



ALIGNING INTERPROFESSIONAL EDUCATION AND COLLABORATION IN PRACTICE

using promising regional experiences for international exchange

INTERPROFESSIONAL INTERNSHIP MODEL

a pilot at Lebens.Med Zentrum St. Pölten

Short summary

In 2023, a total of 6 students from 3 different professions (physiotherapy, occupational therapy, nursing) took part in the “interprofessional internship” pilot project. The students had the opportunity to learn from each other.

They received a multi-page document that guided them through the interprofessional internship. Fortunately, this meant that the employees hardly had to spend any extra time.

The students gave consistently positive feedback. They enjoyed the unique opportunity to have intensive exchanges with other professional groups. Understanding of others and one's own profession could be strengthened.

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1. Introduction

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. This piloting and related reporting have been carried out as part of the international INPRO (=Interprofessionalism in action) - project.

This pilot project was carried out at the "Lebens.Med Zentrum St. Pölten" (LMSP). This is an outpatient rehabilitation center with 7 different indications (orthopedics, cardiology, pulmonology, metabolism, neurology, oncology, mental health). Every year, several interns in the fields of physiotherapy, occupational therapy and nursing are supervised at the LMSP. The internships usually last 4 to 5 weeks. The goal of this pilot project was to develop and test ways in which these interns can learn from each other.

2. Project stakeholders

Claudia Zimmer (physiotherapist) was responsible for the entire planning and coordination of this pilot project. She developed documents, informed the employees and interns and at the end collected the completed questionnaires.

The physiotherapists, occupational therapists and nurses employed by the LMSP were responsible for their own intern as normal. The only special thing was, that sometimes the intern from the other profession was watching. Since the employees have very limited time resources, it was very important in the planning that the employees should hardly feel any extra time burden, otherwise the pilot project would not have been possible.

3. Vision

The goal was for the interns (physiotherapy, occupational therapy, nursing) to learn from each other. This opportunity rarely exists later in your professional life. Because in everyday working life you have a full therapy plan to work through. You might meet the other professions once a week in a short meeting - or not at all. The internship is the perfect opportunity to get to know what other professional groups do. This knowledge is an important basis for later close interprofessional collaboration.

4. Goal and Plan

Goals:

- Getting to know the other professions (watching/participating therapies and then reflecting together with the other intern, learn to ask appropriate questions, find overlaps)
- Consolidating your own professional image (explaining to the other intern why you do what and how, learn to answer critical/difficult questions)

Plan:

- First, all employees were generally informed about the process/contents of the planned pilot project in a meeting and also via email. In an additional meeting, further details were discussed with the occupational therapists.
- In order to equally integrate all three professions (physiotherapy = PT, occupational therapy = OT, nursing = NU) that regularly supervise interns, three pairs of interns were formed:
 - **PT + NU** 02.05.2023 – 31.05.2023
 - **PT + OT** 14.08.2023 – 08.09.2023
 - **OT + NU** 16.10.2023 – 14.11.2023
- The interns were informed about the project after a few days of internship. Claudia Zimmer briefly explained the most important things. Then the two interns received a 6-page printed document that guided them through the entire pilot project.

5. Pilot Actions

All 3 IP-internships had the following content. The 6-page document, that the interns received, was also structured like this:

1.) Getting to know each other (0,5 h)

The two students had the task of taking 1/2 hour to get to know each other (name, profession, semester, ...)

2.) Attending and watching different professional groups (5 - 10 h)

The interns should use the time of the internship to get to know ALL professional groups. They were given a list of all the professions working in the LMSP and were asked to note down exactly which forms of therapy/lectures they had seen. The goal was for the interns to get to know the entire rehabilitation process. This allows them to better understand the patient's perspective.

It should be noted that the interns always had to ask the employee in advance whether watching was possible. Particularly in the field of psychology and in medical discussions, participation may not be granted.

3.) A common patient (2 x 1,5 h)

Physiotherapy and occupational therapy interns always need diagnostic patients for their studies. Patients take part in this voluntarily - in addition to the rehabilitation appointments. As part of the pilot project, the interns were asked to complete two units (2 x 0,5 h) together. Depending on the situation, the other intern watched or contributed their knowledge and skills. Afterwards there was enough time (2 x 1 h) to reflect together (without the patient):

What did I see? What was unclear to me? What was I surprised about? What else would I like to know? What could I contribute? Where are overlaps? What did I perceive completely differently? Was I able to explain my own therapeutic work well? What further ideas do I have? When was I uncertain?

4.) Interprofessional days (2 x 8 h)

The two interns should attend each other during all therapies for two full days.

The rough process looked like this, minor deviations were possible:

08.00 – 11.00: Intern 1 attends intern 2

11.00 – 12.00: Morning reflection

12.00 – 12.30: Lunch break

12.30 – 15.30: Intern 2 attends intern 1

15.30 – 16.30: Afternoon reflection

5.) Final feedback (0,5 h)

What have I learned? What was great? What could be improved?

Additionally, students were asked to complete two questionnaires at the end of the internship.

- The EPIS questionnaire was online and concerned interprofessional collaboration.
www.soscisurvey.de/EPIS-DACH
- The second questionnaire concerned the internship results.

6. Evaluation

Students:

The students' expectation is, that they will be able to get to know many different professional groups more closely and in a practical manner. During your studies you only hear theoretically and peripheral about what other professional groups do. Later in your everyday working life you hardly have the opportunity to watch other professional groups at work. This opportunity only exists during internships and should be used well.

