR-IPLW.

3. THE RATIONALE

3.1 PATIENT PERSPECTIVE

The quality of care will increase because the SR-IPLW is making the next step; from interdisciplinary to interprofessional collaboration. The role of the patient is more important here. In an interdisciplinary team, different professionals work towards the same goal, but within interprofessional collaboration, the patient is an equal stakeholder in the rehabilitation process. The interprofessional collaboration has similarities with other approaches (such as the 'Rehabilitation is Learning' approach of the Rehab Academy, where learning and ownership of the patient are central). At the SR-IPLW, however, not only the patient is central, but all stakeholders (patients, professionals, students and lecturers) act as equal learners. This makes our state-of-the-art rehabilitation care future-proof.

3.2 HEALTH CARE PRODUCTS AND SERVICES

What has the SR-IPLW achieved (so far)?

• Realizing interventions to involve the patient more actively in the rehabilitation process, such as the 'week launch' in which patients set weekly goals together with other patients and guided by students and professionals.
• Realizing organizational changes to increase the self-regulation of patients, professionals and students, such as 'Therapy blocks' where timeslots with no appointments are planned in the schedule in order to create more ability planning activities yourself.
• Setting up an integral study journey for the students of the SR-IPLW
• Giving Masterclasses. A patient, 2 professionals (nurse and therapist), student and lecturer from the SR-IPLW are in online connections with groups of students from various schools (nursing, occupational therapy, physical therapy, speech and language pathology and dietetics) around a theme (such as 'cognitive rehabilitation').

• Interprofessional Skills Day (twice per semester): 6 couples of patients and students from the SR-IPLW are in online connection with a group of students from various schools and a lecturer asking intake questions to the patients. Based on this, a treatment plan is written.
• Interprofessional intervision for students and interprofessional intervision for practitioners from the SR-IPLW guided by 2 lecturers from HUAS.
• From the European Erasmus project INPRO: various work materials that focus on aspects of interprofessional education and collaboration, such as interprofessional competences, ICF, interprofessional coaching and professional and interprofessional identity.
• In addition to the SR-IPLW in a clinical setting, a student-run clinic has been set up in education at HUAS. The Honors Lab has been set up with students who follow an Honors program in which the patients' learning strategy is central. There, patients are treated by students at HUAS, guided by lecturers from HUAS and professionals from RF, which has resulted in a student-run clinic.
• In addition to the SR-IPLW in an inpatient setting and the student-run clinic in education, an outpatient variant of the SR-IPLW has been launched, with 3 students, the professionals of an outpatient service of RF and lecturers from HUAS.
• Various events in which experiences from each pilot were shared from the perspectives of the various stakeholders: student, professional, lecturer and patient.
• Application procedure developed for recruitment and selection internship SR-IPLW
• Start of a Community of Learners where research and innovation takes place at the SR-IPLW. Students in the graduation phase of their degree program conduct (action- and design-oriented) research and write their BA thesis. The research questions derive from the SR-IPLW and are elaborated interprofessional by students from various study programmes, such as Nursing, Physical Therapy, Occupational Therapy, Speech and Language Pathology and Nutrition and Dietetics. This research CoL is guided by the lecturers of the various schools and in close collaboration with professionals of the SR-IPLW.
• Content deepening: 3 working groups have been started at the SR-IPLW: therapeutic climate, family care and IP collaboration. Each working group consists of professionals and students.
• A roadmap for the implementation process of a SR-IPLW, with which other organizations (always a combination of a healthcare organization with a HEI) can set up a SR-IPLW in their region.

In concrete terms, information can be obtained from all the aforementioned results. Partly because it has always been the goal of all participating parties to spread 'the concept of SR-IPLW' widely, so that as many organizations, students, professionals, lecturers and patients as possible will benefit from it.

3.3 CORE ACTIVITIES

In general terms, you could say that there are two core activities:
1. Person-centered Care
2. Interprofessional Education

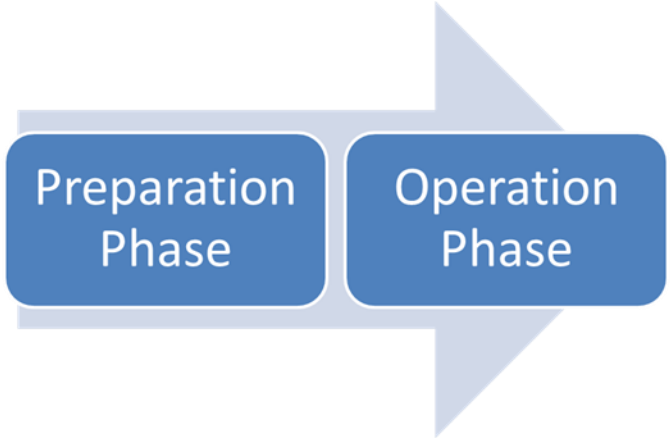
It is predetermined that the treatments and education at the SR-IPLW yield at least the same quality as the 'regular' method of treatment and training. The expectation, both on the education and treatment side, was that a significant improvement in quality would be achieved, which was also apparent from interviews with patients, students, educators and professionals.

