

N³ET

Myth Busters

National Nursing and Nursing Education Taskforce N³ET



The N³ET is committed to building an enhanced and sustainable healthcare system through the promotion of professional visibility and pride, quality education and regulation to nationally consistent standards and capacity in practice, education and research for all nurses and midwives across Australia.

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N³ET Myth Busters is designed to increase public awareness and understanding of contemporary nursing/midwifery issues in the Australian context by providing facts that challenge common nursing/midwifery myths.

MYTH: Interprofessional education and practice, a nice idea but it doesn't work

FACT: THERE IS INCREASING EVIDENCE THAT INTERPROFESSIONAL EDUCATION AND PRACTICE RESULTS IN POSITIVE OUTCOMES

Like many developed countries, Australia faces the major challenges of providing safe and high quality health services in an environment of demographic change, technological advances and rising health costs. The population is ageing, demand for health care is changing and there is a shortage of health professionals. The increase in life expectancy brings with it an increase in years lived with disability or chronic disease. Managing chronic disease requires coordinating the services and skills of a range of separate professionals from medicine and nursing through to physiotherapy and social work.

In order to meet current demand and future challenges, governments and health care providers must look at the provision of health care in Australia differently. One approach is through interprofessional education fostering collaborative practice. While there is growing interest in models of interprofessional education, there is also reluctance and some confusion about its application and potential outcomes within the Australian health and education context. **Therefore it is important to have the facts about how health professionals learn to work together.**

Myth: While undergraduate health students like to learn together, it won't change their attitudes towards other professions

FACTS: EVIDENCE SHOWS THAT INTERPROFESSIONAL EDUCATION HAS AN IMPACT ON THE INDIVIDUAL'S PERCEPTION OF OTHER PROFESSIONS AND BREAKS DOWN STEREOTYPES

The UK Centre for the Advancement of Interprofessional Education defines interprofessional/interdisciplinary education as 'occasions when two or more professions learn from and about each other to improve collaboration and the quality of care.'¹

Education in this sense can be formal and informal including but not limited to, continuing education and professional development.²

In Australia, current and historical health professional education takes a silo approach, which creates and supports 'distinct professional codes of ethics; and the drawing of boundaries around uni-professional knowledge'.³ As health care needs continue to shift to chronic conditions requiring the involvement of a number of health professionals, the interprofessional approach is seen to offer a number of benefits for patient outcomes.

Changing the way we educate health professionals is one of the keys to achieving system change and to ensure health providers have the necessary knowledge and training to work effectively in interprofessional teams within the evolving health care system. While this is a view evident in the literature, there is not a great deal of research to support interprofessional education and practice.⁴ There is also no evidence to point towards adverse patient outcomes.⁵ A small but growing body of research is beginning to show the benefits and strengths of interprofessional education, however in Australia we are at the beginning stages.

For example, research on interprofessional education has shown benefits in terms of participation in this model including improving teamwork skills to promoting appreciation of other professionals' skills and roles.^{6,7,8} Investment in interprofessional education in undergraduate programs is occurring in a number of settings, both overseas and nationally. Where this is occurring, it is not necessary to completely reconstruct the educational framework in order to incorporate opportunities for interprofessional education.

- In Australia, a pilot interprofessional education placement for undergraduate health care professional students undertaken in rural Victoria from 2001 to 2003, brought together medical, nursing, physiotherapy and pharmacy students. Evaluation of this ongoing project showed that the placement experience improved self-reported teamwork skills and knowledge, and supported participating students' belief in the value of interprofessional practice.⁹
- The Interdisciplinary Rural Placement Program designed for undergraduate nursing, medical and pharmacy students of the University of Tasmania resulted in positive evaluation indicating that the program was a success from the perspectives of students, preceptors and academics. The success was measured in terms of change in attitude towards other professions and better understanding of team based practice.¹⁰



Australian Health Ministers' Advisory Council



Myth: Interprofessional teams sound good, but are too hard to implement

FACTS: INTERPROFESSIONAL TEAMS FUNCTION IN A RANGE OF SETTINGS ACROSS AUSTRALIA

In Australia, and elsewhere, it is increasingly recognised that interprofessional care and team approaches are needed to tackle health workforce challenges. Within Australia, there is already government commitment to the interprofessional approach.

