Journal of Education and Future, year: 2014, issue: 5, 87-97

Importance of Interprofessional Education at Health and Social Science Faculties in Turkey

Sezer Domac*

ABSTRACT

The article aims that in health and social care education at Turkish Universities requires implementing interprofessional education (IPE) as a synergy of societal and educational policy and a future investment for the collaborative working. Lecturers and managers who are responsible to organize the health and social care education programmes must familiarize themselves with these common competencies where the health and social care students must have the joint learning and training. The main focus point is that we need to discuss by raising awareness in IPE in Turkey and then development of small projects to support the development of IPE. Apart from education, the Government of Turkey needs to put IPE as an investment in educational policy and practice for working in co-operation and a good social life and social solidarity.

In this study it's aimed to strengthen the meaning of interprofessional education and collaborative working. A strong leadership, management and sound decision making, clear communication, teamwork will be needed to start the IPE journey in Turkey which will be challenging to prepare and breakdown the stereotypes that already exist within the current education system. It is important to acknowledge that the competency based approach to interprofessional education (IPE) is growing and the Universities in Turkey cannot afford to stay behind this new way of educating health and social care students in the modernizing education. The real challenge will be to see IPE is securely embedded in higher education programmes and not being disregarded in academic drift. Turkish government also needs implementing IPE as a synergy of societal and educational policy and investment for the collaborative working. For this reason, the study suggests by raising awareness of IPE in Turkey and then develops small projects build upon European alliances of learning from the research of IPE in Europe and replica these learning programmes in Turkey. The curriculum alignment a new ways of teaching for health and social care students could be done on the selected faculties where the IPE can be tested out on a smaller scale.

Keywords: Interprofessional education (IPE), health and social work education, curriculum alignment.

* Dr., Interprofessional Facilitator, School of Social Work, University of Leicester, Department of Medical and Social Care Education, Leicester, England. E-mail: sezer.domac@leicester.gov.uk

İnterdisipliner Eğitimin (İPE) Türkiye'de Sağlık ve Sosyal Bilimler Fakülteleri için Önemi

ÖZ

İnterdisipliner (disiplinler arası) eğitim (İPE) son 30 yılda uluslararası düzeyde öğretilmiştir. İPE dünyada sağlık ve sosyal hizmetler alanında, farklı kültür ve disiplinlerle harmanlanarak sürekli ve yaşam boyu öğrenmeyi esas alan bir uygulamadır. İPE interdisiplinler ilişkilerin anlaşılması ve profesyonelliği şekillendiren bir süreçtir. Türkiye'de dünyaya örnek olacak sağlık ve sosyal bölümleri açılmaktadır, bu bölümlerde ortak modüllerin müfredatta yer almasıyla İPE'nin destekleyici yaklaşımı pratiğe geçirilmiş olur. Buna ek olarak, güçlü bir kültürel değişiklik gerekir. Türkiye'de birçok üniversitede gerçekleştirilen teknolojik modernleşme İPE için iyi bir başlangıç noktası olabilir. Öğrenciler için önceden tasarlanmış senaryolar, elektronik öğrenme yöntemleriyle İPE pilot öğrenim programları sunulabilir. Şu anda iki İngiliz Üniversitesi (Coventry ve Sheffield) ortaklaşa İPE programlarını elektronik ortamda öğrencilerine sunmaktadır (CIPEL, 2012). Burada hedef kısa bir sürede, Türkiye'de İPE programını sunacak uzman profesyonellerin yetiştirilmesidir. İPE bireylerin ekip içerisinde etkili düşünebilme mekanizmalarını geliştirir, savunmacı bariyerlerini indirip, yeni görüşlere açık, dinamik ve enerji dolu, yansımalı düşünme metodlarını tanıştırır. Entegre olmuş sağlık ve sosyal eğitimi, öğrencilerin farklı meslekleri tanımalarına ve daha geniş boyutlu problem çözme yeteneğine ve yaşadıkları toplumun ihtiyaçlarına cevap verebilme beceri ve duyarlılığını kazandırır.