Professionals:

The employees see students as future colleagues who should gain as many different impressions and knowledge as possible during the internship. Nevertheless, they only want/may invest a little extra time to support the students.

Lecturers:

Lecturers want students to consolidate their previous knowledge and skills during the internship. They hope that the students will also receive a lot of interprofessional insights in order to be able to better connect their knowledge. The students should later be able to work well with other professional groups.

Patients:

Patients want to be cared for competently and closely. Under no circumstances they want to have to tell their medical story over and over again. They expect networked cooperation between all professional groups. Patients assume that all professional groups know about each other and that the therapy content is coordinated.

7. Conclusion

Structure and Workload:

The general structure of the pilot project was successful. The input from the final feedback from each pair of students was immediately taken into account and implemented for the next pair.

The workload decreased with each pair of students, which is also in the interests of the employees. The multi-page document became increasingly detailed, meaning less employee support was required. If such a project is to be implemented on a long-term basis, the actual effort will be kept to a minimum if the documents are well prepared. The workload that remains is that it must be checked when two students from different professions complete an internship at the same time. The documents must be printed out. And once towards the beginning of the internship, both students have to be brought in for a short conversation together. In this conversation, the students are informed about the content and goals of the interprofessional exchange. From this point on, they are on their own and have to complete the tasks themselves. This worked very well for the third pair of students.

Problems:

The first pair had an unexpected problem. Although there was no complaint or incident, a doctor suddenly made a change. It is now forbidden for 2 students to be present in an individual setting at the same time. Two students are only allowed to be present at the same time in a group setting. Unfortunately, this ban was not discussed in advance but was only announced via an email to the entire team. Unfortunately, the overall learning effect was reduced. My recommendation is to discuss this topic with the team in advance. It should always be an individual decision whether it is beneficial or destructive for a patient to have two students present at the same time. It would be a pity if students were immediately denied this unique learning opportunity.

One student pair had the problem, that their shared patient became ill and therefore had to cancel many therapy sessions. My recommendation is to plan the common therapy units early on or to plan replacement patients.

Feedback:

The feedback from the students was entirely positive. The pilot project was a good opportunity not only to get to know other professional groups but also to ensure exchange among each other. This exchange is a good preparation for future collaboration. Such an exchange is hardly possible later in normal professional life. The students experienced where the professional groups overlap and complement each other. Preconceptions were also broken down, such as that occupational therapy is just “playing games”. The students were amazed at what could be achieved with such simple exercises/games. The pilot project was also a welcome change from the normal everyday internship routine.

Learning outcomes – from the students perspective:

Learn something new and be able to apply what you have already learned.

Acquire knowledge about how you can support and complement each other.

When everyone (student, internship instructor, patient) is satisfied with the demonstrated skills.

Giving patients a feeling of security and trust through good interprofessional collaboration.

Become clearer about your own area of expertise.

Be able to explain the actions of your own profession well.

Results EPIS-questionnaire:

Next to the questions you find the average points of the questionnaires received.

1 = strongly disagree
2 = disagree
3 = neutral / no opinion
4 = agree
5 = strongly agree

CAUTION!
Only one answer per question i.e., cross only one box.
If you need to change your answer, please cross a new box and black out the previous one

| | | 1 | 2 | 3 | 4 | 5 |
|-------------------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Interprofessional belonging | | | | | | |
| 4,7 | 1. I like meeting and getting to know people from other health professions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4,7 | 2. I feel a strong attachment toward interprofessional teams comprising cross-disciplinary health professionals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4,3 | 3. I enjoy learning and collaborating with people from other health professions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4,3 | 4. I like learning about other health professions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interprofessional commitment | | | | | | |
| 5 | 5. I would be very happy to spend the rest of my career with an interprofessional team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4,7 | 6. I identify myself with other members of an interprofessional team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4,7 | 7. I am proud to be a part of an interprofessional team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 8. I prefer working with others in an interprofessional team | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interprofessional beliefs | | | | | | |
| 4,3 | 9. All members of an interprofessional team should be involved in goal setting for each patient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 10. When care decisions are made, the interprofessional team members should strive for consensus on planned processes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 11. Interprofessional team members should jointly agree to communicate plans for patient care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4,3 | 12. Joint clinical decision-making should be an important part of interprofessional collaboration. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Summary

In 2023, a total of 6 students from 3 different professions (physiotherapy, occupational therapy, nursing) took part in the “Interprofessional Internship” pilot project. The students had the opportunity to learn from each other by being divided into pairs (physiotherapy + nursing, physiotherapy + occupational therapy, occupational therapy + nursing). They received a multi-page document that guided them through the approximately 4-week interprofessional internship. Therefore, employees hardly had to spend any additional time. Time is an important resource in rehabilitation centers, so time-saving planning should always be taken into account.

The interns accompanied each other during many therapies. They had the task of explaining their own actions and asking questions about the other professional group.

The students gave consistently positive feedback. They enjoyed the unique opportunity to exchange intensively with other professional groups. Understanding of others and one's own profession could be strengthened.

The pilot project was a successful attempt. It would be desirable if this interprofessional approach were given more consideration in internships throughout Austria. If intensive collaboration with other professional groups is desired, the foundation for this must be laid during studies and internships.

Appendixes

- 1.) information sheet for employees (German)
- 2.) 6-pages document for students (German)
- 3.) questionnaire regarding internship results (German)
- 4.) EPIS-questionnaire www.socisurvey.de/EPIS-DACH