Australia's Health Workforce, the research report of the Productivity Commission, states that changes are needed if Australia's health workforce is to become more efficient and effective. The Commission recommends an integrated set of national actions to achieve a more sustainable and responsive health workforce that overcomes the current fragmented delivery of services and **removes the professional and regulatory barriers to innovation**. The Commission proposes a new national workforce structure that, amongst a range of outcomes, drives reform to scopes of practice and job design and delivers a more coordinated and responsive education and training regime for health workers.¹¹

This is supported by the National Health Workforce Strategic Framework, which was developed at the Australian Health Ministers Conference in 2004. This framework moves beyond the adage that workforce planning is all about having the right number of people

in the right place at the right time. The framework 'recognises that a collaborative, inter-disciplinary approach is needed to effectively tackle health workforce issues'.¹²

These views are supported by the Australian Government and are consistent with international trends in health workforce development and education. Canada, New Zealand, the United Kingdom and the United States all have high level of commitment from government for interprofessional education and practice and promote and encourage the interprofessional approach.^{13, 14, 15}

According to some studies, it is seen to be of more benefit to team integration for interprofessional education to begin early in the undergraduate program.¹⁶ Interprofessional education for health professionals can occur at any point from entry to practice through to post registration and continuing professional development.^{17, 18, 19}

There are a number of examples in the Australian context where interprofessional education models are being used to promote teamwork.

Where do interprofessional teams work in Australia?

National Breast Cancer Centre

The National Breast Cancer Centre is committed to improving the uptake of multidisciplinary care for cancer, using lessons learned from a number of key national projects, including a National Demonstration Project in breast cancer.

Trauma Management

The NSW Institute of Trauma and Injury Management applies an organised multi-disciplinary team approach to the care of injured patients and the development of injury management services within trauma centres. The multidisciplinary team is developed, led and evaluated by a Trauma Service, comprised of the Trauma Medical Director, Trauma Nurse Coordinator, Trauma Data Manager and Administrative support. The Trauma Service is responsible for the education of the multidisciplinary team and the overall care rendered by the team.²⁰

Interdisciplinary Emergency Maternity Education Program

Developed and piloted with all relevant maternity staff (midwives, general practitioners and obstetricians) in 11 health services, the education program will be progressively rolled out throughout Victoria. In addition to promoting a health service wide approach to medical emergencies which includes audit and risk assessment, this program promotes understanding and respect for the skills of all relevant clinicians.

Cross-functional or interdisciplinary teams provide a unique forum for creative problem solving, especially if every member's contribution is genuinely solicited and respected. Different frameworks may be the keys to resolving not only clinical but also ethical dilemmas.²¹

Change is never easy. Complexity of the health care system and the wide range of stakeholders that need to be involved in change may seem overwhelming. However, the truth is that change has been occurring over the last few decades and will continue to occur in response to the changing needs of the population,

changes in the incidence and treatment of disease, changes in technology, changes in consumer expectations. These changes have support of the Australian government and there are already initiatives in many states/territories to further explore this approach. **International and national experience indicates that investment in interprofessional education and practice is worthwhile. While there is not a lot of evidence at this point, as experience with this approach accumulates, the evidence linking interprofessional education and practice and patient outcomes will also grow.**

Different professions, what do they have in common?

Common competencies across a variety of professional groups (including general practitioners, nurses, pharmacists, dentists and allied health workers). These abilities and skills are reflected in five basic competencies that apply to all members of the workforce caring for patients with chronic health problems:

1. patient-centred care
2. partnering
3. quality improvement
4. information and communication technology
5. public health perspective.²²

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