Bu çalışmada Türkiye üniversitelerinde sağlık ve sosyal bakım ile ilgili eğitim veren bölümlerin, eğitimsel, toplumsal sinerji ve işbirlikçi çalışma için geleceğe yatırım olan interdisipliner eğitimini (İPE) müfredatlarına dahil etmelerinin gerekliliğini amaçlamıştır. Eğitim programlarını düzenlemeden sorumlu öğretim üyeleri ve idareciler interdisipliner eğitiminin (İPE), öğrencilerin ortak öğrenmelerini ve İPE yeterliliklerinden haberdar olmaları gerektiğini önerir. Yazının diğer odaklaştığı nokta, Türkiye'de İPE'nin farkındalığını arttırmak ve daha sonra bunu destekleyen küçük projelerin geliştirilmesini tartışmak olmuştur. Eğitimin dışında, sosyal hayatta İPE'nin bir toplumsal dayanışma, eğitimsel ilke ve işbirliği içinde çalışmaya yönelik bir yatırım olarak uygulamasına ihtiyaç duyulmaktadır.

Anahtar Sözcükler: İnterdisipliner (disiplinlerarası) eğitim, işbirlikçi ve pratik ekip çalışması, sağlık ve sosyal alanlarda eğitim, müfredat ayarlaması.

INTRODUCTION

With the increasing number of older and disabled people and the advancement in health and social care live longer, the demographic needs of the population is changing. Consequently, the complexity around health and social care delivery is growing. The need for coordination and integration of health and social care through a multidisciplinary approach has become essential. To address this issue, most Higher Education Institutes in Western Universities called for a redesign of health and social care education which subsequently have an impact on service delivery and change in practice. Such alignment required Interprofessional Education (IPE) across health and social care disciplines both at the academic level and in practice. Interprofessional education has been defined as "occasions when two or more professions learn from and about each other to improve collaboration and the quality of care" (CAIPE 1997).

Understanding Interprofessional Education (IPE)

Terminology to define interprofessional collaboration and IPE is problematic. It has been suggested that different forms of interactions need different words and clear conceptualisations. For example, consider, 'multidisciplinary,' 'interdisciplinary,' 'crossdisciplinary', 'teamwork', 'partnership', 'collaborative relationships', 'coordination', 'integration', 'interprofessionality', 'interprofessional practice', all terms which differentiate and overlap (Leathard, 1994, 2003; Reeves et al., 2010). These terms are used in many health and social care contexts and are often used to express the coming together of a wider range of health and social care practitioners (Leathard, 2003, p.5). Several of these definitions will be explored below:

Multidisciplinary; it refers to the coming together and contribution of different academic disciplines (Leathard, 2003).

Interdisciplinary; a knowledge view and approach that consciously applies methodology and language from more than one discipline to examine a central theme, issue, problem, topic, or experience (Leathard, 2003).

Crossdisciplinary; viewing one discipline from the perspective of another; for example, the physics of music and the history of math (Meeth, 1978).

Teamwork; teamwork (or team behaviour) is a dynamic process involving two or more people engaged in the activities necessary to complete a task (WHO, 2009).

Partnership; it is a state of relationship, at organizational, group, professional or interpersonal level, to be achieved, maintained and reviewed (Oxford English Dictionary, 2011).

Collaborative relationship; it is an active and ongoing partnership, often between people from diverse backgrounds, who work together to solve problems or provide services (Barr, Koppel, Reeves, Hammick & Freeth, 2005).

Coordination; as a means of effectively linking together the various parts of an organisation or of linking together organisations and dealing with interdependence (Schortel & Kaluzny, 1997).

Integration; the word integration stems from the Latin verb 'integer', that is, to complete. The adjective integrated means organic part of a whole, or reunited parts of a whole. It is mostly used to express the bringing together or merging of elements or components that were formerly separate (Kodner & Spreeuwenberg, 2002).

Interprofessionality; an education and practice orientation, an approach to care and education where educators and practitioners collaborate synergistically (D'Amour & Oandasan, 2005).

Interprofessional practice; it is a partnership where members from different domains work collaboratively towards a common purpose (MacIntosh & McCormack, 2001).

Relationship Between Collaborative Practice And Interprofessional Education

Interpretation of the terms of multi-disciplinary, interdisciplinary, and IPE with respect to team practice vary in the literature. It is now extensively distinguished that meeting the needs of service user/patients involves expertise from more than one profession and person-centred service can only be achieved with interprofessional collaboration and effective teamwork. IPE prepares students for their future and enable them to attain the appropriate professional knowledge, skills, attitudes and behaviours which fulfil standards of practice set by professional regulatory bodies.

