

## ▼ REVIEW

### INTER-PROFESSIONAL EDUCATION IN HEALTH SCIENCES

**Prof K.R. Sethuraman.**  
*Vice-Chancellor,*

SBV - Mahatma Gandhi Medical College and Research Institute Campus  
Pillaiyarkuppam, Puducherry - 607403, India

Health care delivery in every country is beset with the challenge of providing the best quality at an affordable cost. We also expect that the care should be easily accessible and often customized to the specific needs of the individuals. However, with growing complexity of the health system and increased inter-dependency, we realize that this goal cannot be achieved by any single health profession and requires a concerted effort by the whole gamut of health profession. This brings us to the fore, the need for inter-professional education.

The need for inter-professional education is obvious in the Indian context as we face the challenge of providing health care to billions of people through a huge network of health workforce that is skilled differently and trained in different context, controlled by different regulatory bodies.

What is inter-professional education? When different health professionals belonging to medical, dentistry, nursing and allied health sciences come together, share their learning, and collaborate with each other to improve the quality of health care, they are engaged in inter-professional education.

India is not a stranger to team based Inter-professional Health care. During early 1900's, there were mission hospitals in India that sent out teams of physicians, nurses, and auxiliaries to remote communities. An article published in 1915 advocated a team of doctor, educator, and social worker<sup>1</sup>. Despite early recognition of the need to train doctors, nurses and other health workers in common settings, especially community settings, no major initiative was taken to nurture this concept any time during post-independence era.

The early effort in defining the positive outcomes of interdisciplinary studies were made by small group

of research workers Annual Meeting of the American Educational Research Association, Chicago, 1997<sup>2</sup>.

According to the consensus arrived by this group, interdisciplinary studies enabled better understanding and retention. They helped in getting a holistic view of the care. They promoted critical thinking and decision making irrespective of their fields. Other attributes developed were ability to solve problems, work effectively in community and enhanced level of motivation.

My own epiphany, or 'eureka' moment was during a WHO funded workshop on *Society and Medicine* in 1991. Primary care practice in Sweden was compared with that in Sri Lanka by Goran Tomson (Medicine) and Lisbeth Sachs (Anthropology). Their observations were remarkable: Medically 80% of Sri Lankan practice was irrational and 80% of Swedish practice was rational, while Anthropologically  $\geq 90\%$  of Sri Lankan practice was commendable and only around 10% of Swedish practice was acceptable. The take home message was that one group needed to learn how to practice rationally, while the other group needed to learn how to practice humanistic Medicine.

According to McMurty, inter-professional education deals with taking responsibility in one's own area in an interprofessional team. It does not mean that you should take charge of other's work. There is no need for a professional to be cross trained to perform a different role<sup>3</sup>.

Current Scenario is disheartening and is in dire need of improvements. I have discussed with nearly 700 PG students, during 1994-2005, a case of paralyzed-but-aware-patient on operating table who wiggled his toes, noted by the OT nurse, who indicated it to the

OT team but was ignored as reflex movements. Later the patient sued the hospital for negligence. Only two PGs out of 700+ suggested that perhaps the operating surgeon could have been more receptive to the warning by the nurse. (Personal notes of NTTTC workshops for PGs 1994-2005 )

George Thibault has made a strong plea in favour of IPE. According to him IPE is a tool that helps to achieve three things at a time, viz., better patient centered care, better health outcomes and more efficient deployment of educational as well as health care delivery systems.<sup>4</sup>

The term inter-professional professionalism is used to describe the professional attributes required for fostering inter-professional education and later practice. According to David Stern, inter-professional professionalism denotes abilities to demonstrate core values evidenced by professionals' coming together and working in a spirit of compassion and caring for the patients with mutual respect and trust. The professionals should be able to communicate with their team members without using jargons. They should shed their ego and show humility. They should place patients on top while deciding their priorities. It is also necessary to function as whistle blowers in case their colleagues behave in an inappropriate manner. Thus ethical principles should be kept in mind rather than the professional hierarchy.

