

Interprofessional Education: A way to transform tomorrow's healthcare!

Hosted by MEP Lieve Wierinck



Educational and Advocacy Outcomes



European Healthcare Students' Associations Summit
"Interprofessional Education: A way to transform tomorrow's healthcare!"

Educational and Advocacy Outcomes

On 7th of June 2018, the European Healthcare Students' Associations Summit (EHSAS) organised a policy event called "Interprofessional Education: A way to transform tomorrow's healthcare!". It was hosted by MEP Lieve Wierinck (Alliance of Liberals and Democrats for Europe), at the European Parliament in Brussels, Belgium. On the 24th of May, EHSAS also hold an online discussion forum on interprofessional education for students.

This document will list the advocacy and educational outcomes from both events in the hope of sharing the knowledge and experience we have gained. We believe that patient-centred care should be at the core of all medical related courses for healthcare students and see strong multidisciplinary teams as a key aspect of patient-centred care. Interprofessional education should be recognised as a key component of healthcare students' curricula to optimally prepare healthcare students for their future roles in developing multidisciplinary care teams in patient-centred health systems. Interprofessional collaboration amongst future healthcare professionals benefits greatly from the implementation of interprofessional education in undergraduate, postgraduate, and continuous professional education.

A collaborative approach to education is required in order to build and improve healthcare students teamworking skills, to develop a greater appreciation of the other aspects of healthcare, contribute to a sustainable healthcare system and practice, most importantly, patient-oriented care.



Panel of Speakers

(From left to right): Andrzej Rys, Lilian Azzopardi, Janusz Janczukowicz, Lieve Wierinck, Dorothea Dalig, Telmo Baptista, Didier Jourdan, Kaisa Immonen

MEP Lieve Wierinck, ALDE, opened the event and pointed out that the students are expressing the desire for an increased presence of IPE in healthcare studies' curricula. Students are unsure when to involve other healthcare professionals in patient care at the moment but wish to learn more about each other and how to collaborate with the benefit of the patient in mind. They believe that IPE and IPC will result in an improved healthcare and an improved appreciation of other professions. She pointed out that some faculties already implemented IPE in the curricula but more needs to be done. She concluded by pointing out that the main goal of IP is to benefit the patient so it is important to adopt a patient-centred approach in healthcare.

Orsolya Süli, EMSA Vice President of External Affairs, presented EHSAS to the participants. She explained that EHSAS started collaborating in 2015 on topics ranging from antimicrobial resistance and open access to IPE and IPC. EHSAS advocates for IPE as it will improve the healthcare students' readiness to enter the professional healthcare teams. She explained that a survey on the topic had been previously conducted among the EHSAS members and the majority of the respondents agreed that they are aware of the fact that they will need to work as part of a team in their future professional lives but most countries do not offer IPE courses yet. Students are asking for more IPE in curricula and are especially in favour of interactive IPE courses not just joint lectures. It is also important to include patient interaction in healthcare studies. The students were also asked to provide some suggestions on possible IPE topics and some of the proposed topics were patient counselling, patient education, ethics and noncommunicable diseases. Students also pointed out that they do not know enough about each other's competencies so it was important to practice the healthcare workforce collaboration during their studies. EHSAS calls for patient-centred care and interprofessional education the curricula to prepare students for their future professional work in healthcare workforce and other multidisciplinary teams.

Dorothea Dalig, EPSA Vice President of European Affairs, facilitated the presentation of the panellist and the subsequent panel discussion.

Andrzej Rys, Directorate-General for Health and Food Safety (DG Sante), European Commission, explained that when approached, many patients state that they would prefer that a conservative, not an innovative surgeon operates on them. He pointed out that IPE has been discussed for the past 20 years already. It is important to understand how other healthcare professionals work and how to plan the healthcare workforce development. This is an ongoing discussion at the moment and the European Commission published a report on the state of health in the European Union which includes recommendations in this area. He pointed out that the workforce was ageing while recruitment issues, a poor geographical distribution of the workforce, the mismatch of skills and migration patterns impact the workforces as well. It is also important to think about what the future demands of healthcare professionals will be. The technological advancements facilitate innovation so healthcare needs to continue adapting and developing. The patients' situation in healthcare is changing as they are now better represented and more educated due to increased access to healthcare information but problems in communication persist. Projects to develop knowledge transfer and the development of policy are emerging and it was stressed that it is important to link academia and jobs. Additional work was needed in this area at the moment. He added that the Commission also pushes for continuous professional development. The Commission's perspective on the development and challenges in this area as well as suggestions on how to develop workforce teams are available on the Commission's website.