The World Health Organization (WHO) has been very proactive in solving and resolving health issues at a global scale such as family and community health, HIV/AIDS, tuberculosis, malaria, humanitarian crises in war-stricken nations, epidemics, non-communicable diseases, disability, and health systems and services (WHO, 2010). Aside from these global health concerns, the WHO also sees a crisis in the health and non-health workforce which either aggravates the impending problems or halts progression of solutions.

These universal problems in health led WHO and its partners to create an innovative strategy that aims to prepare a "collaborative practice-ready" health and social care professionals, through interprofessional education, who will in turn respond to local health and social care needs, including disability resulting to collaborative practice. As of today, the WHO recognizes adequate evidence on the effectiveness of how interprofessional education enables collaborative practice.

In literature, IPE is utilized as a teaching orientation in universities and training centers for undergraduate or graduate students. This stage in IPE is also called "pre-licensure" training because it aims to produce "collaborative practice-ready" professionals. As a result of IPE, collaborative practice (CP) is achieved. CP is defined as "an interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of care providers to synergistically influence the client-care provided" (Health Canada, 2003). Engaging in collaborative practice is the other end of the IPE continuum, wherein the professional is considered to be undergoing a "post-licensure" training in the form of continuing education activities and research.

These two strategies, IPE and CP, are complementary and aim to provide a new orientation and direction to healthcare delivery in various settings such as primary

care, chronic illness, critical care, mental health, care of the elderly, palliative care, and disability care (Health Canada, 2003).

Interprofessional collaboration is a series of actions or events that occur between two or more professionals who contribute to shared objectives in joint working. In this way it refers to not one method but a series of multi-level processes which have common characteristics and interrelated sub-processes (Billups, 1987). Thomson et al., (2007) state that collaboration is composed of five key dimensions; two of which are structural in nature (governance and administration), two of which are social capital dimensions (mutuality and norms), and one of which involves agency (organisational autonomy). IPE at its heart is 'collaborative, egalitarian, group directed, experiential, reflective and applied' learning (Barr et al., 2005, p.32). The definition has always considered the aspiration that this learning assures, future professionals who can work together and collaborate to effectively benefit patients/service users. IPE can promote the skills and behaviours required for effective IPC, which in turn can improve quality of health care and patient outcomes (Barr, 2002).

Ultimately, IPE aims to improve the quality of patient care through improving working relationships between health and social care practitioners who can promote collective responses to patient and service user's needs (Barr, 2002). As such it follows that health and social care students when qualified should be able to work together to advance the care of individual's and populations (Freeth et al., 2005a).

Differences Between IPE and CP With Other Approaches

Institutionally, there are many Turkish Universities familiar with the concept of interdisiplinary and the importance of team and colloborative working, however, there is noformalised teaching of interprofessional learning at faculties (Yazar and Dokuztug-Ucsular, 2011). Within many academic settings, there are several health and social care approaches that are being used to train health profession students other than interdisciplinary learning. However, this is lacking in social care education. At this point, it is best to define these learning approaches on health delivery:

1) Uniprofessional learning occurs when trainees learn within their own specific health professional programs with minimal contact with other health professional trainees. This form of training "isolates" trainees from one another. This approach happens when students are in their early years of studying to facilitate professional identity.

2) Multiprofessional learning occurs when trainees perform "parallel learning". For instance, two or more professionals work on the same problems, but keeps in mind their own profession-specific frame of reference. Barr (1996) refers to this as "learning together for whatever reason".

3) Transprofessional learning is an extension of interprofessional learning where there is a blurring of professional roles among professionals. For instance, due to workforce scarcity, a physicotherapist would assume some roles of an occupational therapist by conducting a functional assessment on a child's sensory profile and implementing occupation-based interventions.

