

UNIVERSITAS 21

New opportunities for IPL: Interprofessional education



Interdisciplinary workshop
Friday pm

Developing IPL programmes

Impetus

System failure resulting in patient harm

Models of IPL – many possible

Early v late immersion

- Early - problem of insufficient understanding of own professional identity/role but more open to concepts
- timetabling easier early before high clinical load

IPL competencies: learning outcomes

- Interprofessional teamwork, incl. knowledge of roles of different professions
- Interprofessional communication
- Research
- Cultural competency
- Ethics

How evaluate/assess student –what observable behaviours?

Maintaining the culture

- Students may learn desired competencies within program but then change their behaviour once placed within dysfunctional clinical teams ie assimilate into prevailing professional culture

Poor role models within own professional faculty may be more significant problem in terms of their effect on student attitudes and behaviour

Some address this with staff professional development, team teaching

Preventing the separation of medical students from other health professional students

- ✦ Separation of culture occurs once 'clinical years' commence eg year 3 in Canadian system

Ongoing IPE important beyond early years to prevent separation occurring eg 'Doctor, Patient and Society' learning modules

Socialisation

- ✦ Less social mixing between students of different disciplines than in the past due to changed health care system (eg students non longer living within hospitals) → less understanding and respect
- ✦ Auckland experience: IPE can lead to increased socialisation between student groups

What's in it for me?