3.4 DEVELOPMENT PROCESS

The realization of the SR-IPLW required a great deal of preparation. It required strategic cooperation resulting in a strategic agreement on paper between RF and HUAS. Fundamentals and basic conditions for a strategic partnership are:

1 Choose the right partner
2 Feel yourself equal to each other
3 Determine a common vision and long-term goals
4 Record goals and ambitions unambiguously and transparently (and do so at the right time)
5 Start small and think big

This business case explicitly considers this. If you do not properly arrange the cooperation at the start, this is a major risk in the future. The development and implementation requires an effort from both the healthcare institution and the HEI. Long-term cooperation is required in serious matters, namely treating patients and educating students.



The preparation phase, which consists of getting to know each other, determining the starting points and vision and writing a project plan, is the basis for really getting to work together. What was sown in the preparation phase is harvested in the operational phase.

The multifactorial character of the collaboration is clearly evident in the development process. If you really want changes in curricula in education and in processes and protocols in practice, you need involvement at all layers of an organization from the start. This not only concerns major changes in the collaboration, but also in the treatment and education processes.

It is true that 'man is not naturally inclined to change, only to adapt'. And 'man' is in the construct of a SR-IPLW:

1. The patient
2. The student
3. The professional
4. The lecturer
5. The Practice/health care Organization, in this case Management and Board of Directors of RF
6. The Higher Educational Institution, in this case Deans of the concerned academies and the CEO of HUAS

The early involvement of all stakeholders, including patient councils, management, financiers and industry associations, is of great importance.

4. TARGET GROUPS AND MARKET

4.1 TARGET GROUPS

Various stakeholders learn and work with and from each other at the SR-IPLW. This concept has an effect on all these target groups. We distinguish:

a. Patients

b. Students

c. Lecturers

d. Professionals

The SR-IPLW actually focuses on the target groups of the future and from that perspective we define the target groups as follows:

Patients of the future: patients with control over their own treatment process (self-regulation), who actively participate as a joint partner in the interprofessional team where decision-making takes place, take control and participate, based on their expertise, in research and innovations in healthcare.

Students of the future: students who are trained to become interprofessional professionals. Who develop an interprofessional identity. Who take the lead of the SR-IPLW during their internship, with the knowledge and skills that match their core profession, but who work and observe with an interprofessional view. They see the patient as a partner in treatment and see research and innovation as self-evident parts of their studies and work.

Lecturers of the future: the lecturers who can not only act as 'subject lecturers', but who can coach with a broad perspective. Crossing the boundaries of their own domain, interprofessional, demand-driven and actively participating in the interprofessional team coaching students and professionals, where work experience is gained and their (inter)professional competence can be fostered and maintained. Lecturers who participate in research and innovation see it as necessary to further develop themselves and their profession.

The professionals of the future: the professionals who (dare to) look beyond the boundaries of their actual profession and act as experts in shared domains, work interprofessional and act as advocacy of interprofessional collaborators, regard patients as experts and part of the interprofessional team. Professionals with an open mindset, willingness to learn, develop and grow in interprofessional competencies.

4.2 CURRENT SITUATION

Looking at the 'regular' education and treatment climate, we see a traditional picture. Vocational education trains students for a profession, with all the knowledge, competences and skills that go with it. HUAS does this in a very professional manner, with high quality standards and, therefore, produces excellent junior professionals.

The practice organization hires qualified professionals, preferably with a great deal of professional knowledge and experience, and focuses primarily on the profession, the position. The practice organization takes on interns from vocational education and links an intern to a qualified professional who has followed the same education. This is the regular situation and not the situation of the SR-IPLW.

The labour market is declining, there are fewer and fewer trainees from vocational training and the working population is aging and declining.

4.3 MARKET POTENTIAL

With the organization of the SR-IPLW, something changes in the appeal of the practice organization, both for interns and professionals. The concept in which students are trained interprofessional, research and innovation play an important role and the patient takes a central place in the treatment, is an attractive prospect for many students and professionals.

This allows HUAS to profile itself and strengthens the position of RF on the internship and labour market. Twice a year, about 12-15 trainees from 8 vocational schools start their traineeship at the SR-IPLW and in the past 2 years 2 Physical Therapy students, 3 Occupational Therapy students, 1 Speech Language Pathology student, 1 Social Work student, 1 Psychology student and 8 Nursing students, after obtaining their diploma, received a contract as a professional at RF. New professionals, trained in interprofessional thinking, learning and acting. We call this our 'incubator'. Professionals of and for the future!