Why Develop IPE Curriculum: Policy Drives

IPE has evolved in parallel with policy responses to failures within health and social care delivery where poor team work played a central role (Department of Health - DoH, 2003; DoH, 2001; Leathard, 2003). The shortcomings in interprofessional communication and the evidence of poor and dangerous practice have been highlighted in health care and social services in many developed countries. The realisation that practitioners struggle to work well together resulted in a radical rethink about how we teach and prepare future practitioners to be collaborative. Putting IPE into health and social care pre-registration curriculum was driven by the aspirations to enhance patient/service users centered team based care (DoH, 2001). These aspirations were mirrored around the world; Canada (Health Canada, 2003), Australia (Australian Council for Safety and Quality in Health Care, 2005) and the United States of America (USA) with global policy responses to a range of health care issues including patient safety, safeguarding and workforce shortages (WHO, 2010; WHO - Patient Safety, 2011). In interdisciplinary groups IPE is used as having an important part to play in the global health workforce crisis with the WHO (2010) and there is enough evidence to indicate that effective interprofessional education potentially offers better collaboration practice and ultimately effective and better service delivery for the communities.

Historically and on-going there are problems with joined up learning across different professions as, Rice et al., (2010, p.358)'s study indicated as 'interprofessional hierarchies' especially relating to power of one group over another has considerable bearing on communication and collaboration and can be classed as a barrier to joint working and learning. It must be accepted that although there are areas of overlap core knowledge and skills shared among health practitioners they all dependent on teamwork and shared ownership of care (Hammick et al., 2007). A strategic framework for IPE across UK Universities has made suggestions that IPE should be provided as part of health and social care professional education at pre and post-registration levels (CIPW, 2007). This was similarly endorsed by the WHO which has echoed the importance of delivering IPE in preparing health and social care workers to be competent for their future practice (WHO, 2010). It was highlighted the importance of emerging integrated care pathway and the clinical pathways where IPE is playing and important role in order to achieve a better health and social care outcomes for the communities (DoH, 2001). Interprofessional learning (IPL) outcomes have been developed and modified (Hammick et al., 2007) around the world. IPL does not have an end; it is a lifelong learning practice across different cultures and disciplines in Health and Social Care. Delivering IPE to bridge the gap between professionals with the skilled educators is a challeng. It contributes to the complex process of the development of lifelong learning skills which are shaped by an ability to be adaptable, flexible, independent and respectful of others (Hargreaves et al., 2005).

A recent paper produced by the Lancet Commission (2010) suggests a common vision and approach for the education of health professionals, stating that there is a disparity of professional competencies to service users and population priorities. This is due to service fragmentation, and traditional curriculum teaching which is not

producing dynamic and adaptable professionals. The commission recommends team based learning and IPE.

What IPE Comptencies and Curriculum

The learning activities affiliated with the competency-based curriculum will be integrated within the students' uniprofessional curricula established by each faculty/ department. There are four main competencies that are identified by international IPE group (WHO, 2010). The first domain is values/ethics for interprofessional practice. Interprofessional values and related ethics are an important, new part of crafting a professional identity, one that is both professional and interprofessional in nature. These values and ethics are patient centered with a community/population orientation, grounded in a sense of shared purpose to support the common good in health care, and reflect a shared commitment to creating safer, more efficient, and more effective systems of care. The second domain is about students to be interprofessional and develop an understanding of how professional roles and responsibilities complement each other in patient-centered and community/population oriented care. The third domain in IPE competency aspires students to develop basic communication skills which is a common area for health and social professions education. Using professional jargon creates a barrier to effective interprofessional care. Presenting information that other team members and patients/families can understand contributes to safe and effective interprofessional care. Further, considerable literature related to safe care now focuses on overcoming such communication patterns by placing responsibility on all team members to speak up in a firm but respectful way when they have concerns about the quality or safety of care. The fourth domain includes teams and team work. These are: team interaction; communication; service learning; information literacy; quality improvement; understanding diversity in society as a team; the impact of culture, ethnicity and religion on communication and the provision of services (Canadian Interprofesional Health Collaborative (CIHC) (2010).

Students acquire knowledge, values and beliefs of health professions different from their own professions and apply their teamwork competencies in a collaborative interprofessional learning context. Learning together with other students will enhance students to place the interests of patients and populations at the center of interprofessional health and social care delivery. Furthermore, this will develop a trusting relationship with patients, families, and other team members. Throughout the curriculum, there will be oppurtunities for students to learn together and analyse cases which will enable them to explain the roles and responsibilities of other care providers and how the team works to provide care. Ultimaltely, these exercises assist students to recognize their limitations in skills, knowledge, and abilities and encourage them to listen actively, and open up to new ideas and opinions of other team members.