Lilian Azzopardi, European Association for Faculties of Pharmacy (EAFP) and Janusz Janczukowicz, Association for Medical Education in Europe (AMEE), shared their presentation in the spirit of IPE and IPC. They opened their presentation by delivering the WHO (World Health Organisation) definition of IPE: »Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care across settings.« They presented several ideas on how to implement IPE in curricula, such as joint classes for different healthcare students or activities that encourage learning from each other, e.g. case studies. The latter approach would showcase how different healthcare professionals approach different cases in specific ways and students would learn what other healthcare professionals can contribute to the team. IPE, as a concept has been discussed for a long time and actions, need to be taken. The inclusion of IPE in curricula will benefit the patients. Errors in healthcare will always happen but an interprofessional approach would reduce them and result in safer healthcare systems as many healthcare errors are a result of poor communication and collaboration. IPE will also prepare the healthcare workforce for future collaboration and possibly solve the emerging shortage of healthcare professionals. Healthcare should be patient-centred and IPE should be available in entry-level, undergraduate, postgraduate and lifelong education. Patients are the centre of healthcare and are asking for IPC so the education of future healthcare professionals should reflect that. It is important to achieve collaboration on all levels, including interprofessional and societal, not just between healthcare professionals as other professionals are also involved in healthcare, e.g. information technology experts. IPE would also allow students to learn how to manage the differences between different healthcare professionals while taking into account differences in culture and competencies as well. The presenters believed that IPE should be interactive, not in form of lectures and that it needs to be reviewed to improve attitudes in healthcare. They also believed that patients should be part of the interprofessional teams. The healthcare education should follow the evolving healthcare and prepare students for its changes. Teamwork is important to all healthcare students, even if they will not seek a patient-direct area of employment. The healthcare team should be the case manager, not the controller, and should ensure that the patient receives the correct treatment. EAFP released a position paper that explains how pharmacists should work as an anchoring profession, not alone. Education needs to evolve to combine science and practice. Teaching methods should include experiential activities and should prepare the students for their professional lives and motivate them to become lifelong learners. Students should be actively engaged in the education which can be achieved through case practices and discussions as well as practical research projects. It is important to immerse students into practice early so they learn from actual scenarios. AMEE are performing systematic reviews on IPE and students can work with them on this as student involvement is key to IPE's success.

Didier Jourdan, Global Health and Education UNESCO Chair, presented the public health point of view on the topic of IPE and IPC. In his opinion, the current system is not working as it is not able to face the population challenges, such as capacity and accessibility. IPE and IPC are thus crucial. Chronic conditions require long-term collaboration. The healthcare systems need to change and adapt in order to be sustainable and a higher involvement of teachers is required as IPE is needed to tackle future challenges. Healthcare professionals cannot solve health problems alone and patients have access to higher amounts of information than in the past. It is important to move towards a renewed professional identity in healthcare. Healthcare professionals are more efficient when working in a team. He believed that



education should follow a competency-based approach and pointed out that IPC also encompasses knowledge-sharing and working on patient participation. He added that the expectations of civil societies should also be taken into account.

[Telmo Baptista](#), [European Federation of Psychologists' Associations \(EFPA\)](#), started by explaining that professions are different in different countries. For this reason, EFPA created a European certificate in psychology. It is accepted around Europe and defines the minimal required competences to practice but does not automatically allow a person to practice psychology as it serves only as a reference. Countries can adapt and implement competencies-based curricula. It is important for healthcare professionals to be open to other professions and good practices should be disseminated. He pointed out that at the moment hierarchies and tensions exist between healthcare professionals so it is important to understand these barriers better and abolish them eventually. Technological developments, such as mobile applications, help broaden the collaboration. He believed that curricula should change, more internships should be available and students should experience IPE earlier in their studies. Students should also be introduced to the concept of continuous professional development.

[Kaisa Immonen](#), [European Patients Forum \(EPF\)](#), explained that the current healthcare systems were not designed to manage chronic conditions so it is important to involve patients in IPE and IPC as well as teach them self-management. The continuity of care is very important from the patients' perspective. She stressed that communication and collaboration are important within the healthcare teams but also with the patients. The education of healthcare professionals should be based on the same core skills and competencies for all professions. She explained that patient involvement has an added-value in IPE as it results in an increased knowledge of both patients and healthcare professionals, it increases experience for the patients and results in patients being more closely involved in their treatment. Patients should thus be involved in the development of curricula. Patients should be able to interact with students either in classrooms or during visits. EPF also supports patient involvement on the institutional level, meaning in decision making and planning. However, ethical and practical challenges to patient involvement in IPE exist such as the danger of tokenism. Another challenge is the question of remuneration as patients are experts but often share their knowledge as volunteers. It is important to involve a high number of patients and patients should be trained to be able to take on teaching roles. Patient involvement should be a strategy, not an add-on. She also stressed the importance of soft skills for healthcare professionals as they should act as patient advocates. Innovative practices should be shared and implemented within communities. She proposed the implementation of continued educational credits as they might encourage people to participate in IPE more actively.

[Alexis Delpierre](#) presented the [Interprofessional Health Promotion programme in France](#). He explained that this sanitary service lasts 3-months and aims to educate healthcare students on preventive care. It is based on peer-to-peer education as healthcare students explain the concepts to high school students. This improves the healthcare students' health promotion competencies, assists in the fight against health inequalities and increases health literacy. This is an example of positive collaborative projects but issues, like the challenge of changing the curricula and the need to »renovate« the »old« professions, persist.