4.4 COMPETITION AND REPLICATION

Of course, in times of tightness in the labor market, some form of competition or competition arises when it comes to recruiting new staff. This is certainly the case in healthcare. It is also one of the reasons to start the INPRO project. Everywhere in Europe we see the phenomenon of a growing demand for care on the one hand and a shrinking workforce on the other. We also see the aim to provide the patient more control and to arrive at innovative care and treatment. Supported by research to demonstrate quality and effectiveness of new concepts.

That is why the concept of the SR-IPLW, designed and developed by HUAS and RF, is intended for dissemination in the region, in the country and within Europe. While only a part of the students (and lecturers) are currently included in this concept of education, we aim to implement this throughout the entire healthcare vocational education and to set it up as a 'standard'. Society benefits from this concept, in various care domains, such as hospitals, rehabilitation centres, in the fast-growing care for the elderly and, where possible, also in primary care.

4.5 PRICING POLICY

A lot has been developed within INPRO and that also applies to the SR-IPLW. This is stated in chapter 3.2. The long-term development of the SR-IPLW has required a financial effort from both RF and HUAS. With the help of the Erasmus+ grant for INPRO, the project has reached this phase. So all deliveries have come about thanks to a financial contribution from Education, Healthcare and Erasmus+. A co-creation within (Northern part of) The Netherlands and partners in Finland, Austria and Belgium. Marketing this concept, which was developed with 'social money', does not have to be financially profitable.

Supporting other organizations that want to adopt this concept, they have free access to the INPRO materials on the website and for further implementation, for example by using a project leader, can be provided at cost price. In this way we take the SR-IPLW concept further and a micro development can lead to a macro effect.

4.6 DISTRIBUTION

There is great interest from other universities of applied sciences and in particular from healthcare organizations nationwide. That creates a form of spontaneous distribution. To promote distribution, a guideline has been drawn up to help educational and healthcare organizations set up and a roadmap has been developed to implement it. The realization of promotional material, such as a short promotional film, is also being considered.

The branch organization of rehabilitation in The Netherlands, ’Revalidatie Nederland’, acted as one of the advisory board members of INPRO and is asked to think along and help spread this concept in the country.

5. ORGANISATION

5.1 ORGANISATION

In order to organize a SR-IPLW, investments must be made in the preparation phase. This is a phase in which a connection must be established between the university of applied sciences and the healthcare organization at all levels. From the professionals and lecturers on the workplace shop floor to management and the Board of Directors. This is important because far-reaching decisions have to be made in both the field of education and health care. Agreements must also be made about the personnel to be deployed and other investment costs.

At the highest level, the vision on and the assignment for the SR-IPLW will have to be given to a steering group, which will also include the chairmen of working groups operating under it. The working groups and the steering group consist of officials from both organisations. In this way, the connection between education and care is always guaranteed. The working groups are accountable to the steering group, which in turn is accountable to the patients.

5.2 PARTNERS AND NETWORK

The HUAS and RF are the partners in this project and it has already been stated that a SR-IPLW can only be realized if a care organization and an educational organization are involved. They form, as it were, a new network organization, albeit, limited to the SR-IPLW. New networks, such as 'learning communities', are created within this collaboration.

The SR-IPLW concept is attracting a great deal of interest and we have noticed that it is also generating new, less logical partners. Such as the Business Administration or Management in Healthcare studies, which like to join the SR-IPLW. It is important to maintain the balance between the primary and precarious cooperation between education and care on the one hand and the interest from outside and the demand for partnership on the other. Given the great interest in the SR-IPLW, it appears to be a concept that can easily be marketed by the marketing & communications department of an organization involved.

It is important to include this subject in the agreements made between the two organizations at board level. Clarity about what will be marketed and under what conditions is of great importance. Internal communication is very important, because the SR-IPLW initially concerns a small part of the organization, but over time it can concern a much larger part or the entire organization. Coordination between the communication departments of the university of applied sciences and the healthcare organization with regard to timing and content is important.

5.3 CONSEQUENCES FOR THE ORGANISATION

Implementing a SR-IPLW has significant consequences for both organizations. In addition to the organizations having to invest in money and manpower, it also affects the culture. Not every lecturer or professional is inclined to unleash their own working method. Reference is often made to the risk of loss of quality or failure to meet the training requirements. Once started, you see that the primary restraint turns into enthusiasm. Characteristic is that not only the patient learns at the SR-IPLW, but also the student, lecturer, professional and management do so. Changing education and healthcare starts with initiatives like this and the guts that organizations show.