No doubt there are many challenges involved in developing inter-professional skills. The hierarchy issue causes a lot of damage in the Indian setting. Often the decisions are taken by the doctor, irrespective of the fact that other support staff may be more mature and wise in dealing with psycho-social, economic and cultural issues. Knowledge and skill gap between the professionals is yet another issue. You can't expect a technician to be proficient in diagnosis. Similarly the doctor may not be as effective as a social worker in counselling skill. There could be some kind of hesitation in the mind of a professional to work with the health team member for personal or social reason. All these can be overcome by organizing effective faculty development program. Such a program should be organized in a community setting rather than classroom setting for better learning and application.

An essential requirement for training in IPE is development of tools for assessing the professionalism in inter-professional education. While the development of such a tool requires good amount of research, the challenge here to make them generalizable and

applicable in wider contexts. The formation of Inter-professional Professionalism Collaborative is a welcome development in this direction<sup>5</sup>.

The mismatch between education and practice is major barrier to bring inter-professional education. The way out is to build in community orientation to the training in all health professions education courses. While the courses are governed by the regulatory agencies, if there is opportunity for study of electives, they can be utilized for a course that involves interdisciplinary study. Presently we don't have any tested models of credit based courses embedded in the curriculum. However, elective training has been introduced to a small extent in medical and nursing education which can be explored as a common course.

George Thibault a member of the Global Forum on Innovations in Health Professional Education made six recommendations for promoting IPE based on the lessons learned.<sup>6</sup> The foremost requirement is effective leadership. Secondly, IPE activities need to be planned extensively utilizing community settings. Thirdly the entire curriculum should incorporate the learning experiences and not in piecemeal approach. Fourthly, the ultimate goal of IPE should be to improve the system. The fifth step is effective use of technology in all activities. Lastly, faculty development should play a key role.

### **Models which are effective for IP Education (Colorado University)**

- Traditional model of the facilitated discussion
- Group projects
- Problem-based learning
- Michaelson's team-based learning model

Inter-professional education has to travel a long way in India. The effort made by SBV University in launching higher programs like Diploma, M Phil and Ph D is a progressive step in training a new cadre of health professions educators who will be able to lead and strengthen IPE in our country.

### **Summing up**

Students who gain a better understanding and appreciation of one another's roles in the provision of health care services, and who learn to respect

and value the input of other disciplines in the team decision making process, will be better prepared for Inter-professional collaboration following graduation. Therefore we are committed to providing high quality Inter-professional experiences to health professional

students during their education. ([http://piper.mcmaster.ca/about\\_intro.html](http://piper.mcmaster.ca/about_intro.html)) The higher programs in health professions education introduced by SBV is a modest beginning in spreading this concept.

---

---

## REFERENCES

---

---

1. Baldwin D. Some historical notes on interdisciplinary and Inter-professional education and practice in health care in the U.S.A. *J Interprof Care*. 1996;10:187-201
2. Mathison S., Freeman M. The logic of interdisciplinary studies. Presented at Annual Meeting of the American Educational Research Association, Chicago, 1997 <http://www.albany.edu/cela/reports/mathisonlogic12004.pdf> Accessed on 8/6/2017
3. McMurty A. Reinterpreting interdisciplinary health teams from a complexity science perspective. *U Alberta Health Sci J*. 2007;4:33-42
4. INTERPROFESSIONAL EDUCATION FOR COLLABORATION WORKSHOP SUMMARY Patricia A. Cuff, Rapporteur Global Forum on Innovation in Health Professional Education Board on Global Health NATIONAL RESEARCH COUNCIL OF THE NATIONAL ACADEMIES THE NATIONAL ACADEMIES PRESS Washington, D.C. <https://www.nap.edu/read/13486/chapter/4> Accessed on 8/6/2017
5. Inter-professional Professionalism Collaboration <http://www.interprofessionalprofessionalism.org/behaviors.html> Accessed on 8/6/2017
6. Global Forum on Innovation in Health Professional Education; Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models Across the Continuum of Education to Practice: Workshop Summary. <https://www.ncbi.nlm.nih.gov/books/NBK207103/> Accessed on 8/6/2017