[Dorothea Dalig](#), [EPSA Vice President of European Affairs](#), moderated the panel discussion. A participant inquired about efforts to implement healthcare students perspectives in public



health. The panel explained that professionals still work territorially but patients observe the need for collaboration. Students should be exposed to experiential environments. Healthcare students are by definition interprofessional. Different initiatives in this area are being developed and some of them were discussed during the online discussion forum on IPE that was organised prior to the event. Several student groups are also starting to organise interprofessional events for healthcare students to learn from each other and foster the collaboration.



When new health policies are created, the educational aspect is often forgotten. Professionals are then obliged to conform to the new roles but are often not well prepared for this. The panel agreed that there is no link between education and policy development at the moment. This is the result of traditional dissociations but efforts to link these two areas are ongoing. There are ideas on how to approach this but they were not implemented yet. The panel explained that the pharmaceutical profession is very fragmented as pharmaceutical graduates are able to work in many different areas. It is thus a challenge to prepare students for all of them in limited time. For this reason, EAFP brings together different stakeholders to assess their needs. Academia should adapt to the needs of the professional world so education remains relevant and then, policies can be implemented in the curricula. It is important for academia and the professional sphere to work together to ensure that the education is relevant. Universities often claim they implement IPE when in reality they do not in a high extent. Students should be encouraged to advocate for IPE, for better collaboration between different universities and showcase their effectiveness. It is important to define areas where healthcare professionals can progress together, such as prevention and digitalisation. It is important for healthcare students to learn how to work with patients after their discharge. It is very important to continuously discuss the care in healthcare which is not difficult in a hospital setting but can be a problem after discharge. This could possibly be solved with IT platforms that allow professionals from different institutions to meet. This increases the patients' trust in their care. The panel also pointed out that it is important to continue to challenge other professions.

A behavioural change is needed in individuals and communities in order for IPE and IPC to be implemented. It is important to back-up the gained knowledge and uses it in real life situations, otherwise, this approach will not be successful. A change in knowledge, attitude

and behaviour is thus needed. Recently, grants that made universities work together were established and they were successful in terms of collaboration.

Students and patients can make a difference. People often state that they do not know how to collaborate so education is important. Initiatives should come together as they will be more successful then. It is important to advocate for IPE and IPC both to students and to professionals so the curricula change to reflect it. Students should advocate for this and not be afraid of innovation but not all professionals and professors are comfortable with this yet. This is not necessarily a problem of resistance from their side but also of the systems in place at the moment. It is hard to change curricula and job descriptions. Professors support IPE but it takes time to implement it. It is important that students and professors continue to collaborate in this area.

The panel agreed that collaboration is important but it is as important that healthcare professionals maintain their identities. The most important aspect is, however, to develop a patient-centred mentality. Identities should not create borders but increase the awareness of what each professional can offer so they can collaborate, trust and respect one another.

In addition to the policy event, EHSAS also organised an online discussion forum on Interprofessional Education.

Online Discussion Forum, 24th of May



Student Representatives from EDSA, EFPSA, EMSA and EPSA

Eva Shannon Schiffrer, EPSA Vice-President of Education, welcomed the participants and Dorothea Dalig, EPSA Vice-President for European Affairs, briefly presented EHSAS for all the participants. After this, a round of question started, facilitated by Eva.

During the first part of questions, we got to know that the countries represented at the online discussion forum were France, Bulgaria, Portugal, Czech Republic, The Netherlands, Romania, Germany, Turkey, Serbia, Slovenia, Malta and Cyprus and their level of knowledge of

Interprofessional Collaboration and Interprofessional Education. The participants represented all four EHSAS member associations.

Students stated that despite their awareness of Interprofessional Collaboration and the implementation of this idea as a strategy to improve patients health and care, it is still underdeveloped. Different efforts to achieve the cooperation between different healthcare professionals had already been observed. Students see interprofessional collaboration as a way to serve the community better and to join forces to achieve a common goal.

For Interprofessional Education, we got to see that the majority of countries is still in an early stage of implementation of these kinds of educational approaches. However, Serbia, with a pilot project, is implementing some Interprofessional Education with some clinical cases where they have to see the case from the points of view from different healthcare professionals. This idea received very good feedback from participants. For students, approaches like this are very important because it will allow us to become better professionals, learn from and about each other and become more aware of each other's roles in healthcare. It can help the different healthcare systems from the perspective of the patient and society and make an already overstretched system more sustainable. Serbia, Belgium, France, Romania, Portugal, Cyprus and Bulgaria experienced Interprofessional Education through other ventures such as students organisations, both local and international, and professional organisations.

For us to foster these concepts, and then we should try to engage with students from other areas in joint activities. such as public health campaigns, congresses or webinars. It is important to get educated on others professions so we can understand each other and our work better and can focus on giving the best possible care to the patient.