In the organizations involved, a climate is created where the patient comes first and where an innovative and research climate becomes the standard. As an employer, both the educational institution and the healthcare organization become more attractive.

6. SOCIAL CASE

6.1 STAKEHOLDERS

Many 'layers' in both organizations have been involved in designing the SR-IPLW. At RF, this also meant that the Works Council and Client Council had a say in the project and could exert their influence. The director of the branch organization of rehabilitation in The Netherlands, ’Revalidatie Nederland’, is also involved in INPRO and his enthusiasm for the SR-IPLW is very motivating to continue and distribute the concept. Naturally, students have a major say in the design and functioning of the SR-IPLW. They are the engine behind the further development. And then the patients… they help improve the SR-IPLW every day. They are the most important stakeholders of this concept.

6.2 NEGATIVE EFFECTS

It is difficult enough for many organizations to keep their heads above water. Major personnel and financial problems demand a lot of energy and it is tempting to opt for short-term solutions. Investing in longer-term effects and solutions, which also provide a qualitative impulse to education and healthcare, is not obvious. Realizing a circular process of education-healthcare-education is not naturally preferred to the current linear process of education-healthcare. An extra effort is required for this.

6.3 QUANTITATIVE EFFECTS

SR-IPLWs are attractive training places for vocational education. On the one hand, this brings practice closer to education, and, on the other hand, it gives students the opportunity to develop competences other than the usual ones, such as research skills, interprofessional and innovative thinking and acting. For the healthcare sector, the SR-IPLW means a continuous influx of young professionals. Young colleagues, trained as interprofessional working professionals, who will be employed at RF after their diploma, which means that the (imminent) staff shortage is prevented. In the last 2 years, 16 junior professionals have entered a permanent job in this way.

6.4 CONCLUSIONS

In a future situation where a different positioning of patient, student, lecturer and professional is necessary, the SR-IPLW is the solution. With a relatively small effort, a combination of educational institution and healthcare organization can realize a SR-IPLW using the collection of developed materials, including a SR-IPLW guideline, roadmap and business case, made available by INPRO/SR-IPLW. Education, Treatment, Research and Innovation come together here and influence each other. This allows interprofessional trained students to enter the healthcare sector. A healthcare organization trains its own staff, as it were. The educational institution delivers the student of the future through its integration into the professional field.

7. FINANCIAL EFFECTS

7.1 PRINCIPLES OF FINANCIAL FORECASTS

With a small financial effort, an organization can set up the SR-IPLW. Income is maintained, because treatment continues and declarations are sent. The costs include setting up the project and the associated personnel costs. The financial profit lies in the continuous hiring of young, well-educated young people. This saves costs, especially with regard to recruitment & selection.

7.2 PRINCIPLES FOR THE INVESTMENT BUDGET

Installing a steering committee generally costs little. It falls within the functions of deans, managers and department heads. Appointing a project leader, who can easily do this on a part-time basis, will cost € 20,000 - € 30,000 per year. On top of that are the costs of the working group members (lecturers, professionals, students). These costs fluctuate depending on the phase of the implementation. Perhaps many hours can be realized 'in kind'. Most work takes place within existing task packages and, therefore, does not cost extra time/money (for example: supervising students also happens in a regular ward/department). There are additional costs/time for meetings that working group members need to set up the SR-IPLW. Optional is the use of the expertise of the project leaders of HUAS and/or RF.

7.3 BORROWING REQUIREMENTS

As described above, the realization of a SR-IPLW mainly requires an investment in hours. Apart from exceptions, no (major) renovations or investments in inventory/installations are required.

7.4 FINANCIAL PROPOSAL

Finance the SR-IPLW from the regular budgets and consider additional grants for the start-up and implementation.

8. CONTINUITY AND RISKS

8.1 CONTINUITY

As described earlier, with the organizational model, you start a SR-IPLW as a form of education and person-centred care, aimed at the future. The result of the design and realization process is a permanent SR-IPLW, structurally embedded in the business operations. Both on the side of the education institution and that of the healthcare organization. The SR-IPLW will be and will continue to evolve. There is no final picture, because the innovative and research character results in a self-developing model.

8.2 RISKS

The risks to be identified lie on the one hand in the collaboration and on the other hand in the support base. Collaborations, if not properly secured, often depend on driven individuals. If organizations do not arrive at a vision and the resulting frameworks (and financing), there is a continuous risk for the collaboration and therefore the SR-IPLW. The same goes for the support. Support for the SR-IPLW must be created and continued in the individual organizations. If this is not there, or if it is insufficient, there is a great tendency to fall back on old behaviour.