CONCLUSIONS AND RECOMMENDATIONS

Setting up and developing IPE courses is an enormously complex and difficult process involving many stakeholders in committee work in which fundamental structural barriers have to be addressed which include funding of courses and recognition of faculty members who teach them. Bennett identified that the most frequent blockade for IPE is the lack of executive leadership commitment to IPE. Leadership backup is the only way to promote IPE while tackling political and power sharing conflicts (Oandasan & Reeves, 2005). IPE is required to be prioritised amongst many other priorities that Faculty Deans have to consider. Essentially, understanding, goodwill and support to IPE alone will not be adequate, it needs to be backed up with the appropriate and continues funding from the senior level of administration at the Faculties and structural alignments needed within the Health Faculties. It is essential to act for the perceived powerful faculty Deans and Vice-Presidents to drive the IPE agenda forward with the power and authority to challenge the existing barriers. On the other hand, Gilbert (2005) pointed out top-down approaches normally obstruct collaborative interactions and only faculty members who are interested and committed to IPE will be able to move the agenda forward.

The influential global status of the medical professions was also classed as a barrier to IPE success as well as it could be seen as potential facilitator. Power imbalances and differences between health care disciplines need to be recognised if IPE is to be truthfully practised. IPE is the way forward for sharing the hierarchical power in health care and raising awareness and understanding of each professional roles and preparing students to enter into interdependent relationships in the work life. Initially, the author suggests that commonly agreed interprofessional competencies should be agreed across the teaching institutions for health and social care in Turkey. Providing common modules on issues such as communication skills, team working, safety of patients, professionalism are relatively manageable subjects, but supporting the more radical changes is a substantial challenge, involving major curriculum redesign and possibly an overhaul of programme provision. In addition, a strong cultural shift required which internally consistent and is widely shared and makes it clear what it expects and how it wishes students and educators to behave and show mutual respects and understanding in order to set interprofessional education in Turkey.

There is a vast amount of competency based education literature available and the curriculum developers at Universities of Turkey must familiarise themselves with these common competencies where the students in health and social care professions must have the joint learning which will lead to the collaborative practices in future (Yazar ve Anderson, 2012). It is logical to assume that some professionals complement each other's work by sharing a similar goal of achieving good service user care. It is also arguable that there is a need for other professionals to join forces in order to meet the demands placed on them from both government and EU policies, awarding professional body criteria and professional accountability. The recent computerisation of many faculties enabled students to access the IT more easily and as a starting point, it would be a practical start to pilot e-learning of interprofessional education which would be designed and adjusted to focus on scenarios, case studies,

reflecting on needs and multi-professional perspectives. Currently, there are two English Universities -Coventry and Sheffield Hallam University jointly started to implement e-Learning in IPE (CIPeL, 2012).

IPE has become synonymous with modernisation helping to breakdown traditional ways of teaching and ultimately modernising and empowering the future workforce to work more effectively. In particular the agenda needs to the medical workforce in Turkey who hold a central place in the design and delivery of patients care and support services. Initially, there is a need to install mechanisms of quality assurance for the IPE programmes by creating specific working models, procedures and tools.

REFERENCES

Australian Council for Safety and Quality in Health Care (2005). *National Patient Safety Education Framework.* University of Sydney: The Centre for Innovation in Professional Health Education.

Barr, H. (1996). Ends and means in interprofessional education: Towards a typology. *Education for Health,* 9: 341–352.

Barr, H. (2002). *Interprofessional education:* Today, yesterday and tomorrow. London: Learning and Teaching support Network: Centre for Health Sciences and Practice.

Barr, H., Freeth, D., Hammick, M., Koppel, I., & Reeves, S. (2005). Effective interprofessional education: Argument, assumption and evidence. London: Blackwell Publishing.

Billups, JO. (1987). Interprofessional team process. *Theory into Practice,* 26, 146-152.

