Interprofessional education grand rounds
Developing interprofessional competency through collaborative learning

Zachary Singer, Joanne Britto
Faculty Reviewers: Krista Hellemann, MD, FRCSC (Department of Pediatrics, Division of Emergency Medicine), Kevin Fung, MD, FRCSC (Department of Otolaryngology, Division of Head & Neck Surgery)

CONTEXT
The increasing specialization and complexity of healthcare delivery has resulted in a mandate to graduate physicians who function highly within interprofessional (IP) teams. Poor IP collaboration has been shown to result in negative health outcomes and suboptimal patient care. More specifically, interprofessional teams enhance the quality of patient care, lower costs, decrease hospital length of stay, and reduce medical errors. For these reasons, interprofessional education (IPE) is being increasingly prioritized in the undergraduate medical curriculum in order to prepare healthcare professionals for IP collaborative practice. Currently, the IPE delivered throughout the undergraduate curriculum at Schulich is primarily didactic. There has been an identified need for an innovative approach to IPE in order to improve collaborative competency and to encourage shared perspectives on patient-centered care. The IPE grand rounds project was designed to address this need by facilitating interactive case-based discussion among trainees and practitioners from various professions. The project is anchored around 6 IPE core competencies, which are modeled on the Canadian Interprofessional Health Collaborative Competency Framework: role clarification, interprofessional communication, team functioning, collaborative leadership, conflict resolution, and ethics.

INTERVENTION - IPE GRAND ROUNDS
The IPE grand rounds series consists of 6 monthly hour-long sessions. Each month a different profession will introduce a complex patient case requiring IP management. Speech language pathology (SLP), occupational therapy (OT), clinical psychology, social work, ethics, dietetics, pharmacy, and physical therapy will take turns presenting. All trainees and staff from the aforementioned professions are invited (as are those from nursing and respiratory therapy) and attendees are placed into IP small groups. Cases are designed to teach the 6 IPE core competencies. Each of these has dedicated objectives that we provide to our partners to guide the development of the presentation. The patient case is presented and is followed by group discussion. The goal is to have attendees educate their colleagues about their scope of practice, practice setting, unique perspective on the case, and to discuss best practices. The session concludes with the presenter moderating a large group recap and emphasizing teaching points related to the core competencies. At the end, all attendees are asked to complete a brief evaluation.

As of this writing, SLP has presented on the assessment and care of a person with suspected dementia; OT has discussed their role in stroke management on the Acute Care for the Elderly unit; and psychology has demonstrated the intimate link between the mind and body as it relates to the Cardiac Rehabilitation Secondary Prevention program at St. Joseph’s Health Care London.

The IPE grand rounds program is one of the only opportunities for medical students to learn with and from their peers who are training in the other allied health professions. The rationale for the format is that small groups are conducive to breaking down the walls of profession-centrism, including the barriers of professional prejudices and “us vs. them” thinking.

RESULTS FROM EVALUATIONS
Despite the IPE grand rounds series being only 3 sessions into its pilot year, some data have already been generated through program evaluations. We asked attendees, through several Likert scale questions, to rate both the utility of the session in teaching the IPE core competencies, and the format as an effective learning modality for IPE. We also asked participants to identify the most useful thing they learned, and areas for improvement. Across sessions, medical students consistently identified role clarification as being the most useful thing learned. Other common responses from all professions included obtaining a better understanding of the presenting profession’s scope of practice; how the presenting profession’s patient care overlaps with and differs from that of other members of the allied health team; and the importance of IP communication. Some areas of improvement for the program included requests for more structure to the small group discussions, and for a greater diversity of professions within groups. This modality for IPE, as assessed by attendees’ impressions compared to other learning styles, was well received.

FUTURE DIRECTIONS
The feedback thus far has been largely positive and has encouraged us to continue to develop and refine this program. Going forward, we will address the concerns of attendees as they are revealed through our evaluations. We also hope to more effectively streamline our promotions communications so as to better engage with all of our partners and improve attendance trends for those professions not as well represented. We will continue to reassess our evaluation and learning objectives for the program to ensure we are gathering useful data for both program improvement and assessment of efficacy. Our group is also eager to present our preliminary findings at the Canadian Conference on Medical Education on April 18th, 2016 in Montreal, Quebec and receive feedback from conference attendees on our work thus far.
REFERENCES