CAIPE (1997). The Centre for the Advancement of Interprofessional Education. Available from http://www.caipe.org.uk

Canadian Interprofesional Health Collaborative (CIHC) (2010). *A National InterprofessionalCompetency Framework*. Available from www.chic.ca

CIPeL (2012). The Centre for Interprofessional E-Learning. Available from www.cipel.ac.uk

CIPW (2007). Creating an interprofessional workforce: An education and training framework for health and social care in England. In: Hughes L, (Eds). (2007). Department of Health Project. CAIPE. Available from www.cipw.org.uk

D'Amour, D., & Oandasan, I. (2005). Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. *Journal of Interprofessional Care,* 19 (Suppl. 1), 8–20.

Department of Health (DoH) (2001) *A Health Service for All The Talents: Developing the NHS Workforce.* London: Department of Health.

Department of Health (DoH) (2003) *Streamlining quality assurance in healthcare education*: Purpose and action. London: Department of Health.

Yazar & Anderson, E.S. (2012) Is this the right time to join Turkey to the European interprofessional education community? *Journal of Interprofessional Care*, 26 (2), 83-84.

Yazar & Dokuztug-Ucsular, F. (2011). New horizons for interprofessional education in Turkey. Uluslararasi. Yükseköğretim Kongresi. *Turkish Higher Education CongressBook.* Yeni Yönelifller ve Sorunlar (UYK-2011). May, Istanbul; Vol (2). Part XI, 1399-1404.

Gilbert, H.V.J. (2005). Interprofessional learning and higher education structural barriers. *Journal of Interprofessional Care,* 19(Suppl. 1), 87–106.

Hammick, M., Freeth, D., Koppel, I., Reeves, S., & Barr, H. (2007). A best evidence systematic review of interprofessional education. *Medical Teacher,* 29, 735–751.

Hargreaves, D., Beere, J., Swindells, M.., Wise, D., Desforges, C., Goswami, U. (2005). *About learning: Report of the Learning Working Group.* Demos: London.

Health Canada (2003) First Minister's Accord on Health Care Renewal. Available from www.hc-sc.gc.ca/english/hca2003/accord.html

Kodner, DL, Spreeuwenberg, C. (2002). Integrated care: meaning, logic, applications, and implications – a discussion paper. *International Journal of Integrated Care.* Vol. 2, 14.

Lancet Commission Report (2010). *The NHS—no room for failure*. Vol 380 (9858): 1968Available from www.thelancet.com

Leathard, A. (1994) *Going Inter-professional:* Working Together for Health and Welfare. London: Routledge.

Leathard, A. (2003). *Interprofessional Collaboration.* From Policy to Practice in Health and

Social Care. Essex: Bruner-Routledge.

MacIntosh, J. & McCormack, D. (2001). Partnerships identified within primary health care literature. *International Journal of Nursing Studies*. 38, 547 – 555

Meeth, L.R. (1978). Interdisciplinary Studies: Integration of Knowledge and Experience. *Change.* 10: 6-9.

Oandasan, I.& Reeves, S. (2005). Key elements for interprofessional education. Part 1: The learner, the educator and the learning context. *Journal of Interprofessional Care*, 19, 21–38.

Oxford English Dictionary (2011). Hardback. *Oxford Dictionary*: Oxford University Press.

Reeves, S, Lewin, S., Espin, S. & Zwarenstein, M. (2010). *Interprofessional teamwork in health and social care.* Oxford: Wiley-Blackwell.

Rice, K., Zwarenstein, M., Gotlib Conn, L., Kenaszchuk C., Russell A., Reeves, S. (2010). An intervention to improve interprofessional collaboration and communications: A comparative qualitative study. *Journal of Interprofessional Care*, 24(4): 350–361.

Schortel, S.M. & Kaluzny, A. (1997). *Essential of Health Care Management.* London: Delmar Cengage Learning.

Thomson, A.M., Perry, J.L., & Miller, T.K. (2007). Conceptualizing and measuring collaboration. *Journal of Public Administration Research and Theory*, 19(1), 23–56.

World Health Organization (WHO) (2009). *Human Factors in Patient Safety. Review of Topics and Tools.* Report for Methods and Measures Working.Group of WHO Patient Safety. Geneva. Department of Human Resources for Health.

World Health Organization (WHO) (2010). *Framework for Action on InterprofessionalEducation and Collaborative Practice*. Geneva. Department of Human Resources for Health.